THE STRATEGY
FOR DEVELOPMENT AND PLANNING
OF HUMAN RESOURCES FOR HEALTH FOR HIV IN UKRAINE
for the period until 2020

Endorsed on September 9, 2016,
at the session of the Program Committee
of the National TB and HIV/AIDS Council
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1. Background

Strengthening the workforce is being widely recognized as a key factor of health care system sustainability. International experience demonstrates that the most successful organizational changes related to improving the efficiency of healthcare systems are those that involve the development and management of the workforce.

As recommended by WHO, health workforce policy should become an integral part of the overall health reform strategy so that the institutions at all healthcare levels (primary, secondary, and tertiary), including HIV/AIDS response, can achieve better outcomes.

Now that the health care and social services reform is underway in Ukraine, there is a unique opportunity to implement fundamental structural transformations in the field of public health, particularly in the field of prevention and control of socially significant diseases, whereby the response to HIV epidemic is one of the priority areas of health and social development policy and a subject matter of international commitments.

According to WHO and UNAIDS estimates, Ukraine still is a high HIV prevalence country among the countries of Eastern Europe and Central Asia. The analysis of the epidemiological situation in the country shows that the HIV epidemic is not fully under control yet: only every second HIV-positive person is aware of his or her status and has access to a health care facility; there is a high percentage of HIV-positive results documented among blood donors; the epidemiological role of sexual transmission is increasingly growing. Especially worrying is the fact that people living with HIV (PLWH) seek care in an untimely manner, often at a very late stage of HIV, which leads to a high number of AIDS cases and AIDS-related deaths, including due to HIV/TB co-infection.

In the context of socioeconomic crisis in Ukraine, the HIV burden is expected to become heavier by 2020, which will require additional efforts and increased funding. At the same time, limited financial resources allocated for HIV response jeopardize the provision of timely and quality care to PLWH. This, in turn, will keep Ukraine away from implementing the international commitments undertaken as part of global initiatives to expand access to HIV testing and antiretroviral treatment.

Despite all recent challenges, Ukraine has committed to achieve the 90–90–90 targets in order to end the AIDS epidemic by 2030. This implies the following: 90% of all people living with HIV will be aware of their HIV status, 90% of all people who are aware of their HIV-positive status will receive treatment, and 90% of all people receiving treatment will have viral suppression, their immune system will remain strong and the probability of HIV transmission will be significantly reduced. The achievement of the 90–90–90 targets will require the broad application of the Fast-Track Strategy.

The commitments undertaken by Ukraine to achieve such ambitious HIV response targets necessitate the development and implementation of an HRH for HIV development and planning strategy in the country. At the national level, the commitment to develop such a comprehensive strategy has been reaffirmed in the Strategy for a Sustainable Response to TB, Including Drug-Resistant TB, and HIV/AIDS for the Period until 2020.

The current Strategy was developed through broad discussion and dialogue involving all stakeholders, including within at the sessions of Committees of the National TB and HIV/AIDS Council of Ukraine. A number of guidelines and approaches recommended by the World Health Organization,
PEPFAR, UNAIDS, and other international organizations informed the development of the Strategy as well.¹

Key sources used for the development of the current Strategy are as follows:


### 2. Overall Status of the Human Resources for Health for HIV in Ukraine

Ukraine’s network of the human resources for health for HIV (HRH for HIV) is a complex system of service providers that encompasses health and social workers of public, private, and non-governmental organizations. Key stakeholders, such as ministries, agencies, other central and local executive authorities, also contribute to developing the health workforce. All of these play an important role in ensuring that HIV prevention and treatment efforts are undertaken, services are provided to key populations, and social support and care services are provided to PLWH.²

The HRH for HIV are dispersed throughout the system of care and in large part these human resources are concentrated in oblast- and city-level AIDS centers, and specialized health care facilities (primarily through the network of the so-called Trust Offices). Other specialized health care facilities, such as TB clinics, drug treatment facilities, and STI clinics, are also engaged in HIV response by providing integrated HCT, MAT, ART, and TB services. To be noticed is that at present, more and more primary health care (PHC) physicians provide HIV counseling and testing services.

