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MONITORING THE UNGASS-AIDS GOALS ON SEXUAL AND REPRODUCTIVE HEALTH

ISBN

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This publication is the first to present the point of view of public organizations regarding observance of Ukraine's commitments to the UNGASS Declaration on sexual and reproductive health. The report may be relevant to decision-makers in the field of social policy, particularly health care, representatives of non-governmental AIDS-service, human rights women's organizations, researchers, and all who care about the health and future of the Ukrainian nation.

ALL-UKRAINIAN NETWORK OF PLWH
ANALYTICAL CENTER "SOCIOCONSULTING"

UKRAINE:
**MONITORING THE UNGASS-AIDS GOALS ON SEXUAL
AND REPRODUCTIVE HEALTH**
Analytical Survey

Project implemented with support of the Ford Foundation

International project coordination: Gestos –Soropositivity, Communication and Gender Issues

Kyiv 2008

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Background and Acknowledgements

This publication is the first in Ukraine to present the views of public organizations on Ukraine's implementation of its commitments under the UNGASS Declaration on sexual and reproductive health. The research was initiated by the international organization Gestos–Soropositivity, Communication and Gender Issues and supported by the Ford Foundation.

Work on preparation of this survey in Ukraine began during the forum held on 30–31 May 2007, when Ukrainian experts were presented the goal, tasks and geography of the project “Monitoring of UNGASS Aims on Sexual and Reproductive Health” as well as the general theoretical approaches and survey methodology. After active discussion of how to adapt the proposed methodology to Ukrainian reality, a research group of Ukrainian participants was formed.

Presentation and discussion of survey results (second forum) was held on 30 January 2008 on the premises of the All-Ukrainian Network of PLWH. We would like to thank all participants of the meeting for their interesting questions, meaningful comments, and informed remarks.

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List of Abbreviations

- AIDS – Acquired Immune Deficiency Syndrome
AIHA – American International Health Alliance
ARV medications – antiretroviral medications
ART – antiretroviral therapy
CSW – commercial sex worker
Department – State Penitentiary Department of Ukraine
FGD – focus group discussion
GF, Global Fund – Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV – Human Immunodeficiency Virus
HAART – highly active antiretroviral therapy
ICF – international charitable fund
IDU – injecting drug user
LGBT organizations – organizations of lesbians, gays, bisexuals, transsexuals
MES – Ministry of Education and Science
MoH – Ministry of Health
MSM – men who have sex with men
NGO – non-government organization
PATH – Program for Advanced Technologies in Health
PCR – polymerase chain reaction
PLWH – people living with HIV/AIDS
PMTCT – prevention of mother to child transmission
SSSFCY – State Social Service for Family, Children and Youth
SUNRISE – “Scaling Up the National Response to HIV/AIDS through Information and Services” project
UNAIDS – UN Joint Programme on HIV/AIDS
UNGASS – UN General Assembly Special Session on HIV/AIDS
UNFPA – UN Population Fund
UNICEF – UN Children’s Fund
VCT – voluntary counselling and testing
WHO – World Health Organization
YFC – youth friendly clinics

PREFACE

Adoption of the Declaration of Commitment to fight HIV/AIDS at the UN General Assembly was an important step in the history of humanity. Signature of this document by leaders from more than 100 countries confirms their understanding of the importance of the problem and the necessity for firm measures aimed at preventing the spread of the epidemic and providing treatment, support and care for people affected by HIV. History, however, unfortunately knows many cases when important signed documents have remained declarations of intention and failed to translate into practical action. Therefore many stakeholder organizations, especially those representing civil society, have initiated permanent monitoring of the response to the HIV/AIDS epidemic.

Almost half of all people living with HIV/AIDS worldwide are women. In Ukraine too, against a background of rapid growth in HIV cases there is a tendency towards increase of the percentage of women affected by the epidemic. This is indicative of insufficiently effective measures in the field of sexual and reproductive health in the context of HIV prevention, aggravation of problems connected with protection of sexual and reproductive rights of women living with HIV, increase in the number of orphaned children, etc. In such a situation it is very important to promptly identify gaps as well as existing potential in the country in order to more efficiently tackle the female component of the pandemic. Unfortunately, state authorities are generally inactive and not always objective in analysis of these issues.

For this reason civil society organizations in 16 countries are implementing a project aimed at monitoring UNGASS goals concerning sexual health and reproductive health in each member country. Monitoring is focused primarily on the process of policy implementation and its manifestation in concrete services. Research is carried out using a common plan and methods developed by Women's Health Project. This approach will allow later comparative analysis of policies, plans and programmes and their effectiveness in relation to sexual and reproductive health in all countries. Ukraine as one of the project participants is represented by the All-Ukrainian Network of PLWH and Analytical center "Socioconsulting".

Abstract analysis forms the basis of the monitoring research methodology. This entailed review of the normative and legal base and existing scientific publications, analysis of statistical data, secondary analysis of sociological data and behavioural research results, and consultation with experts. It should be recognized that part of the data included in this report was also used for preparation of the national report on implementation of the Declaration of Commitment to the fight against AIDS. At the same time, the framework of the conducted research greatly expands our understanding of the effectiveness of implementation of UNGASS goals on protection of reproductive and sexual health.

We hope that publication and distribution of data from this report will attract the attention of decisionmakers to the real problems concerning policy implementation on protection of reproductive and sexual health and gender aspects of the HIV/AIDS/STI epidemics, intensify the dialogue between officials and NGO representatives around these issues, and increase their interest in implementation of concrete measures for prevention of HIV/AIDS/STI, formation of a healthy lifestyle, and protection of women's and men's health.

Research Methodology

The methodology presented in the manual *Monitoring the UNGASS-AIDS Goals on Sexual and Reproductive Health* constitutes the basis of this survey. The manual was developed by Women's Health Project, taking into account the monitoring experience of international non-governmental organizations, particularly LACCASO. It establishes a monitoring structure which should serve as a tool for increasing political efforts and initiatives aimed at drawing the attention of particular civil society sectors to this issue. This structure will be used in all 16 countries participating in the project as a method for collection of compatible and comparative information about countries as well as a strategy for stimulating dialogue between different civil society sectors involved in HIV/AIDS prevention and protection of sexual and reproductive health.

The goal of this publication is to show how our state meets its commitments to UNGASS as quoted by us from the unofficial Ukrainian translation of the Declaration. Each aim has specially developed indicators, which are presented in the manual, reflecting different aspects of state implementation of this aim. For a more detailed description of each indicator, the survey authors answered questions listed in the manual concerning the state of women's reproductive and sexual health in Ukraine and the policy, plans and programmes on reproductive health for the most vulnerable categories of women implemented by the country in regard to its commitment to achieving UNGASS goals, from the point of view of the correlation of these efforts to the scope of the problem, the level of coverage and efficiency, and the participation of civil society.

For accurate understanding of these criteria, the manual provides key work definitions, namely:

- Adequacy: whether a policy responds to the problems that civil society finds the most important
 - Coverage: whether it covers representatives of all groups affected by this problem
 - Covering: whether it reaches the majority of those affected by the problem
 - Efficiency: whether it is implemented in practice; whether it is supported by adequate funding; whether there are qualified specialists for its implementation; whether a communication strategy to involve resources and means of civil society has been developed
- Participation of civil society: whether representatives of civil society, especially from groups most affected by the epidemic, are genuinely involved in the process of development, monitoring and evaluation of proposed activities
 - Access: whether people who need services can easily access them; whether there are any difficulties
 - Care: whether people affected by the problem feel they are adequately accepted; whether they and their rights are respected
 - Quality: whether the policy meets people's needs
- Most vulnerable categories of women: women living with HIV/AIDS, imprisoned women, female partners of MSM, female drug users, women affected by the problem, women and girls working in commercial sex, girls orphaned by AIDS, indigenous women, migrant women and indigenous women who migrate, women affected by migration, mobile populations, bisexual women and lesbians, women and girl victims of sexual exploitation, women and girls with special needs

We are aware that complete investigation of each indicator is only possible within the framework of large-scale specific research that would include both office analysis and empirical

research, in particular focus group discussions and polling of representatives of vulnerable groups, flexible interviews with experts, etc. Due to lack of resources we limited ourselves to office analysis and a small pilot field research project that helped us to measure and describe particular indicators. Furthermore, current statistics are not always available; unfortunately up-to-date statistical data required by the tasks of our survey could not be provided by the MoH web-site, the Ministry of Interior, the Statistics Committee of Ukraine or libraries. Monitoring of state, national and regional programmes directed at protection of reproductive and sexual health, including such criteria as coverage, adequacy and efficiency of implemented activity, is not properly conducted in Ukraine.

CHAPTER 1. General Overview of the Health Care System of Ukraine and its Policies Concerning Sexual and Reproductive Health and HIV/AIDS

The Constitution of Ukraine guarantees each citizen the right to health care, medical help and medical insurance (article 49). This right is guaranteed by state funding of corresponding social-economic, medical-sanitary and prevention programmes. The same article of the Constitution declares that the state creates conditions for effective health care services accessible for all citizens, including free medical care in state and public health care institutions, provides for the development of physical culture and sports, and ensures sanitary-epidemic norms.^I

The Constitution of Ukraine also includes legal norms that ensure citizens' rights to reproductive help and family planning. First of all these are norms which declare the equality of men and women, and guarantee creation of conditions for the combination of work and motherhood and provision of material and moral support for family, motherhood and childhood. The ability to implement the right for protection of reproductive health is also guaranteed by constitutional norms on free formation of a family, freedom of reproductive behaviour and reproductive choice of women and men. Opportunities for effective implementation of the right to reproductive health are confirmed by a constitutional ban on women's labour in work dangerous for their health.

