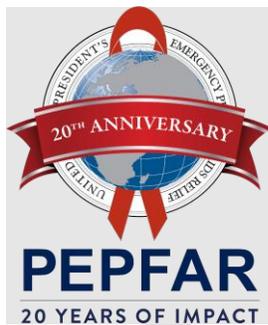


Ukraine

Country Operational Plan 2023 (COP23)

Strategic Direction Summary (SDS)



Acronym List

AHD - Advanced HIV disease

AIDS - Acquired immunodeficiency syndrome

AMP - Affordable medicines program

ART - Antiretroviral therapy

BBS - Bio-behavioral surveillance

CAB-LA - long-acting cabotegravir

CADRE - Acquired drug resistance surveillance

CDC – The U.S. Centers for Disease Control and Prevention

CLHIV - children living with HIV

CLM - Community-led monitoring

COP23 - Country Operational Plan 2023

CPH - Public Health Center of Ukraine

CQI - Continuous quality improvement

CSO - Civil society organizations

DQA - Data quality assurance

ED-PrEP - Event-driven PrEP

EU - European Union

FSW – Female sex workers

FY – Fiscal year

GBV - Gender-based violence

GCAs - GOU-controlled areas

GF – The Global Fund to Fight AIDS, TB, and Malaria

GOU - Government of Ukraine

HCW - Healthcare worker

HIV - Human immunodeficiency virus

HIV SAM - HIV service availability monitoring

HIVST - HIV self-testing

HTA - Health Technology Assessment

IIT - Interruptions in treatment

IOM – The International Organization of Migration

IP – Implementing partner

IPV - Intimate partner violence

IS SSD - Information System for Socially Significant Diseases

IT - Index testing

KP - Key population(s)

LES - Local employer staff

LIMS - Laboratory Information Management System

M&E - Monitoring and evaluation

MAT - Medication-assisted treatment

MDTs - Multidisciplinary teams

MMD - Multi-month dispensing

MOD - Ministry of Defense

MOH - Ministry of Health of Ukraine

MPU – The Medical Procurement of Ukraine

MSM – Men who have sex with men

NCDs - Non-communicable diseases

NGO - Non-governmental organization

NHSU - National Health Service of Ukraine

NPHI - National Public Health Institute

OHCHR - The Office of the UN High Commissioner for Human Rights

OUs – Operational Unit

OVC - Orphans and vulnerable children

PCV - Peace Corps volunteer

PEPFAR – The U.S. President’s Emergency Plan for AIDS Relief

PLHIV - People living with HIV

PrEP - Pre-exposure prophylaxis

PTSD - Post-traumatic stress disorder

PWID – People who inject drugs

QMS - Quality management system

RCCM - Regional HIV Coordination Councils Members’ KP representatives

RTK - Rapid test kits

SDS – Strategic direction summary

SNS - Social network strategy

SOP - Standard operating procedure

SRE - Surveillance, research and evaluation

STI - Sexually transmitted infection

TA – Technical assistance

TB - Tuberculosis

TDYs - Temporary duty assignment

TOT - Training of trainers

U=U - “Undetectable equals Untransmittable”

UIC - Unique identification code

UNAIDS - The United Nations Programme on HIV/AIDS

UNHCR – The United Nation Refugee Agency

USAID – The U.S. Agency for International Development

USDH - U.S. Direct Hire

USG - United States Government

VH - Viral hepatitis

VL – Viral load

VLS - Viral load suppression

WHO - World Health Organization

Table of Contents

Vision.....	5
Pillar 1: Health Equity for Priority Populations	10
Pillar 2: Sustaining the Response	15
Pillar 3: Public Health Systems and Security	18
Pillar 4: Transformative Partnerships	22
Pillar 5: Follow the Science	24
Strategic Enablers	26
Innovation.....	27
Leading with Data	28
Benchmark Tables.....	29
Core Standards.....	30
USG Operations and Staffing Plan to Achieve Stated Goals	42
APPENDIX A -- PRIORITIZATION	44
APPENDIX B – Budget Profile and Resource Projections	45
APPENDIX C – Above site and Systems Investments from PASIT and SRE	48

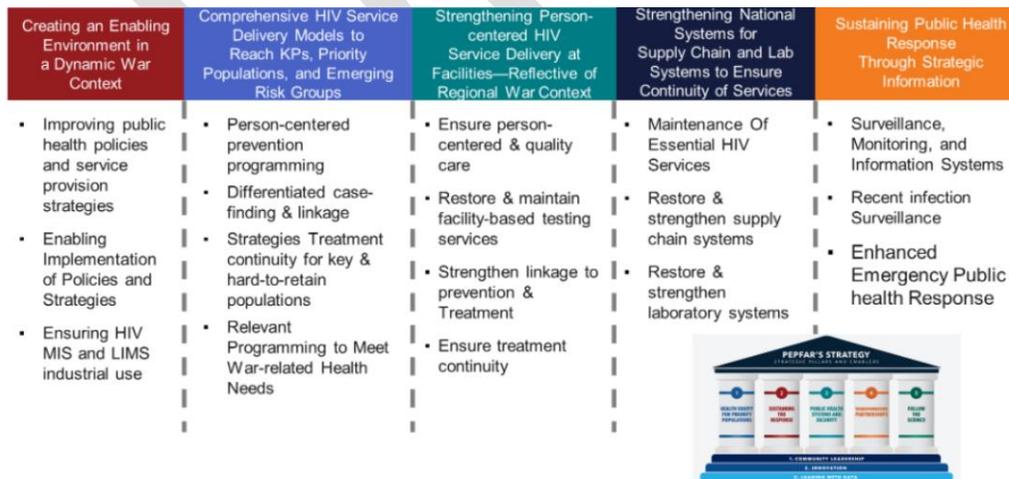
Vision

Through the President’s Emergency Plan for AIDS (acquired immunodeficiency syndrome) Relief (PEPFAR) Country Operational Plan 2023 (COP23), the United States Government (USG) will support the Government of Ukraine’s (GOU’s) work, in close partnership with civil society and other stakeholders, toward our shared goal of ending Human immunodeficiency virus (HIV) as a public health threat by 2030, despite the horrors of Russia’s full-scale war against Ukraine. In COP23, PEPFAR Ukraine will provide unprecedented support paired with maximum flexibility to ensure Ukrainian public health actors are able to protect what had been a decade of steady progress toward 95-95-95 through wartime disruptions and onward to victory and recovery.

For COP23, PEPFAR Ukraine has aligned its priorities with Ukraine’s National HIV/AIDS, Tuberculosis (TB), and Hepatitis Strategy for 2020-2030 and the PEPFAR 5-year Strategy: “Fulfilling America’s Promise to End the HIV/AIDS Pandemic by 2030.” Our work is also informed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 goals; World Health Organization (WHO) guidelines; and the GOU’s National HIV/TB/MAT (Medication-Assisted Treatment) and Health System Recovery Plans.

PEPFAR Ukraine’s priorities are broken down across five strategic pillars, reflecting PEPFAR’s 5x3 strategy. PEPFAR Ukraine’s COP23 priorities are designed to support the ongoing wartime recovery of HIV service delivery in cooperation with the GOU, civil society, particularly key population (KP) and patient-led civil society, and other partners, including the Global Fund to Fight AIDS, TB, and Malaria (GF), WHO, and UNAIDS. PEPFAR Ukraine’s COP23 strategic priorities include (1) Creating an Enabling Environment in a Dynamic War Context, (2) Comprehensive HIV Service Delivery Models to Reach KPs, Priority Populations, and Emerging Risk Groups, (3) Strengthening Person-Centered HIV Service Delivery at Facilities, (4) Strengthening National Systems for Supply Chain and Laboratory, and (5) Sustaining the Public Health Response through Strategic Information.

Figure 1.1 PEPFAR Ukraine’s COP23 Strategic Priorities



Since February 2022, when Russia's all-out invasion of Ukraine began, the implementation of the PEPFAR program in Ukraine has encountered unprecedented challenges, especially to meet the expanding needs of key and emerging priority populations. In waging this senseless war, Russia has created one of the biggest humanitarian crises seen in decades. It is estimated that more than 6 million people have become displaced persons and more than 8 million people have fled Ukraine altogether¹. Data from Ukraine's antiretroviral therapy (ART) patients electronic register – the Information System for Socially Significant Diseases (IS SSD) – indicates a substantial degree of movement of ART patients across the country and abroad, tendencies that likely can be seen across the entire people living with HIV (PLHIV) population, including across KP. This disruption marks a massive increase in trends going back to Russia's initial invasion of 2014. As of 2021, more than 1.5 million people from the Crimea, Donetsk, and Luhansk regions had already become displaced.

Russia's destruction of Ukrainian health and other key infrastructure in 2022 and 2023 has also created substantial risk for service interruptions and poses devastating challenges for access to life-saving services, especially in areas close to the frontline and in occupied territories. As of January 2023, 707 instances of damage to healthcare facilities have been verified, accounting for \$1.4 billion in damage to the health sector². This represents only the cost of rebuilding destroyed and restoring damaged health infrastructure. However, the total losses are estimated at over a staggering \$6 billion. Within the HIV-sector, the Public Health Center of Ukraine (CPH) of Ministry of Health of Ukraine (MOH) has assessed that 46 ART sites out of 391 functional ART sites – the preeminent facilities for HIV service-delivery in Ukraine – have been damaged or destroyed. However, the real damage done is not to buildings, but to the ability to provide life-saving HIV services. Many social workers, doctors, nurses, activists, and volunteers, in addition to PLHIV and KPs, have become displaced, with drastic consequences for service delivery.

To respond to these extraordinary challenges, stakeholders have emphasized the importance of both increased support and increased flexibility in planning and implementation for COP23. PEPFAR has responded with significantly increased support for HIV efforts in Ukraine. From a COP22 (FY23) budget of \$46.6 million, PEPFAR Ukraine's COP23 year-one (FY24) budget increased by 28-percent to \$59.5 million, with a further nominal \$59 million in FY25. This investment will help close significant wartime state funding gaps. Due to the war, the State Budget of Ukraine has a deficit of at least 20.6% of GDP in FY23 (up from 4% in FY22), and most of the national budget allocation has been prioritized to two categories: 1) national security and defense; and 2) social welfare and social protection.

¹ UNHCR. Ukraine Emergency. Available at:

<https://www.unrefugees.org/emergencies/ukraine/#:~:text=About%20the%20War%20in%20Ukraine&text=As%20a%20result%20of%20heavy,and%20other%20countries%20across%20Europe>

² Insecurity Insight. Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System. – February 21, 2023. Available at: <https://reliefweb.int/report/ukraine/destruction-and-devastation-one-year-russias-assault-ukraines-health-care-system>

As a result, state funding for health has faced steep cuts and the GOU has sought support from international donors to maintain support for national procurement of HIV commodities, most notably for ART. Pre-2022 GOU ART procurements, combined with GF and [significant PEPFAR Ukraine emergency procurements during COP21 and COP22](#), have largely ensured access to treatment in GOU-controlled territories through 2023. To ensure continuity of treatment through COP23, PEPFAR Ukraine will provide more than \$20 million to procure approximately 100 million doses of ART to support Ukraine's needs through FY25. PEPFAR Ukraine will do this work alongside our Ukrainian partners, who are leading the forecasting, procurement, and logistics decision-making process and building important capacity in these areas. PEPFAR Ukraine's experience with emergency support for ART procurement in COP21 and COP22 shows that smart cooperation on ART procurement can deliver significant gains in multi-month dispensing (MMD).

In COP23, PEPFAR Ukraine has advanced two major adaptations that respond to stakeholders' calls for flexibility. First, PEPFAR has developed and adopted a program benchmarks approach in lieu of traditional program targets. Massive wartime movement of Ukrainians both within the country and across borders, has rendered previous population estimates obsolete and prevented the development of new, reliable population-denominated estimates. In response, and to ensure maximum flexibility and accountability, PEPFAR Ukraine developed a benchmark approach to program management for COP23 that relies on extensive utilization of program data and informed assumptions about changing populations to efficiently and effectively guide implementation. This benchmark approach has been endorsed by the GOU and adopted by the GF for its new grant, with CPH leading efforts to adapt PEPFAR's benchmark methodology to the national context, across all donors and implementers. Aligning the GF and PEPFAR on implementation through utilization of program data until Ukraine is able to again develop reliable estimates informed by post-conflict epidemiological surveillance will help ensure equity for KP, adaptable programming through wartime, and program accountability.

The second major adaptation is that in COP23, PEPFAR Ukraine will continue its suspension of its longstanding practice of geographic prioritization of 12 high-incidence oblasts (regions). Instead, in close consultation with the GOU and GF, PEPFAR Ukraine will pursue gradual geographic expansion to allow for shifting program implementation across GOU-controlled areas (GCAs). This iterative, consultative approach to geographic expansion will provide unprecedented flexibility to PEPFAR Ukraine's implementing partners (IPs) to shift services to where they are most needed, especially in response to population movement.

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression										
Epidemiologic Data				HIV Treatment and Viral Suppression*			HIV Testing and Linkage to ART Within the Last Year***			
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV Diagnosed (#)*	On ART (#)	ART Coverage (%)**	Viral Suppression (#)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population				157,510	116,392	74%	81,296	1,611,425	13,526	12,886
Population <15 years				1,727	1,403	81%	997			
Men 15-24 years				2,547	1,203	47%	875			
Men 25+ years				83,499	61,780	74%	33,329			
Women 15-24 years				3,389	1,457	43%	1,022			
Women 25+ years				66,348	50,549	76%	27,185			
MSM					2,938		2,267	10,844	255	
FSW					74		39	9,952	29	
PWID					30,283		22,25	39,558	2,190	
Priority Pop (people in prisons and other enclosed settings)					2,961					

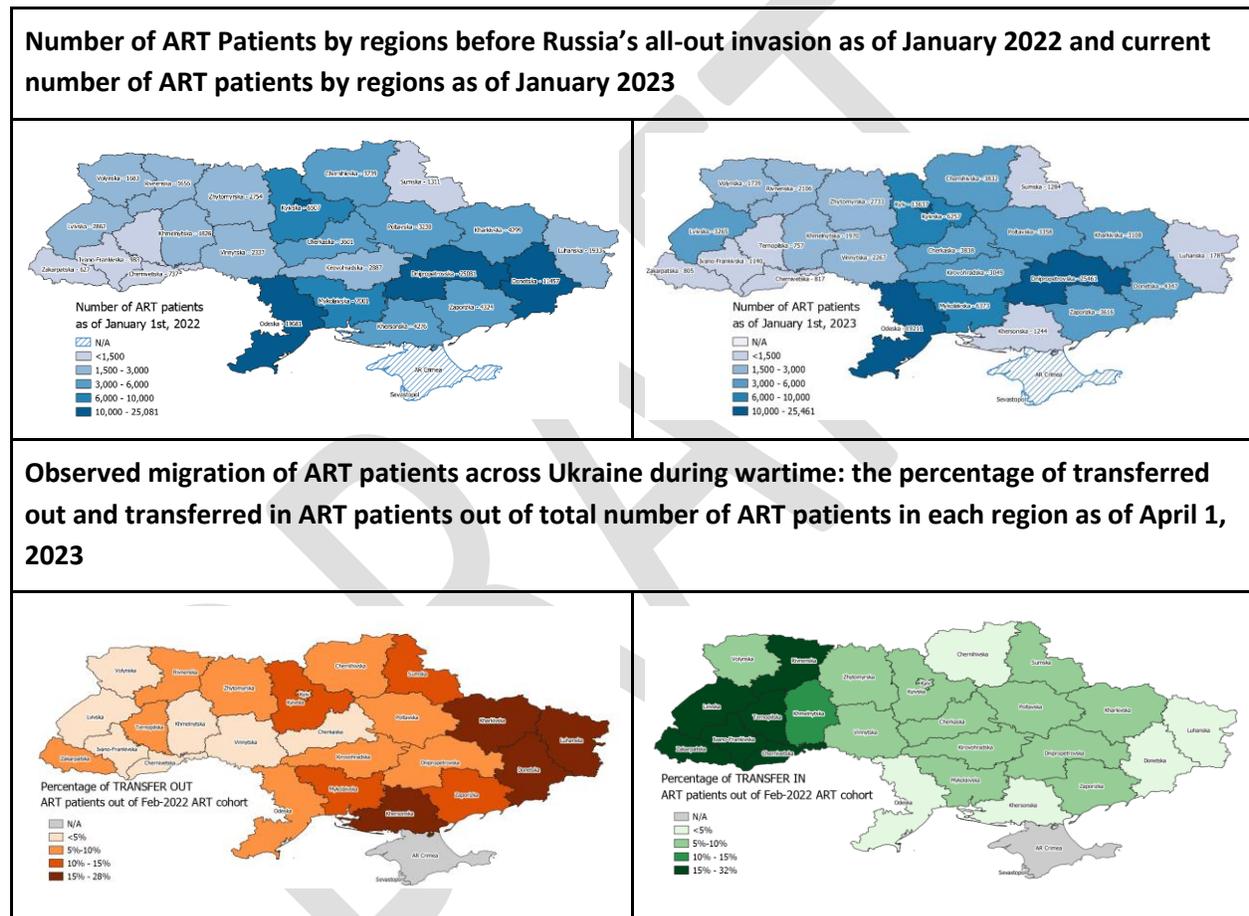
* The number of PLHIV diagnosed, number of people on ART and ART patients with HIV Viral Suppression as of January 1st, 2023.

