The first cohort of 29 public health professionals graduated from the Public Health Short-Term Certificate Course in Ukraine. The Public Health course was designed and developed by the University of California, San Francisco (UCSF), Bogomolets National Medical University, Ukrainian Center of Family Medicine (UCFM) with financial and expert support of the USAID HIV Reform in Action Project and the. The Course targeted employees of the reorganized health system of Ukraine and strengthened the capacity of Ukrainian educational institutions to train a public health workforce to meet the needs of the health care system in the areas of epidemiology, HIV and TB control, health policy development and implementation.

"I was really impressed by how hard people worked. I was not sure if they would be actively involved in exercises based on traditional education, but the students developed presentations, worked in small groups, helped each other. Our Course is a different model of education than participants have experienced before, but I think that people will enjoy it and learn a lot. I also was impressed by how open and productive students were. Everyone was open to new ways of thinking" - said Karen White, Senior Technical Advisor on Global Strategic Information at UCSF Global Health Science.
The Course included four modules in the following competencies:

1. Introduction to Public Health, Public health Systems, Policy, Ethics, Management and Leadership
2. Biostatistics and Epidemiology for Public Health Professionals
3. Public Health M&E, Data, Quality, Data Use and Informatics
4. Program Planning, Implementation and Evaluation

“The main achievement for me was the fact that the Course managed to organize lessons around my existing knowledge and skills. There were a lot of nuances which we examined from different perspectives, primarily since our course instructors were not from Ukraine. Some of the approaches to familiar things were very different. I discovered that the ethics of public health, for example, is very different from medical ethics. In medicine the personal interests of the patient are above all; in public health the interests of the community come first. This course’s approach can be applied to scientific work, evaluation of some projects, as well as planning” - said Ivan Myronyuk, a course graduate and Head of Public Health Department of Uzhhorod National University.

“...and the National PH Center. Such an approach would help to create a unified and strong public health system in the country.”

The main objectives of the new Center are the prevention of communicable diseases (HIV/AIDS, TB, influenza, polio, hepatitis, etc.), preparedness for outbreaks of highly dangerous diseases, promotion of healthy lifestyles, risk assessments, and related laboratory tests. The organization was established using international best practices, including those of European and the US Centers for Disease Control and Prevention. The main objectives of the new Center are the prevention of communicable diseases (HIV/AIDS, TB, influenza, polio, hepatitis, etc.), preparedness for outbreaks of highly dangerous diseases, promotion of healthy lifestyles, risk assessments, and related laboratory tests. The organization was established using international best practices, including those of European and the US Centers for Disease Control and Prevention.

The Director General of the National PH Center, Dr. Natalia Nizova, added: “A very important feature of the Center is the promotion of a healthy lifestyle, prevention and information programs for the entire population, starting from birth. This concept of prevention and the community’s responsibility for their health is another important component of public health, which needs to be strengthened in the country. This is one of our goals.”
The Kyiv City Public Health Center was created as part of the health reform, in line with the Government of Ukraine (GOU) plan of priority actions for 2016 - CMU Directive as of 5 May 2016, Reference No. 418-r.

NEW ROLES AND RESPONSIBILITIES of the Kyiv City Public Health Center

1. Development of proposals to the city public health policy
2. Collection of data on communicable and some non-communicable diseases
3. Analysis of the incidence, preparation of reports, and forecasting
4. Response to biological and chemical threats to public health
5. Epidemiological surveillance
6. Immunization
7. Organization of the prevention and early detection of non-communicable diseases
8. Prevention and control of communicable diseases (HIV, TB, hepatitis, etc.)
9. Information, Education and Communication campaign for the public on healthy lifestyle

IDENTIFIED PRIORITY RESULTS OF THE PUBLIC HEALTH CENTER OPERATION

DISEASE PREVENTION
HEALTHY LIFESTYLES PROMOTION
PRESERVATION AND STRENGTHENING OF HEALTH OF KYIV CITY RESIDENTS
INCREASED LIFE EXPECTANCY AND QUALITY OF LIFE

Over 700 Primary Health Care Physicians and Nurses To Be Trained in HIV Counseling and Testing

Over the next six months, the USAID HIV Reform in Action Project will train approximately 700 PHC doctors and nurses from across Ukraine. Target locations for this training include the following: Kyiv City; Kherson City; Kryvyi Rih City; Kryvyi Rih rayon (Dnipropetrovsk oblast); Pervomaysk City; Pervomaysk rayon (Mykolayiv oblast); Bilhorod-Dnistrovskyi City; Bilhorod-Dnistrovskyi rayon and Odessa City (Odessa oblast); Poltava City; Poltava rayon; Kremenchuk city (Poltava oblast); Kanev; and Kanev rayon (Cherkasy oblast).