In 2006 Ukraine ratified the European Social Charter. In accordance with its norms and to ensure effective implementation of the right to health protection, the state authorities of Ukraine (like other countries which have recognized this document) pledge to independently or in cooperation with public or private organizations employ the necessary means to:

- avoid, if possible, the causes of weak health;
- ensure provision of counselling and educational services that will assist in improving health and increasing personal responsibility for health;
- prevent, if possible, epidemic, endemic and other diseases, as well as accidents.

However, the unlimited number of state guarantees of free medical care is incompatible with the limited resources allocated by the state for accomplishment of these commitments. For example, in 2006 state expenditure on health care was 3.7% of GDP.^{II} Due to improper funding, qualified specialists are leaving state medical institutions and there is a lack of medications and other supplies. A considerable proportion of medical institutions, especially in villages and small towns, are in terrible condition, with outdated, worn-out and defective equipment. The majority of the population of Ukraine (66%) is not satisfied with the state of the health care system, or believes it to be dangerous (63%).^{III}

The irrational and inefficient use of limited budget resources makes the situation more difficult and inert. About 80% of all funding is spent on support and servicing of high-cost specialized hospital care, in contrast to most countries where the relative weight of primary medical and sanitary care constitutes approximately 50% and up to 30% is apportioned to healthcare that functions on the principles of general family medicine.^{IV} At the same time, successful hospital

^I Конституція України. Прийнята на п'ятій сесії Верховної Ради України 26 червня 1996 року. – Київ, 1997. – 80 с.

^{II} Аналіз соціально-економічної політики «Держава та громадянин: виконуючи обіцянки», проведений Комісією «Блакитної стрічки» у 2006 р.

^{III} Демченко І.Л., Іванченко С.М., Костенко К.С. Вивчення громадської думки як інструмент моніторингу прав пацієнтів в Україні. – К., 2007. – С.35.

treatment for most patients in Ukraine is possible only at considerable financial expense. Among people in in-patient treatment in 2006, 90% took medications to hospital with them, 79% took food, and 61% took bedding.^V The practice of ‘voluntary’ donations from patients or their relatives to hospitals as an obligatory condition for hospitalization is widespread.

Due to these factors, free medical care is a myth. Since 1996 the proportion of individual payments officially made by the population grew from 18.8% to 38.5% of total health care expenditures. Should unofficial fees be taken into account then this share would grow to 52%; in reality Ukrainians pay more than half the cost of medical services from their own pocket. The lion’s share of this money is spent on medications. Such payments make the health care system less accessible for poor population groups, in breach of the principles of equality and unity. The need for cash payment means that poorer people postpone visits to the doctor and seek help only in case of emergency when an otherwise easily treatable disease reaches the acute stage.^{VI} The results of public opinion surveys indicate that a considerable share of the Ukrainian population have limited access to medical care. Of those citizens of Ukraine who applied to medical institutions or doctors in the last five years, over half (57%) had to refuse diagnosis or treatment on occasions due to lack of money.^{VII}

Another problem is the imperfect and discordant legal base. Numerous laws aimed at implementing changes remain declarative and ineffective, partly because of the government’s inability to provide documents explaining their implementation, partly because of excessive regulation of the activities of budget-funded institutions and their relations with other economic subjects that cannot be completely executed, and due to other factors.

The health care system in Ukraine is regulated by several laws and over 900 normative legal acts. The main document legally regulating health care is the Law of Ukraine (LoU) “Basis of the law of Ukraine on protection of health” (Basis). This act of law was approved by the Supreme Council (Rada, or parliament) of Ukraine in 1992 and established the organizational, legal, economic and social basis of health care, including reproductive and sexual health. This legal act regulates provision of qualified medical care for women during pregnancy, childbirth and the postnatal period, ensured through a wide network of antenatal, family planning and other clinics and centres, sanatoria for pregnant women and mothers with children, kindergartens and educational institutions, etc.

Implementation of family planning and regulation of reproductive function is ensured by the right of all married couples and singles to freely decide the number of children, use, if necessary, auxiliary reproductive technologies, have access to modern knowledge and safe methods of family planning, as well as by compensation of moral loss in case a woman is deprived of the possibility to give birth due to executing constitutional, job or labour responsibilities or in case of unlawful actions towards her.

The right of a woman to independently make decisions about her maternity proclaimed in the Basis is guaranteed by the absence of any restrictions on contraceptives or sterilization. Sterilization can be realized at the patient’s own wish or with his/her informed consent at accredited health care institutions in accordance with medical indications established by Order

^{IV} Права людини в Україні – 2006. Доповідь правозахисних організацій./ За ред. Є.Захарова, І.Рапп, В.Яворського./ Українська Гельсінська спілка з прав людини, Харківська правозахисна група. – Харків: права людини, 2007 р. – С. 341.

^V <http://www.ukrstat.gov.ua>

^{VI} Там само.

^{VII} Демченко І.Л., Іванченко С.М., Костенко К.С. Вивчення громадської думки як інструмент моніторингу прав пацієнтів в Україні. – К., 2007. – С.46.

of the Ministry of Health no. 121 of 6 July 1994 “On the use of sterilization methods for citizens”. Although in principle any modern contraceptive methods can be used in Ukraine, the use of specific contraceptives is possible only after their registration in accordance with article 9 of the Law of Ukraine “On medications”.

Despite a decrease in the number of abortions, women still use abortion as a method of birth control. Therefore, in accordance with article 50 of the Basis, surgery for artificial termination of pregnancy can be performed at a woman’s wish only at accredited health care institutions if the term of pregnancy is not more than 12 weeks, and after 12 weeks only under regulations established by Order of the Cabinet of Ministers of Ukraine in accordance with indicators listed in a separate MoH Order.

A number of reproductive health issues are regulated by the Labour Code of Ukraine (1992). In particular, this document establishes a list of positions in which women are forbidden or limited to work, including pregnant women and women who have breast fed children, as well as norms ensuring favourable conditions for maternity, etc.

The legal aspects of protection of reproductive and sexual health are included in criminal law and the law for prevention of domestic violence. The existing legal field does not limit sexual contacts between adults in case of mutual consent, except for prostitution. In accordance with article 303 of the Criminal Code of Ukraine persons who systematically engage in prostitution, pimping, forcing or drawing others into prostitution can be prosecuted. As a result of the legal ban on prostitution, legal regulation of the professional safety and hygiene of sexual relations between citizens in the field of sex business is absent, in particular of activities that would demand the use of safe practices both by clients and by owners of this business.

The state ensures protection of women, especially minors, from sexual violence. The Criminal Code of Ukraine includes a number of articles that foresee criminal responsibility for crimes against the sexual freedom and sexual inviolability of a person, In particular article 152 that foresees responsibility for rape, article 153 that foresees responsibility for forced satisfaction of sexual desire in an unnatural manner, article 154 (forcing of sexual intercourse), article 155 (sexual relations with a person who has not reached the age of consent), article 156 (seduction of a minor).

Considerable attention is paid in the Family Code of Ukraine to issues that are of great importance for effective implementation of the right to protection of reproductive and sexual health. In accordance with article 5, the state protects family, childhood, motherhood and fatherhood, creates conditions for strengthening the family, ensures protection of the rights of mothers and fathers, and materially and morally encourages and supports motherhood and fatherhood.

Irrecoverable damage to reproductive and sexual health is caused by sexually transmitted infections, including HIV/AIDS. In the first year of Ukraine’s independence six laws on health care were approved, including the law “On prevention of Acquired Immune Deficiency Syndrome (AIDS) and social protection of the population” which established legal regulation of issues connected with the spread of AIDS in accordance with the norms of international law and WHO recommendations. In the following years a number of changes aimed at additional protection of patients’ rights were made to the law, in particular a clause about voluntary HIV testing. Law of Ukraine “On protection of the population from infectious diseases” also plays an important role in Ukrainian health care policy. These laws ensure the accessibility, quality and effectiveness of HIV testing, and the anonymous provision of medical care for HIV positive people and people suffering from AIDS on general grounds (without any discrimination).

People with sexually transmitted infections are subject to obligatory (anonymous at their wish) treatment in state and public health care institutions, and their data is confidential (article 26 of the Law of Ukraine “On protection of the population from infectious diseases”).

In accordance with article 17 of the Law of Ukraine “On prevention of Acquired Immune Deficiency Syndrome (AIDS) and social protection of the population” HIV positive citizens of Ukraine enjoy all the rights and freedoms foreseen by the Constitution and Laws of Ukraine, and other normative-legal acts.

Article 18 of this law prohibits refusal to accept into treatment institutions and provide medical help, limitation of other citizens’ rights based on HIV/AIDS status, and limitation of the rights of relatives and friends. Furthermore, article 8 of this law regulates the inviolability of private life and confidentiality in the context of HIV/AIDS, concerning anonymous medical examination, confidentiality of medical examination results and the presence or absence of HIV in an individual who has had a medical examination, and the regime of communication of such data.

