Background: Ukraine faces one of the highest burdens of HIV in Eastern Europe, the region with the highest increase in prevalence among regional epidemics. The epidemic is mainly concentrated in people who inject drugs (PWIDs), female sex workers (FSWs) and their partners, and men who have sex with men (MSM). According to the latest national estimations of early 2015, almost 222,000 adults live with HIV in Ukraine, and the HIV prevalence rate in the age group of 15 and older equals 0.59%. This data differs from the official statistics on people living with HIV (PLHIV) which indicates the figure in the same age group is only 4.1a within State Penitentiary Service HCFs

Methods: HIV Patient Pathways analysis via major service entry points:
- Mandatory entries services
- TB/STI/drug Rehabilitation Clinics
- Primary Health Care Clinics
- Voluntary Counseling and Testing (VCT) sites
- Community Outreach Points

Result (data for 2014):
- 439 795 patients do not receive it
- 67 740 (89%) Obtaining result.
- 64 405 HIV pre-test counseling.
- 35 688 Verbal result
- 485 676 Positive result
- 137 970 Result—30 min.
- 1 637 One rapid test (screening and verification)—more often in in-patient facilities. Two RT (screening and verification)—more often in outpatient facilities.
- 2 368 Result from ELISA (lab).
- 40 124 Pre-test counseling
- 2 699 (IDU—2 137; FSW—157; MSM—131; other—242) Post-test counseling. Result of HIV pre-test counseling.
- 137 970 Result—3–7 days
- 30 921 People do not enroll in care
- 4 357 Enrolment in care in Primary Health Care Clinics
- 1 353 Incl. risky behavior factors: ELISA/Western blot testing
- 485 676 Obtaining result.
- 485 676 Viral load not identified
- 485 676 Follow-up at AIDS services facility

Conclusions: HIV Patient Pathways identifies steps in the service cascade with the largest impact on patients’ losses in the way to follow-up. Significant gaps were observed in referral of KAPs tested under NGO outreach programs. Immediate action from public health authorities is needed to ensure proper protocols and monitoring of patient referrals across the cascade of services. Public health research should address data limitations.

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