² Кадровые ресурсы в сфере ВИЧ/СПИД (работники сферы здравоохранения) в Украине (последняя версия проекта отчета). // Бюро ВОЗ в Украине. - Киев: 2014. - 88 с.;
Отчет об исследовании эффективности и оптимизации человеческих ресурсов, которые работают в области ВИЧ/СПИДа. // ГУКС Минздрава Украины. - Киев: Центр МнО по противодействию ВИЧ/СПИДу. - К.: 2013. - 44 с.;
Рекомендации по усовершенствованию законодательства, регулирующего вопросы кадрового потенциала в сфере противодействия ВИЧ-инфекции/СПИДу в Украине. / Юридическая справка о действующих в Украине нормативно-правовых актов, регулирующих вопросы развития кадрового потенциала в сфере противодействия ВИЧ-инфекции/СПИДу // УЦКС. - Киев: 2012;
Social services are mainly provided by staff of non-governmental organizations as well as social workers and psychologists of health care facilities, and by specialists of Centers of Social Services for Families, Children and Youth (CSSFCY) and other social service providers.

It is important to note that existing mechanisms for HRH planning do not meet the population’s needs for health care services at a sufficient level at present, and they are not in full compliance with internationally recommended approaches.

The **HRH for HIV Situational Analysis** conducted by USAID HIV Reform in Action Project in 2015 helped capture the state of affairs in the area, according to which the HRH financing is input-based rather than performance-based. In addition, there is no unified information system that would comprehensively reflect the size and characteristics of the HRH for HIV. Low salaries of health and social workers; understaffing; poor working conditions in healthcare and social service facilities; low prestige; the reluctance of health and social workers to remain in the public sector; age, structural and geographical imbalances in the HRH; subjectivity in taking human resources decisions – such is an incomplete list of all those identified issues to be addressed as top priorities.3

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As a baseline assessment of the status of the HRH for HIV in Ukraine, its strengths and weaknesses as well as opportunities and threats were identified (SWOT analysis):

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• Availability of medical education provided by public educational institutions both on a commercial and non-commercial basis.</td>
<td>• Incompliance of the workforce size and structure with the scope of work and the tasks of the health sector (redundancy of highly-specialized specialists against the backdrop of a shortage of other professionals, such as general practitioners – family doctors, nurses, social workers and health managers, as well as the absence of standardized training in public health).</td>
</tr>
<tr>
<td>• Availability of a developed system of undergraduate and postgraduate education for health and non-health personnel.</td>
<td>• Disproportions in the health workforce structure, including in:</td>
</tr>
<tr>
<td>• Readiness of the society for changes as well as for health and social services reform in the country.</td>
<td>– Ratio of general practitioners and highly-specialized specialists, medical doctors and nurses;</td>
</tr>
<tr>
<td>• Availability of highly-qualified personnel in the health sector</td>
<td>– Geographical disproportions and understaffing in rural areas;</td>
</tr>
<tr>
<td>• Availability of modern technical equipment at AIDS facilities that has been provided through support from the international donor community.</td>
<td>– Between specialized health care facilities and primary health care facilities.</td>
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<tr>
<td>• Advanced HIV/AIDS monitoring and evaluation system.</td>
<td>• The lack of effective national strategy for HRH planning, development and use, and an outdated legislative and regulatory framework.</td>
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<tr>
<td>Strengths</td>
<td>Weaknesses</td>
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<tr>
<td>• The mismatch between the level of training of specialists and the health needs in the country, especially with regard to specialists who enter the health system after graduating.</td>
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<td>• The mismatch between the currently used curricula and the contemporary internationally accepted standards of training of specialists, such as clinicians, health managers and public health specialists.</td>
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<td>• Limited use of evidence-based approaches to planning and estimating the HRH requirements by cadre.</td>
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<tr>
<td>• Insufficient social protection of health workers and low salaries of both health and non-health personnel, the factors that are an obstacle to attracting and retaining specialists in health sector and that diminish the prestige of the health worker profession.</td>
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<tr>
<td>• High percentage of workers of pre-retirement and retirement age within the HRH and the ongoing tendency of young specialists exiting the health sector.</td>
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<td>• Insufficient participation of professional communities and associations of health workers in addressing HRH-related issues.</td>
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<tr>
<td>• Excessive concentration of qualified health personnel in secondary and tertiary health care facilities, paralleled by the shortage of such personnel at primary health care settings, especially in rural areas.</td>
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<tr>
<td>• Poor HRH management in the HIV sector.</td>
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<td>• Inadequate system for training of social workers and engaging them in the delivery of HIV services.</td>
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<tr>
<td>• Outdated understanding of the HR and talent management concepts and, consequently, insufficient or unsystematic efforts undertaken in a number of areas, including elaboration and review of job descriptions and key performance indicators, CME and CPD, performance management and motivation.</td>
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<tr>
<td>• The lack of institutionalization of on-the-job trainings, which were developed with support from international technical assistance projects, into the national post-graduate education system.</td>
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<tr>
<td>• The lack of agreed healthcare reform strategy.</td>
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At present, there is no effective strategy for HRH for HIV development and planning in Ukraine. Furthermore, projections of HRH requirements in the field of HIV would be unrealistic, if based exclusively on the coverage targets of the 2014-2018 National HIV Program. At the same time, taking into account the international commitments to achieve the 90–90–90 targets and using the Fast-Track strategy to address the HIV epidemic, Ukraine should be ready to meet the increased demand for HIV services, thereby ensuring appropriate testing and treatment coverage and putting an end to the AIDS epidemic in this country.

