

RATIFIED

by the Directive of the Cabinet of Ministers of Ukraine  
dated November 27, 2019, No. 1415-p

NATIONAL STRATEGY  
on HIV/AIDS, Tuberculosis  
and Viral Hepatitis Response for the Period until 2030

### The Problem to Be Addressed

A key priority of public health and social development policies is the prevention of diseases that have the greatest negative socio-demographic and economic impact on the way towards integration with the global and European communities in pursuit of the implementation of United Nations Sustainable Development Goals, and the Association Agreement between Ukraine, on the one part, and the European Union, the European Atomic Energy Community, and their Member States, on the other part.

HIV/AIDS, tuberculosis (TB), viral hepatitis B and C (HCV and HBV) (hereinafter referred to as viral hepatitis), and co-morbidities generate the main burden of infectious diseases in Ukraine, have direct effect on the deterioration of life quality and life expectancy, lead to severe health sequelae, contribute to disability and premature mortality, cause the occurrence of multiple concomitant conditions and diseases, which, in general, determines the prevention of the spread of these diseases as an important goal of public health.

According to the European Center for Disease Control and Prevention and the Regional Office for Europe of the World Health Organization (WHO), Ukraine remains one of the countries where new HIV infections and AIDS-related deaths continue to grow. As of the beginning of 2019, Ukraine is one of the top European countries in terms of the number of people living with HIV (PLHIV); there is an estimated number of 237,000 PLHIV as of early 2019, of those more than 40 percent are unaware of their HIV status.

The aggregated estimated number of people belonging to key populations with regard to HIV infection – people who inject drugs (PWID), commercial sex workers (CSW) and men having sex with men (MSM) – is nearly 650,000.

According to the estimates, up to 5% of the country's population is infected with viral hepatitis C and 1-2.5% – with viral hepatitis B. The current system of epidemiological surveillance for viral hepatitis and limited access to diagnostic and treatment services do not make it possible to fully assess the severity of these diseases.

According to WHO estimates, about 36,000 people have tuberculosis each year in Ukraine. In addition, Ukraine is among the top ten countries with the highest prevalence of multidrug-resistant tuberculosis (MDR-TB). Among newly diagnosed cases, nearly 29% are diagnosed with drug-resistant TB (DR-TB). The fact that every

year about a quarter of TB cases is not timely detected in Ukraine only contributes to its further spread in the population.

The combined pathologies (co-infections) of HIV, TB, and viral hepatitis have an additional negative impact on patients' health and complicate the organization of both health service delivery and planning of prevention programs and activities among key populations.

The critical importance of consolidating the efforts of the government, private and non-governmental sectors, and international partners to tackle the challenges of HIV/AIDS, TB, and viral hepatitis, requires setting long-term priorities and streamlining national policy-making for HIV/AIDS, TB, and viral hepatitis response for the period until 2030.

### Purpose and Terms of the Strategy Implementation

The overarching goal of the Strategy is to counter HIV/AIDS, TB, and viral hepatitis epidemics as a global threat to public health and well-being, improve life quality and life expectancy, reduce morbidity, disability and mortality through establishing and operating effective, innovative and flexible systems that ensure quality and affordable prevention, diagnosing, treatment, care and support services based on human and patient rights and needs.

The goals and implementation tools of the Strategy are based on the following key principles and frameworks:

respect for human rights and non-discrimination by health, age, social status, sexual orientation, gender identity, occupation, and other attributes, as well as ensuring equality, including gender, and the enjoyment of human rights and freedoms, regardless of those characteristics;

the priority of the right for health, which not only provides full, fair access to health services, but also creates favorable conditions for exercising this right and proactive care for own health and health of the surroundings;

transparency and openness – providing the public with tools for meaningful involvement and influence, and ensuring proper accountability and responsibility of management entities;

validity – taking evidence-based approaches resting on expertise and unbiased data, with an awareness of the processes sequence and consideration of the optimal use of available and potential resources;

pro-activeness – policy-making and action to anticipate projected challenges and ensure that reasonable adjustments are made to improve approaches to the Strategy implementation;

measurable goals and critical evaluation – defining clear intermediate and final goals and objectives, which effectiveness can be measured and evaluated;

intersectoral cooperation – effective interaction, coordination of efforts and efficient governance through the distribution of powers among the performers in line with their specific functions;

continuity and succession – maintaining the focus on the Strategy goals and objectives irrespective of political or other factors; accumulation, and transfer of positive experience, managerial, scientific and technical capacity.

