

Tracking global HIV/AIDS initiatives and their impact on health systems in Ukraine: key findings from the 2007 survey

- The **National University Kyiv-Mohyla Academy** is conducting a three-year project: 'Tracking global HIV/AIDS initiatives and their impact on health systems'. Partners are the London School of Hygiene and Tropical Medicine and the Royal College of Surgeons in Ireland. The project is financed by the Open Society Institute in New York. The study is part of the *Global HIV/AIDS Initiatives Network*: <http://www.ghinet.org/>.
- The research assesses the effects of the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (Global Fund) HIV/AIDS grant in Ukraine in three case study regions: **Kyiv, Odessa** and **L'viv**.
- Study participants include national and regional stakeholders, HIV/AIDS service providers and clients.

Key messages

- The Global Fund grant in Ukraine has financed the substantial scale up of HIV/AIDS services including prevention, testing, treatment and care and support. However, financial and other resources among many service providers in Kyiv, Odessa and L'viv appear insufficient to meet growing demand in those cities.
- The vast majority of clients participating in the survey indicated they were satisfied with the quality of HIV/AIDS services provided by government and nongovernmental organisations. Global Fund support appears to be having positive impacts on organisations' abilities to provide effective services.
- Most government and nongovernmental service providers felt staffing levels were sufficient to carry out present activities. Workloads have increased, but for most staff increases were not substantial.
- Interviewees evaluated the regional coordination council in Odessa as effective in promoting local coordination. Opinions of Kyiv respondents about the effectiveness of the coordination council were mixed. The L'viv coordination council was seen as a formality, with limited effectiveness. Some respondents perceived the councils as artificial and imposed by external donors.
- Clients indicated that the stigmatisation of HIV/AIDS by their communities was the most important barrier to using HIV/AIDS services: this risked them becoming known as HIV positive, or a drug user or sex worker which are also stigmatised activities.

Scale up of HIV/AIDS programmes

- The numbers and types of HIV/AIDS services have expanded substantially between 2004 and 2007, which is largely attributed to the Global Fund HIV/AIDS grant representing 44% of total HIV/AIDS funding in 2006.
- The numbers of nongovernmental organisations (NGOs) providing HIV/AIDS services in Ukraine increased substantially since the introduction of the Global Fund grant.
- While client numbers receiving prevention services, HIV testing, ARV treatment, care and support and substitution therapy increased substantially between 2004 and 2006 resources appear insufficient to meet growing demand from HIV/AIDS services despite many services receiving funding from multiple donors.
- Expansion of HIV/AIDS services and their coverage has been more limited outside key priority (high HIV prevalence) regions such as Kyiv and Odessa, and outside large cities.
- The distribution of Global Fund resources is criticised by some stakeholders who perceive limited transparency in priority setting, and regional priorities are seen as not corresponding with national level Global Fund priorities.
- Some stakeholders are critical of the complexity of procedures for obtaining Global Fund grants; many believe bidding competitions favour a limited number of organisations.

Quality of care

- The majority of clients participating in the survey were satisfied with HIV/AIDS services provided by government and nongovernmental organisations in the three regions.
- Global Fund support is seen as having many positive impacts on organisations' quality of care including: better trained and additional personnel; increased supply of commodities including ARVs; improvements in organisations' management systems; improved reporting and monitoring and evaluation.
- Clients' perceptions of the quality of care received from NGOs were more positive than government services: this relates mainly to client-provider relations. Clients value informality and lack of bureaucracy among NGOs, and that staff were attentive, sympathetic and non-discriminating.

- Two thirds of personnel of HIV/AIDS service organisations stated that their organisation evaluated clients' satisfaction levels.

Human resources

- Most government and NGO service providers felt staffing levels were sufficient to carry out present activities.
- Staffing levels have increased among NGOs, and to a limited extent among government service providers; a common practice among NGOs is to recruit former clients as staff.
- Workloads increased, but for most respondents increases were not substantial.
- The vast majority of service providers received some training in HIV/AIDS-related activities.
- Government and NGO staff felt motivated at work. NGO staff felt their work was valuable and they had empathy with clients; career opportunities and financial incentives also motivated staff.
- Most service providers said they received some financial incentives for working with HIV/AIDS clients. However, the Global Fund grant does not fund these incentives.

Regional HIV/AIDS coordination councils and coordination between services

- Regional and city HIV/AIDS coordination councils, a condition of (but not funded by) the Global Fund grant in Kyiv, Odessa and L'viv are an important development in the local coordination of HIV/AIDS programmes.
- Interviews' experiences of these councils were mixed although in general the regional council in Odessa was perceived as effective, and in L'viv as a formality and hence fairly weak.
- Several factors limited the effectiveness of these councils including: limited commitment and willingness to change among some government agencies; limited NGO capacity and ability to effectively lobby their ideas; high turnaround of council members; the absence of financial incentives for council members; varied political commitment to HIV/AIDS at the regional level.
- There are also examples of coordination between services. Nearly half of clients interviewed said they had been referred between services or heard about a service through another HIV/AIDS organisation; a high proportion had also heard through peers.
- Data suggest that NGOs are more active in referring clients and they cooperate between each other more than government organisations. Coordination between HIV/AIDS service organisations appears to be strongest in Odessa among the study regions, in Kyiv they appear to coordinate less, and there is limited coordination in L'viv.

Access to HIV/AIDS services

- Clients tended to have several problems accessing HIV/AIDS services despite the fact they were using them. Clients indicated that the stigmatisation of HIV/AIDS by their communities was the most important barrier to using HIV/AIDS services since this risked them becoming known as HIV positive, or a drug user or sex worker, which are also stigmatised activities.
- An important related problem is the criminalisation of injecting drug use which prevents clients using services since police frequently intercept drug users or sex workers.
- The data suggest clients also have limited knowledge of risk factors/symptoms relating to HIV/AIDS and knowledge of their eligibility to use services.

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