An effective HRH policy needs to ensure an equitable distribution of workforce and their accessibility by the population, the availability of necessary skills and competencies. Health workforce also needs to be motivated and be able to provide quality care that meets social and cultural expectations of the population.

<table>
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<tr>
<th>Opportunities</th>
<th>Threats</th>
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<tbody>
<tr>
<td>• Willingness of the government, international partners, and civil society organizations to support strategic initiatives of the Ministry of Health of Ukraine.</td>
<td>• Decrease and, eventually, the end of funding from the Global Fund for HIV response in Ukraine.</td>
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<tr>
<td>• Availability of partners who are ready to provide financial and technical support to and cooperate in the areas of HRH for HIV planning and development.</td>
<td>• The absence of a plan for increasing funding for HIV programs, and the non-readiness of the government to take over the responsibility for HIV expenditures that are currently covered by external donors.</td>
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<td>• Possibility of using information and communication technologies for the purposes of HRH development.</td>
<td>• Uncontrolled internal migration of the population caused by the military action in eastern Ukraine, which has resulted in the imbalances between needs and capacities and has created serious obstacles to effective HRH planning.</td>
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<td>• Opportunities for task shifting and expanding the range of HIV service providers.</td>
<td>• Social HIV services are mainly provided by the non-governmental organizations (NGOs), which have no sustainable funding (these services will become unavailable once the donor funding is over).</td>
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<tr>
<td>• The presence of efficient All-Ukrainian Network of PLWH, which advocates for policy decisions and the implementation of reforms, in particular in the areas of availability and quality of HIV services, as well as in terms of ensuring adequate staffing of health and social service providers.</td>
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**EXTERNAL**
3. Goal, Principles and Objectives of the Strategy

The goal of this Strategy is to ensure effective and sustainable response to the HIV/AIDS epidemic in Ukraine by ensuring the availability, accessibility, acceptability, and quality of HRH through adequate investments and the implementation of comprehensive, evidence-based policy at national and regional levels.

For the purposes of this Strategy, the availability, accessibility, acceptability, and quality of HRH will be regarded as specified below, in accordance with the WHO guidelines:

availability – the sufficient supply and stock of health workers, with the relevant competencies and skill mix that correspond to the health needs of the population;

accessibility – the equitable access to health workers, including in terms of travel time and transport, opening hours and corresponding workforce attendance, whether the infrastructure is disability-friendly, referral mechanisms and the direct and indirect cost of services, both formal and informal;

acceptability – the characteristics and ability of the workforce to treat everyone with dignity, create trust and enable or promote demand for health services;

quality – the competencies, skills, knowledge, and behavior of the health worker as assessed according to professional norms and as perceived by users.⁴

Implementing a unified and comprehensive system for HRH for HIV development and planning implies alignment with the following key principles and approaches: consistency, legitimacy, integration, professionalism, competence, learning process continuity, justice and social protection.