The definitions in this Strategy have the following meaning:

elimination – reducing the level of the pathogen’s circulation in the population or an individual group to the WHO-defined level;

key populations – populations defined under the recommendations of the Ministry of Health, which are a priority for development and implementation of the Strategy activities with regard to certain behavioral practices, physical and psycho-physiological and other conditions that have an evidence-based effect on the increased risks of HIV, viral hepatitis or TB;

communities – groups of individuals united and interconnected by a certain structure, common goals and areas of activity, including the Strategy implementation, meeting its specific objectives and presenting the interests of persons subjected to the Strategy goals.

#### Ways and Means to Solve the Problem

The solution to the problem is foreseen by achieving the strategic and operational goals of the Strategy.

Strategic goals are distributed based on the three main areas for the Strategy implementation – HIV/AIDS, TB, and viral hepatitis – as global and national challenges.

Operational goals define intermediate steps and areas of activities, which synergy and interrelation are the tools to achieve the strategic goals.

Strategic Goal 1. Reduce the incidence of HIV and the rate of AIDS-related mortality

Strategic Goal 1 builds on the principles of the Political Declaration on HIV and AIDS “On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030” adopted by the UN General Assembly on 7 June 2016.

Operational Goal 1. Prevent new cases of HIV

Objectives:

ensure access to and facilitate the provision of comprehensive prevention services to representatives of the key populations, including the services provided by communities and at a community level, funded by the national and local budgets;

achieve the elimination of mother-to-child transmission of HIV;

implement comprehensive public health communication programs targeted at the general population, including adolescents and young people, as well as systematic training activities for professional and priority groups – law enforcement, educational institutions, military personnel, etc.;

ensure the availability of opioid substitution therapy (OST), including prisons;

eliminate the risk of HIV transmission when receiving medical care, in particular during transfusion of blood and its components, organ and tissue transplantation;

ensure access to pre-exposure prophylaxis of HIV (PrEP) for key populations;

ensure the provision of HIV post-exposure prophylaxis (PEP) services to all those in need.

### Operational Goal 2. Improve the system for effective detection of HIV cases

#### Objectives:

achieve a high level of public awareness about their HIV status;

ensure full coverage of all TB patients, OST clients, and recipients of comprehensive preventive services for key populations with HIV testing services;

ensure full coverage of pregnant women and their partners with HIV testing and early detection services;

ensure availability of HIV testing by expanding the network of facilities that provide relevant services, involving a pharmacy network, community-based testing, and promotion of self-testing;

ensure early detection of HIV in all children born by mothers living with HIV;

assure the quality of laboratory services, in particular by introducing quality monitoring for medical devices used to diagnose HIV, developing effective diagnostic algorithms and external quality assurance programs.

### Operational Goal 3. Ensure holistic access to HIV treatment

#### Objectives:

ensure scale-up of antiretroviral therapy (ART) to fully meet people's need in it;

ensure that ART is initiated immediately after the diagnosis, at the earliest possible moment;

provide access to new drugs following international best practices, and establish a system for their uninterrupted supply;

ensure timely and effective treatment monitoring and follow-up, adverse reactions monitoring, treatment of opportunistic infections and other somatic conditions;

ensure further development and implementation of a system for surveillance and prevention of HIV resistance;

ensure treatment efficacy and achievement of an undetectable viral load of HIV;  
provide access to and facilitate the provision of preventive treatment of TB to PLHIV.

Strategic Goal 2. Reduce the incidence of new cases of viral hepatitis, including chronic disease, and reduce mortality caused by viral hepatitis

Strategic Objective 2 is based on the WHO Global Health Sector Strategy for Viral Hepatitis “Towards Ending Viral Hepatitis.”

Operational Goal 1. Establish an effective epidemiological surveillance system for viral hepatitis and implement effective monitoring and evaluation of viral hepatitis response programs

Objectives:

improve the existing system for epidemiological surveillance and monitoring and evaluation of programmatic activities concerning viral hepatitis, establish national target indicators and integrate them into the existing system of epidemiological surveillance for communicable diseases;

perform routine population-based serological and bio-behavioral surveys of viral hepatitis prevalence in different populations;

carry out impact simulation and generate economic projections of the disease burden for the healthcare system and country’s economy; the findings can be used to make decisions on the investments required.