The response to the HIV/AIDS epidemic and protection of sexual and reproductive health is established as one of the main state priorities in the field of health care. This in particular is proved by Orders of the President of Ukraine and Cabinet of Ministers – the supreme organ of executive power of Ukraine. In particular an order of the President of Ukraine approved the statute of the National Committee to fight AIDS. In 2000 the Order “On urgent measures for prevention of the spread of HIV infection and AIDS” was issued and in 2001 a government commission for prevention of HIV and AIDS was set up. Orders of the Cabinet of Ministers of Ukraine have approved numerous national, state and intersectoral programmes. In particular, during the last 16 years five national programmes aimed at preventing the spread of HIV and mitigating its consequences have been approved and implemented in Ukraine. The most recent national programme for provision of HIV prevention, care and treatment for HIV positive and people with AIDS was implemented during 2004–2008.

Several of the programmatic documents approved in Ukraine include strategies and measures for improving the demographic situation and the state of reproductive health of the population. Among them: the national programme “Reproductive Health 2001–2005”; intersectoral programme “Health of the Nation” (2002–2011); state programme for family support for the period till 2010; strategy of demographic development of Ukraine for the period till 2015; state programme “Reproductive Health of the Nation for the Period till 2015”, etc.

Each of these documents recognizes that Ukraine is in a state of deep demographic crisis caused by depopulation, increase in the share of senior citizens and decreasing life expectancy, and a negative tendency towards increase in an already high prevalence rate of STI and HIV/AIDS.

Despite objective recognition of the negative situation in the field of reproductive and sexual health, the majority of national and state programmes are only partially funded. Thus, for example, in the first three state programmes aimed at counteracting the HIV/AIDS epidemic, only measures for the safety of donor blood were funded properly from the state budget. Sources of funding for certain activities even of state programmes are not indicated at all, for example, research to predict the social-economic consequences of the Ukrainian HIV/AIDS epidemic, included in the 5th national programme for provision of HIV prevention, care and treatment for HIV positive and people with AIDS for 2004–2008. The capacity of local budgets, due to an unfavourable economic situation and a lack of awareness of the seriousness of the situation on the part of representatives of local self-government and authorities, is very limited.

For a long time international donors have been providing substantial support for measures to counteract HIV/AIDS/STI, form healthy lifestyle values and protect reproductive health. A significant proportion of prevention activities, including information and education events, harm reduction programmes, prevention of mother to child transmission, provision of ARV medications as well as research on HIV/AIDS issues have been realised with funds from the Global Fund to fight AIDS, Tuberculosis and Malaria, different UN agencies (UNDP, UNFPA, UNAIDS, UNICEF, etc), DFID, European Commission, World Bank loan, etc. However, Ukrainian Government decision-makers have a prejudiced or critical attitude towards the priorities, procedures and approaches for use of international funding to fight the epidemic. Officials do not hide their interest in more independent, mostly uncontrollable management of funds from international donors, and to a certain degree exclude non-governmental national organizations from funds management.

A lack of understanding among deputies, officials, and heads of local self-government of the danger that HIV/AIDS/STI present to national security hinders organization of an effective response to the epidemic. The massive efforts made by leaders of international and national AIDS-service organizations to train decision-makers and build commitment to the fight against HIV/AIDS have little effect because of frequent changes of government and the top management of the executive branch. The majority of officials still perceive the HIV/AIDS epidemic as a purely medical problem and fail to fully appreciate its social component.

The lack of flexibility of the law enforcement agencies responsible for counteracting illegal drug circulation complicates the organization of HIV prevention aimed at intravenous drug users. The aforementioned institutions are conservative and interested only in successful reporting statistics, which do not include HIV/AIDS prevention. For this reason top officials of the Security Service and the Ministry of the Interior actively oppose implementation of harm reduction programmes, in particular substitution therapy. Changes in the top management of the law enforcement structure happen slowly, only after a corresponding Order of the President of Ukraine.

At the same time there are influential factors assisting formation of a stable national policy adequate to the demands of the HIV/AIDS epidemic. Foremost among them is the development of civil society. Public and charitable AIDS-service organizations now constitute a leading force in the epidemic response. Their representatives participate in preparation and revision of state and national programmes, draft laws and other legal acts dealing with HIV/AIDS, and take part in the work of the National Coordination Council on HIV/AIDS and its technical committees. Public control over procurement of ARV medications is now in place. Considerable success has been achieved by NGOs in advocating the rights of PLWH and prevention programmes aimed at groups vulnerable to HIV.

In recent years the technical capacity of national NGOs has increased. This is proved by their participation in the preparation of country reports on implementation of the decisions of the Declaration of Commitment to fight HIV/AIDS for the periods 2003–2005 and 2006–2007, performed in cooperation with representatives of key ministries and departments with financial support from the GF. The role of NGOs in preparing the national report constituted:

- Collection, compilation and analysis of data on coverage of target groups (IDU, CSW, prisoners, MSM, youth) by prevention programmes and HIV testing, their knowledge of HIV/AIDS issues, prevalence of behavioural practices that decrease the risk of HIV transmission.
- Modification and improvement of methodical recommendations on collection of national indexes of knowledge and behaviour of high risk groups.

- Calculation (in cooperation with MoH) and signature of a combined national index in the field of HIV/AIDS policy.
- Organization of training for representatives of key ministries and departments (Ministry of Family, Youth and Sports, Ministry of Education, MoH, Penitentiary Department of Ukraine) on conduct and analysis of behavioural studies among high risk groups.
- Assessment of coverage and quality of care and support services.

However, the rates of HIV/AIDS/STI in Ukraine continue to increase. This indicates that the national response to the epidemics is insufficiently effective. On the level of formation and implementation of national policy the main problem lies not in the lack of laws or state programmes but in inadequate attention to their implementation in practice. Regulatory documents must be developed that will allow citizens to realise in practice their declared rights to health care, including sexual and reproductive health, and ensure efficient mechanisms of implementation of the commitment taken by the government in the field of health care.

Demographic and Epidemic Situation

For a long time Ukraine experienced a steady fall in birth rate. Only since 2002 has this tendency been halted. However the current aggregated index of births is 1.1–1.2 children per woman which equals only 50% of the index necessary for replacement (2.2). During the period 1991–2003 the number of childbirths decreased from 630,800 to 408,600 annually. Since the number of deaths exceeds the number of births twofold, the population of Ukraine decreased by 300,000 people annually over 14 years. During the period 1991–2003 the natural population decrease was 3.9 million people. A worsening state of health can be observed particularly among the male population due to non-infectious diseases, psychiatric disorders, stress and accidents and traumas caused by alcohol abuse.^{VIII} Today 38% of Ukrainian men die in active working age. In general the life expectancy of Ukrainians is 11 years less than in European countries.^{IX}

Since the end of 2005 the situation has gradually improved. First of all, the birth rate is increasing; In 2006 compared with 2005 it grew by 8.9%. However, demographic processes are more and more strongly influenced by the HIV/AIDS/STI epidemics.

Three main periods can be identified in the epidemic situation around STI in Ukraine: till 1990 – low syphilis and other STI rates, since 1991 – a sharp rise in the rates of syphilis, in the last few years – decline in the numbers of newly registered cases of syphilis and gonorrhoea. One more stage of sharp increase in the levels of syphilis was registered in 1996 (more than 30-fold in comparison with the 1980s). For the last few years there has been a tendency for decreasing STI cases in Ukraine. However, official data do not reflect the real spread of disease. The last few years have seen a rise in anonymous testing for STI, as well as opportunities for independent treatment.

The most reliable indexes for assessment of the spread of STI are the rates of syphilis. For example, the index of syphilis morbidity in Ukraine in general is 34.4 people per 100,000 population (16,057 cases) (table 1).

^{VIII} Соціально-економічні наслідки епідемії ВІЛ-інфекції/СНІД в Україні/ Міжнародний Альянс з ВІЛ/СНІД в Україні, Світовий Банк, 2007. – С. 10.

^{IX} Стратегія демографічного розвитку України / <http://observer.sd.org.ua/news.php?id=9473>

Table 1

Spread of Sexually Transmitted Infections in Ukraine in 2006
number of cases per 100,000 population

	As of 2006	
	Total population	Including 15–17 year olds
Gonorrhoea	33.0	21.1
Syphilis	34.3	21.8
Chlamydiosis infection	78.1	22.28
Trichomoniasis	251.0	116.4
Urogenital mycoplasmosis	74.2	19.9

The alarming peculiarity of the epidemic situation in Ukraine is the spread of STI among youth. 15–17 year old adolescents should be specially noted as the most vulnerable group due to immanent high levels of sexual activity and lack of knowledge of safer sex. In 2006 444 cases of syphilis were registered: 21.8 per 100,000 population aged 15–17, including 145 cases (7.1 per 100,000) with an established diagnosis of early latent syphilis.

Within this age group the number of cases of syphilis among girls is three times higher than among boys (33.6 and 10.5 per 100,000 population of the respective age). It can be assumed that girls are infected by older men.

The number of registered cases of congenital syphilis in Ukraine is relatively low (about 30 cases annually in the last 6 years) and has a tendency to decrease (0.19 per 1000 live births in 1999, 0.05 cases in 2006).

There is a high level of other STI (gonorrhoea, chlamydiosis, trichomoniasis, etc.). In 2006 there were 15,434 officially registered cases of gonorrhoea (33.0 per 100,000 population) though this was 14.5% less than in 2005 (18,179 cases, or 38.6 per 100,000).

There were 430 cases of gonorrhoea registered among adolescents of 15–17 years of age (2.1 per 100,000 population of this age group). The rates of morbidity among young men and women (20.9 and 21.3 respectively) were practically the same.