Reaching the goal of the Strategy will be made possible through the achievement of the following objectives:

1. Ensuring the planning and optimization of the workforce size and structure based on the regular assessments of the workforce performance

2. Improving the system of workforce training, retraining and performance assessment, and CPD of HIV specialists

3. Increasing retention of HRH for HIV

4. Scaling up the implementation and use of HRH management information systems, including advanced technologies to meet the growing demand for HIV services

5. Conducting research and strengthening the evidence base on the HRH in Ukraine

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4. Priority Areas to Achieve the Objectives of the Strategy

**Objective 1. Ensuring the planning and optimization of the workforce size and structure based on the regular assessment of the workforce performance**

Health workforce size and structure planning and optimization need to be based on the forecasts of the demand of the population for health services and pharmaceuticals. These forecasts would need to factor in demographic processes; the dynamics of the population health and the scenarios for HIV epidemic; workloads estimated on the basis of standards for the provision of HIV services; workforce mobility; the nature of migration processes and structural shifts in the economy.

At the same time, an assessment of the growing demands for HRH – backed up with reliable and relevant information, the analysis of the current labor market and its potential perspectives – should serve the purpose of informing the development, implementation and on-going update of the HRH strategies.

The improvement of the HRH planning system needs to include the development and implementation of relevant criteria for assessing the workforce capacity, as well as the use of evidence-based approaches to estimating the demand for specialists with different skill sets, and further development of the health cadres nomenclature.

Taking into account international best practices and guiding principles and adapting them to the national context, the following challenges and priorities should be addressed while aiming to achieve this Objective:

- **Ensuring consistency between the projected increase in the size of the HRH and the national health policy.**

It is important to prioritize the use of primary healthcare workers and avoid the unjustifiably higher costs as a result of excessive use of highly specialized personnel and large-scale provision of a secondary and tertiary care. Relevant training and utilization of primary healthcare workforce in the delivery of HIV services, as well as support from international partners should be streamlined and consistent with the national health policy.

- **Effective use of the HRH.** The main areas for more efficient utilization of the HRH include the following: task shifting among various types of health and social workers who provide HIV services; changing the workforce structure engaged in the delivery of HIV services, with focus on broader involvement of primary healthcare workers, social workers, pharmacists and NGO personnel; eliminating the duplication of functions; effective use of the take-home medications mechanism allowing for provision of medications for longer periods in order to reduce the number of unnecessary visits to health care facilities.

- **Developing the HRH performance management system.** There is a need to ensure the development and widespread use of both qualitative and quantitative performance indicators to assess the workforce engaged in the delivery of HIV health and social services.

- **Developing and mainstreaming task-shifting mechanisms in the delivery of HIV services.** This implies the reasonable
shifting of tasks among health care cadres. According to the WHO, specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available HRH. The available evidence supports a broad categorization of task-shifting practices into four types, as follows:

- **Task-Shifting Type I:** the extension of the scope of practice of non-physician clinicians in order to enable them to assume some tasks previously undertaken by medical doctors.

- **Task-Shifting Type II:** the extension of the scope of practice of nurses and midwives in order to enable them to assume some tasks previously undertaken by non-physician clinicians and medical doctors.

- **Task-Shifting Type III:** the extension of the scope of practice of community health workers, including people living with HIV/AIDS, in order to enable them to assume some tasks previously undertaken by nurses and midwives, non-physician clinicians, and medical doctors.

- **Task-Shifting Type IV:** people living with HIV/AIDS trained in self-management, assume some tasks related to their own care that would previously have been undertaken by health workers.

The task-shifting processes and mechanisms in the delivery of HIV services can also be extended to other cadres that do not traditionally have a clinical function (for example pharmacists, laboratory technicians or administrators). In addition, the important and required elements of task-shifting in the delivery of HIV services include supervision, mentoring, and adequate regulatory and legislative framework.5

- **Enhancing the status and significance of nurses engaged in the delivery of HIV health and social services.** Measures should be taken to improve the training of nurses, with special attention paid to revision of their operations and scope of HIV services provided by them as well as to the respective service delivery standards and protocols.