During the training, doctors and nurses will:

- learn and practice algorithms of pre-test and post-test counseling;
- practice administering HIV rapid tests;
- learn how stigma and discrimination against key populations and people living with HIV/AIDS impact HIV/AIDS epidemics.

Trained specialists working with the USAID HIV Reform in Action Project will help Ukrainians achieve the first of the UNAIDS 90-90-90 targets: 90% of all people living with HIV will know their HIV status. Increasing the availability of HIV counseling and testing and expanding access to these services in primary health care facilities are the main preconditions to achieving this target. Moreover, achievement of the first target is a prerequisite to meeting the second and third targets of UNAIDS: 90% of all people with diagnosed with HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression. Today this set of targets is recognized around the whole world as a best way to eradicate HIV/AIDS.
Implementation Begins in Ukraine for the Social Order for HIV Services

Social order is a mechanism to procure social services from various entities using public funds, and it is expanding in Ukraine. By the end of 2016, Kremenchuk (Poltava oblast), Kherson, Bilhorod-Dnistrovskyi (Odesa oblast), Pervomaysk (Mykolayiv oblast), Kaniv (Cherkasy oblast), Lviv and Kyiv allocated between 20,000 and 276,000 UAH of the cities’ budgets for HIV social services to be provided through the mechanism of social order.

Social order is also a tool that helps optimize public spending and the privatization of social services provision. In the HIV sector, this mechanism is considered crucial for ensuring the sustainability of HIV services and reducing the dependence of these services on external funding. Social order mechanism piloting is based on the implementation of all stages listed in the procedure approved by the CMU Directive as of April 29, 2013, Reference No. 324, and involvement of local authorities, Ministry of Social Policy of Ukraine and NGOs - grantees of the USAID HIV Reform in Action Project.

In 2016, the USAID HIV Reform in Action Project started a three-stage pilot of the mechanism of social order in seven regions of Ukraine under the HIV Services Sustainability Pilot.

**Stage 1. Formation of the social order for 2017:**
- Collect information on the population’s needs for social services and prioritize them.
- Issue a local authority order on the subject and priorities of the social order in 2017, including a list of social services, categories and number of beneficiaries, and the amount of public funding.
- Approve local programs (HIV or other social programs) which include funds for social order.
- Include funds for social order in local budgets for 2017.

**Stage 2. Implement social order in 2017 and form the social order for 2018:**
- Prepare and publish annual plans of social order tenders for 2017.
- Establish selection committees.
- Determine social order tenders.
- Establish contracts with social order implementers.

**Stage 3. Monitor the implementation of the social order in 2017:**
- Monitor the implementation of the social order.
- Evaluate the utilization of public funds for the social order.

The ultimate process of social order piloting is supported with a series of related trainings for social welfare departments/offices and NGOs coordinating the activity. Each training supports the individual stage of the social order – from formation to RFA and monitoring of the social order implementation.

As a result of the first stage of piloting, analytical notes for each pilot region were developed to establish the need for social services financing in 2017. The analysis laid the foundation for the advocacy of HIV social services to be provided through the mechanism of social order, and there are several successes to date.

In 2017, pilots will work on the implementation of stages 2 and 3 of the social order mechanisms, which include organization and conduct of tenders, social services contracts, implementation monitoring, performance evaluation and reporting. Also, collection of needs for 2018 has begun, followed by the preparation of relevant documentation to secure funding in 2018. Based on the results of social order piloting, an analysis is underway to improve its mechanisms and determine recommendations to amend the policy framework on planning, financing and purchase of social services.

### Financing social services through the mechanism of social order in pilot regions, as of early 2017:

<table>
<thead>
<tr>
<th>Region</th>
<th>Social order amount in 2017 budget (UAH)</th>
<th>Services to be procured through the social order mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kremenchuk</td>
<td>120,000</td>
<td>counseling (adherence to ART and health services); community-based services (social worker).</td>
</tr>
<tr>
<td>Kherson</td>
<td>125,000</td>
<td>counseling and support for MAT patients; palliative and hospice care.</td>
</tr>
<tr>
<td>Bilhorod-Dnistrovskyi</td>
<td>50,000</td>
<td>prevention programs for key populations with a view to bring them to HIV testing.</td>
</tr>
<tr>
<td>Pervomaysk rayon, Mykolayiv oblast</td>
<td>20,000*</td>
<td>social support for people living with HIV.</td>
</tr>
<tr>
<td>Kaniv, Cherkasy oblast</td>
<td>50,000</td>
<td>prevention programs for PWID; care and support for PLWH.</td>
</tr>
<tr>
<td>Kaniv rayon, Cherkasy oblast</td>
<td>50,000</td>
<td>prevention programs for PWID; care and support for PLWH.</td>
</tr>
<tr>
<td>Kyiv</td>
<td>276,020</td>
<td>palliative and hospice care.</td>
</tr>
</tbody>
</table>