The situation with chlamydiosis and trichomoniasis in Ukraine is somewhat different. Unlike in 2005, in 2006 there was an increase in the number of cases. There were 36,516 cases of chlamydiosis registered in Ukraine in 2006 (78.1 cases per 100,000 population) including 454 cases among adolescents (22.28 per 100,000 of this age group). There are 3.5 times more girls than boys suffering from this disease: 352 cases (35.4 per 100,000) and 102 cases (9.8 per 100,000) respectively. Trichomoniasis was diagnosed in 117,339 people in 2006 (251.0 per 100,000); 9.5% higher than in 2005. Among adolescents of 15–17 years of age there were 2371 cases of trichomoniasis registered (116.4 per 100,000 population of this age group).

The first case of HIV was registered in Ukraine in 1987. Since 1995 the country has held one of the leading positions in the region of Eastern Europe in terms of the spread of HIV/AIDS. The number of registered HIV cases is increasing each year. Thus, if in 2005 there were about 14,000 registered cases of HIV (13,786), in 2006 there were more than 16,000 (16,077), in the first half of 2007 8715 cases were registered and the number of people with a diagnosis of HIV as of 1 July 2007 was more than 76,000 people (76,772). The indicator of the spread equals 164.2 people per 100,000 population (on 1 January 2006, 144.3 per 100,000 population). More than 8119 HIV positive people are in the final stage of AIDS. The indicator of the increase of patients with AIDS is 17.4 per 100,000 population (13.4 per 100,000 on 1 January 2006).

The rapid development of the epidemic in Ukraine since the mid 1990s is connected with HIV reaching the community of intravenous drug users. For a long time parenteral transmission led the spread of HIV in Ukraine. But since 1997 the percentage of people infected during sexual intercourse has gradually increased, including the number of cases when none of the infected partners has experience of injection drug use. The growth of heterosexual HIV transmission leads to an increasing number of cases of HIV among women. If several years ago the percentage of men among people with an established HIV diagnosis was 80%, in 2006 it decreased to 58% and the percentage of women increased to 42% accordingly. The highest rate of HIV is among women of reproductive age. Accordingly the number of children born to HIV positive mothers increased from 196 to 2822.

The HIV epidemic is mainly concentrated among the urban population but the percentage of the rural population with a confirmed HIV diagnosis is gradually increasing. In 2006 79.5% of registered PLWH lived in cities and 20.5% in villages.

Official epidemic surveillance data include information only about people who were tested for HIV antibodies and are under clinic surveillance. The estimated number of people living with HIV in Ukraine has been calculated at 377,600 people at the end of 2005. The estimated level of HIV among the adult population was 1.46%.^X

Treatment accessibility for AIDS patients is gradually increasing. As of 1 April 2007, 5411 patients were receiving antiretroviral therapy, including 708 children. Treatment for the majority of patients (75%) was made possible thanks to procurement of ARV medications with Global Fund funding. The remaining medications are purchased at the expense of the state budget. All patients receive ARV therapy (ART) free of charge. According to expert estimates, almost half of the overall need for ART is being met. Considerable success has been achieved in prevention of HIV transmission from mother to child. The majority of those who need ARV prevention receive it.

Despite the formation over recent years of a positive demographic tendency, increased national efforts aimed at protecting reproductive and sexual health and increased accessibility of ART, the epidemic and demographic situation in the country remains of concern. Demographic processes are very inert and the rate of the HIV/AIDS epidemic continues to grow.

^X Звіт Міністерства охорони здоров'я про діяльність галузі у 2006 році/<http://www.moz.gov.ua/ua/main/docs/?docID=7600>

CHAPTER II. UNGASS Aims and Proposed Indicators

Aim 52 – Prevention

By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;

Indicator: Coverage, adequacy and effectiveness of preventive educational programmes for women and girls

One of the key directions of the national strategy for counteracting the HIV/AIDS epidemic is prevention. Prevention is included into the titles of recent national programmes and a system of preventive measures is integral to them. Special attention in the national programme is paid to educating different population categories in order to reduce the level of risky behaviour. Young people aged between 15 and 24 are categorised as a priority target group for prevention interventions; this group is not divided according to gender, in correspondence to legally established norms of gender equality.

Prevention methods among youth approved in government documents foresee the introduction of information-education programmes, interactive forms of knowledge transfer and formation of life skills for decreasing HIV vulnerability in educational and out-of-school institutions, enterprises and organizations, and increased access to the system of voluntary counselling and testing. Educational activities for individual categories of youth most affected by HIV risky behaviour, namely army conscripts and young people who are unemployed and not attending school, are included into the programme as a separate point.

The Ministries of Education; Family, Children and Youth; Health; Labour and Social Policy; Foreign Affairs; Defence; Interior; the State Security Service; State Penitentiary Department; State Committee for Television and Radio; State Committee on Religion; State Border Service Administration; National Council for Television and Radio; local authorities, and international and national NGOs have been established by the programme as responsible for implementing prevention activities among children and youth.

Despite the significant number of state institutions responsible for implementing educational activities among youth, these activities are mostly implemented by secondary and higher education institutions, social services for family, children and youth, and NGOs. In educational institutions information about HIV/AIDS is provided during main courses on health issues (2–4 academic hours a year) and individual formal events usually dedicated to World AIDS Day (1 December).

Centres for social services conduct their activities in after-school hours and are primarily oriented at minors or students. However, annual reports of the Ministry of Family, Youth and Sports of Ukraine include very high indicators for prevention activities coverage. According to these sources, in 2006 almost every young person aged 14–18 was informed by social workers

about HIV/AIDS, STI, and formation of healthy lifestyle values and safer behaviour skills (by means of lectures, discussions, debates, trainings, mobile counselling centres, social advertising, etc.). There is every likelihood that publication of such data is evidence not of results-based reporting but of a mostly formal, process and success-oriented approach to the prevention work of social services.

Despite the fact that most of the time adult women and men obtain information about HIV/AIDS from the mass media, namely TV (76%), newspapers (49%) and radio (32%),^{XI} there is still no national information policy for prevention of the epidemic in Ukraine. The National Council for Television and Radio and the State Committee for Information are able only to monitor the number and volume of information materials on HIV/AIDS on state national and local TV and radio channels, but usually have no resources for their production and broadcast. These governmental structures lack influence over commercial TV and radio channels that have a much bigger audience, especially among youth. One positive exception is the regular information campaigns organized by the Olena Franchuk Anti-AIDS Foundation (broadcast of social advertisements over several weeks on the highest-rated channels at prime-time). At the same time, these commercials are oriented at an adult audience of people leading an active sex life. The key slogans of recent information campaigns were “HIV/AIDS concerns everyone” and a call to use condoms during sexual intercourse. There have been no information campaigns in Ukraine in recent years aimed at promoting responsible sexual behaviour including abstinence, being faithful, family values and a delayed beginning of sexual life in adolescents.

Public and charitable organizations with the support of international donors provide some input into HIV/AIDS-related information work among youth. The majority of booklets, flyers and posters distributed in medical, educational and social institutions have been published thanks to their initiative and support.

A somewhat objective indicator of the effectiveness of information work among the population of Ukraine and particularly among girls and women is data from national sociological surveys. According to survey results, girls aged 15–18, older girls, and men and women of reproductive age are well informed about the ways of HIV transmission (more than 90%). But the integrated indicator of knowledge that includes understanding the higher risk of HIV infection through joint use of injecting equipment, instruments and materials for preparation of drugs, unprotected sexual intercourse, from mother to child including via breast milk, and via non-sterile instruments for tattooing, equals only 12%. A significant proportion of the adult population (55%) is sure that they are at highest risk of contracting HIV during surgery.^{XII} Double thinking and irrational assessment of existent and non-existent risks of HIV transmission are widespread. This means that a high level of knowledge of the main ways of transmission does not guarantee that this knowledge leads to personal awareness, adequate personal risk assessment or intention to change behaviour.

Indicator: Accessibility of male and female condoms in health care institutions, schools and associations

^{XI} Базове соціологічне дослідження з питань ВІЛ/СНІД і туберкульозу проведене АЦ «Соціоконсалтинг» на замовлення МОЗ України у 2005–2006 рр. Вибірка – національна, репрезентативна для населення України віком 18 – 70 років. Обсяг вибірки – 2000 респондентів. Помилка репрезентативності не перевищує 2%.

^{XII} Там само.

Distribution of free condoms for youth or separately for women and girls has not been planned by any national programme implemented in Ukraine. Condoms are not distributed in health care institutions, schools or other educational establishments.

Indicator: Easy access to condoms and enough knowledge of use, including young people

From time to time free condoms are distributed by AIDS-service and youth NGOs during mass educational events (parties, concerts, seminars, etc.). However such events are not regular occurrences but are usually held once or twice annually, mostly in big cities. Over the last few years the number of events has decreased. Small towns and villages are usually excluded by event organizers.

At present only NGOs implementing harm reduction programmes among members of high risk groups, namely IDU, CSW, MSM or people living with HIV/AIDS have the means to procure and distribute condoms and lubricants. This is in line with the strategy of international aid to Ukraine in the field of HIV/AIDS.

One positive factor is accurate knowledge among youth about the protective qualities of condoms in terms of the HIV/AIDS/STI epidemics. The majority of young people agree with the statement that “Risk of HIV transmission can be decreased through use of condoms during sexual contact”, in particular this is known by 76% of 15–17 year old and 86% of 18–24 year old respondents.^{XIII} A considerable share of young people usually feel no psychological barriers to buying condoms. The major limitations on regular use of condoms are: not enough awareness among youth of the risk of contracting HIV/STI personally; lack of skills for discussing the necessity of condom use with partners, and economic reasons.