- **Capacity building in the area of HRH for HIV planning and optimization.** In order to quantify the HRH requirements, supply and demand under various scenarios, there is a need to prioritize the national capacity building in the area of modelling. The activities in this area are particularly relevant in connection with the recent repeal of the MOH Order No. 33 “On Templates for Staffing Schedules for Health Care Facilities,” as of February 23, 2000, that provides for more autonomy to the heads of health care facilities in their decision making regarding the elaboration and approval of their staffing schedules.

- **Linkage with the 90–90–90 targets.** The availability of HRH, optimal in their size and structure, is the precondition for achieving the 90–90–90 targets. The required components of this process should include the widespread implementation of the task-shifting mechanisms in the delivery of HIV services, including through the involvement of non-governmental sector. They should also include the increased provision of HIV services at the primary health care level. The system of HRH size and structure planning and optimization should envisage mechanisms for its rapid revision and adaptation to the changing conditions and emerging challenges.

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Objective 2. Improving the system of workforce training, retraining and performance assessment, and CPD of HIV specialists

The system of workforce training, retraining, performance assessment and CPD is the basis for building an efficient health system as a whole. Strong and efficient workforce capable of responding to modern challenges implies the alignment between supply and skill sets of the health workforce and the current and future needs of the population. Achieving the required availability and quality of the HRH requires that policy and financial solutions regarding both training and the health labor market regulation meet these emerging needs.

Taking into account international best practices and guiding principles and adapting them to the national context, the following challenges and priorities should be addressed while aiming to achieve this Objective:

- **Increasing the scope and the quality of training for health workers.** Public and private investments in the training of health workforce should be aimed at meeting the health needs of the population; they should be in line with the requirements of the healthcare system and consider the issues of aging population or labor migration. During the training process, there is a need to provide future specialists with appropriate professional education and social adaptation using internship schemes at their perspective employers. Key components of the health workforce training should also include public health ethics, professional values and social responsibility. Significant improvements of the quality of health workforce training would only be possible if there is good cooperation between the systems of higher education and health service providers. A special focus should be on the needs of key populations, as well as the imperative to put an end to HIV/AIDS-related discrimination.

- **Strengthening the capacity of educational institutions and their faculties.** This should satisfy the present and future needs in education and be sensitive to the changing clinical practice in the field of HIV prevention, care and treatment. The faculties of medical schools are a priority area for investments, both in terms of ensuring their adequate availability and in terms of the development and updating of their teaching competencies related to the use of contemporary curricula and training methodologies. There is also a need to develop an up-to-date training module on HIV and to include it into the curricula of medical education institutions, with special focus on the training of general practitioners/family doctors.

- **Adapting organizational structures and teaching methods in educational institutions for a timely response to the rapidly changing training needs.** The process of learning, approaches to teaching, and the content of training programs should be continuously improved and responsive to the growing needs in the field of HIV.

- **Making use of opportunities for retraining the health workforce.** This may include retraining of personnel from downsizing sectors and industries of economy for their re-allocation to the health and social sectors. In particular, this approach can be applied with regard to duties and functions, which can be performed following the short-term training without compromising the quality.

- **In-service training should be promoted and become a mandatory element of the professional development of the HRH.** In-service training can include short-term training courses, self-study, experience and knowledge sharing among staff, encouraging employees to seek innovative methods and improve their performance within multidisciplinary teams.
● **Linkage with the 90–90–90 targets.** HRH for HIV, which are optimal in their availability, structure and functions, should be adequately trained in order to ensure that the targets for people living with HIV to know their status, to receive treatment, and to have viral suppression are actually achieved.

**Objective 3. Increasing retention of HRH for HIV**

Retaining the HRH for HIV covers such issues as increasing health workers salaries, creating adequate workplace conditions, rational use of working hours, fostering positive relationships in the workplace and with clients, equitable distribution of the HRH and the reduction in the workforce outflow.