** Percentage is calculated among PLHIV diagnosed.

*** Number of people tested for HIV, diagnosed HIV positive people and number of PLHIV initiated ART during 2022

The *Figure 1.2*. maps were modified to illustrate the extensive movement of ART patients across Ukraine through wartime. As a result of population movements, existing population size estimates are no longer valid in Ukraine. In COP23, PEPFAR Ukraine will concentrate HIV case finding, ART linkage, treatment and adherence interventions in regions which contain the largest number of ART patients, as well as in areas that are experiencing increased numbers of displaced persons or transferred-in ART patients. This will allow IPs to focus programmatic efforts on support for existing services where they are most needed, enhancing re-engagement on ART for internally displaced PLHIV, addressing emerging needs, and protecting progress towards 95-95-95 goals.

Figure 1.2 Shifts in ART coverage and ART patients across Ukrainian regions during the wartime



Before Russia’s all-out invasion, PEPFAR Ukraine activities were geographically prioritized to focus on 12 high-incidence oblasts (regions) of Ukraine, with the GF prioritizing the remaining 13. PEPFAR suspended this policy of geographic prioritization during COP22 on an emergency basis to allow for nationwide ART distribution and gradual expansion of programming in response to shifting needs. In COP23, PEPFAR will continue to work across Ukraine’s 25 oblasts to provide ARVs and other commodities, technical support and above site assistance, and to better monitor patients’ losses and returns.

Table 1.2. shows the current status of ART saturation for all regions of Ukraine. Figure 1.2 depicts the PEPFAR Ukraine regions for COP23 programs that rely on regional typology.

Table 1.2 Current Status of ART Saturation				
Prioritization Area	Total PLHIV/% of all PLHIV for COP23	# Current on ART (FY22)	# of SNU COP22 (FY23)	# of SNU COP23 (FY24)
Scale-up: Aggressive	N/A	116,392	25	25
Total National	N/A	116,392	25	25

Figure 1.3. Ukraine’s regions typology showing PEPFAR assistance



Pillar 1: Health Equity for Priority Populations

In this section, we will describe PEPFAR Ukraine interventions for key and priority populations in COP23, as well as planned program adjustments and innovations to meet emerging needs due to the war. From its onset, the HIV/AIDS epidemic in Ukraine has primarily been concentrated in KPs (e.g., people who inject drugs (PWID), men who have sex with men (MSM), sex workers (SWs), people in prisons) and their sexual and social networks. These populations usually have much greater HIV-prevalence, HIV-incidence, HIV-related mortality, and lower viral load suppression (VLS) levels compared to general populations. PEPFAR has a history of implementing targeted and effective interventions to reach KP in Ukraine, providing community-based HIV testing, linking HIV-positive people to HIV care, and facilitating their adherence to ART treatment. However, during the war, these populations have needed even more intensive support, including establishing new service pathways and increased support to re-engage with

HIV care, especially for internally displaced KPs, or those who remained in areas where health services were disrupted.

HIV Services to Ensure Equity for KPs

To support KPs' needs, PEPFAR Ukraine will act in close coordination with the GOU, civil society, and international partners to continue to implement and refine high-quality KP-focused programming. According to CPH's data, the HIV epidemic in Ukraine remains concentrated among PWID, with more than 30% of newly identified PLHIV in 2021 represented by PWID³. In COP23, PEPFAR will continue to focus on community-based service delivery approaches to reach KPs, as well as anticipate the emergence of new priority populations that have found themselves at increased risk due to the war, including displaced people. PEPFAR support will specifically focus on the following objectives:

1. Person-centered prevention programming
2. Differentiated case-finding and linkage strategies
3. Treatment continuity for KPs and those that are hard to retain
4. Programming to meet specific, war-related health needs

Across these four objectives, PEPFAR programs will focus on reducing stigma and maximizing health equity, as well as ensuring HIV programming is designed to address emerging war-related health needs.

Prevention Plan to Promote Equity, Especially Expanding Access to MAT and PrEP

To ensure prevention programming is person-centered, PEPFAR Ukraine will continue to offer combination prevention services: pre-exposure prophylaxis (PrEP) and risk reduction counseling, including referral to MAT. Despite successful MAT expansion during COP22, MAT coverage remains suboptimal. According to the MAT program data average MAT coverage nationally is 7.1% of the total estimated size of the PWID population, which does not meet the goals in Ukraine's National HIV Prevention Strategy (15% and 40% for 2025 and 2030, respectively). In COP23, PEPFAR will implement well-balanced, practical, and patient-centered strategies to increase MAT coverage and expand the number of MAT patients to 36,900 nationwide. PEPFAR will continue to implement effective MAT provision models, including referrals to MAT from HIV testing services, especially community-based services, and immediate MAT, or MAT initiation within 1-2 days of application. Additional activities include take-home dosing to enable better access to MAT and retention on treatment for patients during the war, while also alleviating burden on healthcare providers. To support integrated services for PWID who are hard to reach, PEPFAR Ukraine will continue to support mobile MAT, increasing mobile teams from six to eight in COP23.

³ PHC. HIV Informational bulletin #53. p.23 <https://phc.org.ua/kontrol-zakhvoryuvan/vilsnid/monitoring-i-ocinyuvannya/informaciyi-byuleteni-pro-vilsnid>

PEPFAR continues to expand PrEP coverage. PrEP has been included in Ukraine’s National HIV Guidelines since 2019. In 2021, oral PrEP was included as part of the Program of Medical Guarantees (PMG) in Ukraine, and the National Health Service of Ukraine (NHSU) started funding PrEP services provision at the ART sites. In COP22, PEPFAR supported the latest revision to the National HIV Guidelines, recommending event-driven PrEP for all cisgender men. PEPFAR will continue advocacy efforts to increase state funding for PrEP programs. PEPFAR will work in close coordination with WHO and CPH to improve HIV prevention standards, NHSU package revisions, MOH orders, and other legislative documents to expand possible entry points for PrEP initiation and refill, such as PrEP in pharmacies, tele-PrEP, and PrEP at non-HIV health care facilities, such as sexually transmitted infections (STI) clinics and primary care facilities.

In COP23, PrEP counseling will be integrated into index testing (IT) at both facility and community levels. Hours will be extended at ART sites, including weekends, to improve access to PrEP services. PEPFAR will provide enhanced training for medical providers related to PrEP, with a focus on KPs, and will strengthen partnerships between priority facilities and KP-led community organizations. In cases where healthcare facilities cannot provide quality PrEP services, PEPFAR will support the use of social workers for PrEP screening, counseling, and referrals to trained medical professionals for PrEP initiation. PEPFAR will enhance risk communications and expand demand generation activities to proactively reach emerging priority populations due to war. In order to increase equitable access to HIV prevention services, PEPFAR will seek to expand mobile HIV services to oblasts with significant numbers of displaced people and/or limited access to services due to destroyed infrastructure. Geographic expansion will be dependent on data.

In COP23, PEPFAR will pilot implementation of long-acting cabotegravir (CAB-LA) injectable PrEP in two major Ukrainian cities, Kyiv and Lviv, for 100 MSM. CPH has created a National technical working group involving all stakeholders, including PEPFAR, the WHO, as well as representatives of civil society organizations (CSOs) to support the implementation of the CAB-pilot. Lessons learned from the CAB-LA pilot will lay the groundwork for further scale up of injectable HIV medicines in Ukraine.

HIV Testing Plan to Promote Equity, Close Gaps, and Assure Linkage to Treatment and Prevention Services

In COP23 PEPFAR Ukraine will continue to implement differentiated service delivery models that maximize case-detection among key and priority populations that may be less-likely to access HIV testing services in facility settings, such as PWID, MSM, SWs, and ex-prisoners. Activities will include effective testing modalities such as IT, mobile testing, social network strategies (SNS), blended strategies and HIV self-testing (HIVST). PEPFAR will adapt testing approaches that can meet the needs of KPs, including displaced people, and emerging risk groups, with an ongoing focus on ensuring linkage to ARTs. PEPFAR mobile teams will continue to provide effective services for KP across the HIV cascade: HIV testing, linkage to treatment, treatment continuity and VL suppression, with particular focus on effective referral to PrEP and MAT services.

Building on COP22 activities, in COP23, PEPFAR will distribute HIVST kits, including oral fluid and blood-based. Current legislation and policies allow the use of HIVST, including unassisted options, as a tool for triage. Currently, two HIVST kits for the detection of HIV in oral fluid and/or blood are approved for use by non-medical workers in Ukraine. Based on the client's choice and preferences, HIVST will be unassisted or directly assisted by social workers, case navigators, or consultants. The intervention aims to expand access to HIVST services in hard-to-reach populations using community representatives as peer-navigators and promoters of HIVST. The activity fills the gap in delivering HIVST services directly to KPs and other vulnerable communities by using community representatives as primary actors. This would complement the existing system of HIVST service provision, which primarily relies on trained non-governmental organizations (NGO) workers, allowing for further scaling of social/risk network strategies. Where feasible and effective, PEPFAR will promote and distribute HIVST kits to partners of index clients. HIVST kits will additionally be available to order through online platforms, including social networks and special web projects of the National HIV/TB Hotline and/or other NGOs, to further reach KP who are not willing to visit facility or community testing sites.

In COP23, PEPFAR will evaluate the task-sharing, or the rational redistribution of tasks from higher-level health provider cadres (doctors or nurses) to lower-level cadres (lay providers), in order to expand HIV testing availability. The proposed activity will evaluate effectiveness of HIV screening and linkage to prevention services, confirmatory testing, and treatment by lay providers in Ukraine, and results will be used as evidence for further GOU policymaking.

Meeting Emerging War-related Health Needs

To ensure equitable access to HIV treatment, particularly for those who are unable to access ART sites due to the war, and ensure treatment continuity, PEPFAR Ukraine will focus on strategies like home deliveries of ART via postal and courier services and mobile vans, and expansion of MMD. PEPFAR will continue to support expanding ART facility access through extended working hours or weekends. Additionally, PEPFAR will strengthen NGO and CBO networks and enable them to provide person-centered support and linkage to mental health and psychosocial support services, as well as to gender-based violence resources, as needed.

The size of the Ukrainian military forces has expanded dramatically since Russia's full-scale invasion of Ukraine in February 2022, with commensurate increases in mobilization. The Ministry of Defense currently does not routinely conduct screening testing for entry into the military, and eligibility criteria have expanded to include some priority populations such as prisoners, and KPs such as PWIDs are also not specifically precluded from service. Military action inherently entails risk, and risk-taking tends to extend beyond the battlefield, to include risky behaviors such as substance abuse, unprotected sex and multiple sexual partners, including with SWs. Military personnel are often separated from their families and communities for extended periods of time and face an enormous amount of stress, which both contribute to a greater likelihood of unsafe sexual behavior and substance abuse. PEPFAR will continue to scale-up and decentralize rapid multi-testing services to diagnose HIV, Hepatitis C, Hepatitis B, and syphilis, especially for military members located in or near active combat zones. Linkage to treatment

services will be prioritized. Social workers will accompany HIV-positive clients to nearby civilian AIDS centers to reduce interruptions in treatment (IIT).

Plan to Address Stigma, Discrimination, Human Rights, and Structural Barriers

In COP23, PEPFAR Ukraine will support programming which seeks to reduce stigma and discrimination to zero, especially to eliminate barriers for KP access to services to close equity gaps. In order to ensure that all clients have equitable access to HIV treatment and other medical services, PEPFAR will continue advocacy and policy work, including with a focus on the decentralization of PrEP services (e.g., family doctor-led PrEP, and integrating PrEP into the STI clinic service system). Additionally, PEPFAR programs will maintain support for ID recovery for KPs by providing navigation to renew lost documentation and costs associated with ID recovery.

PEPFAR plans to expand activities aimed at building capacities of the Regional HIV Coordination Councils Members' (RCCM) KP representatives to advocate for inclusive and equitable HIV services and upgrade HIV service availability monitoring by KP. Initiatives will equip RCCM KP representatives with the advocacy and communication skills to identify problems, collect and justify information, and monitor implementation, including ensuring recent revisions to the National HIV Law are upheld and implemented accordingly. Building on methods developed in collaboration with CPH in COP22, regional HIV stakeholders will be engaged, maintain decision-making ownership, and speed up the solution process. PEPFAR will continue to contribute to designing and brokering models of engagement between community-based organizations and governments to ensure effective representation and leadership of civil society in the HIV/AIDS response. Additionally, the PLHIV Stigma Index will be conducted in COP23 by PEPFAR, co-funded by the GF. Stigma and discrimination against KPs and PLHIV in the military will also continue to be addressed through a series of training of trainers for military medical providers and follow-up assessments.

Closing Gaps in the Pediatric Cascade

PEPFAR Ukraine's primary pediatric priority in COP23 is to ensure children living with HIV (CLHIV) receive effective, safe, and suitable ART uptake. PEPFAR support is focused on providing technical assistance (TA) to healthcare practitioners on the optimization of ART regimens for CLHIV, including transitioning from Lopinavir (LPV) to Dolutegravir (DTG) based regimens. PEPFAR also remains committed to supporting orphans and vulnerable children (OVC) and their caregivers in Ukraine. Throughout the war, PEPFAR has and will continue to support OVC through supportive supervision groups for social workers and psychologists on case management, and phone calls to support continuation of treatment ART-adherence for OVC and their caregivers.

Services for Pregnant and Breast-Feeding Women

Ukraine has made significant progress and has the opportunity to validate elimination of vertical transmission. PEPFAR Ukraine supports a coordinated effort between WHO and CPH to ensure there are no gaps across the full cascade of services for pregnant and breast-feeding women, as well as to update existing policies to ensure alignment with WHO recommendations.

Pillar 2: Sustaining the Response

PEPFAR defines sustainability as a country having and using its enabling environment, capable institutions, functional systems, domestic resources, and diverse capacities within the national system to sustain achievement of 95-95-95 goals; to ensure equity in its HIV response; and to protect against other public health threats. In the past decade, Ukraine had made substantial progress developing just such a sustainable HIV response through intensive health reform, adoption of new laws and policies that correspond to best worldwide practices, transition from donor to state funding in procurement of ARVs and other medicines and diagnostic commodities and supporting harm reduction and other prevention and treatment services for KPs. However, Russia's all-out invasion substantially damaged civilian and health infrastructure and devastated Ukraine's economy, undermining the sustainability of all government and civil society activities, including in the public health sector.

According to the Rapid Damage and Needs Assessment that was jointly performed by the GOU, the World Bank, and the European Commission, the estimated cost of health sector damage by June 1, 2022, was \$1.4 billion, with a further \$6.4 billion in losses. The full needs of the health sector, to include the accumulated infrastructure damage and losses to the health sector, as well as the scale-up of critical health services for the population of Ukraine, was estimated at \$15.1 billion, equivalent to almost three times the annual GOU spending on health. Since these estimates were developed, the damage to health infrastructure has continued, with significant implications for access to care and overall public health. Historically, the HIV resource alignment was approximately: 30% PEPFAR, 40% GF, 20% GOU, 10% other (private donors, etc.). The war has directly affected domestic HIV resources, with a significant reduction of funding from GOU, as most of the state budget of Ukraine has been allocated to defense and health sector critical expenses.

For PEPFAR Ukraine, sustainability in the midst of Ukraine's existential fight for survival means doing everything possible to help Ukraine protect years of hard-fought gains in reaching 95-95-95 goals. In COP23, that will mean record investments in commodities, primarily ART, building on emergency funding to ensure continuity of treatment in COP21 and COP22. Because without significant increases in commodity funding to close state budget gaps, Ukraine would almost certainly lose ground against the epidemic, putting progress toward sustainability further out of reach. In COP23, PEPFAR will invest a record \$13.2 million in commodities, primarily to meet nationwide ART needs, providing a stable supply to keep all identified PLHIV in treatment and support efforts to increase MMD.