Male condoms can be easily purchased in retail outlets (kiosks, supermarkets, etc.) and in all pharmacies. However the minimum price of a package of quality male condoms (made of latex, 3 pcs.) is almost \$1.5. This price is too high for a significant number of young people (a college student’s stipend is about \$30 per month). Female condoms are sold in a few pharmacies and cost about \$5.

Indicator: Accessibility of diagnostic and treatment of STI on the lowest levels of medical care

Diagnosis and treatment of sexually transmitted infections is provided as part of secondary health care in Ukraine. There is a developed network of specialized dermatological and venereal disease clinics responsible for provision of medical help to this group of patients. Recently, with the increase of paid services in the health care system, paid services for diagnosis and treatment of some STI are being provided by private medical establishments. This development has both positive and negative consequences for the country. On one hand, access to quality services has expanded (although this does not always mean qualified treatment), such as better clinic in-patient conditions, modern medical equipment, higher quality medications, and more thorough care. On the other hand, the choice of private clinics by patients is determined primarily by their

^{XIII} Дослідження громадської думки молоді проведено АЦ «Соціоконсалтинг» на замовлення ДІПСМ у 2006 р. Вибірка – національна, репрезентативна для населення України віком 14 – 35 років. Обсяг вибірки – 1500 респондентів. Помилка репрезентативності не перевищує 2,3%.

wish for confidentiality, since stigmatization of this group of patients is perceptible and there is little trust in state institutions due to disregard for medical ethics and an undeveloped legal culture. Private medical establishments can guarantee anonymity. The positive moment therefore is a relatively wide choice of paid medical services for diagnosis and treatment of STI.

The accessibility of treatment for all patients without exception, as declared by legal acts and normative documents, is limited by the following factors:

Territory: there are no specialized establishments for primary health care in the countryside and in small towns. Additionally, patients try to avoid disclosure in small town district hospitals, which leads to under-detection or late diagnosis. This is proved by Ukrainian AIDS Centre epidemic surveillance data. The prevalence of syphilis in the countryside in the majority of Ukrainian regions equals or exceeds this indicator for the urban population, equalling 33.2 and 34.9 per 100,000 population respectively. For comparison: in previous years the correlation was the reverse: 52.3 and 41.3 per 100,000 urban and rural population.^{XIV} Significant changes in the indicators and proportion in general can be explained by the fact that STI cases are registered by state medical establishments, and control over medical institutions providing paid services is weak. That is to say, members of the urban population have more opportunities for anonymous treatment (in private clinics or in agreement with physicians from venereal diseases clinics) or even confine themselves to self-treatment. This conclusion has been drawn by epidemiologists after analysis of gonorrhoea morbidity and based on the accessibility of antibiotics and other self-treatment by patients.

Financial: budget funding allocated for support of medical establishments does not secure provision of medical care even on a minimum level. Lack of funding may lead to doctors' prescriptions being followed only partially, which may result in chronic infection that contributes to the further spread of STI among the population.

Age: the rise of STI among youth^{XV} is sadly indicative of a lack of safe sexual behaviour skills, earlier onset of sexual relations, lack of awareness in this group of the possible symptoms of sexually transmitted diseases and a lack of youth friendly medical services that would encourage young people to seek diagnosis, treatment and prevention examinations rather than put them off as is more often the case.

Stable gender stereotypes: women who seek medical help suffer from strong social stigma since public opinion is mostly forgiving of men who change sexual partners and blames women. The presence of STI indirectly hints at disorderly sexual relations. Patients belonging to the MSM group suffer from double stigma, and it is especially problematic for them to receive proper counselling and timely, high quality medical care.^{XVI}

Measures included in the national programme on reproductive health for 2001–2005, for which the state allocated 218 million Hryvnas, resulted in a decrease of syphilis and gonorrhoea morbidity among adults. However, establishment of a network of 500 centres for family planning and proposed voluntary examinations before marriage requires first of all provision of free barrier contraception methods, as well as expansion of prevention institutions for younger people, including counselling and information. So far these measures have not been supported financially and therefore not been implemented.

^{XIV} Український центр профілактики та боротьби зі СНІД. Результати епідемічного надзора за ВІЧ-інфекцією і інфекціями передаваними половим путем. Аналітичний отчет 2006 года. К., 2007.

^{XV} Репродуктивне та статеве здоров'я підлітків в Україні (ситуаційний аналіз). – ФНООН, МОЗ України, Українська Асоціація планування сім'ї, К., 2004. – С.

^{XVI} Дослідження "Проблеми дискримінації в Україні: правова експертиза і соціальний аналіз" проведено АЦ «Соціоконсалтинг» на замовлення ВБФ «Коаліція ВІЛ-сервісних організацій», 2006 р.

The state programme “Reproductive Health of the Nation for the period till 2015” separately lists tasks aimed at decreasing the level of sexually transmitted infections by 30%. However, comparing the base level of syphilis morbidity in the programme (50 per 100,000) and that planned for 2015 (35 per 100,000) ^{XVII} with official statistical data it is difficult to believe in the preparedness of MoH to implement decisive, efficient action regarding the STI epidemic: according to Ukrainian AIDS Centre data the level of this STI in 2006 was already 34.3 per 100,000 population. ^{XVIII}

Indicator: State system of control of STI spread

There is a state system of epidemic surveillance of the spread of sexually transmitted infections. The official registration system is formed on the basis of official reports of the number of new cases of syphilis, clamidiosis, gonorrhoea and other STI. Reporting of such cases (first of all syphilis and gonorrhoea) should be submitted by treatment institutions of all specializations and forms of ownership to the organizational-methodical departments of regional and Crimean republican dermatological-venereal dispensaries. The main agency for processing obtained data is the Medical Statistics Administration of the Ministry of Health of Ukraine which prepares an annual statistical report.

After a more than 30-fold increase in syphilis morbidity over a decade (from the mid 1980s to the mid 1990s) the last eight years have seen a decrease in registered syphilis cases. However, on the basis of HIV and STI epidemic surveillance data, epidemiologists recognize that the existing system of data collection and analysis does not reflect the real scale of the epidemic. This is determined by both the medical and non-medical specifics of this group of diseases. Apart from routine epidemic surveillance the Ukrainian AIDS Centre occasionally conducts sentinel surveillance (in separate regions of the country) with financial support from the GF. The increasing share of early latent syphilis in general morbidity in this nosology (by 20.8%) and increasing levels of congenital syphilis (0.05 per 100 newborns) indicate that the data are unreliable and there is hidden spread of STI. The latter indicator is an indirect marker of hidden or missed cases. One more confirmation is a discrepancy in the correlation between the prevalence of syphilis and gonorrhoea. If in 1990 the correlation between registered cases of syphilis and gonorrhoea was 1:12.2, in 2006 the level of gonorrhoea was lower than the indicator for syphilis (only 0.96 cases of gonorrhoea per one patient with syphilis, in some regions the number reached 0.43).^{XIX}

The causes of obtaining data that do not completely reflect STI prevalence are determined by a number of substantial faults in the existing system of epidemic surveillance. Under-registration of cases is determined by ‘shadow’ or anonymous treatment (as mentioned earlier), as well as by unsatisfactory registration of clamidiosis, trichomoniasis and genital herpes by establishments that do not specialize in venereal diseases. State reporting does not reflect data from research results (if conducted) on prevalence of gonorrhoea, syphilis and other STI among the population and especially in risk groups, and therefore cannot serve as a basis for further

XVII Державна програма «Репродуктивне здоров’я нації до 2015 р.». Затверджена Постановою Кабінету Міністрів України від 27 грудня 2006 р.. №1849.

XVIII Український центр профілактики та боротьби зі СНІД. Результати епідемічного надзора за ВІЧ-інфекцією і інфекціями передаючимися половим путем. Аналітичний отчет 2006 года. К., 2007.

XIX Там само.

decisions. Fully-fledged screening and monitoring research of STI and their connection with specifics of behaviour has not been conducted in Ukraine.

The inclusion of behavioural research in high risk groups and among youth into the system of epidemic surveillance is only now being planned. The goal of such research is to obtain information about potential behavioural factors that determine the spread of HIV in society and create effective strategies for education and monitoring and evaluation of the effectiveness of prevention programmes. Behavioural research among high risk groups (CSW, IDU, prison inmates, MSM) in Ukraine has been conducted since 1996, funded by international donors, but unfortunately has little influence on decision making at state and regional levels.

Aim 53 – Prevention

By 2005, ensure that at least 90%, and by 2010 at least 95% of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health care providers;

Indicator: Coverage, adequacy and effectiveness of the programmes on sexual health for youth

Education on protection of reproductive and sexual health, promotion of a healthy lifestyle, responsible parenthood and safe motherhood, informing the population about responsible attitudes towards personal health care, and prevention of HIV and other sexually transmitted diseases are established as priorities of the national programme for provision of HIV prevention, support and treatment for HIV positive and AIDS patients for 2004–2008 and of the state programme “Reproductive Health of the Nation for the period till 2015”. Special emphasis is placed on the necessity for primary HIV/STI prevention among young people aged 15–24, formation of healthy lifestyle skills and safe behaviour, and strengthening the prevention component of medical services in order to protect the reproductive health of all target groups. The Ministry of Education and Science, Ministry of Family, Youth and Sports, and Ministry of Defence report annually on successful implementation of these activities.

