

## **MAIN PRINCIPLES (STRATEGY)**

### **of the State Policy in the Area of HIV/AIDS, Tuberculosis and Viral Hepatitis until 2030**

#### **Section 1. GENERAL PROVISIONS**

On the way to integration with the international and the European communities, within the framework of implementation of the United Nations Sustainable Development Goals and the Association Agreement between the European Union and the European Atomic Energy Community and their member states, of the one part, and Ukraine, of the other part, counteraction to diseases that cause the most negative socio-demographic and economic impact is a key priority area of the state policy in the field of health protection and social development.

HIV/AIDS, tuberculosis, viral hepatitis B and C, and combined pathologies, form the main burden of infectious diseases in Ukraine; produce a direct impact on the deterioration of living standards and life expectancy; cause severe health consequences; contribute to loss of work capacity and to premature mortality; cause the emergence of multiple concomitant conditions and diseases; which, in its totality, makes the response to the spread of those diseases an important public health objective.

According to the European Centre for Disease Control and Prevention and the WHO Regional Office for Europe, Ukraine remains one of the countries where the number of new cases of HIV infection and deaths continues to grow. As of early 2019, Ukraine occupied one of the top places among the countries in the European region by the number of people living with HIV, with the estimated 237,000 in early 2019, of whom over 40% are unaware of their HIV status.

The estimated total number of people in the key population groups for HIV infection <risk> (injecting drug users, sex workers, and men who have sex with men) is almost 650 thousand.

Up to 5% of the country's population are estimated to be infected with viral hepatitis C, and 1 to 2.5% — with viral hepatitis B. The current system of epidemiological surveillance over viral hepatitis and the limited access to diagnostic and treatment services do not make it possible to fully estimate the burden of those diseases.

According to the WHO estimates, every year, close to 37,000 persons get infected with tuberculosis in Ukraine. Besides, Ukraine is on the list of the 10 countries that have the highest prevalence of multi-drug resistant tuberculosis. Among the first-time diagnosed persons, almost 28% are immediately diagnosed as

having the disease resistant to anti-TB drugs. The fact that about a quarter of TB cases are not detected in a timely manner in Ukraine, only contributes to its further spreading among the population.

Combined pathologies (co-infections) of HIV, tuberculosis and viral hepatitis produce an additional negative impact on the health of patients and, apart from that, they complicate the organisation of both provision of health care to the population and planning prevention programmes and measures among key population groups.

The crucial importance of consolidating the efforts of the state, private and non-governmental sectors, international partners to address the challenges of HIV/AIDS, tuberculosis and viral hepatitis B and C, requires the identification of long-term priorities and the state policy vector in the area of HIV/AIDS, tuberculosis and viral hepatitis until 2030.

## **Section 2. GOAL AND GUIDING PRINCIPLES**

The main goal of the Main Principles (Strategy) of the State Policy in the Area of HIV/AIDS, Tuberculosis and Viral Hepatitis until 2030 (hereinafter referred to as “the Strategy”) is to overcome HIV/AIDS, tuberculosis and hepatitis B and C viruses as global threats to public health and well-being of the population, living standards and life expectancy, reduction of morbidity, disability and mortality, through the creation and functioning of effective, innovative, flexible systems to provide quality and affordable prevention services, diagnosing, treatment, care and support, based on the rights and needs of a person and patient.

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

human rights and the prevention of discrimination on the grounds of health status, age, social status, sexual orientation, gender identity, occupation, and ensuring equality, including gender, in the exercise of human rights and freedoms, regardless of those properties;

the priority status of the right to health, which does not only ensure full and fair access to health care, but also creates favourable conditions for the exercise of one’s right and proactive care for one’s own health and health of one’s environment;

transparency and openness — providing the public with tools for its meaningful engagement and influence, and ensuring adequate accountability and responsibility of governance entities;

materiality — formation of approaches based on evidence, expert and objective data, with the realisation of the sequence of processes and with account to the optimal use of available and potential resources;

proactivity — development of policies and activities, keeping ahead of anticipated challenges and with the possibility to make substantiated adjustments in order to improve the approaches to the Strategy implementation;

goal measurability and critical evaluation — definition of clear intermediate and final targets and objectives, the effectiveness of which can be measured and evaluated;

inter-sectoral cooperation — effective interaction, coordination of efforts and effective governance through the distribution of authority between implementing agents in accordance with their inherent functions;

succession and continuity — preservation of the focus towards the Strategy goals and objectives, regardless of political or other factors; accumulation of, and sharing positive experiences, managerial, research and technical potential.