Additionally in COP 2023, PEPFAR will procure rapid test kits, rapid recency tests, oral-quick self-tests, and Hepatitis B, C, and syphilis tests, as well as PrEP. In addition to commodities, PEPFAR will support activities to strengthen forecasting, procurement, supply coordination, and logistics data management processes to ensure improved management of commodities. PEPFAR also continued support of Medical Procurement of Ukraine (MPU) Agency; State financed central procurement was moved gradually to MPU with 100% moved in 2023. In COP 2023, PEPFAR Ukraine will continue supporting CPH's procurement programming, including supporting forecasting and stock-management functionality. PEPFAR will also continue support to MPU as it diversifies its procurement instruments and takes on additional procurement responsibility. PEPFAR will also continue multilateral coordination in support of ARV optimization and MMD expansion.

But even as PEPFAR provides additional financial resources to close GOU gaps, we remain deeply committed to ensuring the continued development of capacity within both the GOU and civil society. That is why commodity and program planning remain deeply collaborative processes between PEPFAR staff and partners, who have continued to develop and expand capacities critical to the long-term sustainability of HIV responses in Ukraine. PEPFAR will also support national health sector institutions with a central role in implementing reform such as: CPH, MPU, and NHSU. PEPFAR provides TA to support workforce capacity development to these institutions, which are under severe strain, understaffed, and under-resourced in responding to the changing and increased needs of the population; however, they play a pivotal role in the coordination and implementation of Ukraine's sustainable HIV response.

Increases in PEPFAR and GF support have helped close public health gaps and will continue to do so through COP23, but the sustainability of Ukraine's HIV response during wartime is deeply interlinked with overlapping wartime challenges that rely on comprehensive, multi-sectoral economic and development assistance, humanitarian aid, and of course security assistance. International donors have stepped in to provide unprecedented assistance, led by the United States, which has provided almost half of the \$135.3 billion in international assistance provided to Ukraine since February 2022. U.S. support includes \$20.6 billion in development and economic assistance, including \$19.3 billion in macroeconomic budget support that has provided paychecks to thousands of GOU healthcare workers (HCWs) and other essential civil servants. PEPFAR will continue to coordinate its assistance with USG and international donors to deconflict efforts and to ensure needs that fall outside PEPFAR's mandate but impact the sustainability of the HIV response are being met whenever possible.

Creating an Enabling Policy Environment

Despite the full-scale war, Ukraine has shown strong commitment to adopting and implementing important public health reforms. In COP23, PEPFAR Ukraine will continue to prioritize providing TA and political ballast to Ukraine in creating an enabling policy environment for sustainable public health solutions. Ukraine's Parliament, the Verkhovna Rada, has adopted two important pieces of legislation related to HIV and public health in recent months. In September 2022, the Verkhovna Rada adopted Law 2573-IX "On the System of Public Health," known as the Public Health Law. The Public Health Law focuses on strengthening public health institutions, surveillance and biosecurity systems at the national and regional level through important decentralization efforts. PEPFAR will focus on supporting implementation of the law, which will require development of dozens of regulations, by-laws, and amendments to related laws, with implementation set to coincide with the start of COP23 on October 1, 2023. In December 2022, the Verkhovna Rada adopted Law 2869-IX "On Amendments to the Law of Ukraine "On combating the spread of diseases caused by the HIV and legal and social protection of PLHIV," known as the Amended HIV Law. Effective implementation of this law will address critical barriers (for instance stigma and punitive laws) and inequities in HIV service access, uptake, and continuity. PEPFAR will focus on ensuring that implementation aligns with international best practices. In the Ukrainian system, while laws provide general framework, it is the subsidiary regulations that most directly impact service delivery. PEPFAR will therefore continue to serve as a technical support and advocate for reform during COP23 on ongoing drafting and implementation of regulations required

under the newly adopted legislation, including HIV testing, treatment, and prevention guidelines.

Alongside long-running legislative and regulatory reform efforts, Ukraine has been forced to develop emergency recovery plans to respond to the devastation of Russia's all-out assault. PEPFAR provided important support in the creation of the CPH's draft "Operational plan for the restoration of services for prevention, diagnosis and testing, support and treatment of HIV, TB, viral hepatitis (VH) B and C and replacement supportive therapy services in the civilian sector of Ukraine," or HIV/TB/VH/OST Recovery Plan which was released in August 2022. The purpose of this document is to agree, prioritize, and establish timelines for the implementation of measures to restore and further improve the system of provision of medical and non-medical services for prevention, diagnosis, treatment and care of HIV, TB, VH, and OST during and after the end of hostilities, with a focus on key and vulnerable population groups. The HIV/TB/VH/OST Recovery Plan has disease-specific interventions organized along nine priority directions, and three implementation periods (stages):

1. Stage 1 (2022): primary response to the crisis in the system of HIV/TB/VH/OAMT services;
2. Stage 2 (2023-2025): restoration to the pre-war level or development / revision of packages of essential HIV/TB/VH/OAMT services;
3. Stage 3 (2026-2032): restoration of the full functionality of HIV/TB/VH/OAMT services, and their further development in the context of the health care system reforms.

The HIV/TB/VH/OST Recovery Plan is itself closely linked and subsidiary to the July 2022 MOH "Plan for the recovery of the health care system of Ukraine from the consequences of the war for 2022-2032," which was developed with USG support and identifies nine priority areas for the restoration and further development of the overall health system, including priority six "Strengthening the public health system and preparedness for emergency situations in health care," which has several references to HIV and includes four sub-objectives:

1. Ensuring the functioning of a capable public health system aimed at protecting and improving health of the population, preventing diseases, timely identifying and responding to health challenges, and ensuring coordination mechanisms in the public health system.
2. Creation of safe conditions and environment for human activity, which contribute to protection and improvement of health.
3. Ensuring public health protection through prevention, early detection and effective response to emergency situations.
4. Ensuring the functioning of the national blood system to guarantee equal and timely access of patients to safe and quality components of donor blood in sufficient quantities.

PEPFAR will continue to support development and implementation of these plans, ensuring they align with PEPFAR's five-year strategy "Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030," international best practices, and Ukraine's existing and PEPFAR-supported "National Strategy on HIV/AIDS, TB and VH Response for the period until 2030, approved by the Cabinet of Ministers of Ukraine in November 2019."

Pillar 3: Public Health Systems and Security

In COP23, PEPFAR Ukraine will continue to support Ukraine's efforts to strengthen its public health systems. Despite the ongoing war, Ukraine remains committed to health systems recovery and rebuilding, based on international best practices, by improving the quality of HIV data to inform effective service-delivery; ensuring laboratory quality management; building workforce capacity; and investing in person-centered care that addresses additional needs for PLHIV, including advanced disease and mental health issues.

Supporting Public Health Security in the Context of War

Ukraine is faced with multiple public health threats simultaneously, requiring multi-sectoral cooperation, rapid coordination, and mobilization of resources within the country, as well as cooperation and assistance from international partners and donors. Multilateral partners, the USG, including PEPFAR, and other bilateral partners are working closely with the GOU and the MOH to provide all possible TA and support to restore and ensure the functioning of a capable healthcare system in Ukraine.

Weaknesses in public health and emergency response that were exposed due to COVID-19 were significantly aggravated because of the war. Following the Russia's invasion, the humanitarian situation in Ukraine deteriorated drastically. Millions of Ukrainians have endured intense hostilities that have killed or injured thousands of civilians, forced millions from their homes, destroyed jobs and livelihoods, and left many struggling to access essential services, such as food, water, health care, education, and a safe place to live. The war has caused immense mental trauma, particularly on children. Authorities reported an estimated 9.6million people to be in need of psycho-social support because of the war⁴. PEPFAR Ukraine is an active participant in the Health Cluster to coordinate and ensure timely response, medical care, and humanitarian aid for PLHIV.

Quality Management Approach

PEPFAR Ukraine's investments in quality management are aligned with national priorities. While there is no national HIV/AIDS-related quality management/quality improvement strategy, there is a robust system of HIV program performance data collection, reporting, and analysis using data from IS SSD, formerly known as HIV Medical Information System (HIV MIS). PEPFAR Ukraine has a well-developed data quality assurance (DQA) approach and procedures to verify data for completeness, validity, timelessness that is used for MER indicators reporting. In COP23, PEPFAR will maintain support to regional multidisciplinary teams, to implement continuous site-level quality improvement on treatment,

⁴ WHO. Amid a year of relentless war, WHO Regional Director for Europe strengthens commitment for mental health services during visit to Ukraine. News release. 16 February 2023. Available at: <https://www.who.int/europe/news/item/16-02-2023-amid-a-year-of-relentless-war--who-regional-director-for-europe-strengthens-commitment-for-mental-health-services-during-visit-to-ukraine>

testing, and monitoring and evaluation, and expand and refine these continuous quality improvement (CQI) activities.

Person-centered care that addresses comorbidities posing a public health threat for PLHIV (Advanced Disease, TB, Hypertension) and mental health services

PEPFAR Ukraine continues to support innovations in HIV service delivery to encompass person-centered, integrated services to prevent morbidity and mortality in PLHIV. Programs have been introduced by PEPFAR to support innovations for TB, VH, non-communicable diseases, mental health, and STIs.

GOU NHSU packages include needed comorbidities diagnostic services for TB diagnostics and hypertension. In COP23, PEPFAR Ukraine will support procurement of advanced disease test kits - Cryptococcal Ag and LAM tests and will provide specific training needed for lab technicians. CPH will ensure proper distribution of test kits between medical facilities. As MRI capacity in the public health sector is limited, PEPFAR will provide access to the MRI diagnostics via the private sector for KPs.

To ensure adequate mental health support for PLHIV in the current war context, PEPFAR Ukraine continues supporting a limited number of social workers and psychologists via a set of weekly training sessions on case management and socio-emotional support/mental health, including trainings on techniques to work with acute reactions to stress and post-traumatic stress disorder in individuals affected by the war.

Supply Chain Modernization and Forecasting Capacity Building

Ukraine's COP23 envisages leveraging innovative systems and approaches to modernize the supply chain despite the challenges and setbacks caused by Russia's war. Decentralized distribution of ARVs and MMD are key strategies in COP23 to ensure continued client access to ARVs that are even more essential during war time. The legalization and piloting of ARVs, including ARVs for PrEP, in private and municipal pharmacies are key activities in COP22 and will be built on in COP23 by refining the operational processes and modalities and then via national expansion. MMD will continue to be a primary method of ARV access in COP23 and is accounted for in ARV supply and distribution planning.

Leveraging the private sector for last mile distribution of ARVs is another key component of a modern supply chain and has been a standard practice in Ukraine for three years with PEPFAR support. Originally financed by PEPFAR, with plans for the GOU to take over financing and management in 2022, the fiscal crunch caused by Russia's war prevented this. However, the delay in transition provided an opportunity to further modernize the supply chain by aligning the private sector last mile distribution with health reform in Ukraine, which envisages integrated health services that more holistically and conveniently meet client needs. By integrating additional commodities beyond the current HIV, TB, and Hepatitis C commodities into the last mile logistics, the supply chain better supports integrated health services and broader health security.

While accessing ARVs in pharmacies is already underway in Ukraine, HIVSTs are not yet included in such an initiative. In 2019, Ukraine began implementation of the Affordable Medicines Program (AMP),

whereby patients can pick up medicines in a network of 12,000 pharmacies across the country and the pharmacy is reimbursed by the NHSU. In 2023, the first medical diagnostics (diabetes test strips) were included in the AMP, opening the door to offer other diagnostics, such as HIVST. In COP23, PEPFAR will explore the potential and requirements to add HIV diagnostics to the AMP with the objective of expanding sustainable access to HIV testing services.

Finally, Ukraine has successfully implemented Health Technology Assessment (HTA) methodology and approaches as a global best practice to transparently prioritize medicines and medical technologies for state financing. HTA is the standard in modern supply chains in the EU and the United States, and in COP23, it will be enhanced and deepened in Ukraine to develop a clear and transparent procedure for horizon-scanning for new or changing health technologies in HIV.

To ensure adequate forecasting of HIV commodities, we will leverage technology and interagency and donor coordination to efficiently meet patient needs. This starts with the full implementation and use of the ARV quantification tool to support ARV procurement planning and ordering. PEPFAR is currently supporting the refinement of this tool, as well as the development of a similar rapid test kits (RTK) quantification tool. In COP23, the RTK quantification tool will be fine-tuned and implemented. The experiences of these quantification tools will be brought to bear in COP23 to determine additional quantification tool needs for other HIV commodities. Additionally, PEPFAR will provide technical support for laboratory commodities.

Laboratory Systems Investments

Laboratory system investments have impactfully supported HIV responses and addressed other diseases of public health importance. PEPFAR Ukraine will continue to improve the quality and efficiency of client-centered service delivery across the cascade by building on the CQI program developed for care and treatment. Working with national partners, PEPFAR will invest in laboratory services and systems to achieve person-centered care, clinical-laboratory interface, effective outbreak response, and other best public health practices. Efficient sample transportation systems during wartime are critical to ensure timely delivery of samples and test results and will be a further PEPFAR laboratory priority.

During the last year when the monitoring visits were limited due to the war, the EQA/PT programs became the only objective instrument to monitor all stages of the laboratory testing process and improve the quality management system (QMS). The CPH Reference laboratory managed to conduct six EQA programs for regional HIV laboratories - including HIV serology, CD4, VL, HIV RT. Overall performance of the regional laboratories exceeded 95 percent which demonstrated the sustainability of the laboratory QMS and confirmed the ability of providing accurate laboratory results for patients and clinicians even through wartime complications.

Laboratory QMS during COP23 will be directed toward CQI and achieving accreditation of testing laboratories. To ensure reliable HIV testing results, PEPFAR programs will continue to use the WHO/PEPFAR supported HIV Rapid Testing CQI Initiative. In addition to the routine testing EQA activities, PEPFAR support to Ukraine's reference laboratory will help ensure effective capacity building and controls for testing quality in bio-behavioral surveillance (BBS), mortality, and HIV recency activities.

In FY22, the number of regional HIV RT EQA increased to 2,560 participants from 630 health care institutions. Of those, 619 institutions demonstrated a high-performance rate of more than 98 percent. Complementary to the increase in HIV RT, we are planning to further expand the regional EQA programs for HIV RT and HIV recency testing and site level quality improvements plans implementation. Regional HIV RT EQA programs sustainability will be an essential component of the laboratory network optimization strategy.

Laboratory Information Management System (LIMS): having diagnostic integrated data systems that incorporate LIMS linked to (or integrated with) facility data systems improve test-result turnaround time and minimize errors associated with manual data entry.

LIMS has been implemented in 24 laboratories providing services for HIV and TB healthcare providers, with a further six more laboratories in TB facilities preparing to implement LIMS. Over 136,000 patients are registered in LIMS and over 185,000 samples have been processed. The most important LIMS advantages are interoperability with IS SSD, good usability, reasonable expenses for maintenance and free installation in the new laboratories. PEPFAR will continue to support Ukraine's use of LIMS in COP23.

Human Resources for Health (HRH)

Workforce development and human capacity building is a crucial priority that is reflected in GOU and civil society priorities, and which will be an essential PEPFAR Ukraine investment in COP23, as only because of the courage and resilience of providers can the healthcare system survive Russia's aggression. During COP23, PEPFAR partners will hold more than 200 different meetings and educational events. We remain committed to investing in professional development and our partners on the ground have displayed perseverance and ingenuity, from greater utilization of online platforms to holding trainings in shelters due to the prevalence of air strikes. For the next COP23, we will prioritize training on opportunistic infections treatment and prevention, PrEP updates, including long-acting injectable forms, HIV treatment and prevention standards, MAT, self-testing, and IS SSD management.

As a part of the broader "Undetectable equals Untransmittable" (U=U) campaign PEPFAR Ukraine will continue provision of an online course "What a Primary Healthcare Physician Needs to Know to Provide Medical Assistance to PLHIV" designed specifically for family doctors and launched in September 2022. This course is a part of the broader U=U campaign. To date, more than more than 800 clinicians have successfully completed the course and got their certificates. PEPFAR will also expand training for primary healthcare physicians from regions PEPFAR had not prioritized prior 2022, to provide training on HIV testing essentials, including use of rapid tests and HIV counseling. To date, 570 doctors have attended this course. PEPFAR will also support the development of a pre-service and in-service training program to enhance the skills of the laboratory and testing staff at the central and regional laboratories and the cadre of personnel qualified to perform rapid tests.