Operational Goal 2. Provide comprehensive services for the prevention, diagnosing, and treatment of viral hepatitis

Objectives:

provide access to vaccination and post-exposure prophylaxis of HBV for children, healthcare workers and representatives of key populations;

implement a system of activities to ensure the safety of invasive procedures and infection control in healthcare and residential care settings at risk of viral hepatitis;

provide healthcare facilities with medical supplies and disposable and safe-to-use consumables for disinfection and sterilization;

establish a reliable and clear automated system for testing donated blood and its components for blood-borne infections, as well as effective algorithms for the referral and linkage of the donors with positive markers of the virus to medical care;

achieve the elimination of HBV transmission and reduce HCV mother-to-child transmission, as well as provide access to diagnosing, treatment, and specific prophylaxis during pregnancy in case of contracting HBV;

improve the equipment of healthcare facilities with devices and consumables for diagnosing viral hepatitis;

expand access to viral hepatitis screening and diagnosing through service decentralization; optimization and simplification of approaches to testing and laboratory support for treatment; integration of viral hepatitis testing with HIV and TB testing services, OST and obstetric services, etc.;

expand access to treatment by optimizing the patient's pathway, ensuring access to effective and safe medicines, and introducing simplified approaches to patient management;

implement programs for micro-elimination of viral hepatitis for certain populations, in particular among PWID, persons who were sentenced to custodial restraint or incarcerated, etc.;

provide representatives of key populations, including PWID, with access to harm reduction and drug-addiction treatment programs to prevent reinfection after sustained virological response (SVR);

introduce a system of activities to prevent HCV re-infection and ensure that its implementation is monitored.

Operational Goal 3. Raise public awareness of the problem of viral hepatitis and increase healthcare workers' level of knowledge about modern approaches to prevention, diagnosing and treatment of viral hepatitis

Objectives:

prioritize at all levels decision-making on viral hepatitis as a socially dangerous disease and public health challenge;

implement activities to raise the overall level of awareness and understanding of the problems associated with viral hepatitis, personal risks and ways to avoid them among general and key populations;

facilitate improving the level of knowledge and skills of healthcare workers by providing access to up-to-date, evidence-based information, regular review and updating of pre- and postgraduate curricula, training in prevention, diagnosing and treatment of viral hepatitis.

Strategic Goal 3. Reduce tuberculosis incidence and mortality

Strategic goal 3 is based on the WHO Global End TB Strategy for the elimination of tuberculosis by 2035.

Operational Goal 1. Improve TB care organization and delivery system

Objectives:

ensure scaling up and full implementation of patient-centered models of TB treatment with a focus on the introduction of effective outpatient treatment models with access to psychosocial support;

ensure that the rights of people with TB are respected through the elimination of stigma and discrimination; at the legislative level ensure equal rights and freedoms during and after TB treatment;

reorganize TB facilities network in line with up-to-date epidemiological trends, optimize the use of existing resources, regional features, admission and discharge criteria;

introduce a new mechanism for anti-TB activities funding aimed at encouraging health professionals to detect TB and achieve its successful treatment, as well as to encourage patients to develop treatment adherence;

implement a strategic plan for the development of public health human resources, in line with WHO recommendations.

Operational Goal 2. Ensure effective detection of new cases and prevent the development of TB resistance

Objectives:

ensure adequate public awareness-raising about TB, its manifestations, prevention, treatment options, etc.;

ensure systematic screening and active case-finding of TB cases and persons in contact with TB patients, including key populations, and with the involvement of the non-governmental sector;

provide screening for latent and active TB and preventive treatment of all PWID and representatives of key populations in need;

provide all newborns with TB vaccination;

ensure access to drug susceptibility testing (DST), in particular through the use of rapid tests;

prioritize molecular genetic methods for diagnosing TB and provide the laboratory network with devices and consumables for testing for all forms of TB;

introduce modern approaches to TB infection control aimed at preventing the spread of the disease in healthcare facilities, places of long duration inhabitation and residence of patients with TB.

Operational Goal 3. Improve the quality and efficacy of TB treatment

Objectives:

provide access to new drugs and modern shorter TB treatment regimens;

ensure daily directly observed treatment and an effective system of social and psychological support and follow-up for those in need;

provide TB patients with access to treatment with antiretroviral drugs, opioid substitution therapy, treatment of viral hepatitis, diagnostics, and treatment of

adverse events caused by TB drugs, and promote activities for the development of treatment adherence;

cease the practice of over-the-counter sale of TB drugs;

improve pharmacovigilance and the system of monitoring adverse reactions to TB drugs;

provide adequate palliative care for TB patients.