### **Section 3. STRATEGIC AND OPERATIONAL GOALS**

The strategic goals have been grouped based on the three key vectors of the Strategy implementation – counteraction to HIV/AIDS, tuberculosis and hepatitis B and C as global and national challenges.

Operational objectives define intermediate steps and directions of activity, the combination and interconnectivity of which serves as tools to achieve the Strategic goals.

#### **Strategic Goal 1. Reduce the HIV incidence and mortality from diseases caused by AIDS**

The Strategic Goal 1 is based 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 June 7, 2016.

##### **Operational goal 1.1. Prevent new cases of HIV infection**

Objective:

ensure access and facilitate the reception by key population groups of comprehensive prevention services, in particular those provided at the community level and by the community resources, at the expense of the state and local budgets;

achieve elimination of mother-to-child HIV transmission;

implement comprehensive public health communication programmes aimed at the general population and, in particular, adolescents and youth; and regular training events for professional and priority groups — law enforcement officers, educational institutions, military personnel, etc.;

ensure the availability of substitution maintenance therapy, in particular in places of deprivation of liberty;

prevent HIV transmission in the course of medical care, in particular, in transfusion of blood and its components, and organ and tissue transplantation;

ensure access to the services of conservative pre-exposure prevention of HIV infection to key population groups;

ensure provision of conservative post-exposure prevention of HIV infection to all persons requiring it.

### **Operational goal 1.2. Improve the system of effective detection and confirmation of HIV infection cases**

Objective:

reach a high level of population awareness regarding their HIV status;

ensure the complete coverage with HIV testing services for all TB patients, clients of substitution maintenance therapy programmes and recipients of comprehensive prevention services among key population groups;

ensure the complete coverage with HIV testing services and early detection services for pregnant women and their partners;

ensure the availability of HIV testing through expansion of the network of facilities providing the respective services; engagement of the pharmacy network; testing at community level and promotion of self-testing;

ensure early detection of HIV in all children born to PLWH mothers;

ensure provision of laboratory services to verify the diagnosis of HIV-infection of the guaranteed quality, in particular, through implementation of measures to monitor the quality of medical products used for diagnosing HIV infection, developing effective diagnostic algorithms and programmes of external quality assessment.

### **Operational goal 1.3. Ensure comprehensive access to HIV treatment**

Objective:

ensure the expansion of antiretroviral therapy to the full satisfaction of the demand for it;

ensure that antiretroviral therapy is initiated immediately after a diagnosis has been made and within the shortest time possible;

ensure access to new drugs in accordance with best international practices and establish a system for their uninterrupted supply;

ensure timely and effective monitoring and treatment support, control of adverse side reactions, treatment of opportunistic infections and other physical conditions;

ensure further development and implementation of a system of supervision and prevention of the development of resistant forms of HIV;

ensure the effectiveness of treatment and achieve an undetectable HIV viral load:

ensure access and facilitate receiving preventive tuberculosis treatment by PLWH.

## **Strategic Goal 2. Reducing new HBV and HCV cases, including chronic ones, and reducing the mortality caused by HV**

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

### **Operational goal 2.1. Create an effective epidemiological surveillance system for viral hepatitis B and C and implement effective monitoring and evaluation of HV counteraction programmes**

Objective:

improve the system of infectious diseases surveillance, and monitoring and evaluation of programme activities; establish national target values and integrate them into the current system of infectious diseases surveillance;

ensure carrying out regular population serological and bio-behavioural studies on the HV prevalence in different population groups;

model the consequences and form economic forecasts on the HV burden for the health care system and economy of the country, with the findings to inform decisions making on the necessary investments;

develop and implement an automated system to collect data on persons who have HV.

### **Operational goal 2.2. Ensure the provision of comprehensive services of viral hepatitis prevention, diagnosis and treatment**

Objective:

ensure access to HBV vaccination and post-exposure prophylaxis for children, health care workers and key population groups in relation to HBV;

introduce a system of measures to ensure the safety of invasive procedures and infection control in health-care and other institutions and establishments where risks of HG infection exist;

ensure the complete equipment of health facilities with medical products and consumable supplies for disinfection and sterilisation, disposable and safe consumables;

establish a reliable and well-functioning automated system to test donor blood and its components for transfusion-transmissible infections and effective algorithms of forwarding and bringing donors with positive HV markers to the system of medical supervision;

achieve elimination of HBV transmission and reduction of mother-to-child transmission of HCV, and ensure access to diagnosis, treatment and specific prevention during pregnancy with HBV;

improve the equipment of health-care facilities with devices and consumables for HV diagnosing;

improve access to HV screening and diagnosing through decentralisation of services, optimisation and simplification of approaches to testing and laboratory support for treatment, integration of HIV testing with HIV and TB testing services, provision of narcological and obstetric care, etc.;

improve to HC treatment through the optimisation of a patient pathway, provision of access to effective and safe medicines, introduction of simplified approaches to patient management;

implement HV micro-elimination programmes for certain population groups with high HV loads, in particular among IDUs, people in detention, etc.;

provide access to harm reduction and drug treatment programmes for key population groups, in particular, IDUs, in order to prevent re-infection after achieving a sustained virological response;

introduce a system of measures to prevent HCV re-infection and ensure control over its implementation.