* In 2017, it is expected to expand funding for prevention among other key populations.
Motivators and Incentives of Medical Personnel for the Provision of HIV Services in Ukraine: Findings from Seven Regions

The achievement of the 90-90-90 targets, which is now one of the HIV/AIDS international commitments of Ukraine, is highly challenging without increasing the number of and qualified of HIV service providers. Such an increase envisages both strengthening and the optimization of human resources for health for HIV (HRH for HIV) through task-shifting across different types of health care facilities (HCF). To inform the development of various schemes, the USAID HIV Reform in Action Project initiated a formative research (hereinafter - Research) in 2016, entitled “Formative research and development of incentive schemes to encourage efficient task shifting at primary and specialized (HIV, TB, drug treatment and STI) health care facilities at the local level.”

The Research sought to obtain data on incentives, motivations, and other conditions enabling task-shifting. Barriers to planned interventions and potential solutions were analyzed and verified data were collected and analyzed to inform executive decision making.

The investigators of the Analytical Center “Socioconsulting” who conducted the Research, jointly with the HIVRiA team, focused on facilities that provide HIV services on an outpatient basis: AIDS centers, Trust offices, TB, drug treatment, STI clinics, PHC centers. A mixed-methods research methodology was applied that combined both quantitative (600 semi-structured interviews with health care providers) and qualitative (26 in-depth interviews with managers of health care facilities, 13 focus group discussions with health personnel) approaches.

Data were collected in the regions with the highest HIV prevalence: Dnipropetrovsk, Poltava, Odesa, Mykolayiv, Kherson and Cherkasy oblasts, and in the city of Kyiv. The HIV task-shifting options in will be piloted in these regions.

Findings

Among the main findings of the Research was that health workers in general were satisfied with their labor conditions except for the level of payment (46% were not satisfied). Only 20% of participants of the survey positively responded to the question about wages. The average score was 2.6 points on a 5-point scale. The high level of dissatisfaction with wages can be explained not only by low payment rates and allowances but also by the increased workload: 71% of respondents reported a recent increase in patients flow. This largely applies to the Trust Offices and AIDS centers, as well as to TB dispensaries and PHC centers.

The majority of health care providers can be incentivized by higher wages to take on additional tasks and responsibilities. Provided that they get a better pay:

1) 67% of respondents are willing to provide new services, including HIV services;
2) 55% of respondents are willing to take on additional tasks;
3) 65% of respondents are willing to undergo training in order to develop skills and competencies associated with a new specialization (related to the provision of a health service).

This willingness to fulfil at least one of the abovementioned conditions has been confirmed by 78% of respondents, including 80% of physicians and 77% of nurses.

However, the majority of respondents (71%) were not willing to have their working hours increased in order to receive additional payment. Health professionals were more focused on increasing the quality and intensity of their performance which would increase its value.

Another finding was that all major HIV services were currently provided by both doctors and nurses in all types of health care facilities (HCF) that were enrolled in research. The tolerance of providers, who do not currently provide specific HIV services, to the perspective of provision of some of these services is very high. Thus, the vast majority of respondents are willing to expand their range of counseling services. However, they are more cautious about the potential management of ART patients, and particularly MAT patients. A key condition for the provision of new HIV services as suggested by health workers themselves is the presence of an effective financial incentive in the form of an increase in base salary.

The research team applied a logistic regression method to develop a health professional profile of those who would be more likely to agree to provide HCT services. These individuals would meet the following criteria:

- Be a medical doctor;
- Be a health specialist who:
  - is ready to obtain new knowledge and skills to provide new health services;
  - believes that her/his household income is low;
  - believes that more than half of her/his patients are in need of HCT;
- Be a health specialist who has experienced an increase in the number of patients over the past few years.

Similar profiles were developed to identify those providers who would be more likely to agree to provide ART services and those would be more likely to give up some their current tasks.