Sociological research indicates the significant extent of HIV/AIDS information in society. In 2005 67% of students of secondary, vocational and higher educational institutions of the I-IV levels of accreditation were covered by prevention programmes.^{XX} Some employers are implementing information-education measures at the workplace. People outside full-time employment or education have fewer possibilities to obtain information. Almost a quarter of such people are youth. The mass media, booklets and flyers distributed by NGOs and centres of social services for family, children and youth, and visual aids in medical institutions (mostly posters) remain the main source of information for this group.

Despite the mostly passive character of information transfer concerning HIV/AIDS in Ukraine, the general level of knowledge among youth is quite high. Only 1% of Ukrainian citizens aged 15–24 have never heard of HIV/AIDS, 64% consider their knowledge of the epidemic

^{XX} Національний звіт з виконання рішень Декларації про відданість справі боротьби з ВІЛ/СНІДом. Звітний період: січень 2003 р. – грудень 2005 р. / Міжнародний Альянс з ВІЛ/СНІД в Україні, 2006 р. – С.22.

sufficient.^{XXI} The majority of young people know about sexual transmission of HIV and 79% agree that HIV can be avoided under the condition of sexual contacts with only one, faithful, non-HIV positive partner; 83% know about condoms as a means of HIV prevention. Gradually the level of knowledge among youth about sexual HIV transmission and how the infection is not transmitted is improving. This indicator, calculated on the basis of five simple questions according to UNAIDS methodology, was 34.5% for youth aged 15–24 in 2007, which is almost 20% higher than in 2004.^{XXII} At the same time, faulty conceptions of HIV transmission in everyday life and as a respiratory infection remain widespread, and there is a lack of knowledge about institutions providing VCT, development of AIDS, opportunities to receive ARV therapy, and centres providing counselling on medical issues concerning HIV/STI.

The lack of safe behaviour skills and low level of sexual culture among youth are serious problems. The tendency towards an earlier onset of sexual life remains. According to sociological data approximately 5% of 15–24 year olds started their sexual life before the age of 15, among young men this indicator equals 7%, among young women 3%;^{XXIII} every fourth respondent who had relations with a casual sexual partner did not use a condom during most recent sexual intercourse.^{XXIV} However, according to the evidence presented by medical and social workers, the share of young men and women engaging in risky sexual behaviour is much higher, as shown by high STI morbidity rates among youth and an increase in the number of early pregnancies.

Against the background of saturated media space, young people still have not formulated a demand for information on HIV prevention or protection of reproductive and sexual health. This is a consequence of a too high self-appraisal of HIV/AIDS/STI knowledge among youth, an irresponsible attitude towards health, a lack of understanding of the scale and seriousness of the epidemic and the prevalence of hyper-sexuality, pornography, sexual violence, etc. in the mass media (Internet, majority of TV channels, print mass media).

One substantial barrier to young people obtaining prevention services is lack of skills for discussing HIV-risky behaviour between parents and children. Despite understanding the seriousness of the problems of drug addiction, early start of sexual life and the possibility of contracting STI, many mothers and even more fathers are unable to persuasively and sincerely explain the possible risks and ways of protection. Therefore parents often avoid open discussion of these issues with their children or mistakenly choose inappropriate content and emotional tone for such conversations.^{XXV} Programmes to form skills among parents are sporadic and practically non-existent, and therefore have scarcely any influence.

The other informal but significant barrier preventing youth from seeking HIV/STI-related counselling from specialists, particularly medical workers, is psychological. First of all potential patients doubt the confidentiality of the contents of their conversation, established diagnosis,

XXI Дослідження громадської думки молоді проведено АЦ «Соціоконсалтинг» на замовлення ДІПСМ у 2006 р. Вибірка – національна, репрезентативна для населення України віком 14 – 35 років. Обсяг вибірки – 1500 респондентів. Помилка репрезентативності не перевищує 2,3%.

XXII Опитування серед молоді проведено Державним інститутом розвитку сім'ї та молоді у травні-серпні 2007 р. Вибірка – національна, репрезентативна для населення України віком 15 – 35 років. Обсяг вибірки – 1858 респондентів. Помилка репрезентативності не перевищує 2,3%. Національний звіт з виконання рішень Декларації про відданість справі боротьби з ВІЛ/СНІДом. Звітний період: січень 2003 р. – грудень 2005 р. / Міжнародний Альянс з ВІЛ/СНІД в Україні, 2006 р. – С.31.

XXIII Опитування серед молоді проведено Державним інститутом розвитку сім'ї та молоді у травні-серпні 2007 р.

XXIV Дослідження громадської думки молоді проведено АЦ «Соціоконсалтинг» на замовлення ДІПСМ у 2006 р.

XXV Базове соціологічне дослідження з питань ВІЛ/СНІД і туберкульозу проведено АЦ «Соціоконсалтинг» на замовлення МОЗ України у 2005-2006 рр.

<http://www.moz.gov.ua/ua/main/interact/worldbank/?CID=48>

etc. from doctors. Minors in particular have qualms concerning disclosure of information and personal data in their town/village and to their parents.

Indicator: Access to post-exposure prophylaxis after unprotected sexual contacts

The guidelines for post-exposure prophylaxis (PEP) for health care professionals were established by Order of MoH no. 120 in 2000. In December 2003 “Clinical protocol on antiretroviral therapy for HIV infection for adults and adolescents” came into effect in Ukraine. One of its chapters concerns post-exposure prophylaxis. This document establishes the order of prescription and provision of post-exposure prophylaxis for patients who were placed at risk of contracting HIV.

Treatment with ARV medications can be prescribed after unprotected sexual contacts, e.g. rape, if a patient applied for help to a medical institution within two days after such contact. Today all regional AIDS centres have necessary stocks of medications for post-exposure prophylaxis. However, the majority of citizens of Ukraine, unlike medical professionals, are unaware of this opportunity and therefore either do not apply for such help or apply too late. Gradually the situation in some regions is improving.

In 2006 post-exposure prophylaxis was provided to 855 people, of which 589 were at the expense of the state budget and 266 at the expense of the Global Fund grant. ^{XXVI}

During the summer vacation period in 2007 the AIDS centre of the Autonomous Republic (AR) of Crimea initiated an information campaign on the accessibility of PEP, aimed at tourists and the local population. It resulted in an increasing number of people applying to the AIDS centre.

Aim 54 – Prevention

By 2005, reduce the proportion of infants infected with HIV by 20%, and by 50% by 2010, by ensuring that 80% of pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to them, increasing the availability of and providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;

Indicator: Coverage, quality and level of services for HIV positive pregnant women

According to MoH data the prevalence of HIV among pregnant women who kept the pregnancy is 0.513%.^{XXVII} There is double medical surveillance of HIV positive pregnant women in Ukraine. The initial level of medical care for HIV positive pregnant woman is at antenatal clinics, local polyclinics, and maternity hospitals. In these institutions women receive

^{XXVI} Щербінська А.М. Огляд епідемії ВІЛ-інфекції/СНІДу в Україні. Матеріали презентації від 6-8 червня 2007 р. , м. Алушта.

^{XXVII} Національний звіт з виконання рішень Декларації про відданість справі боротьби з ВІЛ/СНІДом. Звітний період: січень 2003 р. – грудень 2005 р. – Київ, 2006. – с. 24

the services of specialists concerning pregnancy. The secondary level of medical surveillance is examination of HIV positive pregnant women by AIDS centre specialists where women receive medical services related to their HIV status.

The issue of mother to child transmission of HIV during pregnancy, including access to voluntary counselling and testing for HIV, provision of measures for prevention of mother to child transmission of HIV as well as introduction of modern methods of HIV diagnosis in children born to HIV positive mothers (PCR diagnostics, etc.) are included as a separate clause in the national programme ^{XXVIII} and foresee allocation of funding from national and local budgets.

In accordance with the Order of MoH of Ukraine ^{XXIX} during pregnancy all future mothers are offered an HIV test. The test should be taken twice: at the beginning of the pregnancy and at the beginning of the third trimester, and is included in the standards of care for pregnant women. Before the HIV test, women should receive counselling. Voluntary counselling and testing (VCT) is provided on the informed consent of the pregnant woman in the antenatal clinic where she is registered. If a pregnant woman did not attend an antenatal clinic and went into labour with unidentified HIV status, she is tested for HIV at the maternity hospital with a rapid test. If this cannot be performed for some reason, then in accordance with effective law, blood from the umbilical cord is tested for HIV. In 2006 95.1% of pregnant women were tested for HIV. ^{XXX}

In case of a positive test result, women should receive post-test counselling on prevention of mother to child transmission, ARV medications, the necessity for artificial feeding, safe childbirth, etc. If the result is negative post-test counselling on prevention of HIV should be conducted.

All HIV positive pregnant women are offered a medical course of prevention of mother to child transmission. If HIV positive pregnant women need ARV treatment this is prescribed.

According to sociological data, ^{XXXI} almost all women receive counselling services on family planning at antenatal clinics. However, some HIV positive pregnant women (16 out of 40) complained of pressure from medical workers who persuaded them to have an abortion; six were advised to be sterilized to avoid pregnancies in the future.