**Operational goal 2.3. Raise public awareness about HV problems and improve health-care professionals' knowledge of modern approaches to HV prevention, diagnosis and treatment**

Objective:

prioritize at all levels the decision making on the HV problem as a socially dangerous disease and a challenge to public health;

implement measures to raise the general level of awareness and understanding of the scale of issues connected with HV, personal risks and ways to avoid those among the general population and key groups;

promote the improvement of health-care professionals' knowledge and qualifications by providing access to modern, evidence-based information, regular review and updating of pre- and postgraduate education programmes, holding training events on prevention, diagnosis and treatment of HIV.

### **Strategic Goal 3. Decrease morbidity and mortality caused by tuberculosis**

Strategic Goal 3 is based on the WHO End TB 2035 Strategy.

#### **Operational goal 3.1. Improve the system of organisation and provision of TB care**

Objective:

ensure the priority status and expansion of tuberculosis outpatient treatment on the basis of a human-centred approach with access to psychosocial support;

reorganize the network of TB facilities in accordance with modern epidemiological trends, regional specifics and recommended standards, criteria for hospitalisation and discharge;

introduce new mechanisms to finance TB activities based on payment for results and stimulating a proactive approach to the establishment and achievement of successful TB treatment;

implement a strategic plan for human resources development in line with WHO recommendations.

#### **Operational goal 3.2. Ensure effective detection of new cases and prevent the formation of resistant forms of tuberculosis**

Objective:

ensure the proper information of the population about tuberculosis, its manifestations, prevention, treatment options, etc.;

ensure regular screening and active detection of TB cases and persons in contact with TB patients, including among key population groups and with the engagement of the non-governmental sector;

ensure screening for latent and active tuberculosis and prevention treatment for all people living with HIV and key population groups who require it;

ensure vaccination of all new-borns;

ensure full access to testing for drug symptomatic reaction, in particular, by rapid tests;

prioritize molecular-genetic methods for TB diagnosis and equip the laboratory network with devices and consumables for research on all forms of tuberculosis;

introduce modern approaches to infection control of tuberculosis, aimed, in particular, at preventing the spread of the disease within health facilities, places of long-term stay and dwelling of TB patients.

### **Operational goal 3.3. Improve the quality and effectiveness of TB treatment**

Objective:

ensure access to new drugs and prioritize the use of short regimens in TB treatment;

ensure daily controlled treatment and necessary care and, in that way, avoid treatment interruptions;

provide TB patients with access to antiretroviral therapy, substitution maintenance therapy, and promote treatment adherence;

stop the practice of over-the-counter sales of anti-TB drugs;

improve pharmacovigilance and system of supervision over adverse reactions to anti-tuberculosis drugs;

ensure provision of palliative care to TB patients.

## **Section 4. WAYS AND TOOLS FOR IMPLEMENTATION**

The Strategy implementation uses approaches and tools aimed at the effective and comprehensive fulfilment of its tasks and the achievement of the strategic and operational goals.

The overall responsibility for the Strategy implementation is entrusted to the Cabinet of Ministers of Ukraine. Government action plans that are the basis for national, regional and local programme measures, identify key priorities and short-term objectives, the range and sequence of which must be aimed at achieving the Strategic goals of the Strategy.

Strategic planning, general coordination, ensuring interaction and integration of policies connected with the implementation of the Strategy, as well as monitoring and evaluation of its implementation, and communicating the results of such assessment to bodies of power, stakeholders and the society, are entrusted to the central body of executive power in charge of the state policy in the health-care sector.



## **Management and organisational tools**

The Strategy implementation requires an effective allocation of the roles of stakeholders and responsible authorities, ensuring overall coordination and complementarity of activities and programmes with a view to making the most efficient use of available resources and prompt response to the challenges that arise in the course of the Strategy implementation.