Based on findings from formative research that included both a chronometric observation study and an incentives and motivators study, HIV task-shifting options were formulated. These options are related to the following critical services: HIV counseling and testing; management of patients on ART as well as provision of ARV medications; and provision of MAT to patients with opioid dependence.

In 2017, the USAID HIV Reform in Action Project is planning to pilot various task-shifting options in several regions in Ukraine. Piloting is to be done at selected HCFs in partnership with regional health authorities.
The year 2016 is now known as the year of advancement of health system reforms in Ukraine and the year of Ukraine’s implementation of numerous activities aimed at improving the functioning of public health system. HIV/AIDS is one of the state policy priorities reflected in the health system that is aimed to improve the health of the population. The Third National HIV/AIDS Conference “Together For Every Life: Fast Track to 90-90-90”, was held on November 21-23, 2016 in Kyiv, and the event summarized the year’s accomplishments and delineated the challenges that would need to be addressed in the coming year. In addition to sharing the best practices, national and international experts shared effective policy-making recommendations for Ukraine to ensure a sustainable response to HIV in the country. The USAID HIV Reform in Action (HIVRiA) Project’s team made a considerable contribution to the quality and expertise of the Conference. The HIVRiA Project Deputy Chief of Party, Alisher Latypov, served as a member of the Organizing Committee while other HIVRiA Project experts presented key achievements in areas such as enhancing state ownership and national and local capacities for an effective HIV response, optimization of financial resources, and strengthening of human resources for health (HRH). The HIVRiA Project team members co-facilitated a panel discussion entitled “Public health system strengthening for effective HIV control” (Nata Avaliani, Chief of Party (COP)), and sessions on “Models of financing and decentralized for sustainability of services” (Alla Vasylkova, Health Policy Advisor) and “HRH capacity building for Fast Track” (Alisher Latypov, Deputy Chief of Party (DCOP)).

Legal and Policy Gaps

The HIVRiA Project COP Nata Avaliani presented policy and legal barriers to achieving 90-90-90 targets identified in the Legal Environment Assessment conducted by the HIVRiA Project experts. This assessment analyzed laws, regulations and policies in three major areas: access to essential services; key populations; equal opportunities and legal protection. The assessment results showed that HIV prevention was one of the priorities of the state policy, as it was supported by an extensive list of state guarantees. However, key challenges to achieving policy targets are related to a lack of inter-sectoral coordination and severe underfunding of prevention programs in national and local budgets. The absence of an effective regulatory mechanism for the financing and

USAID HIV Reform in Action Project Presented its Reform Initiatives

In December 2016, key stakeholders worked to expand HIV rapid testing to achieve the goal of “90% of people living with HIV know their HIV status”. These key stakeholders included heads of the health departments in oblast and Kyiv City state administrations; heads of health departments in city councils; heads of Kyiv City district health departments; chief physicians of oblast and city AIDS centers; chief physicians of district PHCCs; and managers of HIV services sustainability pilot projects.

The USAID HIV Reform in Action Project organized a workshop entitled, “Organization of the Introduction of HIV Rapid Testing” during which the participants:
- Analyzed the scope of the expansion of HIV testing based on data from the regional cascades of HIV prevention, diagnosis and treatment;
- Analyzed approaches to HIV testing scale-up;
- For 7 regions, presented and discussed1:
  - Current pre-HIV diagnosis patient pathway;
  - Available algorithms for HIV testing;
  - Status of procurement and use of HIV rapid tests;
  - Presented the principles of state policies regulating the HIV testing;
  - Determined the optimal patient pathway and HIV rapid testing algorithm;
  - Discussed further regulation of HIV rapid testing and procurement of test kits.

With support from the HIV Reform in Action Project, seven regions of Ukraine are now implementing HIV services sustainability pilot projects. The main goal of these pilots is to ensure the sustainable provision of HIV services to key populations and people living with HIV by enhancing policy, organizational and financial environments. One of the important objectives of the pilot projects is to support the authorities in the expansion of HIV rapid testing and implement an efficient referral system for patients. This model will help to significantly increase HIV testing and to reduce the loss of patients between pre-test counseling and enrolment in care.

1 Poltava, Dnipropetrovsk, Cherkasy, Odesa, Mykolayiv oblasts, Kherson and Kyiv cities
The research team interviewed 649 respondents who received HIV services in three regions, including 263 service clients in Poltava region, 223 in Mykolayiv region, and 163 in Zhytomyr region. Data collection was conducted at 47 facilities, with the following facility types included in the sample: AIDS Centers, Primary Health Care Centers, Narcological and TB Dispensaries, District and Municipal Central Hospitals, NGOs.