Pillar 4: Transformative Partnerships

The public health community in Ukraine has long been marked by strong cooperation across government and civil society, including KP-led civil society, and with international partners, including PEPFAR. Those collegial, collaborative partnerships have been essential to sustaining the HIV response through wartime and will underpin PEPFAR's work in Ukraine in COP23.

PEPFAR Ukraine will continue its close collaboration with the GOU, critical to the achievement of sustainable outcomes. The CPH will remain PEPFAR's primary government interlocutor in COP23, as an implementer and as the designated policy and coordination lead for the MOH on HIV and public health broadly. Our teams are closely integrated and will continue to cooperate as trusted partners. As CPH stands up regional public health entities through COP23, in accordance with new legislative mandates, PEPFAR will be there to provide support, assistance, and learn lessons from the increasingly decentralized GOU public health response. PEPFAR will expand and strengthen its cooperation with two additional key actors within the MOH family of governmental entities: MPU and NHSU. We will continue to support MPU's efforts to manage storage and distribution of PEPFAR-procured HIV commodities to ensure their continued involvement in the process despite temporary donor investments, enable commodity registration simplification, and develop management policies to support HIV commodity optimization. NHSU has important responsibilities within the Ukrainian health system, especially in financial and administrative reforms. In April 2018, the GOU established the NHSU to act as a single purchaser and provide coverage for a set of explicit health care benefits for the population within the available fiscal space. The NHSU is a central executive agency, with regional branches, that implements state policy in the field of state financial guarantees for healthcare servicing of the population. Activities of the NHSU are directed and coordinated by the Cabinet of Ministers of Ukraine through the Ministry of Health. Its key tasks at the national level include budget planning for the payment of medical services for people with HIV, TB, hepatitis, drug addiction, and formation of tariffs for curative and diagnostic services for these people; contracting treatment and diagnostic services; and quality monitoring of medical services. PEPFAR will continue to support NHSU's development and policy formulation to ensure it supports the needs of PLHIV, KPs, and sustainable health system reforms. Finally, PEPFAR will continue its close working relationship with the MOH, especially on policy issues and in close collaboration with USG interagency health actors.

As noted in pillar two, Ukraine is the recipient of historic levels of economic and development, humanitarian, and security assistance. Partnering with other funders and leveraging new assistance streams to support public health responses and address interrelated challenges has been critical to helping partners close gaps and has transformative potential for COP23. That collaboration starts within the USG, ensuring close coordination with all elements of the USG interagency supporting Ukraine. PEPFAR will continue to be a leader within the network of USG actors providing assistance to Ukraine, drawing on our long experience working with GOU and civil society actors. Where PEPFAR is not able to meet urgent needs, either due to limited resources or because of mandate limitations, we will endeavor to make connections with other donors, both within and outside the USG. Many new donors have begun supporting Ukraine since Russia's all-out invasion. Other existing donors have expanded their support. In

both cases, PEPFAR will seek to strengthen relations with other actors providing assistance, taking advantage of network effects to meet needs PEPFAR could not otherwise respond to alone.

Unprecedented Partnership with Global Fund

The COP23 planning process has been marked by unprecedented cooperation between the PEPFAR and Global Fund Ukraine teams, building on the deep collaboration that has marked wartime implementation. From the start, Global Fund new grant planning for the period 2024-2026 and COP23 planning were done in close cooperation, most notably through the March 13-17 Joint PEPFAR COP23 Co-planning Meeting and Global Fund National Dialogue. This first-ever “joint meeting” brought together 280 stakeholders for a hybrid, but largely in-person meeting in Warsaw, which was chosen due to the challenges Ukrainians face in traveling during wartime, with participation in the Johannesburg co-planning meetings largely impossible. The Warsaw joint meeting was the largest Ukrainian public health meeting since 2019 – a long-overdue opportunity to collaborate – and included Minister of Health Viktor Liashko, who traveled to Warsaw, and other key leaders. In Warsaw, PEPFAR, the Global Fund, GOU, and civil society presented and worked on priorities and plans that through plenary discussion and robust meetings on the margins evolved into Ukraine’s COP23 and request to the Global Fund for 2024-2026. This innovative joint meeting and the broader process it represented, reflected the shared belief of the Global Fund and PEPFAR that our work, and particularly our planning, could not be siloed during the current, extraordinary crisis. Instead, this unprecedented alignment of Global Fund and PEPFAR planning ensured that the plans for Ukraine’s two primary public health donors were coordinated, prioritized, and deconflicted from the start, which will pay dividends throughout implementation.

The transformative partnership between PEPFAR and the Global Fund has been essential to protecting progress through wartime. It was close coordination between PEPFAR and the Global Fund that allowed both to ensure delivery of essential commodities from ART to OST to test kits, despite wartime disruptions and GOU budget shortfalls in 2022 and into 2023. Close cooperation has also been essential to deconfliction of programming in response to PEPFAR’s suspension of its long-standing policy of geographic prioritization. Ongoing consultations, mapping, and information sharing will be a priority within COP23 to ensure continued, effective coordination to meet Ukraine’s nationwide public health needs.

Our UN Partners: WHO and UNAIDS

PEPFAR Ukraine will continue its close partnerships with WHO and UNAIDS through COP23. WHO’s coordination role in Ukraine through wartime crisis has been invaluable, pulling together sectoral experts and implementers in the public health and broader health spaces. PEPFAR will continue to engage in these WHO-facilitated coordination efforts through COP23. PEPFAR will also continue its close cooperation with the WHO in its role in evaluating Ukraine’s implementation of public health strategies, particularly Ukraine’s National HIV/AIDS, Tuberculosis (TB), and Hepatitis Strategy for 2020-2030. UNAIDS has been a key partner for Ukraine PEPFAR works closely with the UNAIDS team in Kyiv, which has been an important, continuous presence in Ukraine through wartime. UNAIDS is also an important partner for PEPFAR in ensuring we make effective use of data. In COP23 planning, PEPFAR and UNAIDS

have collaborated on innovative approaches to data driven-program management and oversight explored further in the “leading with data” section of this document.

Civil Society Engagement

PEPFAR Ukraine remains committed to ensuring broad civil society participation at all programming stages including planning, implementation, and monitoring of PEPFAR activities. Civil society is regularly represented at planning and coordination meetings, including COP planning sessions and national stakeholder meetings. Civil society experts are regularly invited to provide their input during the activity design process. Leading Ukrainian NGOs are directly implementing large segments of PEPFAR programs on case finding, prevention among KPs, and community support of ART adherence. CSOs are actively involved in community-led monitoring (CLM) activities and assessments such as the Stigma Index Survey, explored further later in this document.

Pillar 5: Follow the Science

In COP23 PEPFAR Ukraine will remain committed to the dissemination, application, and evaluation of the latest scientific evidence to inform the national HIV response. Examples of science-driven advances we will implement include:

- Analysis of IS SSD data will contribute substantially to prevention of ART interruption, re-engagement of PLHIV experiencing IIT on ART and timely VL testing.
- Evidence-based informational campaigns will continue to be embedded into PEPFAR projects to improve demand for services including HIV testing, PrEP, ART, and MAT.
- The recently adopted amended HIV law aligns Ukraine with international, evidence-based policy on lay provider testing will help expand the reach of HIV case-finding.
- Utilization of machine learning algorithms in SNS testing modalities will continue to improve efficiency of HIV case identification.
- Implementation of PEPFAR’s CAB-LA PrEP pilot project will provide a cutting-edge new form of PrEP to Ukraine, and the evaluation of the pilot will add to the science base for further expansion of prevention modalities.

Unfortunately, the epidemiological research that drives so much science-based public health work has been severely disrupted by war. Due to the war, PEPFAR Ukraine operates in an environment where most of the previously available surveillance data is outdated and cannot be used to inform programming. Before the full-scale invasion, Ukraine had a strong surveillance system that encompassed routine HIV data and BBS surveys in KPs. Substantial population movement across Ukraine and abroad has rendered available epidemiological estimates extremely unreliable, especially at the regional level. With reliable surveillance data unavailable, COP23 implementation will rely on program data, triangulated with external rapid assessments, qualitative study results, population statistics, and needs identified by civil society and the GOU. More information about the approach for using the program data is described in the “*Leading with Data*” section.

Recognizing the importance of having rigorous information about the HIV epidemic in the country and its progress towards 95-95-95 goals, in COP23, PEPFAR will seek to strengthen ongoing SI activities, such as BBS surveys among KPs and other risk groups, data analysis from national information systems, and will ensure ongoing data quality assurance and quality improvement processes are in place, in addition to being flexible in deploying other operational surveys as needed. This proposed COP23 surveillance, research and evaluation (SRE) activities will help to collect new data to estimate key epidemiological indicators, assess country's progress towards 95-95-95 goals, and provide some operational level information that can be used to improve the implementation process. These activities will include:

1. Surveillance studies in KP and PLHIV: finalization of BBS in PWID; launch of MSM BBS in MSM; continuation of HIV recency surveillance; expansion of acquired drug resistance surveillance (CADRE); and continuation of mortality surveillance.
2. Process and impact evaluation studies.
3. PLHIV stigma index survey.
4. Program data analysis and triangulation.

Surveillance studies to re-assess epidemiological estimates and inform the program

PEPFAR Ukraine draws on numerous national and international epidemiologic surveillance and behavior surveys, including IS SSD, BBS, and recency testing. These allow for cross checking of data to identify emerging needs. Supporting these survey and surveillance activities will allow for better understanding of the current, complex operating environment in Ukraine and will support decision-making on programmatic activities. Recency testing will enable the identification of hotspots of active transmission and elucidate the key characteristics of PLHIV's underlying risk-networks, including newly emerging priority populations and guide mitigation efforts. These studies will answer primary research questions and could also be used as data sources for eventual KP and PLHIV size estimates.

Process and impact evaluations

In COP23, PEPFAR Ukraine will implement two evaluation studies. The first study will look at treatment activities designed to support ART sites and treatment initiation, as well as retention and re-engagement on ART. The study will investigate if those activities bring additional value to the HIV care cascade. The study will have a mixed methods design and will utilize program data to answer evaluation questions.

The second PEPFR-supported study will focus on process evaluation of HIV case finding linkage to care by lay providers in Ukraine. This research will include data collection on the quality of HIV testing services and linkage to care provided by lay providers, cost effectiveness of the services, and economic benefit (including time saving) from re-distribution of the functions from health care professionals to lay providers. The results will be used as evidence for the MOH for further decision making in terms of the role of lay providers in HIV service provision.

PLHIV Stigma Index

The PLHIV Stigma Index will measure stigma and discrimination among PLHIV and will be conducted according to a standardized methodology incorporating existing validated scales to measure internal stigma and mental health in PLHIV. The previous round of PLHIV stigma index In Ukraine was conducted in 2020 and showed a continued trend in progress in stigma reduction⁵. In COP23 PEPFAR Ukraine will

⁵ Demchenko I., Sokolova L., Buliga N. The People Living With HIV Stigma Index 2.0. Available at: <https://www.stigmaindex.org/country-reports/#/m/UA>

fund PLHIV this research jointly with the GF to be implemented by a PLHIV network-led organization in collaboration with the “PLHIV Stigma Index International Partnership.”

Program data analysis and triangulation

PEPFAR Ukraine will continue to use available program data from e-registers of ART patients and other program databases to assess our results and adjust program implementation. We understand that such data can be fragmented, but it can still inform assumptions about population movement and transfers from one oblast to another or abroad. This data analysis will support ongoing planning, resource allocation, and deconfliction with the GF and its principal recipients. In addition, as a part of their emergency response in Ukraine, the United Nation Refugee Agency, International Organization of Migration, WHO, and others conduct rapid assessments and collect statistical data on general population movement, emerging risks, health needs, and accessibility of services. PEPFAR will continue to utilize findings from this work to triangulate with other data sources.

Strategic Enablers

Community Leadership

There is no effective HIV planning or programming that is possible without community leadership. Engaging communities and empowering them to lead is a daily driver of the PEPFAR Ukraine program. Interaction with communities, particularly through KP-led civil society, is where the best ideas and energy to implement them come from. The process of formulating COP23 was led by communities, with dozens of civil society representatives participating in the Warsaw joint meeting discussed under pillar four, as well as through continuous virtual and in-person meetings in Ukraine, as security conditions allowed. Similarly, PEPFAR’s continued funding of civil society implementers through COP23 is designed to meet programmatic priorities while also building up community capacity for leadership.

In COP23, PEPFAR will continue to implement CLM activities to ensure effective service delivery and progress toward ending stigma and discrimination at healthcare facilities. PEPFAR will continue to work with communities to expand our “secret shopper” initiative, an innovative approach to monitoring the work of ART sites to ensure patient satisfaction with medical services. Secret shoppers are selected mainly from key population representatives who work as NGO social workers. Also, in some cases, nurses and psychologists who work with PLHIV and have a strong understanding of HIV services and procedures participate. Through this CLM initiative, secret shoppers visit health care facilities to observe and evaluate the patient pathway, going through each step of service delivery to ensure quality. Additionally, secret shoppers may conduct a brief survey of other ART site patients. The secret shoppers share their reports with CPH and multidisciplinary teams to implement remediation actions if needed. Secret shoppers have visited 28 ART sites to date. Of them, 12 ART sites showed satisfactory service during the first visit. The rest of the sites were classified for remediation actions and follow-up visits by secret shoppers. Unfortunately, due to the war, secret shoppers could visit only 7 sites for follow-ups,

but 6 of those sites showed significant improvements in the quality of services. PEPFAR is committed to expanding the program as conditions allow through COP23.

PEPFAR also supports CLM programming that hires and trains KP representatives (PWID, MSM, SW, and ex-prisoners) to monitor implementation of a wide range of services, including HIV testing, PrEP, ART, and MAT. The information collected by these community monitors is shared with CPH regularly to inform managerial decisions and service delivery modification. In a representative example, monitors discovered there was no access to ART services in the city of Chornomorsk due to the lack of an infectious disease doctor. After CPH was informed in early 2023, public health officials identified a family doctor in Chornomorsk and arranged for her to receive ART training, including an internship with the Odesa Regional AIDS Center. Following her training, this family doctor was able to provide HIV services in Chornomorsk Hospital, including testing, ART, and PrEP. In another case from this CLM project, monitors in the Mykolaiv region reported there was limited information about PrEP in the city of Voznesensk, resulting in abnormally low PrEP enrollment in the locality. In response, CPH supported a PrEP information campaign to raise awareness about PrEP among Voznesensk-area KPs.

PEPFAR will continue to prioritize the views of KP-led communities in efforts to improve legislation, regulations, and policies relating to HIV and public health. The people most affected by HIV must be the people effecting change in the policy space. This model has proven effective in supporting Ukraine's impressive recent record of legislative and regulatory reform addressed earlier in this document. PEPFAR will maintain its open-door policy to communities to hear their policy priorities and will go further to actively seek out dialogue by deepening its engagement with organizations and individuals at the community level, despite wartime operational limitations. PEPFAR will also seek to ensure civil society and community representatives are able to participate in important virtual, hybrid, and in-person meetings, to ensure decisions about PLHIV and KPs are not made without their full participation. Finally, PEPFAR will strengthen its engagement in national and regional community-focused platforms.

Innovation

In COP23, PEPFAR Ukraine will accelerate country-led innovation by investing in adaptations that have proven promising through COVID-19 and Russia's all-out war, as highlighted in the pillars' sections of the SDS, as well as through the core standards. PEPFAR Ukraine will also ensure these innovations are supported in Ukraine's health policies, especially through implementation of the amended HIV Law.

For Ukraine, innovation will be essential during COP23 to adapt to extreme wartime circumstances. Innovation is also a source of pride and emotional ballast to Ukraine's public health community. At a time when Russia seeks to wipe its country off the map, Ukrainians are not just surviving but are pushing the boundaries of innovation in public health. Unfortunately, the hard-fought lessons in HIV programming innovation and adaptation to wartime Ukraine has learned are likely to serve as models for protecting PLHIV and KPs in future conflicts. Ukrainian public health experts remain engaged at the national, regional, and international level to share lessons learned on innovations to support continuation of vital public health work through wartime.