Taking into account international best practices and guiding principles and adapting them to the national context, the following challenges and priorities should be addressed while aiming to achieve this Objective:

- **Establishing a system of fair and reliable remuneration.** Extremely important is the adequate salary paid in a timely manner. The payment method used, for example salaries or fees, has an impact on the efficiency and quality of health care and it needs to be carefully monitored. Financial and non-financial incentives, as well as norms provided for by the legislations include: paid time-off to attend trainings; child care leave; paid sick leave; extra pay for complexity and intensity and/or an extended scope of work; bonuses accrued due to the length of service/qualifications; subsidies and grants for housing and education; employer’s full coverage of compulsory personal insurance of health workers when they work in life- or health-threatening conditions; well-defined career growth pathways (including, where appropriate, rotation schemes), as well as opportunities to participate in trainings through funding from public sources. These incentives are more efficient when provided as a package rather than as isolated ones.

- **Providing for safe and appropriate workplace conditions.** The outflow of health workforce as a result of disease, disability and death is excessive and should be addressed as a priority, especially in regions with high HIV prevalence. Strategies to minimize occupational hazards include their recognition and proper organization of workplace and work process, taking account of physical risks and psychological pressures (stress, fear of getting infected, professional burnout). They also include compliance with manageable workload requirements and guidelines for prevention and protection. No matter how motivated and skilled health workers are, they cannot do their job properly in facilities that lack water; adequate lighting and heating, vehicles, drugs, equipment and other supplies.

- **Promoting adequate motivation to provide quality care and to build rapport with clients.** Causing harm to health care workers, including gender discrimination, during pre-service training, service in-take, and during employment period should be fully eliminated. However, it is important to address the deep-rooted stereotypes in the rules and procedures applied in the public sector and to eliminate stigma and discrimination by health workers.

- **Reducing the outflow of health workers from the public sector into the private and non-governmental sectors.** Improving the prestige and social protection of health workers in the public health sector should be viewed as one of the priority ways to address this challenge (this also envisages creating a system of state social insurance to cover the responsibility in the event of errors and the risks from medical interventions).
Ensuring an expanded access to health workers in remote and rural areas. The following are important to ensure the rational distribution of health workforce:

- selection and training of cadres in rural and underserved areas, including through the establishment of branches of medical schools outside the capital city and other major cities;
- expansion of targeted admission of students from rural areas to encourage more graduates to make rural practice their career choice;
- development of CME/CPD programs for health workers living and/or operating in rural areas;
- development of career development programs and establishment of senior executive positions at rural settings, so that health workers could move up through the careers ladder by virtue of their experience, education and training without leaving rural areas;
- development of professional networks and associations, publishing journals, conducting ‘rural health days’ events, giving recognition awards and awarding titles and honors to rural health workers to boost their morale, motivation and status;
- consideration of the opportunity to provide higher extra payments for arduous working conditions, housing subsidies, free access to transportation and other financial incentives which will compensate for lost opportunities as a result of working in rural areas.

Linkage with the 90–90–90 targets. Achieving the 90–90–90 targets can become an extremely challenging task – even when the level of training, size and structure of the health workforce are adequate – unless their retention in the field of HIV services and their equitable geographical distribution are secured.

Objective 4. Scaling up the implementation and use of HRH management information systems, including advanced technologies to meet the growing demand for HIV services

The utilization of the potential opportunities offered by information and communication technologies can be a very effective way to reduce costs and improve the health of patients. More specifically, such opportunities can be linked with: distance education of health specialists; electronic patient registration and patient health information management; innovative tools for clinical decision-making; electronic communication among professionals, as well as between health workers and patients; ensuring feedback; patient safety and service quality assurance, as well as promoting patient autonomy.

Taking into account international best practices and guiding principles and adapting them to the national context, the following challenges and priorities should be addressed while aiming to achieve this Objective:

- The utilization of the potential offered by information and communication technologies in order to develop and maintain new professional qualifications, skills and competencies to improve the quality and expand the range of health services. Broader access to education at lower costs can be achieved by pooling resources at a regional level and scaling up the use of information technologies, such as telemedicine and distance learning. There is a need to ensure compliance of such training approaches with the required standards and certification procedures.