The Strategy utilizes approaches and tools aimed at the effective and comprehensive implementation of its objectives and the achievement of strategic and operational goals.

Government action plans that define national, regional and local programmatic activities identify key priorities and short-term objectives, which synergy and consistency should be aimed at achieving the main goals of the Strategy.

Strategic planning, overall coordination, ensuring the interaction and integration of policies related to the Strategy implementation, as well as its monitoring and evaluation, and communicating the outcomes of such evaluation to the authorities, stakeholders and the society, shall be entrusted to the central executive body that establishes the national healthcare policy.

#### Management and Organizational Tools

The implementation of the Strategy requires efficient distribution of functions between stakeholders and responsible authorities, ensuring overall coordination and complementarity of activities and programs to make the most efficient use of available resources and to respond promptly to the challenges arising from its implementation.

The tools that influence the effectiveness of the Strategy implementation and are based on its guidance and principles include:

governmental leadership in program and activities management, mutual responsibility and accountability to the society;

integration of non-governmental organizations into the national system of service development and delivery aimed at achieving the goals outlined by the Strategy;

closing existing gaps in access to quality and efficient services between urban and rural populations and individual regions;

integration of services, programs, and activities as a part of the strategic and operational goals of the Strategy, as well as with other national activities in healthcare, social support, education, regional development, etc.;

establishing cooperation and encouraging socially responsible businesses to accomplish the tasks set out in this Strategy;

creation of a unified administrative and management space to implement the goals and objectives of the Strategy, covering civil and penitentiary sectors, as well as the domain of the Ministry of Defense;

unification and standardization of approaches to the organization and implementation of activities related to the achievement of the Strategy goals;

ensuring that the coordination mechanism at the national and regional level is more efficient and has a more appropriate level of impact.

### Regulatory Tools

Implementation of the Strategy requires continuous improvement of the regulatory framework, including:

harmonization with the EU legislation (also in the context of meeting the requirements of the Association Agreement between Ukraine, on the one part, and the EU, the EURATOM, and their Member States, on the other);

implementation of WHO guidelines, the Joint United Nations Program on HIV/AIDS (UNAIDS) and other intergovernmental organizations and programs to improve service delivery and the mechanism of service organization;

aligning terminology, in particular, industry-specific health standards and relevant legislation, with WHO recommendations and international requirements;

removal of political, legal and cultural barriers that restrict access to services or cause stigmatization of PWID, patients with TB and viral hepatitis, their closest surroundings, key populations, ex-prisoners, etc., and restrain their socialization and integration into society;

development and approval of the regulatory framework to monitor the observance of human rights and freedoms and create a system of active response to their violation.

### Financial Tools

One of the main conditions for the Strategy implementation is to ensure sustainable funding of the related programs and activities, in particular:

the priority of funding for HIV, viral hepatitis and TB programs at the expense of the national and local budgets, and independence from external (donor) funding as a key prerequisite for sustainability and continuity of service delivery;

alignment of planning the activities and processes to support the Strategy implementation with the budgeting process in Ukraine;

comprehensive cost analysis and evaluation of cost-effectiveness measures;

ensuring an efficient resource distribution between responsible contractors and institutions carrying out activities related to the achievement of the Strategy goals and objectives;

establishing and strengthening the mechanism of public funding under social contracts for community-based contractors;

ensuring multi-level and complementary funding of the activities from the national and local budgets and avoiding its duplication, including other sources;

timely procurement and delivery of services, medicines and medical supplies to ensure continuity and continuum of services.

#### Public Participation and Control Tools

Processes related to the implementation of the Strategy should include a proper mechanism for stakeholder involvement in discussion and decision-making, and information about its implementation should be kept as open as possible, which requires:

involvement of stakeholders, including patient communities and key populations, in policy-making, decision-making and proposal-making processes when making those decisions;

improving the existing mechanism for sharing information and facilitating the dissemination of information on the results of the Strategy implementation to a wide range of stakeholders, and making it available to the public through modern means of communication;

introduction of public control over the quality of services provided as a part of the Strategy implementation, as well as monitoring if the needs of service recipients are met.