Innovation is inexorably linked with its two fellow strategic enablers. From mobile interventions to community-based case finding to new efforts to make PrEP more widely available, all PEPFAR-supported innovations in Ukraine are deeply rooted in the data. Our work utilizes epidemiological surveillance, e-health databases, and program data throughout the programmatic lifecycle. We rely on strong metrics to make sound decisions. At the same time, communities are the driver behind much of our innovation. In a particularly exceptional example, Ukraine's unique role as a prioritized country for CAB-LA in COP23 would not have happened without community leadership. It was spirited advocacy and organizing by a CSO that brought together the government-civil society coalition needed to implement this new treatment during wartime. And it was that CSO that led the advocacy effort to convince PEPFAR Ukraine and S/GAC leadership to support a Ukrainian CAB-LA study. PEPFAR will continue to heed the voices of communities as we look to support innovative HIV responses in COP23.

Leading with Data

The war has resulted in massive movement of Ukrainians both within the country and across borders. This instability has undercut data driven efforts, including by rendering previous population estimates obsolete and therefore preventing the development of reliable population-denominated estimates. The main data limitations in wartime Ukraine are linked to: internal and external migration of people in treatment, including those who interrupted treatment; movement of key populations and in-depth understanding of processes for each key population; emerging HIV and TB related risks, incidence, prevalence and mortality; significant population shifts in Russia's occupied areas; quality and completeness of program and surveillance data from liberated territories; lack of data from Russia's occupied areas; and uncertainties for any population and epidemiological projections.

Because the total number of PLHIV and KPs affected by the war remains unknown, PEPFAR Ukraine has worked with its partners to develop innovative approaches to ensure we can continue to lead with data, even in this extremely challenging environment. Together, we have conducted multiple rounds of rapid assessments of ART sites and intensively analyzed program data to assess both consequences for HIV services and the movement of PLHIV and KPs. The results of ART site assessments showed that at least 46 sites were damaged or destroyed, while many others experienced substantial challenges due to loss of electricity, internet and mobile connection outages. Increased workloads in regions with large number of displaced persons presences, combined with relocation of HCWs and substantial logistics challenges have strained patient pathways.

Analysis of the ART patients e-register system confirmed that the general population displacement phenomena can also be seen among the PLHIV population. From February 2022 to April 2023, 12,593 ART patients (8.6 percent) changed their location for refilling ART prescriptions, either by moving to another Ukrainian region or abroad. Even though this data is fragmented, it both reveals the challenges of traditional data collection and analysis during wartime and provides invaluable information for understanding the changing contours of the epidemic as a result of wartime population displacement.

Building on this work, PEPFAR Ukraine has designed a new benchmark approach in lieu of traditional targets, which were ill-suited to this dynamic, war-driven environment. The use of benchmarks during COP23 will ensure effective use of data for maximum flexibility and accountability, by drawing on

extensive utilization of program data and informed assumptions about changing populations to efficiently and effectively guide implementation. Our benchmarks make use of program data results that were achieved in 2022 to set benchmarks for FY24. Benchmark calculations also take into account the situation on the ground at the regional level, including based the innovative research described above, as well as implementation capacity and ability of IPs to operate sagely.

PEPFAR calculated these COP23 benchmarks to maintain transparency in program planning and ensure accountability for program implementation, while also allowing for flexibility to adjust programmatic efforts quickly in response to changing conditions on the ground, such as the liberation of occupied territory or return of displaced people. There are COP23 benchmarks for all pre-2022 PEPFAR Ukraine indicators in disaggregation by oblasts (regions), testing modalities (for testing indicators), and IPs. This benchmark approach was devised in close cooperation with S/GAC leadership and experts, as well as with Ukrainian partners in government and civil society, UNAIDS, and GF, all of whom have endorsed it as a nationwide solution for Ukraine until such a time as Ukraine is able to again develop reliable estimates for target setting. As a result, Ukraine will be taking a “one country, one program” approach to data not just across PEPFAR efforts, but in close partnership with the GF, GOU, civil society, and our multilateral partners.

Benchmark Tables

As stated in previous sections, because of population movements caused by Russia’s all-out war, Ukraine does not have reliable population size estimates. Therefore, during COP23 PEPFAR will utilize a benchmarks-based approach utilizing program trends instead of formal targets.

The Benchmark Table 1 includes expected FY23 TX_CURR, and FY24 benchmarks for TX_CURR and TX_NEW.

Table 2.1 ART Benchmarks

Benchmark Table 1 ART Benchmarks by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY23)*	New Infections (FY23)*	Expected Current on ART (FY23)	Current on ART Benchmark (FY24) TX_CURR	Newly Initiated Benchmark (FY24) TX_NEW	ART Coverage (FY24)	ART Coverage (FY25)
Scale-Up Aggressive			124,426	136,206	13,847	N/A	

*PLHIV population size estimate and estimated number of new infections are not available in Ukraine for FY23

The PEPFAR Ukraine’s OVC programs will continue to operate in 5 regions that include Cherkaska, Chernihivska, Dnipropetrovksa, Poltavska, and Zaporizska oblasts. The Benchmark Table 2 includes the FY24 Benchmarks for OVC_SERV and OVC_HIVSTAT in disaggregation by oblasts (SNU).

Table 2.2 Benchmarks for OVC and Linkages to HIV Services

Benchmark Table 2 Benchmarks for OVC and Linkages to HIV Services					
SNU	Estimated # of OVC*	Benchmark # of active OVC OVC_SERV Comprehensive	Benchmark # of OVC OVC_SERV Preventative**	Benchmark # of active OVC OVC_SERV DREAMS**	Benchmark # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
Cherkaska		43	N/A	N/A	18
Chernihivska		112	N/A	N/A	60
Dnipropetrovska		182	N/A	N/A	82
Poltavska		78	N/A	N/A	35
Zaporizska		40	N/A	N/A	15
FY24 TOTAL		455	N/A	N/A	210
FY25 TOTAL		455	N/A	N/A	210

*Estimated # of OVC is not available in Ukraine

** Not applicable (N/A) for Ukraine

Core Standards

PEPFAR Ukraine had largely met the PEPFAR core standards (previously known as minimum program requirements) prior to Russia’s brutal re-invasion. In several areas where Ukraine had traditionally fallen short, including MMD and ARV optimization, the country has made significant progress due to PEPFAR support during wartime – progress PEPFAR intends to carry forward through its COP23 programming. A key factor in meeting these core standards during war has been the ability to measure them through the utilization of national patient cohort data from IS SSD. Despite the war, the GOU has continued to push forward key components of legislation, including but not limited to the amended HIV Law, which will serve to further several standards in the country, such as inclusion of HIVST, decentralization of ARVs to pharmacies, and recognition of HIV testing in NGO settings to reach KPs.

1. Offer safe and ethical index testing (IT) to all eligible people and expand access to self-testing

Ukraine has been meeting this core standard since 2019, when PEPFAR Ukraine led efforts with CPH to develop the national IT standard operating procedure (SOP) to reflect the WHO 5Cs and PEPFAR guidance. This SOP places special focus on protecting clients' rights and providing IT services in a voluntary, non-coercive manner. PEPFAR Ukraine significantly scaled up IT from FY 2020 through FY 2022. IT is offered to newly diagnosed PLHIV at all PEPFAR-supported community sites where diagnostic services are available and at an increasing number of healthcare facilities to both newly diagnosed PLHIV

and those already registered on ART who have sexual and/or injecting partners and/or biological children under the age of 19.

Currently, Ukraine has safeguards in place to prevent adverse events that jeopardize index clients' and their partners' confidentiality and safety. All service providers are required to complete a specialized training course to be qualified for providing IT services. The system in place includes a three-step informed consent mechanism, whereby IT is only done with the explicit willingness of the HIV+ client to: 1) initially accept a social worker's/case manager's services; 2) specifically accept IT services; and 3) agree to provide partners' contacts. Every index client is free to not only accept or decline IT, but also to choose the preferred means of partner notification: client-initiated, provider-initiated, or mixed. Screening for intimate partner violence (IPV) is a critical component of IT service delivery. If IPV risk is identified, psychological and legal support is provided by local IPs and third parties specializing in supporting domestic violence victims, as appropriate.

Adverse event monitoring is currently in place at various levels, including site-level monitoring and client feedback, targeted monitoring of implementing sub-grantees by the primary IPs, and diversified feedback channels allowing clients to place complaints in case of any inappropriate practices by service providers. Clients are informed of these feedback channels as soon as they accept the services of a social worker or case manager. PEPFAR's continued support to the national HIV/AIDS hotline has strengthened the monitoring of direct client feedback, with adverse event monitoring and investigation by the national task force. In FY24 and FY25, PEPFAR will continue to support GOU through support to health facilities to provide IT services and work to improve service providers' motivational interviewing skills to ensure that as close to 100 percent of newly identified PLHIV as possible are offered IT services.

PEPFAR Ukraine introduced self-testing in FY20 and has steadily increased distribution, with over 100,000 self-test kits distributed in Ukraine as of FY23 Q1. Self-test kits have been made available through unassisted and assisted distribution to expand access to MSM, PWID, partners of PLHIV, and other priority populations. Self-test kits have been made available through primary distribution to clients who prefer to test at home, in MSM-oriented community NGOs, or other safe spaces, and through secondary distribution to facilitate IT for clients who wish to bring home tests for their sexual (or needle-sharing) partners. Self-tests have been made available at community sites, as well as in strategically located vending machines ("testomats"), and in safe boxes that can be ordered online for pick-up in-person or by mail. In addition to unassisted distribution, assisted self-testing and linkage to confirmatory testing and ART is provided to consenting clients with a reactive self-test. While assisted self-testing is not a standard aspect of PEPFAR's FY24 Technical Considerations, it continues to be a component of HIV programming in Ukraine, given the lack of rapid testing by lay providers as part of national policy. In FY23, the GOU adopted critical amendments to the HIV law, which included HIVST as a recognized component of HIV service delivery. With this development, in FY24 and FY25, PEPFAR Ukraine will continue to innovate strategies for self-test distribution, with a focus on differentiated options for self-testing, including expanding the range of oral and blood-based testing options.

2. Fully implement "test-and-start" policies

In 2019, the MOH adopted the 2016 WHO treatment and prevention guidelines and accordingly began implementing a “test and start” policy of ART initiation for all PLHIV in Ukraine, regardless of HIV clinical stage and CD4 level. Since that time, HIV policy optimization in Ukraine and streamlining of patient pathways has resulted in major improvements in reducing time from HIV diagnosis to ART initiation. In 2021, the WHO released updated consolidated HIV guidelines for prevention, testing, and treatment. In November 2022, the GOU further optimized its policy by approving national HIV testing, treatment and prevention standards, which comply with the WHO’s consolidated 2021 guidelines. CPH and WHO facilitated the process of legislative amendments development and approval by the MOH for test and start policy implementation in Ukraine by coordination of the national TWG on the revision of national HIV testing algorithm to endorse HIV rapid tests for HIV confirmation, which enabled same day ART initiation. Also, CPH and WHO facilitated development and approval of national HIV standards to reflect the requirement of test and start approach for all PLHIV. All the requirements for the test and start approach are in place. Improved test and start implementation in Ukraine is a result of the joint efforts of PEPFAR and IPs in the elimination of legislative and structural barriers to test and start, effective case management, and expansion of rapid testing for HIV diagnosis. The proportion of patients who started ART the same day and within a week after HIV diagnosis has substantially increased in recent years, as a result of improved policy implementation, with 66% of newly identified HIV patients in 2022 starting ART the same day as diagnosis. CPH and WHO worked with regional health care departments and ART sites to optimize patient pathways to ensure same day HIV diagnosis and ART initiation are available at all levels of care. PEPFAR works with civil society, healthcare practitioners, and the GOU to ensure effective and timely linkage from HIV testing programs at the facility and community levels, MAT sites, as well as ART prescription at MAT sites, NGOs and mobile vans. In FY22, this resulted in linkage rates for newly identified patients at mobile sites as high as 100%, with a linkage rate to treatment across all HIV testing modalities of 95%. Mobile teams will continue to scale up test and start by providing ART starter packs at mobile van/sites in COP23.

Ukraine’s recently amended HIV law will enable decentralization of ARVs, as well as expansion of modalities for ARV distribution. PEPFAR is supporting regulatory updates mandated by the new legislation, including to allow for PEPFAR-supported telemedicine for ART initiation in remote areas with poor access to medical care, due to disruptions caused by Russia’s full-scale war. PEPFAR Ukraine will focus on CQI in time from diagnosis to ART initiation and work with NHSU to advocate inclusion of quality indicators for HIV services, to stimulate the earliest possible start on ART for all eligible patients. PEPFAR will work with partners to develop regional patient pathways, based on WHO recommendations, for improvement of linkage to ART and same-day ART initiation. To develop tailored plans, PEPFAR partners will conduct regional-level gap analysis and draft local remediation plans to improve people-centered care. Civil society is strongly engaged in identifying barriers and developing solutions to decrease the stigma and increase the awareness among KPs, priority populations, and HCPs on the benefits of test and start. PEPFAR will work with the GOU to implement ART distribution by pharmacies, among other decentralized models.

Existing plans or policies:

- MOH order # 2092 from 11/16/2022 “On the approval of “Approval of the Standards of medical care "HIV infection»” / Наказ МОЗ України від 16.11.2022 № 2092 "Про затвердження

Стандартів медичної допомоги "ВІЛ-інфекція"" (<https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-16112022--2092-pro-zatverdzhennja-standartiv-medichnoi-dopomogi-vil-infekcija?preview=1>)

- Standards of medical care "HIV infection" / Стандарти медичної допомоги «ВІЛ-інфекція» (<https://www.dec.gov.ua/mtd/vil-infekciya/>)
- HIV Infection. Evidence-based clinical practice (https://www.phc.org.ua/sites/default/files/users/user90/2022_2092_kn_vil_1.pdf)

3. **Directly and immediately offer HIV-prevention services to people at higher risk**

HIV prevention services (PrEP, PEP, MAT, harm reduction) in Ukraine are recommended to all people with higher risk of HIV acquisition in compliance with WHO recommendations.

PEP and PrEP are provided at ART sites, MAT services are offered at designated MAT sites, and harm reduction services at NGOs with funding from the national harm reduction program. All PEPFAR Ukraine HIV case finding programs offer prevention services and PrEP counseling for individuals who test negative, with focused referral and linkage services for KP and priority populations at greater risk to ensure they stay negative. PEPFAR actively supports the TWG on prevention standards, guidelines development, and updates. MOH/CPH has developed and approved national HIV testing, treatment, and prevention standards, as well as national MAT standards and a regulation on harm reduction services provision, which regulates PrEP, PEP, MAT prescription and administration, and harm reduction services provision.

PEPFAR's emergency ARV procurements in 2022 contained PEP to ensure uninterrupted access to this critical intervention, especially in response to the rising threat of conflict-related sexual violence (CRSV). PEPFAR has also worked with the WHO to support GOU efforts to simplify access to PEP for victims of CRSV.

CPH, with PEPFAR support, has worked to increase awareness about PrEP by supporting targeted informational campaigns to promote U=U and PrEP among KP and priority populations. PEPFAR, WHO, and GF have also worked collaboratively to provide TA for Ukraine's national training program on PrEP for HCWs, including through online trainings on PEP, PrEP, and PrEP for PWID specifically. The TA also supported GOU-civil society cooperation on a series of seminars for all providers of prevention services.

For PrEP implementation in FY24, CPH has a robust national scale-up plan, supported by PEPFAR and the GF, focused on the improvement of HIV prevention services by implementing differentiated PrEP delivery models and increasing entry points for PrEP and PEP distribution, such as extended working hours, PrEP at NGOs or mobile vans, tele-PrEP initiation and disbursement at pharmacies, and PrEP in STI clinics. In order to make these approaches possible, PEPFAR will continue to create an enabling policy environment and support innovative demand creation efforts and removal of regulatory barriers. PEPFAR will also continue the procurement of ARVs for oral PrEP and PEP through FY24-25, while continuing to provide critical TA to the MPU and CPH, for quantification, forecasting, and supply chain management of prevention drugs, alongside other HIV commodities.

As mentioned previously, PEPFAR has partnered with CPH on a CAB-LA PrEP pilot project, that also includes strong collaboration with civil society. The CAB-LA pilot will be conducted during COP23 in Ukraine's two most populous cities (Kyiv and Lviv) among 100 MSM. This pilot will set the stage for CPH to scale-up use of CAB-LA as an additional prevention tool, in line with WHO recommendations.