The tools that influence the effectiveness of the Strategy implementation and are based on its guiding principles and pillars are as follows:

the state leadership in management of programme and activities, mutual responsibility and accountability before the society;

integration of non-governmental organisations into a nation-wide system of formation and provision of services aimed at achieving the goals defined by the Strategy;

expansion of the network of institutions that provide respective services, ensuring low-threshold services and their maximum proximity to beneficiaries, including through the engagement of non-medical personnel, private health care institutions, facilities and organisations providing services on the community level, etc.;

reducing gaps in access to high-quality and effective services between urban and rural populations and regions;

integration of services, programmes and activities, both within the framework of fulfilment of the strategic and operational goals of the Strategy, and, inter alia, with other nation-wide measures in the areas of health care, social assistance, education, regional development, etc.;

establishing cooperation and encouraging socially responsible business to fulfil the tasks envisaged by this Strategy;

creation of a single administrative and managerial space for the implementation of the goals and objectives of the Strategy that covers the civilian and penitentiary sectors, the jurisdiction of the Ministry of Defence of Ukraine, etc.;

unification and standardisation of approaches to the organisation and implementation of measures connected with the Strategy implementation goals;

ensuring effective activities and the appropriate level of impact of coordination mechanisms at the national and regional levels.

## **Statutory instruments**

Measures to implement the Strategy require continuous improvement of the regulatory framework, including:

alignment with the EU legislation (including those in the context of meeting the requirements of the Association Agreement between the European Union and the European Atomic Energy Community and their member states, of the one part, and Ukraine, of the other part);

implementation of the WHO and UNAIDS guidelines and other inter-governmental organisations and programmes with a view to improving the provision of, and mechanisms for the organisation of services;

bringing the terminology in line with WHO recommendations and international requirements;

removal of political, legal and cultural barriers restricting access to services or act as drivers for the stigmatisation of people living with HIV, tuberculosis and HV, their immediate surroundings, key population groups, prisoners, etc., and restrain socialisation and integration into society;

drafting and approval of legal and statutory regulations to monitor the observance of human rights and freedoms, and establish a system of active response to cases of their violation.

## **Financial instruments**

One of the prerequisites for the Strategy implementation is to ensure sustainable financing of programmes and measures connected with it, in particular:

ensuring the priority of funding from the state and local budgets, and independence from external (donor) financing as a key prerequisite for the sustainability and continuity of service delivery;

alignment of planning of the Strategy implementation measures and processes with the budget process in Ukraine;

carrying out a comprehensive analysis of expenditures and evaluation on measures for their economic efficiency;

ensuring effective allocation of resources;

establishing and strengthening mechanisms of the state financing by social contracts for implementing agents that are representatives of communities;

providing a multi-level and complementary system to finance measures at the expense of the state and local budgets and avoiding its duplication, in part, from other sources;

ensuring timely procurement and delivery of services, medicines and medical products to ensure the continued and uninterrupted service provision.

### **Public Engagement and Control Instruments**

The processes connected with the Strategy implementation must include adequate mechanisms to engage stakeholders in discussion and decision-making, and information on its implementation must be as open as possible, which requires:

inclusion of representatives of stakeholders, in particular patient communities and self-organisations, key population groups, in policy development, decision-making, and ensuring the possibility to put forth comprehensive proposals for consideration in the course of adoption of those decisions;

improvement of the current mechanisms for information exchange, promotion of information sharing about the results of the Strategy implementation among a broad range of stakeholders and bringing it to the attention of the public through modern means of mass communication;

introduction of public control over the quality of services provided in the framework of the Strategy implementation, and monitoring the degree of satisfaction of the needs of services recipients.

### **Data management tools**

The effectiveness of the Strategy implementation is directly connected with the quality of data used in event planning, collected and summarised in the course of its implementation and used for decision making and further improvement of the measures. In order to improve the information management algorithms, it is necessary to:

develop and improve systems to collect and analyse epidemiological surveillance data and monitoring and evaluation of programme activities;

integrate information systems for registration of individuals, including for the implementation of epidemiological surveillance based on the case management with cross-identification in electronic systems, and ensure the exchange of reporting information among health institutions of all forms of ownership;

make a transition from routine monitoring to a system for the formation and continuous updating of strategic information, its sharing and use in the formation and implementation of measures to counteract disease;

introduce indicators to measure gender inequality and sensitivity;

establish international cooperation in order to ensure proper cross-border information exchange and formation of global data sources.