#### Data Management Tools

The effectiveness of the Strategy implementation is related to the quality of data used for activity planning, which are collected and summarized in the course of its implementation, and used for decision-making and further improvement of the activities. To improve information management algorithms, it is necessary to:

develop and improve systems for the collection and analysis of epidemiological surveillance data and monitoring and evaluation of programmatic activities;

integrate recording information systems, also for the introduction of case-based surveillance with cross-cutting identification, into electronic health systems, and ensure the exchange of reporting documentation between healthcare facilities of all forms of ownership;

make the transition from routine monitoring to the system that generates and constantly updates strategic information, ensures its dissemination and use during the development and implementation of disease control measures;

introduce indicators to measure gender inequality and gender sensitivity in accessing services;

establish international cooperation to ensure the proper cross-border exchange of information and create global sources of statistics.

#### Science and Education Tools

Human resources, scientific and educational development are the key to the practical implementation of activities that contribute to the attainment of the Strategy goals and objectives. To make full use of modern approaches and best international practices, it is necessary to continuously build capacity and maintain high standards in the field of education and science, in particular:

conduct scientific research to find innovative approaches to the development of programs and activities, introduce the newest methods of prevention, diagnosing and treatment;

conduct bio-behavioral, epidemiological and operational studies funded from the national budget, and ensure the direct use of the obtained data in the decision-making process;

ensure the development of continuous distance learning using online resources and platforms, in particular for non-medical staff, and incorporate it into the postgraduate education system;

ensure the development of informal education and sensibilization aimed at promoting healthy lifestyles, conscious attitudes towards own health and health of the others, safe behavioral practices, and disease prevention;

ensure the development of international cooperation in science, education, and technology.

#### Expected Outcomes. Monitoring the Implementation of the Strategy

The implementation of the Strategy as a whole, as well as the implementation of the activities to achieve its goals and objectives, requires systematic monitoring, evaluation, and development of a common methodology to improve the strategic planning process and implementation of multi-level programs, international technical assistance projects and individual activities.

Key performance indicators of the Strategy implementation in accordance with its strategic goals are as follows:

Indicator	Target value for 2020	Target value for 2025	Target value for 2030
<b>Strategic Goal 1. Reduce the incidence of HIV and the rate of AIDS-related mortality</b>			
Reduction in AIDS-related mortality rate per 100,000 people versus mortality rate in 2015, percent	20	50	90
Percentage of people aware of their HIV status vs. the estimated number of people living with HIV	80	90	95
Percentage of people living with HIV receiving ART vs. those who are aware of their HIV status	80	90	95
Percentage of people living with HIV on ART who have achieved viral suppression vs. those receiving ART	93	94	95
Mother-to-child HIV transmission rate, percent	≤ 2	≤ 2	≤ 2
Coverage of the representatives of each key population with comprehensive prevention services, vs. the estimated number, percent	70	80	90
Coverage of people who inject opioid drugs and are addicted with OST vs. the estimated number, percent	5.5	15	40
<b>Strategic Goal 2. Reduce the incidence of new cases of viral hepatitis, including chronic disease, and reduce mortality caused by viral hepatitis</b>			
Reduction in the incidence rate of chronic HBV, percent	5	40	90
Reduction in the incidence rate of chronic HCV, percent	5	40	90
Reduction in mortality from viral hepatitis-related diseases, percent	0	10	65
Percentage of people with viral hepatitis who are aware of their status	10	50	90
Treatment coverage of people with HCV, percent	10	50	90
Treatment coverage of people with HBV among those in need of treatment, percent	3	20	40
Coverage of children with three doses of HBV vaccine, percent	75	90	90

Indicator	Target value for 2020	Target value for 2025	Target value for 2030
Strategic Goal 3. Reduce tuberculosis incidence and mortality			
Reduction in TB incidence rate versus 2015, percent	70	75	80
Reduction in the absolute number of deaths from TB vs. 2015, percent	70	80	90
TB treatment efficacy, including resistant forms, percent	80	85	90
Percentage of patients receiving outpatient treatment according to industry standards in healthcare vs. the total number of people requiring such treatment	90	95	100

Other indicators, as well as intermediate target values of key indicators, should be based on the strategic and operational goals of the Strategy, be in agreement with them and be endorsed by the relevant regulations.

#### The Volume of Financial, Logistical and Human Resources

Funding for the implementation of the Strategy will be provided from the national and local budgets within intended appropriations provided for the respective year, as well as from charitable foundations, international technical and financial assistance and other legal sources.

The amount of financial, logistical and human resources required to implement this Strategy shall be determined annually, with consideration of funding sources capacity.

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