Existing plans or policies:

- MOH order # 2092 from 11/16/2022 "On the approval of "Approval of the Standards of medical care "HIV infection»" / Наказ МОЗ України від 16.11.2022 № 2092 "Про затвердження Стандартів медичної допомоги «ВІЛ-інфекція»" (<https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-16112022--2092-pro-zatverdzhennja-standartiv-medichnoi-dopomogi-vil-infekcija?preview=1>)
- Standards of medical care "HIV infection» / Стандарти медичної допомоги «ВІЛ-інфекція» (<https://www.dec.gov.ua/mtd/vil-infekciya/>)
- HIV Infection. Evidence-based clinical practice (https://www.phc.org.ua/sites/default/files/users/user90/2022_2092_kn_vil_1.pdf)
- MOH order #1606 from 07/12.2019 "On the approval of the Procedure for the provision of HIV prevention services among representatives of groups at increased risk of HIV infection / Наказ МОЗ від 12.07.2019 № 1606 "Про затвердження Порядку надання послуг з профілактики ВІЛ серед представників груп підвищеного ризику щодо інфікування ВІЛ" (<https://zakon.rada.gov.ua/laws/show/z0855-19#Text>)
- MOH order #2630 from 11/16/2020 "On Amendments to Order No. 200 of the MOH of Ukraine dated March 27, 2012" / Наказ МОЗ від 16.11.2020 №2630 "Про внесення змін до наказу Міністерства охорони здоров'я України від 27 березня 2012 року № 200" (<https://zakon.rada.gov.ua/laws/show/z0051-21#Text>)

4. Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment

PEPFAR Ukraine remains committed to building sustainable systems to support OVC and their caregivers in Ukraine. The OVC program was traditionally largely supported by Peace Corps volunteers (PCVs), who have not yet returned to Ukraine as a result of first the COVID-19 pandemic and then Russia's full-scale invasion. Relying on previous programming experience, available resources and networks established by earlier PCVs, PEPFAR will continue to enhance technical support for OVC programs during COP23, which will include: training activities for social workers on OVC case management; leadership trainings for ALHIV/AGYW; scaling up social-emotional support (mental health); building social network support across all regions in Ukraine and for OVC and their caregivers at national, regional camps and community support groups; and strengthening the pediatric cascade by leveraging existing platforms for

networking and cooperation between social workers, pediatricians, and OVC/caregivers. PEPFAR will also expand support to OVC-focused NGOs by providing mental health resources to partner NGO staff.

5. Ensure HIV services at PEPFAR-supported sites are free to the public

All HIV services in Ukraine are free of charge. Guaranteed services are listed in NHSU's HIV diagnostic, treatment, and prevention package. While free HIV services are defined by policy, there are some practical challenges in implementation, including reimbursement rates and stipulations in terms of how services are covered (e.g., requiring an office visit for one month of ARVs). PEPFAR Ukraine will continue to advocate with NHSU (and collaborate with USG-funded/non-PEPFAR initiatives supporting health reform in Ukraine) to revise the level of funding of the HIV diagnostic, prevention and treatment, package, as well as to support differentiation of care and critical innovations. CLM activities also track if fees are requested from patients in contradiction of national policy. PEPFAR funding, particularly for ART and other commodities, is essential to Ukraine's continued ability to meet this core standard. This PEPFAR support complements that of the GF, which is notably funding procurement laboratory reagents for VL testing and OI diagnosis, as well as TB commodities.

Existing plans or policies:

- Law of Ukraine "About state financial guarantees of medical care for the population" / Закон України "Про державні фінансові гарантії медичного обслуговування" населення (<https://zakon.rada.gov.ua/laws/show/2168-19#Text>)
- NHSU 2023 Requirements for Service Contracting "Diagnosis, treatment and support of persons with human immunodeficiency virus (and suspected HIV)" / Вимоги до контрактування послуг НЦЗУ в 2023 р. "Діагностика, лікування та супровід осіб із вірусом імунодефіциту людини (та підозрою на ВІЛ)" (<https://contracting.nszu.gov.ua/kontraktuvannya/kontraktuvannya-2023/vimogi-pmg-2023>)
- Cabinet of Ministers of Ukraine Decree # 1464 from 12/27/2022 "Some issues of implementation of the program of state guarantees of medical care of the population in 2023" / Постанова Кабінету Міністрів України від 27.12.2022 № 1464 "Деякі питання реалізації програми державних гарантій медичного обслуговування населення у 2023 році" (<https://zakon.rada.gov.ua/laws/show/1464-2022-%D0%BF#Text>)

6. Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity

An enabling legal environment to support equitable, non-discriminatory, and client-centered HIV programming is critical for ending HIV/AIDS as a public health threat by 2030. Unfortunately, the consequences of the ongoing Russia's full-scale invasion of Ukraine have resulted in increased risks of stigma and discrimination for KPs, especially as they become displaced. Damaged health care facilities

and medical cadre outflow and displacement has created deficits in health care services, which has more intensively impacted those already marginalized by society. Furthermore, programmatic data has started to demonstrate a negative trend of self-discrimination among KPs, who deny themselves health care, as it does not emerge as a personal priority at a time when the country and individuals are struggling with the hardships of the war.

These challenges require establishing a legal and policy environment that tackles HIV-related equity gaps, upholds human rights, and eliminates discrimination and stigma against KP and other displaced people. To this end, PEPFAR Ukraine will continue to assist the GOU to ensure that enabling policy and legal environments exist for high-impact public health responses to HIV.

In FY23, PEPFAR contributed to revision, modernization, and harmonization of the national HIV law to better align with best international standards and WHO Guidelines, and advocated for its implementation. Approval of the revised HIV Law by Verhovna Rada on January 12, 2023 catalyzed significant revision of HIV related legislation to enable new norms implementation. Ukrain's amended HIV law now includes evidence-based regulations for HIV testing by NGOs, ART and PrEP availability at pharmacies, self-testing and assisted self-testing, and also embraces updated HIV terminology. During COP23, PEPFAR will provide TA to support implementation, especially revision of MOH regulations as stipulated by the law and in partnership with CPH's HIV Services Sustainability Working Group. The first documents to be revised are MOH order #794 ("On Improving the QMS of Laboratory Research in the Field of Combating HIV Infection"), MOH order # 2092 ("Standard of Medical Care HIV Infection"), MOH order #104 ("The List and Criteria for Determining Groups at Increased Risk of HIV Infection"), and MOH order #585 ("Organization of Medical Care for PLHIV"). In addition, PEPFAR will support a revision of the national HIV testing algorithm, with inclusion of test for triage conducted by lay providers (MOH Order # 794) and to reform policies to enable ART and PrEP availability via pharmacies to ensure easier access. At every stage of the policy process. PEPFAR will engage expertise of the KPs to ensure mutually supportive partnerships between affected communities and public authorities.

7. Optimize and standardize ART regimens

During the last 5 years, Ukraine has achieved significant progress in TLD transition which resulted in an increase of patients on TLD from 4.9 percent in 2019 to 75 percent in 2022. The overall percentage of patients on DTG-containing regimens exceeded 85 percent in 2022. In November 2022, MOH approved a national HIV treatment standard which contains TLD as the only recommended regimen, with TLE as an alternative. Other regimens can be used only in special circumstances. CPH partnered with WHO to develop and approve this national HIV treatment standard which supports prescription of TLD for all PLHIV, including women of childbearing age, and DTG formulations for children over 4 weeks and 3 kg. CPH routinely monitors regimes that are prescribed by HCW and analyzes each case of non-optimized prescription.

PEPFAR will continue to support the GOU in the optimization of ART in COP23, predominantly through promotion of DTG-based regimens, including TLD. In FY22-23, PEPFAR Ukraine procured most ARVs for

Ukraine's national treatment program, driving the TLD transition, and continues to provide TA and training at the site level to ensure doctors are actively following GOU policies. This transition has been accelerated and transformational during wartime, due to the intensive work of PEPFAR, in partnership with the CPH, WHO, GF, and other stakeholders, working together to ensure optimized regimens were predominant withing PEPFER's emergency procurements.

PEPFAR will continue to provide TA and conduct optimized ART regimen procurement for Ukraine during COP23. Due to tremendous community advocacy efforts the price for darunavir (DRV) has decreased globally and is now cheaper than Lopinavir (LPV), this makes it possible for Ukraine to phase out the LPV from procurement in FY24. WHO and CPH will organize training for HCWs to ensure a smooth transition from LPV to DRV. Additionally, PEPFAR will work with pediatricians to streamline transition to DTG pediatric formulations.

Existing plans or policies:

- MOH order # 2092 from 11/16/2022 "On the approval of "Approval of the Standards of medical care "HIV infection»" / Наказ МОЗ України від 16.11.2022 № 2092 "Про затвердження Стандартів медичної допомоги «ВІЛ-інфекція»" (<https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-16112022--2092-pro-zatverdzhennja-standartiv-medichnoi-dopomogi-vil-infekcija?preview=1>)

8. Offer differentiated service delivery models

Since 2020, MMD of at least six has been recommended for all patients who meet the WHO eligibility criteria for stability. This became possible in Ukraine after the approval of the MOH Order #585 and new national HIV testing, treatment, and prevention standards. The swift PEPFAR emergency procurement and effective ART distribution inside the country prioritizing the regions with the active conflict resulted in a huge bump in MMD in FY22, and now almost 88% of patients are on MMD as of FY23Q1.

PEPFAR Ukraine will continue to support home-based ART delivery for all patients who are not able to travel for ART refills due to war, as well as delivery via postal services and mobile vans. In addition, care and treatment partners have extended clinic hours (early morning, evening, and weekends) at high volume sites to decrease client wait time and create options to receive fast-tracked ARV refills. CSOs/NGOs with HCWs can provide HIV treatment services and ART refill at the community-level, and in FY23, six mobile vans started operations to deliver MAT and ART to PWID who are living in remote urban and rural areas, which are not covered by static sites. In COP23, to ensure patients' access to MMD, PEPFAR will procure sufficient stocks of ARVs to meet nationwide needs. We will also expand upon successful models of mobile services for ART, postal and courier delivery, and extended clinic hours.

Existing plans or policies:

- MOH order # 2092 from 11/16/2022 "On the approval of "Approval of the Standards of medical care "HIV infection»" / Наказ МОЗ України від 16.11.2022 № 2092 "Про затвердження Стандартів медичної допомоги «ВІЛ-інфекція»" (<https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-16112022--2092-pro-zatverdzhennja-standartiv-medichnoi-dopomogi-vil-infekcija?preview=1>)

- MOH order # 585 from 07/10/2013 “Order of medical care provision for patients with HIV infection/AIDS” / Наказ МОЗ від 10.07.2013 №585 “Порядок організації медичної допомоги хворим на ВІЛ-інфекцію/СНІД” (<https://ips.ligazakon.net/document/RE23788>)

9. Integrate TB care

In January 2023, [MOH approved new clinical guidance](#) for TB treatment that is fully in compliance with the latest WHO recommendations. According to the clinical guidance, all PLHIV should undergo screening for TB. Ukraine is using WHO recommended rapid molecular diagnostics methods for TB (Gene-Xperts) for those screened positive for TB as a primary method of TB diagnostics. Drug susceptibility tests are available for all second line TB drugs. For those who screened negative, TB prevention treatment (TPT) is prescribed. Ukraine is using all TPT treatment regimens that are recommended by WHO latent TB infection (LTBI) guidelines.

To respond to the challenges caused by the Russia’s full-scale invasion, PEPFAR Ukraine is providing support to the MOH and stakeholders for health sector recovery planning, including development of a national sector-level health recovery Plan, as well as the development of a TB/HIV recovery plan led by CPH. The recently approved TB/HIV recovery plan describes the steps to restore and maintain the full range of HIV and TB cascade services. Restoration of HIV and TB services is envisioned to require actions along three key lines of effort: 1) response to immediate health needs; 2) restoration or establishment of a package of essential HIV, TB service; and 3) restoration of the public health system itself.

10. Diagnose and treat people with advanced HIV disease (AHD)

Recommendations on management of patients with AHD are included in Ukraine’s national HIV standards. Patients with AHD are prioritized for examination and treatment initiation in accordance with WHO recommendations. In addition, CPH partnered with the WHO to develop an SOP on management of patients with AHD based on WHO 2017/2022 recommendations.

PEPFAR Ukraine and the GF procured lab tests for OI testing and medication for OI treatment and prevention. WHO and CPH provided TA to HCWs on management of patients with AHD to ensure they are prioritized for medical services provision. Community-based PEPFAR partners provide additional services to cover additional medical needs for patients with AHD.

PEPFAR Ukraine will support the development of OI standards with additional focus on AHD management, recognizing that this is an area for increased attention in COP23, given the potential instability and displacement of people with AHD. This work is underway should be completed by the end of FY24.

PEPFAR will also support development of training on AHD management and provide TA on AHD management. PEPFAR will support CPH efforts to improve data collection in IS SSD on AHD to track the effectiveness of treatment.

Existing plans or policies:

- MOH order # 2092 from 11/16/2022 “On the approval of "Approval of the Standards of medical care "HIV infection»" / Наказ МОЗ України від 16.11.2022 № 2092 "Про затвердження Стандартів медичної допомоги «ВІЛ-інфекція»" (<https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-16112022--2092-pro-zatverdzhennja-standartiv-medichnoi-dopomogi-vil-infekcija?preview=1>)

11. Optimize diagnostic networks for VL/EID, TB, and other co-infections

The adoption of the new Public Health law in 2022 mandated strengthening the role of regional laboratories in providing complex services to patients with HIV, TB and VH. In March 2023, the CPH presented strategic directions for HIV and TB laboratories network improvement with plans to optimize and unify laboratory equipment and obtain lab accreditation according to ISO15189 and LIMS. One of the tasks stated in Ukraine’s National HIV, TB and VH strategy for 2019 - 2030 is to ensure the availability of HIV testing by expanding the network of institutions providing relevant services and integrated diagnostics.

PEPFAR Ukraine will continue to ensure EQA and support trainings for VL testing laboratories during COP23. The GF will procure VL tests to cover 100% EID and VL testing coverage. For laboratory systems, we will focus on restoring and strengthening systems, prioritizing restoration of laboratory infrastructure and the diagnostic network. PEPFAR will help the CPH be a leader in the HIV lab space by supporting laboratory CQI and accreditation for HIV regional laboratories – recognizing that this is an area of attention in terms of meeting core standards. The wartime environment and ongoing destruction continue to be challenges, although restoration of the laboratory network is already underway.

Existing plans or policies:

- Cabinet of Ministers of Ukraine order #1464 from 11/27/2019 “On the approval of the State Strategy in the field of combating HIV infection/AIDS, TB and VH for the period up to 2030” / Постанова Кабінету Міністрів України від 27.11.2019 №1464 “Про схвалення Державної стратегії у сфері протидії ВІЛ-інфекції/СНІДу, туберкульозу та вірусним гепатитам на період до 2030 року” (<https://zakon.rada.gov.ua/laws/show/1415-2019-%D1%80#Text>)
- Law of Ukraine “On the Public Health System” / Закон України “Про систему громадського здоров’я” (<https://zakon.rada.gov.ua/laws/show/2573-IX#Text>)

12. Integrate effective quality assurance (QA) and CQI practices into site and program management

PEPFAR Ukraine continues incorporating QI and CQI activities in program management ensuring high standards of care at all levels. PEPFAR also supports DQA procedures to verify data for completeness, validity, timelessness that is used for MER indicators reporting. DQA is conducted for PEPFAR treatment indicators, as well as for patient data, ART regimen optimization, patient ART supply, and clinical data such as CD4 and VL. DQA activities are currently conducted in 10 regions: Dnipropetrovska oblast,

Odeska oblast, Mykolaivska obalst, Kyivska oblast, Kyiv city, Chernihivska oblast, Kirovohradaska obalst, Poltavaska oblast, Khersonska and Cherkaska oblast. Electronic patient records are cross verified with paper patient cards and vice versa.

Currently, while PEPFAR is unable to conduct SIMS visits (which included QA and CQI components) due to the security environment, the new approaches have been developed and implemented for ensuring service quality, including the CLM methods described in this document.

PEPFAR QA efforts are aligned with national priorities. While there is no national HIV/AIDS-related quality management/quality improvement strategy, there is a robust system of HIV program performance data collection, reporting, and analysis using data from IS SSD.

In COP23, PEPFAR is planning to maintain support to regional multidisciplinary teams, to implement continuous site-level quality improvement on treatment, testing, and monitoring and evaluation, and expand and refine these continuous QI activities. This includes potential resumption of SIMS visits as conditions allow.