Despite the fact that the majority of female PLWH were satisfied with the services received at antenatal clinics and maternity hospitals, ^{XXXII} some of them suffered stigma and discrimination from the medical staff at these institutions. Mainly this consisted of:

- derogatory remarks and statements, including that they became HIV positive because of their amoral behaviour;
- unmotivated refusal to provide medical help;
- avoiding contacts with female PLWH;
- isolation of female PLWH from other patients in separate rooms;

^{XXVIII} Національна програма забезпечення профілактики ВІЛ-інфекції, допомоги та лікування ВІЛ-інфікованих і хворих на СНІД на 2004-2008 роки.

^{XXIX} Наказ МОЗ № 488 від 7.12.2001 „Про затвердження та впровадження програми „Попередження передачі ВІЛ від матері до дитини на 2001-2003 роки”.

^{XXX} Жилка Н.Я. Розвиток програми профілактики передачі ВІЛ від матері до дитини та місце консультування і добровільного тестування вагітних на ВІЛ в Україні. Матеріали презентації від 22 листопада 2007 р. , м. Київ.

^{XXXI} Доступ ВІЛ-позитивних жінок до якісних послуг з охорони репродуктивного здоров'я та материнства. Балакірева О. М., Енн Екман (Анне Ескман), Левцун О.Г. та ін. – К., Видавництво Раєвського, 2004. – 112 с.

^{XXXII} Там само

- attempts to limit reproductive rights due to pregnancy, insistent proposals to terminate pregnancy. XXXIII

A significant number of HIV positive pregnant women have received care and support services – 908 women between 1 October 2006 and 30 September 2007. XXXIV Mainly these activities are conducted with financial support from the GF by AIDS-service non-government organizations including regional branches of the All-Ukrainian Network of PLWH. This support is also provided to women by state centres of social services for family, children and youth.

A USAID pilot project to prevent HIV positive mothers from abandoning their newborn children, “Mama+”, was implemented in 2005–2007 in Ukraine in cooperation with centres of social services for family, children and youth, the Ministry for Youth, Family and Sports and the All-Ukrainian Network of PLWH. Work with HIV positive mothers (psychological counselling, counselling from social workers, etc.) was conducted directly at maternity hospitals and special centres for mothers and children where women stay in the 7–9th months of pregnancy and after childbirth. More than 600 women received support from project staff.

Also thanks to the International HIV/AIDS Alliance in Ukraine and the project organized by Program for Advanced Technologies in Health (PATH), new AIDS-service organizations have been set up and additional services for PLWH introduced, including for HIV positive women. For example, Mykolaiv Charitable fund “Unitus” with support from the SUNRISE project is working with antenatal clinics and publishes and distributes the newspaper *Mother and Child* in medical institutions. Public organizations “Vertical” (Kyiv) and “Alternative” (Odessa) are conducting classes for HIV positive pregnant women. XXXV

Some antenatal clinics in big cities employ psychologists. However psychosocial support services are practically inaccessible in small towns and rural areas. According to sociological data, XXXVI before childbirth social workers provided services for 20% of interviewed HIV positive women, and for 38% after childbirth. Counselling on artificial feeding was provided for 55% of HIV positive mothers.

Recently international donors have funded publication of information materials and methodological literature on HIV/AIDS for different categories of the population, including pregnant women; however these women say they still feel a lack of information on HIV/AIDS and mother to child transmission.

Indicator: Quality of counselling during testing for HIV in antenatal clinics

The voluntariness of HIV counselling and testing is guaranteed by Ukrainian law. XXXVII However, interviews with pregnant women indicate that in most cases they are not aware of their patients’ rights. According to sociological data, XXXVIII in more than half of all cases

XXXIII Дослідження «Проблеми дискримінації в Україні: правова експертиза і соціальний аналіз» проведено Аналітичним центром «Соціоконсалтинг» на замовлення ВБФ «Коаліція ВІЛ-сервісних організацій», 2006 р.

XXXIV Поточна звітність ВБО „Всеукраїнська мережа ЛЖВ” за звітний період 1.10.2006 – 30.09.2007

XXXV Річний звіт МБФ „Міжнародний Альянс з ВІЛ/СНІД в Україні”, 2006 р.

XXXVI Соціологічне дослідження „Вивчення потреб дітей, народжених ВІЛ-позитивними батьками”, виконане Аналітичним центром „Соціоконсалтинг” на замовлення Міністерства України у справах сім’ї, молоді та спорту за технічної та фінансової підтримки Ф’ючерс Групп Інтернешнл, у 2007 р.

XXXVII Наказ МОЗ № 488 від 7.12.2001 „Про затвердження та впровадження програми „Попередження передачі ВІЛ від матері до дитини на 2001-2003 роки”.

XXXVIII Доступ ВІЛ-позитивних жінок до якісних послуг з охорони репродуктивного здоров’я та материнства. Балакірева О. М., Енн Екман (Anne Eckman), Левцун О.Г. та ін. – К., Видавництво Раєвського, 2004. – с. 29.

medical workers do not inform pregnant women that they have the right to refuse an HIV test. Therefore women have the impression that testing is obligatory.

Not all pregnant women are provided with counselling before taking an HIV test. Only a quarter of those interviewed confirmed that they received this service. At the same time medical workers indicate that pre-test counselling is offered to all pregnant women in their medical institutions.^{XXXIX} Such discrepancy between the answers of patients and medical professionals can be explained on one hand by low quality counselling or its absence (e.g. when a medical worker only receives the consent of a woman for testing), and on the other hand by a woman not understanding that a conversation with a medical worker about testing can constitute counselling.

All women who indicated that they received pre-test counselling evaluated it positively. In their opinion the attitude of the medical worker towards them during counselling was polite, women felt moral support and received detailed information about HIV/AIDS. According to medical workers they mostly discussed the nature of HIV and the specifics of HIV transmission from mother to child. A little less attention was paid to the issues of HIV prevention and the consequences of risky behaviour.

In most cases women receive information about their HIV positive status from a doctor. However, some pregnant women complain of breaches of confidentiality during notification about test results; in some cases the test result is delivered over the phone to relatives or husband/partner, and sometimes the test result is discussed in the presence of other people. A separate problem is substantial delay in delivering HIV test results to women. The main reasons for this are lack of organizational coordination, and unsatisfactory coordination between antenatal clinics and AIDS centres where laboratory analysis of blood samples is performed.

The majority of women who received a positive HIV test result receive post-test counselling. During counselling women are provided with information about a healthy lifestyle, STI prevention, protection of partners and prevention of mother to child transmission of HIV. Also issues concerning the rights and responsibilities of HIV positive citizens according to the current law of Ukraine are discussed. However, only 19 out of 40 women (about 50%) believe that during counselling they were provided with complete information; three women noted that there was practically no information, the rest indicated that it was provided incompletely.^{XL} Thus, a considerable share of women would like to receive more information concerning HIV/AIDS, including information about possible support especially from other HIV positive people.

Sometimes during counselling HIV positive women are provided with inadequate information that persuades them to terminate pregnancy. For example, half of the women (21 of 40) were informed of the very high cost of ARV prevention of mother to child transmission of HIV (this prophylaxis is provided in Ukraine free of charge). Also medical workers often inform women about the numerous side effects of ARV medications and their negative influence on the child's development although there is no proven evidence of this.

Post-test counselling for women whose test was negative is almost never provided by medical institutions although this counselling is foreseen by current law.^{XLI}

XXXIX Доступ ВІЛ-позитивних жінок до якісних послуг з охорони репродуктивного здоров'я та материнства. Балакірева О. М., Енн Екман (Аппе Ескман), Левцун О.Г. та ін. – К., Видавництво Раєвського, 2004. – с. 30.

XL Там само. - с. 36.

XLI Наказ МОЗ України від 19.08.2005р. № 415 «Про удосконалення добровільного консультування і тестування на ВІЛ-інфекцію»

Thus, the quality of counselling concerning HIV testing of pregnant women in Ukraine cannot be considered high. The reason for this is that the majority of medical personnel have not been trained in the basics of counselling and the principles of VCT. However, training of health care specialists in VCT skills has been started by a number of international organizations such as UNFPA, UNICEF and PATH in the framework of the SUNRISE project, “Determination of health care policy” funded by the US government, etc. For example, in the framework of a PATH pilot project “Improvement of access to and use of services on prevention of mother to child transmission for women in Ukraine” from July 2005 to September 2007 56 trainings on VCT were conducted for 1173 medical workers from antenatal clinics and maternity hospitals in south Ukraine.

At the time of the survey of women about the quality of VCT services in Ukraine, standards of counselling and HIV testing had not yet been approved. On 22 November 2005 the Ministry of Justice of Ukraine registered the Order of the MoH of Ukraine of 19 August 2005 no. 415 “On improvement of voluntary counselling and testing for HIV infection” which approves the protocol for voluntary counselling and testing for HIV with attachments and forms of primary reporting documentation for conducting pre- and post-test counselling.

Indicator: Access to adequate treatment for HIV positive women

Wide-scale introduction of antiretroviral therapy for patients with HIV/AIDS in Ukraine started in August 2004 in the framework of the International HIV/AIDS Alliance in Ukraine’s programme “Overcoming the HIV/AIDS epidemic in Ukraine” funded by the GF. Some medications are procured at the expense of the state budget. Patients are provided with ARV medications by AIDS centres. In 2006 4777 citizens of Ukraine were receiving ARV therapy, in 2007 their number increased to 7420.^{XLII} However, despite the expansion of ARV in the country, the percentage of patients with developed HIV infection who received ARV therapy in 2007 remained practically the same as in 2006. This can be explained by the fact that the rate of introduction of new patients to highly active ARV therapy (HAART) does not exceed the rate of growth of the number of patients with developed HIV infection who need HAART.