- Increasing coverage of and meeting the growing demand for HIV services. The large-scale implementation of advanced information and communication technologies
in the delivery of HIV services will contribute to the achievement of higher coverage targets, even when maintaining the same size of the health workforce, as a result of improved efficiencies.

- **Strengthening HR information systems and ensuring their alignment and integration with the broader health information management systems.** There is a need to ensure the large-scale implementation of information systems in health care facilities that provide HIV services. Here, an HIV HR information subsystem should be a key element, which, among other things, would contain up-to-date data on the size of workforce, their distribution, migration, demand, supply, qualifications, education and salaries. It is important to minimize duplication of data collection and entering, as well as to provide for the possibility to exchange data with other health information systems. The efforts in this area will ensure evidence-based and timely strategic HRH decision-making.

- **Continuous communication between the data collection, analysis and policy making processes is an important element of a sustainable health system.**

- **Amending the effective legislation.** There is a need to improve the legislative and regulatory framework that governs the delivery of health services and HRH data processing, with the use of advanced information and communication technologies that meet all applicable confidentiality requirements.

- **Linkage with the 90–90–90 targets.** The utilization of advanced information and communication technologies will contribute to the better health workforce performance and higher HIV services coverage, as well as to increasing personnel motivation and workplace comfort due to the automation of work processes and flows. It will also reduce the time required for clients to receive services. In combination, these improvements will contribute to achieving the 90–90–90 targets.

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### Objective 5. Conducting research and strengthening the evidence base on the HRH in Ukraine

Increased investments in research and evidence base strengthening, guided by international best practices and approaches, are a prerequisite for both the formation of contemporary HRH management system and the development of health workforce.

Taking into account international best practices and guiding principles and adapting them to the national context, the following challenges and priorities should be addressed while aiming to achieve this Objective:

- **Bridging the gaps.** Specialized academic and research institutions need to focus their efforts on HRH research and filling the gaps in available HRH knowledge. Studies on strategies for optimizing the quality of health workforce performance and efficiency, on optimal institutional and regulatory contexts for task-shifting, and on HIV services standards and chronometric observations are all relevant today. In addition, it is important to conduct cost-effectiveness analyses of HRH activities and investments.

- **Developing partnerships.** Early engagement of decision-makers and a broad range of stakeholders in setting the research agenda will promote a more timely response to emerging challenges, the optimized use of resources and achieving synergies through combining the efforts of partners, and wider use of research findings.
5. Monitoring and Evaluation

Monitoring and evaluation of activities related to HRH for HIV development and planning are critical for successful implementation of this Strategy and, ultimately, for ensuring that a full range of quality HIV prevention, treatment, care and support services is provided to all those in need in an efficient manner.

As part of the preparation of the annual Operational Plan for the implementation of the Strategy, relevant indicators will be developed, with the timeline for monitoring and evaluation-related activities determined as well.

To make the monitoring and evaluation of activities related to HRH for HIV development and planning more efficient, relevant training modules will be developed and the necessary trainings for M&E specialists conducted.

6. Funding

At present, the key challenge is to mobilize political will and financial resources for the implementation of HRH for HIV planning and development agenda, as an integral part of the broader efforts to strengthen and secure appropriate funding of the national health system.

More attention needs to be paid to mobilizing internal resources, which should be supported by the appropriate national macroeconomic policy both at the regional and national levels. The amount of funding for human resources for HIV should reflect the recognition of their significance for the economy of the country, with this significance manifested through the reduction of AIDS mortality and improvement of population health, and resulting gains in productivity in other industries.

The implementation of priority activities outlined in this Strategy will be financed through the state and local budgets, international technical assistance, non-governmental organizations and donors, as well as other sources not prohibited by the law.

- **Linkage with the 90–90–90 targets.**
  HRH studies should primarily be focused on the formation and development of the evidence base regarding the achievement of the 90–90–90 targets.
THE STRATEGY
FOR DEVELOPMENT AND PLANNING
OF HUMAN RESOURCES FOR HEALTH FOR HIV
IN UKRAINE
for the period until 2020

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