13. Offer treatment and VL literacy

Prior to Russia's full-scale invasion, PEPFAR partners implemented national and regional demand creation/communication strategies, enhancing VL literacy among KPs and other priority populations. U=U campaigns have been an important part of encouraging testing and promoting knowledge of one's status. In COP23, ongoing communications activities are aimed at reaching displaced persons and emerging risk groups in existing and expanded geographic areas. For example, with PEPFAR support, GOU and civil society plan to launch a mobile app that gives patients access to their medical records and improved management of their appointment with healthcare providers. The GOU has committed to supporting promotion and wide implementation of the mobile app for patients to increase patient awareness about their VL level and further promote U=U.

14. Enhance local capacity for a sustainable HIV response

In COP23, in order to enhance local capacity for a sustainable HIV response, PEPFAR Ukraine will support capacity development of local organizations around the balanced capacity model (BCM). BCM describes how organizational (structural) capacity and skills (people) capacity ultimately support higher-level, collaborative (programmatic) capacity. At the early stage, a stronger focus will be made on strengthening the skills (people) capacity. To this end, PEPFAR plans to apply a Stakeholder System Approach (SSA), a framework that recognizes that stakeholder systems have four basic components (tops, middles, bottoms, and validators), each with a specific role to play. Using SSA, PEPFAR will take a more holistic view of empowerment and capacity of people in partner NGOs as well as their capacity to build sustainable relationships with potential institutional partners and sector networks.

PEPFAR will continue to support KP representatives' engagement in regional TB/HIV coordination councils, supporting skill development to enhance communities' abilities to advocate for HIV services sustainability. Activities will focus on regional HIV program development and addressing region-specific

gaps. Continuing implementation of HIV services availability monitoring by KPs through CLM mechanisms will facilitate more open communication with CPH and regional HIV services providers and increase trust between stakeholders at community level to address bottlenecks and find solutions for improvement of services quality.

The recently amended HIV Law, and its PEPFAR-supported implementation in COP23 will also enhance quality, availability, and sustainability of HIV testing services through strengthened local capacity. PEPFAR will continue to support CPH's development of a national HIV testing road map to serve as a coordination tool through mapping of existing programs and activities and complementary to the National HIV Testing Strategy, both of which emphasize local capacity. Finally, PEPFAR will resume work towards implementation of its own localization strategy aiming at provision of direct funding to local organizations, work interrupted by the unique challenges of the pandemic and all-out war.

15. Increase partner government leadership

Ukraine takes seriously its responsibility to provide effective government leadership for public health. From the Minister of Health, who went to extraordinary lengths to travel to Warsaw for our COP23 co-planning meeting, to the dedicated professionals at the CPH who lead on national HIV response, the GOU has increased its capacity and leadership despite the horrors of Russia's invasion. The GOU has shown steadfast dedication to creating an enabling policy environment for a sustainable HIV response. PEPFAR Ukraine's government partners have also carefully balanced increased need for donor support with a constant focus on building GOU capacity and taking on financial planning and future funding responsibility. Critically, the GOU has presented a credible, detailed plan for resuming financing HIV, TB, OD, and VL as soon as the war is won, and state budgets return to pre-February 2022 levels. PEPFAR Ukraine will continue to help the GOU meet this core standard by COP23 by ensuring that even we increase our funding to close wartime gaps and meet emerging needs, it is the GOU that leads on policy, planning, monitoring, and implementation, building capacity and taking on increasing leadership throughout.

16. Monitor morbidity and mortality outcomes

Ukraine's monitoring of morbidity and mortality outcomes among PLHIV is closely linked to its focus on AHD treatment, as well as work on the detection of recent HIV cases among newly diagnosed individuals and the expansion of HIV surveillance nationwide. The implementation of these activities aims to improve HIV responses by collecting and utilizing data on both infectious and non-infectious causes of morbidity and mortality among PLHIV. PEPFAR Ukraine plays a significant role in supporting the monitoring of morbidity and mortality outcomes among PLHIV through the provision of TA to strengthen surveillance systems, expand surveillance sites, and improve the collection and use of data for HIV programs and public health responses.

In COP23, PEPFAR will support the development of the OI standard, with specific attention given to the management of AHD. This initiative recognizes that AHD requires particular programmatic attention due

to the potential instability and displacement of individuals with advanced disease. The development process has already commenced and is expected to be finalized by the end of FY24. PEPFAR will also ensure development of a new national testing algorithm incorporates detection of the HIV status of deceased individuals using HIV rapid tests. Addressing regulatory documentation review and providing recommendations for its improvement to ensure efficient and effective monitoring of HIV morbidity and mortality outcomes will also be a priority.

Continued PEPFAR support to Ukraine's implementation of world-class data systems and practices will also enhance monitoring of morbidity and mortality. PEPFAR's support to CPH use of the IS SSD country-wide electronic medical system and data analytics platforms will improve capacity to collect, manage, and analyze data related to HIV morbidity and mortality outcomes in a more efficient and standardized manner. PEPFAR support will include providing training and resources to healthcare providers, data managers, and public health professionals to improve their skills in utilizing data visualization tools and IS SSD platforms. By strengthening capacity in these areas, it will be easier to interpret and present data on HIV morbidity and mortality outcomes, enabling more informed decision-making at both the programmatic and policy levels.

17. Adopt and institutionalize best practices for public health case surveillance

In COP22, PEPFAR Ukraine in collaboration with the CPH and NGO IPs, adopted deduplication procedures for all HIV case finding projects. This need emerged as a temporary measure due to the absence of well-developed HIV case-based surveillance during wartime. For HIV testing, multiple partners contribute to those activities at the facility and community levels and collect non-personified information while providing services. At the same time, all PEPFAR IPs record HIV-positive cases using unique identification codes (UICs) which are reported to the CPH at the end of each quarter. While a UIC cannot identify a person, but it helps to compare IP data, check for duplicates, resolve duplicate cases, and ensure HIV-positive cases were recorded in HIV e-registry and linked to ART.

The development of case-based surveillance of HIV-positive cases is an ongoing process in Ukraine, but still requires significant work before its final adoption and implementation. At this stage, the deduplication process is a useful tool that helps PEPFAR to improve data quality and ensure accurate reporting to DATIM. With expansion of PEPFAR testing activities geographically, these deduplication exercises will become even more important to exclude any duplication of activities between PEPFAR, GF, and any other donors that may support HIV case finding projects. In COP23, PEPFAR will expand the deduplication procedures to ensure unique HIV-positive case recording in Ukraine.

USG Operations and Staffing Plan to Achieve Stated Goals

As of mid-2023, the U.S. Embassy in Kyiv was operating under severe limitations due to the challenging security environment resulting from Russia's all-out war. U.S. Direct Hire (USDH) staff are not always able to work from Ukraine and have to rotate in- and out- of the country. In Ukraine, there are serious movement restrictions in-place for all USG staff. Russia's forces routinely attack civilian targets in Kyiv

and across Ukraine from land, air, and sea. During late-2022 and early-2023, Russia's extensive attacks on power and thermal generation facilities led to widespread power and head outages, creating hardships and operational challenges for all people living and working in Ukraine, including PEPFAR staff, IPs, PLHIV and KPs. While conditions have improved since then, the situation is extremely dynamic and it is impossible to predict how the war will impact operations during COP23.

CDC is eliminating one USDH position due to the challenges faced during wartime, including the recruitment and retention of USDH personnel. Furthermore, CDC has a dedicated and experienced locally employed staff (LES) team already in place, capable of effectively managing and running the PEPFAR program. Utilizing the existing LES expertise within the team allows for continuity and ensures the program's smooth operation in the absence of direct hired staff. One USAID locally employed LES position was eliminated due to the transition of the position from PEPFAR activities to another funding stream. DOD plans to create a new LES program manager position during COP23.

PEPFAR staff will participate in SIMS visits – in-person in limited cases where it is permissible – per the approved SIMS plan for COP23. Across PEPFAR Ukraine operations, where in-person engagement is not possible due to the security environment, PEPFAR staff will rely on virtual methodologies established during the COVID-19 pandemic and fine-tuned through wartime. PEPFAR staff, together with IPs, will monitor site level program requirements for linkage, retention, and client centered services.

In COP23, PEPFAR Ukraine increased its Cost of Doing Business budget by 16 percent, mainly due to wartime increases in cost of the local staff compensation plan and expected increased travel costs due to extended temporary duty assignment (TDYs) for staff unable to work from the Embassy.

APPENDIX A -- PRIORITIZATION

In COP23, PEPFAR Ukraine will not set program benchmarks for age/sex disaggregation, because the PLHIV population structure is unclear due to war-related data limitations, particularly related to population movement. PEPFAR Ukraine COP23 implementation will continue to remain focused on all age/sex subgroups, however, to ensure equity.

DRAFT

APPENDIX B – Budget Profile and Resource Projections

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Country	Intervention	Budget		
		2023	2024	2025
		\$46,585,005	\$59,500,000	\$59,000,000
Total		\$46,585,005	\$59,500,000	\$59,000,000
Ukraine	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations		\$80,000	\$80,000
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		\$714,391	\$1,561,516
	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	\$258,038	\$364,509	\$404,000
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	\$1,027,904	\$815,730	\$1,028,336
	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	\$5,688	\$715,712	\$747,096
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		\$120,000	\$120,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Military		\$53,000	\$53,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		\$434,581	\$438,400
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	\$690,336	\$1,581,279	\$1,823,632
	ASP>Public financial management strengthening>Non Service Delivery>Key Populations			\$45,000
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		\$650,000	\$150,000
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		\$1,696,495	\$1,696,008
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	\$3,034,968	\$3,346,834	\$3,450,171
	C&T>HIV Clinical Services>Service Delivery>Key Populations	\$4,500,000	\$5,099,069	\$4,654,569
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations		\$241,853	\$290,000
	C&T>HIV Drugs>Non Service Delivery>Non-Targeted Populations	\$10,757,489		
	C&T>HIV Drugs>Service Delivery>Children		\$502,393	\$502,393
	C&T>HIV Drugs>Service Delivery>Non-Targeted Populations		\$10,422,946	\$10,422,946
	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	\$168,228	\$140,761	\$140,761
	HTS>Community-based testing>Non Service Delivery>Key Populations	\$403,947	\$1,504,006	\$1,451,026
	HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations		\$257,221	\$257,221
	HTS>Community-based testing>Service Delivery>Key Populations	\$2,739,718	\$4,415,716	\$3,425,420
	HTS>Community-based testing>Service Delivery>Non-Targeted Populations		\$1,105,409	\$1,105,409
	HTS>Facility-based testing>Non Service Delivery>Military	\$125,000	\$125,000	\$125,000
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$378,167	\$808,362	\$1,160,000
	HTS>Facility-based testing>Service Delivery>Military	\$100,000	\$100,000	\$100,000
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	\$2,561,739	\$3,004,075	\$2,320,000
	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	\$50,000		
	PM>IM Program Management>Non Service Delivery>Key Populations		\$2,021,220	\$1,945,220
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$5,010,639	\$9,397,553	\$9,918,657
	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$3,782,162	\$3,697,413	\$3,945,014
	PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	\$570,194		
	PREV>Medication assisted treatment>Non Service Delivery>Key Populations	\$123,357	\$824,500	\$1,120,948
	PREV>Medication assisted treatment>Service Delivery>Key Populations	\$837,193	\$1,800,000	\$1,000,000
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		\$417,012	\$422,840
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations		\$26,509	\$0
	PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		\$177,010	\$165,510
	PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$5,228	\$10,576	\$10,576
	PREV>Not Disaggregated>Service Delivery>Key Populations	\$453,958	\$145,000	\$145,000
	PREV>PrEP>Non Service Delivery>Non-Targeted Populations	\$788,895	\$1,220,872	\$1,181,838
	PREV>PrEP>Service Delivery>Key Populations	\$250,000	\$894,197	\$937,697
	PREV>PrEP>Service Delivery>Non-Targeted Populations	\$823,371	\$568,796	\$656,796
		\$7,138,786		

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Country	Program	Budget		
		2023	2024	2025
		\$46,585,005	\$59,500,000	\$59,000,000
Total		\$46,585,005	\$59,500,000	\$59,000,000
Ukraine	C&T	\$18,977,378	\$19,753,856	\$19,460,840
	HTS	\$8,834,442	\$11,319,789	\$9,944,076
	PREV	\$4,342,586	\$6,084,472	\$5,641,205
	SE	\$50,746		
	ASP	\$5,537,052	\$7,225,697	\$8,144,988
	PM	\$8,842,801	\$15,116,186	\$15,808,891

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Country	Targeted Beneficiary	Budget		
		2023	2024	2025
		\$46,585,005	\$59,500,000	\$59,000,000
Total		\$46,585,005	\$59,500,000	\$59,000,000
Ukraine	Children		\$502,393	\$502,393
	Key Populations	\$11,595,290	\$18,147,730	\$15,663,230
	Military	\$278,000	\$278,000	\$278,000
	Non-Targeted Populations	\$34,660,969	\$40,571,877	\$42,556,377
	OVC	\$50,746		

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Country	Initiative Name	Budget		
		2023	2024	2025
		\$46,585,005	\$59,500,000	\$59,000,000
Total		\$46,585,005	\$59,500,000	\$59,000,000
Ukraine	Core Program	\$46,585,005	\$59,000,000	\$59,000,000
	KP Survey		\$500,000	\$0

B.2 Resource Projections

All COP23 budget planning was completed using the Funding Allocation to Strategy Tool (FAST). The largest share of COP23 funding (43 percent) is allocated to support patient-centered treatment, retention and prevention activities with around \$11 million going to ARV procurement, \$5.1 million to clinical services for KPs and \$3.3 million to clinical services for non-targeted populations. The second largest amount (19 percent) is allocated to case-finding, with a focus on accelerating progress on the first 95 to facilitate rapid ART scale-up, with \$4.4 million allocated to KPs and \$3.0 million to non-targeted populations. The remaining share of programmatic resources is allocated to health system strengthening through above site activities, to ensure the sustainability of Ukraine’s health system, especially through wartime and the post-war recovery periods.

PEPFAR commodities have been strategically planned to cover programmatic implementation of prevention, testing, treatment, and HIV advanced disease programs. In close collaboration with the GF.

MOH, and CPH, PEPFAR Ukraine plans to bridge all HIV procurement gaps. PEPFAR Ukraine has met the C&T earmark requirement.

DRAFT

APPENDIX C – Above site and Systems Investments from PASIT and SRE

PEPFAR Ukraine’s above site and systems investments from PASIT and SRE will protect progress toward epidemic control and continue to support the development of sustainable health systems. PASIT and SRE activities were carefully selected to address gaps and overcome current challenges to enhance HIV policies and program implementation.

In COP23 PEPFAR Ukraine will initiate/continue following above-site activities to close system gaps:

- Improvement of PEPFAR-supported service quality and accessibility.
- Improvement of the availability and quality of HIV epidemiological and health data.
- Increase of workforce capacity to provide HIV services in medical and community settings.
- Improvement and further development of HIV policies, their operationalization, and oversight of implementation.
- Strengthening the laboratory system.
- Development of the HIV and lab electronic registers, adding new modules and improving data exchange process with eHealth.
- Reduction of stigma and discrimination towards PLHIV and KPs, including in the military.
- Improvement of the supply chain management.

PEPFAR Ukraine will support addressing challenges caused by Russia’s aggression and help maintain uninterrupted services, support coordination of HIV/MAT activities at the national and regional levels and help to restore HIV services to pre-war levels. During this challenging time, program activities require even closer monitoring to ensure flexibility in response to emerging needs, growing and changing barriers. Together with the GOU, civil society, and international partners, PEPFAR Ukraine will continue to work on public health policies, HIV laws, and standards to ensure best international practices and models. In COP23, we will focus on the implementation of the new Public Health Law, development of new MOH policies resulting from the adoption of amendments to Ukraine’s HIV legislation in early 2023, and the development of opportunistic infections standards and guidelines.

Workforce development and human capacity building remain essential investments. For COP23, we will continue trainings and webinars including to build capacity on treatment and prevention standards, self-testing, eHealth systems, and opportunistic infections treatment and prevention.

PEPFAR Ukraine’s plans for COP23 include demand generation and social behavior change communication campaign and targeted strategies for demand generation among key and priority populations, as described previously.

Because PEPFAR Ukraine operates in a situation when previously collected surveillance and research data is outdated due to wartime shifts, in COP23, we will support surveillance studies in KP, and several other studies and evaluations to receive up-to-date information about the HIV/AIDS epidemic, emerging factors, and interventions that improve results.