### **Tools in the areas of education and science**

Human resources, scientific and educational development are key to the practical implementation of activities that contribute to the achievement of the goals and objectives of the Strategy. In order to make the full use of modern approaches and best international practices, it is necessary to continuously develop the capacity and adhere to high standards in the areas of education and science, in particular:

carry out scientific studies for the development of innovative approaches to the formation of programmes and measures, introduction of the new prevention and treatment methods;

carry out bio-behavioural, epidemiological and operational studies funded from the state budget, and ensure direct use of the data gathered in the decision-making process;

develop continuous distance learning with the use of online resources and platforms, in particular, for non-medical staffs; and incorporate it into postgraduate education systems;

develop informal education and educational work aimed at the formation of healthy lifestyles, a conscious attitude towards one's own health and health of one's surrounding, safe behavioural practices and disease prevention;

develop international cooperation in the area of science, education and technology.

## **Section 5. MONITORING THE STRATEGY IMPLEMENTATION**

Implementation of the Strategy as a whole, as well as fulfilment of measures introduced to achieve its goals and objectives, require regular monitoring, evaluation and development of a single methodology to improve the strategic planning and implementation of programmes of different levels, international technical assistance projects and individual activities.

Key indicators of the effectiveness of the Strategy implementation in accordance with its Strategic goals are specified in Appendix 2.

Other indicators, as well as intermediate target values for key indicators, must be based on the strategic and operational objectives of the Strategy, not be in contradiction to those, and be approved by respective government documents.

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## **ABBREVIATIONS AND NOTIONS USED IN THE STRATEGY**

### **Abbreviations:**

HV — viral hepatitis B and C;

HBV — hepatitis B virus;

HCV — hepatitis C virus;

HIV — Human Immunodeficiency Virus;

WHO — World Health Organisation;

PLWH — people living with HIV;

IDU – injecting drug users

UN — United Nations Organisation;

AIDS — Acquired Immunodeficiency Syndrome;

TB — tuberculosis;

UNAIDS — Joint United Nations Programme on HIV/AIDS.

### **Notions**

Elimination — reduction in the level of infectious agents circulation among the population or its individual group to the level of indicators specified by the World Health Organisation;

Key population groups — population groups identified in accordance with the recommendations, which, with account to certain behavioural practices, physical and psycho-physiological conditions and other circumstances that demonstrably affect the increased risk of contracting HIV, HV or tuberculosis infection, are of the priority status in the formation and implementation of measures for the Strategy implementation;

Communities — groups of individuals united and interconnected by a certain structure, common goals and activity areas, in part, in connection with the Strategy implementation, its specific tasks and the representation of the interests of the persons that the Strategy goals are aimed at.

## KEY INDICATORS OF THE STRATEGY IMPLEMENTATION EFFECTIVENESS

| Indicator   | 2030 target value |
|---|-------------------|
| <b>Strategic Goal 1. Reduction in the incidence of HIV and reduction in mortality from diseases caused by AIDS</b>                  |                   |
| Reduction in mortality from diseases caused by AIDS per 100,000 population, to the 2015 mortality summary data, %                   | <b>90</b>         |
| Share of people who are aware of their HIV status, to the estimated number of PLWHA, %  | <b>95</b>         |
| Share of PLWHA receiving ART, to the persons aware of their HIV status, %   | <b>95</b>         |
| Share of PLWHA on ART who achieved viral suppression, to the persons receiving ART, %   | <b>95</b>         |
| The rate of HIV mother-to-child transmission, %   | <b>≤ 2</b>        |
| Coverage of representatives of each of the key population groups with comprehensive prevention services, to the estimated number, % | <b>90</b>         |
| Coverage with the substitution maintenance therapy, to the estimated number of people using injectable opioids, %                   | <b>40</b>         |
| <b>Strategic Goal 2. Reducing new HBV and HCV cases, including chronic ones, and reducing the mortality caused by HV</b>            |                   |
| Reduction of the chronic HBV incidence, %   | <b>90</b>         |
| Reduction of the chronic HCV incidence, %   | <b>90</b>         |
| Decrease in mortality from HV-related diseases, %   | <b>65</b>         |
| Share of persons with HV who are aware of their status, %   | <b>90</b>         |
| Treatment coverage of HCV patients, %   | <b>90</b>         |
| Treatment coverage of people with HBV among those who need treatment, %   | <b>80</b>         |
| Coverage of children with three doses of vaccination against HBV, %   | <b>90</b>         |
| <b>Strategic Goal 3. Decrease morbidity and mortality caused by tuberculosis</b>  |                   |
| Decrease in the tuberculosis incidence compared to 2015, %  | <b>80</b>         |
| Decrease in the absolute number of deaths from TB compared to 2015, %   | <b>90</b>         |
| Effectiveness of tuberculosis treatment, including resistance forms, %  | <b>90</b>         |
| Share of patients receiving ambulatory treatment according to the sector standards, %   | <b>100</b>        |