Alisher Latypov also made a presentation related to the analysis of motivators and incentives of medical personnel for the provision of HIV services in seven regions. Key findings of the analysis indicate a high workload of health workers, very low wages, which put many of them below the official poverty line, and limited current opportunities to incentivize the best employees (as payment was not performance-based). Health workers, who expressed their willingness to additionally provide HIV services, stipulated a higher wage as the major precondition for provision of HIV services. For more details, please see the article “Motivators and incentives of medical personnel for the provision of HIV services: findings from seven regions of Ukraine” that is published in this issue of the Newsletter.

The Health System Reform Strategy of Ukraine reflects the willingness of the Government of Ukraine to improve health outcomes. Yet, it is necessary to ensure control over the implementation of all regulations to support KPs and remove barriers that lead to their marginalization and impede access to HIV prevention and treatment, including by unnecessarily restricting the range of professionals eligible to provide HIV services. The effective implementation of policies that exist in writing but have yet to be realized and the efficient coordination of efforts at the central and local levels are critical in order to improve the social protection of people living with HIV and implement a comprehensive response to HIV.

Social Order Mechanism Pilot

Natalia Davydenko, HIVRIA Project Health Policy Advisor, presented the first results of the social order mechanism pilot as a tool for financing HIV social services from the local budget in the pilot regions (cities of Kyiv and Kherson, Dnipropetrovsk, Mykolayiv, Odesa and Poltava oblasts). The pilot consists of three stages: 1) development of the social order for 2017, 2) implementation of the social order in 2017 and development of the social order for 2018, and 3) effective monitoring of the implementation of the social order in 2017. The results of implementation of the first stage of the pilot as well as plans for 2017 are highlighted in this Newsletter in the article titled “Implementation Begins in Ukraine for the Social Order for HIV Services”.

Financial preconditions for the provision of HIV services, % of those who do NOT currently provide them

| HIV-related counseling | 31 | 74 |
| HIV Counseling and Testing | 32 | 70 |
| TB counseling and screening | 29 | 65 |
| ART cases management | 24 | 62 |
| OST cases management | 20 | 46 |
| Increased wage | Payment per patient served |
The following costing results were obtained:

![Costing of services in pilot regions, in UAH](image)

<table>
<thead>
<tr>
<th>Region</th>
<th>Costing (UAH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kyiv</td>
<td>775</td>
</tr>
<tr>
<td>Poles'evo</td>
<td>704</td>
</tr>
<tr>
<td>Kropyv Riv</td>
<td>630</td>
</tr>
<tr>
<td>935 UAH</td>
<td>1353</td>
</tr>
<tr>
<td>948 UAH</td>
<td></td>
</tr>
<tr>
<td>Kherson</td>
<td></td>
</tr>
<tr>
<td>18/0</td>
<td>85</td>
</tr>
<tr>
<td>54%</td>
<td>65%</td>
</tr>
<tr>
<td>67%</td>
<td>80%</td>
</tr>
<tr>
<td>89%</td>
<td>84%</td>
</tr>
</tbody>
</table>

**Willingness to co-pay for some components of the OST program**

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Methadone (per client per visit)</td>
<td>89%</td>
</tr>
<tr>
<td>Behavioral change (per client per visit)</td>
<td>65%</td>
</tr>
<tr>
<td>Cost of testing (per client per month)</td>
<td>67%</td>
</tr>
<tr>
<td>Health care facility (HCF) main expenses: direct, overhead, administrative and operational</td>
<td>60%</td>
</tr>
</tbody>
</table>

**Background**

- Costing was done for methadone clients.
- It is assumed that a patient receives 100 mg of methadone per visit.
- Chronometric observations are based on the findings of the research commissioned by the HVRiA Project.
- Calculations do not include VAT, depreciation, profitability, minor and major repairs.
- Actual remuneration of health workers is used (with all allowances, without unified social tax (UST)).

According to study results, current OST program clients demonstrated willingness to co-pay for their treatment, suggesting that the OST co-payment models might be accepted by the majority of potential clients if successfully implemented. Increased utilization of OST services by new clients is needed, in order to considerably expand OST programs that include full or partial co-financing. The introduction of OST co-financing models should be informed by the OST service costing analysis for each region. The study findings also suggest that...
OST programs can be sustained in Ukraine even under reduced external funding.

The USAID HIV Reform in Action Project continues to implement the activities presented at the Conference and will provide regular updates at www.hivreforminaction.org, the project Facebook page https://www.facebook.com/HIVReformUA, and related HIV/AIDS events.