Laboratory system investments have impactfully supported HIV response in Ukraine and addressed other diseases of public health importance. This direction is strategically important for Ukraine, as strengthened systems support services needed to achieve person-centered care, clinical-laboratory interface, effective outbreak response, and other public health best practices. Ukraine will continue to focus on laboratory QMS to ensure continuous quality improvement and accreditation of testing laboratories, as well as reliability of HIV testing results.

Sustainability of IS SSD and LIMS systems is another priority for COP23. PEPFAR Ukraine will support further development of IS SSD in the areas of HIV, TB, MAT, HIV case-based surveillance, interoperability with eHealth, and DQI.

To improve supply chain management, PEPFAR Ukraine will continue to provide TA to integrate additional medicines into the last mile logistics to ensure that HIV-focused facilities have sufficient medicines to provide comprehensive HIV services. We will continue to support MPU's efforts to manage storage and distribution of PEPFAR-procured HIV commodities to ensure their continued involvement in the process despite temporary donor investments, enable commodity registration simplification, and develop waste management policies to support HIV commodity optimization.

These activities are summarized in the tables below (Table 1-2).

Table 1. Summary of SRE activities supported by PEPFAR/Ukraine in COP23

Title	Short description	Implementing Agency
MSM BBS	Implementation next round of BBS study in MSM to measure HIV prevalence and level of VLS, calculation of population estimated size	CDC
HIV Recency	Continuation of detection of HIV recent cases among newly diagnosed HIV cases and expansion of geography and number of sites which implement surveillance.	CDC
HIV mortality surveillance	Continuation of HIV mortality surveillance in Kyiv city and Odeska oblast. The study will contribute to the development of National testing algorithm to detect HIV status of a deceased person using HIV rapid tests. This activity will also address regulatory documentation review and recommendations for its improvement.	CDC
CADRE	Continuation of Cyclical Acquired HIV Drug REsistance (CADRE) Patient-Level Monitoring implementation to receive data on acquired HIV DR mutation including mutations to integrase inhibitor.	CDC
Evaluation of HIV treatment components	The study will evaluate the treatment activities that were designed to support ART sites and PLHIV for treatment initiation, retention, and re-engagement on ART.	CDC

Title	Short description	Implementing Agency
The HIV case finding and linkage to care by lay providers	The evaluation study will investigate the quality of HIV testing services and linkage to care provided by lay providers, cost effectiveness of the services, and economic benefit (including time saving) from re-distribution of the functions from health care professionals to lay providers.	USAID
Stigma Index Survey	Implementation of next round of the PLHIV Stigma Index to gather data on level of stigma and discrimination, and monitoring trends towards reduction of stigma and discrimination in different settings. The study results will serve as useful tool for advocacy and human rights activities.	USAID

DRAFT

Table 2. PASIT and SRE Summary

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity
Health Management Information Systems (HMIS)	Non-Targeted Populations	Direct TA (staff time/travel) towards program activities implementation	Guaranteed TA to the IPs	Guaranteed TA to the IPs.	Guaranteed TA to the IPs
Laboratory systems strengthening	Non-Targeted Populations	Direct TA (staff time/travel) towards program activities implementation	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.	Guaranteed TA to the IPs
Laws, regulations & policy environment	Non-Targeted Populations	Direct TA (staff time/travel) towards program activities implementation	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.
Management of Disease Control Programs	Non-Targeted Populations	Direct TA (staff time/travel) towards program activities implementation	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Direct TA (staff time/travel) towards program activities implementation	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.
Laboratory systems strengthening	Non-Targeted Populations	Lab Network capacity building and standard implementation, Optimization of laboratory network structure, National and regional EQA programs, Strengthen National HIV Reference laboratory capacity and Lab Unit under CPH. Pre- and in-service curricula development for laboratory specialists and HIV testing sites. CPH Certification body accreditation.	Improved Lab Network Capacity. EQA, Lab Accreditation preparation for leading laboratories and NRL. SPI-RRT results used for CQI for recency testing sites. 1) # of HIV RT sites covered with the Stepwise to improve the SPI-RT/RTQ score. 2) # of HIV RT sites participated and passed DTS EQA PT 3) # of VL testing lab passed EQA PT	Improved Lab Network Capacity. EQA, Lab Accreditation preparation for leading laboratories and NRL. SPI-RRT results used for CQI for recency testing sites. 1) # of HIV RT sites covered with the Stepwise to improve the SPI-RT/RTQ score. 2) # of HIV RT sites participated and passed DTS EQA PT 3) # of VL testing lab passed EQA PT	Improved Lab Network Capacity. EQA for labs and sites performing HIV and VL testing maintained as a routine practice. Lab Accreditation preparation supported for leading laboratories and NRL. SPI-RRT results used for CQI activities for all involved recency testing sites. 1)# of HIV RT sites covered with the Stepwise to improve the SPI-RT/RTQ score. 2). # of HIV RT sites participated and passed DTS EQA PT program for HIV testing in each from 11 oblasts 3) # of VL testing lab passed EQA PT
Surveys, Surveillance, Research, and Evaluation (SRE)	KPs	MSM BBS	Completed field stage of MSM IBBS	MSM IBBS 2024 data and report	The expected outcome is to get updated HIV cascade data for MSM and other critical information on HIV prevention and program use
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Recency, mortality surveillance, CADRE, CBS, HIVMIS New modules development and implementation.	Collected Recency reporting, mortality surveillance study conducted, HIVMIS New modules developed	Recency reporting used for prevention and testing activities adjustment, mortality surveillance study	Analyzed surveillance results and used for adaptation of programmatic activities

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity
				reports and recommendation for institutionalisation, HIVMIS New modules implemented	
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Trainings, operational research, data collection, analysis, visualization and dissemination, program evaluation	1) N of trainings conducted; 2) # of participants 3) # of disseminated products based on data analysis 4) SIRI evaluation conducted	1) N of trainings conducted; 2) # of participants 3) # of disseminated products based on data analysis 4) SIRI evaluation conducted 5) Treatment evaluation conducted	1) N of trainings conducted; 2) # of participants 3) # of disseminated products based on data analysis 4) SIRI evaluation conducted 5) Treatment evaluation conducted
Health Management Information Systems (HMIS)	Non-Targeted Populations	Comprehensive data exchange among IS SSD, eHealth other IS established, HIV CBS, LOINC developed, mob. application(s) promoted Sub-award to HIV Hotline. Support Hotline callers addressing their problems in the format of consultations and referrals. Hotline analyzes its operations and reflect those in the format of power BI	One data exchange platform with eHealth implemented Benchmarks scale Yes/No; Expected result: Yes; Number of consultations provided each quarter; Benchmarks: Over 2500 - excellent 2000 and 2500 - good;	One data exchange platform with eHealth implemented Benchmarks scale Yes/No; Expected result: Yes; Number of consultations provided each quarter; Benchmarks: Over 3000 - excellent 3000 and 2500 - good;	One data exchange platform with eHealth implemented Benchmarks scale Yes/No; Expected result: Yes; Number of consultations provided each quarter; Benchmarks: Over 3000 - excellent 3000 and 2500 - good;
Laboratory systems strengthening	Non-Targeted Populations	LIMS technical support, development and sustainability. Establishment of LIMS interoperability with eHealth	1) LIMS sustainability capacitated Yes/No 2) LIMS interoperability with eHealth capacitated Yes/No	1) LIMS sustainability ensured Expected result: Yes 2) LIMS interoperability with eHealth ensured Expected result: Yes	1) LIMS sustainability ensured Expected result: Yes 2) LIMS interoperability with eHealth ensured Expected result: Yes
Laws, regulations & policy environment	Non-Targeted Populations	Mentoring and support to National partners; Technical support and strategic guidance on HIV PrEP, MAT scale up, including mitigation of conflict/ emergency related challenges and monitoring. TA to IPs on the HIV, MAT, PrEP SOPs and guidelines development.		Update MAT, PrEP, testing pathways FY25 Review the HIV treatment, testing and prevention standard Review NHSU package 2024– FY25 Review MAT order (MAT DOT)	The expected outcome is updated national legislation, SOPs and WHO guidelines. Developed OI standard; revied NHSU package; Updated PrEP guidelines (Cab LA, tele-PrEP); MAT, PrEP, PITC gap analysis and developed remediation plan, updated MAT and testing pathways; Reviewed HIV treatment, testing and prevention standards, Reviewed MAT order.

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity
HRH	Non-Targeted Populations	Strengthen national healthcare system for HIV care and treatment through targeted Capacity Building, Continuing Professional Development (CPD), mentoring and clinical training; mapping of mental health services locally; training development and delivery on PrEP and mental health sensitization for HCW and patients at ART sites.	Number of trainings and HCWs trained; CPD certifications; completion of mental health mapping of services; updated PrEP SOPs; completion of training materials for courses	Number of trainings and HCWs trained; CPD certifications; completion of mental health mapping of services; updated PrEP SOPs; completion of training materials for courses	All mental health and PrEP trainings completed for HCW; All course materials developed; Increased number of HCW trained overall; All PrEP SOPs completed
Health Management Information Systems (HMIS)	Non-Targeted Populations	Direct TA (staff time) towards program activities implementation	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.
Laws, regulations & policy environment	Non-Targeted Populations	Direct TA (staff time) towards program activities implementation	Guaranteed technical TA to the IPs.	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.
Management of Disease Control Programs	Non-Targeted Populations	Direct TA (staff time) towards program activities implementation	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.
Procurement & supply chain management	Non-Targeted Populations	Direct TA (staff time) towards program activities implementation	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.	Guaranteed TA to the IPs.
Laws, regulations & policy environment	Non-Targeted Populations	Initiate discussion of the inclusion of HIV self-tests into the ANP. Provide legal support to develop legislation for its inclusion in the program and technical support to plan the inclusion.	Legislation exists to incorporate HIV self-tests into the AMP	Patients access HIV self-tests through the AMP	NHSU manages the AMP including HIV self-tests.
Laws, regulations & policy environment	Non-Targeted Populations	Provide technical leadership and analytical support for the development of a horizon scanning procedure for new HIV technologies aligned with HTA procedures and guidelines. Ensure HTA department knowledge and use of the procedure.	A transparent analytical process exists to review new HIV technologies as part of the MOH HTA guidelines.	New HIV technologies are analyzed per the approved guidelines before being funded through the state budget.	The MOH manages the implementation and relevant updates to the guidelines through an established independent HTA department.

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity
Procurement & supply chain management	Non-Targeted Populations	Monitor national rollout of ARV quantification tool and follow-up with regions underutilizing the tool. Pilot RTK quantification tool including training, gathering feedback, and refining the tool. Support laboratory quantification with analysis and technical support.	ARV and RTK quantification tools are used for annual quantification exercises.	ARV, RTK, and laboratory commodity quantification tools are used in annual quantification exercises.	The Center for Public Health manages annual quantification exercises leveraging tools managed by Medical Procurement of Ukraine. The tools are regularly maintained with routine data entry from the site level and updated as appropriate.
Procurement & supply chain management	Non-Targeted Populations	Provide technical & legal support to integrate additional medicines into the last mile logistics to ensure that HIV centers and other relevant sites have sufficient medicines to provide comprehensive health services to HIV clients.	Medicines relevant for HIV services are integrated into monthly last mile logistics deliveries in at least 6 regions.	Integrated commodity deliveries are made monthly in all regions of Ukraine.	Management of integrated commodity deliveries is carried out by regional authorities once the state budget of Ukraine is restored.
Procurement & supply chain management	Non-Targeted Populations	Support MPU to manage storage & distribution of PEPFAR-procured HIV commodities to ensure their continued involvement in the process despite temporary donor procurement. Support HIV commodity registration simplification. Provide technical and legal support to waste management policies to support HIV commodity optimization.	HIV drug registration enables state procurement and Medical Procurement of Ukraine has the HIV category management knowledge and expertise required for state procurement of ARVs.	HIV drug registration is maintained for ARVs procured using GOU funding.	The State Expert Center has legislation, tools, and processes in place for a simplified registration of HIV commodities and suppliers have the knowledge and information available to use the simplified processes. Medical Procurement of Ukraine has an HIV category manager who has functional relationships with HIV suppliers, the State Expert Center, and Center for Public Health.
Procurement & supply chain management	Non-Targeted Populations	Support the TWG tasked with developing the mechanisms to implement ARV delivery in pharmacies through technical & legal leadership. Ensure sufficient incentives for pharmacy participation and support pilot & implementation.	Finalize a pilot of ARVs in pharmacies and develop an implementation roadmap.	ARVs are delivered in pharmacies across Ukraine.	Center for Public health manages ARV delivery in pharmacies throughout Ukraine. The Center for Public Health has a clear understanding and mastery of implementation management for patients to receive ARVs (including PrEP) in pharmacies.

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity
HRH	Non-Targeted Populations	Training program aimed at proper formal nationally recognized certification for doctors and nurses of healthcare facilities enabling them to officially provide HIV services in accordance with MOH Orders. The activity will be implemented in coordination with MoH, Center for Public Health, and Oblast Health Departments.	Training completed	N/A	Healthcare providers trained on essentials of HIV service provision
Management of Disease Control Programs	Non-Targeted Populations	Demand creation communication targeted at healthcare facilities' visitors. The activity includes provision of information on the availability and benefits of free HIV services, such as regular testing, antiretroviral treatment (including U=U messaging), partner testing, and PrEP to a broader audience of Healthcare facilities' visitors.	Communication campaign conducted; communication materials produced	N/A	Public awareness of and demand for HIV services increased
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	The PLHIV Stigma Index is a standardized tool to gather evidence on how stigma and discrimination impacts the lives of PLHIV. It was developed to provide much-needed data and evidence that could be used to advocate for the rights of PLHIV	Survey completed and published	N/A	Data on stigma and discrimination collected and published to inform HIV programming
Health Management Information Systems (HMIS)	KPs	Technical support to CPH in development of approaches to integration of MIS/HIV and DataCheck clients' data and improvement of the algorithm of data deduplication and verification on the national level.	The Action plan on Datacheck improvement developed based on common stakeholders' vision	The strategy of integration the MIS/HIV and DataCheck client's data is developed	50 % of Action plan points on Datacheck improvement implemented. The strategy of integration the MIS/HIV and DataCheck clients' data is implemented
Management of Disease Control Programs	KPs	Demand generation communication campaign to raise awareness of HIV prevention and testing services among KPs	A demand generation communication campaign extended to 10 sub-national level covering KP and PP	A demand generation communication campaign extended to 15 sub-national level covering KP and PP	At least 50,000 representatives of KP and PP are covered by informational messages of the campaign

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity
Management of Disease Control Programs	Non-Targeted Populations	Build KPs capacities to advocate for quality HIV services via strengthening KP representation and advocacy in regional HIV/TB coordination councils, HIV services availability monitoring by KPs and sensitization on sub-Law normative documents developed by the MOH to enable revised HIV Law implementation	50 KP representatives RCC members trained on advocacy capacity building	HIV services availability monitoring introduced in 24 regions of Ukraine	50 KP representatives RCC members trained on advocacy capacity building. HIV services availability monitoring introduced in 24 regions of Ukraine
Public financial management strengthening	KPs	Support social contracting for HIV services re-start by providing TA to KPs led CBOs in funds mobilization from regional/territorial budgets	Representatives of 5 NGOs trained on social contracting	Representatives of 10 NGOs trained on social contracting	Social contracts with KPs' run NGOs established in two regions
Surveys, Surveillance, Research, and Evaluation (SRE)	KPs	Implementation of an enhanced approach of primary and secondary distribution of WHO pre-qualified blood-based self-tests (Mylan - newly introduced in Ukraine) by representatives of key and vulnerable groups among sexual partners and social/risk networks, including those who will then be referred to prevention services	Expansion of HIVST options in Ukraine (Mylan) Secondary distribution of HIVST within the ITC, SNS/RNR strategies implemented at the community level	NA	Expansion of HIVST options in Ukraine (Mylan); secondary distribution of HIVST within the ITC, SNS/RNR strategies implemented at the community level.
Surveys, Surveillance, Research, and Evaluation (SRE)	KPs	This activity is to evaluate the task-sharing – the rational redistribution of tasks from higher-level health provider cadres to lower-level cadres in order to expand HTS availability by shifting the role of test-provider from doctors or nurses to lay providers.		Advantages and challenges of HIV screening and linkage services by lay providers analyzed, documented and shared with the MOH.	Effectiveness of HIV screening and linkage to care by lay providers is documented and recognized by the MOH