According to national data^{XLIII} only 41% of women who need HAART were covered by this treatment in 2005; this indicator is even lower for men (29%). The situation regarding ARV medications for HIV positive pregnant women for PMTCT is a little better. Medical prophylaxis of mother to child transmission of HIV is included in the comprehensive measures of the programme for prevention of HIV in newborn babies. Antiretroviral medications are provided with humanitarian aid funds. In 2000 and 2001 UNICEF provided Retrovir as humanitarian aid for HIV positive pregnant women. In 2000–2005 Boehringer Ingelheim implemented a programme of humanitarian donations of Nevirapin. From 2004 to 2007 ARV prevention of vertical transmission was funded by the Global Fund.

Thus, the percentage of HIV positive pregnant women who received a complete course of antiretroviral prophylaxis for decreasing the risk of HIV transmission from mother to child in 2004, according to MoH data, was 86.1%, and 93.4% in 2006.^{XLIV} From November 2004

^{XLII} Дані Державного Центру профілактики та боротьби зі СНІДом.

^{XLIII} Національний звіт з виконання рішень Декларації про відданість справі боротьби з ВІЛ/СНІДом. Звітний період: січень 2003 р. – грудень 2005 р. – Київ, 2006. – с. 25

^{XLIV} Жилка Н.Я. Розвиток програми профілактики передачі ВІЛ від матері до дитини та місце консультування і добровільного тестування вагітних на ВІЛ в Україні. Матеріали презентації від 22 листопада 2007 р., м. Київ.

to January 2006 2651 women received prophylaxis of vertical transmission procured by the International HIV/AIDS Alliance in Ukraine at the expense of the Global Fund; 1242 women took a course of medications from the 28th week of pregnancy, 1004 after the 28th week, and 405 women continued medication courses.^{XLV} In 2006 1836 pregnant women received ARV prophylaxis.^{XLVI} Pregnant women receive antiretroviral treatment and prophylaxis as well as other medical services only at state clinics. 100% provision of ARV medications for HIV positive pregnant women is impossible today since a certain proportion of women (mostly representatives of vulnerable groups) do not register at antenatal clinics and/or give birth outside health care institutions.

Today ARV monotherapy prevention is still used in Ukraine, which limits the efficiency of PMTCT. Because of this the rate of birth of HIV positive children still remains higher (15.8% according to UNGASS methodology^{XLVII} or 8.2% according MoH data in 2004, 7.1% in 2006^{XLVIII}) than in developed countries where HAART is used (< 1%). Therefore in 2007 the national protocol for prevention of mother to child transmission of HIV was revised and a clause about triple ARV schemes included.

The efficiency of ARV prevention depends to a certain extent on the timeliness of registration of pregnant women with antenatal clinics and initiation of ARV prevention. However a certain number of women register with antenatal clinics too late, when treatment for PMTCT is less effective.

In Ukraine in 2004 four schemes of medical prevention of vertical transmission of HIV using Retrovir, Nevirapin and rarely their combination were accepted and available:^{XLIX}

1. For pregnant women who applied before the 28th week of pregnancy, Retrovir (Zidovudin) is prescribed starting with the 28th week and till childbirth, and for the child after birth.

2. For pregnant women who applied after the 28th week of pregnancy, Retrovir (Zidovudin) is prescribed till childbirth, and for the child after birth.

3. If medical prophylaxis was not used during pregnancy, at the beginning of labour Nevirapin is prescribed, it is also prescribed to the child after birth.

4. In case the child was delivered outside a health care institution, Nevirapin in syrup form is prescribed at the age of 72 hours and Retrovir in syrup form every 12 hours for 4 weeks.

Caesarean section as one of the measures of preventing vertical transmission is recommended only when viral load is higher than 1000 copies. However, not all HIV positive pregnant women can be tested for viral load in Ukraine today. There is also a shortage of medical specialists who have been taught to perform 'dry' Caesarean section recommended for HIV positive pregnant women.

If ARV medications for prevention of mother to child transmission are currently available for almost all HIV positive pregnant women in Ukraine, the situation with drugs for prevention and treatment of opportunistic infections is much worse. State participation in provision of these medications for HIV positive women and their children is limited. Medications should be

XLV Звіт про стан виконання Національної програми забезпечення профілактики ВІЛ-інфекції, допомоги та лікування ВІЛ-інфікованих і хворих на СНІД на 2004-2008 роки за 2005 рік. Електронна версія: <http://www.moz.gov.ua/ua/main/?docID=5708>

XLVI Річний звіт МБФ „Міжнародний Альянс з ВІЛ/СНІД в Україні”, 2006 р.

XLVII Національний звіт з виконання рішень Декларації про відданість справі боротьби з ВІЛ/СНІДом. Звітний період: січень 2003 р. – грудень 2005 р. – Київ, 2006. – с. 37

XLVIII Жилка Н.Я. Розвиток програми профілактики передачі ВІЛ від матері до дитини та місце консультування і добровільного тестування вагітних на ВІЛ в Україні. Матеріали презентації від 22 листопада 2007 р. , м. Київ.

XLIX Там само.

procured with local budget funds, however, women often have to buy medications for prevention and treatment of opportunistic infections with their own money which, for most of them, is a significant financial burden. Often treatment is delayed due to the lack of necessary equipment in medical institutions and the shortage of specialists especially in small towns and villages.

Some specialists believe that lack of medications, equipment and staff in AIDS centres and other medical institutions is due to a discriminatory attitude in society towards PLWH. The 'hopelessness' of such patients in the view of representatives of state health care institutions sets a limit on funding of this field of medical care.

Indicator: Accessibility of necessary diagnostic materials

HIV testing of pregnant women is centralized. Usually test kits and rapid tests for HIV are procured with state budget funds for all regions of Ukraine in the amount necessary for testing pregnant women. The level of coverage of pregnant women by HIV testing fluctuated over the last few years between 95% and 98%.^L However, due to flaws in state tender procedures, recent irregularities in the supply of test kits have had a negative influence on the coverage of pregnant women by testing.

The situation with diagnostic materials for determining the immune status of PLWH is more difficult. Doctors testify that diagnostics are available only in regional AIDS centres in south and east Ukraine and in the capital. In other cities lack of test kits for viral load examination and CD4 cells count can be observed, there is also a shortage of ultrasound diagnostic equipment. ^{LI}

Equipment for three laboratories that will perform PCR tests to establish the HIV status of children born from HIV positive women was purchased in 2006 with Global Fund money. According to sociological data ^{LII} only a little over half (56%) of children born from HIV positive mothers have access to PCR diagnostics.

The MoH of Ukraine is finishing the project of the Order of MoH "On approval of the instruction for early diagnosis of HIV in children born from HIV infected mothers in Ukraine". Although early diagnosis can be provided for a significant number of children born from HIV positive mothers, according to current law a confirmed HIV status can be established only after the child is 18 months old.

Indicator: Coverage, adequacy and effectiveness of programmes for provision with baby foods

Provision of artificial milk formulas for babies born from HIV positive mothers is the responsibility of local budgets although from 2004 to 2007 they were procured at the expense of the Global Fund in the framework of the "Overcoming the HIV/AIDS epidemic in Ukraine" project. With humanitarian aid funds the International HIV/AIDS Alliance in Ukraine procured 168,760 packs of baby formula for children born from HIV positive mothers and distributed

^L Жилка Н.Я. Розвиток програми профілактики передачі ВІЛ від матері до дитини та місце консультування і добровільного тестування вагітних на ВІЛ в Україні. Матеріали презентації від 22 листопада 2007 р. , м. Київ.

^{LI} Соціологічне дослідження „Вивчення потреб дітей, народжених ВІЛ-позитивними батьками“, виконане Аналітичним центром „Соціоконсалтинг“ на замовлення Міністерства України у справах сім'ї, молоді та спорту за технічної та фінансової підтримки Ф'ючерс Групп Інтернешнл, у 2007 р.

^{LII} Там само.

them in the regions of Ukraine. As of 1 January 2006 the number of children who received baby food was 1239.^{LIII} At the same time the variety of those foods was limited to “Malyutka”, “Detolact” and “Detolact low lactose”. Such formulas did not suit all children and often caused deterioration of their health: allergies, digestive disorders, etc.

Last year funding provided by the Global Fund was decreased according to plan and, in accordance to evidence provided by experts, covered provision of baby formula only for children of up to three months old. Since the GF-supported project “Overcoming the HIV/AIDS epidemic in Ukraine” which included baby formula procurement is national, relevant government authorities were informed about the planned closure of the programme. But nothing was done to organize procurement with local budget funds, leading to a difficult situation in summer 2007 when baby formula for HIV positive children was not procured at the expense of local budgets. Under pressing conditions in September 2007 the International HIV/AIDS Alliance in Ukraine conducted a tender for procurement of baby formula which was delivered to the regions in October–December 2007.

According to sociological data,^{LIV} less than half (40%) of all children under one year old born from HIV positive mothers regularly receive baby formula at medical institutions. Another 2% of families are regularly provided with formula by public organizations. From time to time 29% of those interviewed receive baby formula. Every fifth child born from an HIV positive mother and in need of artificial feeding receives no baby food at all, 13% of parents buy formula with their own money and 7% are not able to buy it regularly. In general 11% of those interviewed complained of difficulties with feeding children during the first twelve months.

Thus, provision of artificial baby food for all HIV positive children who need it is mostly the responsibility of local budgets, which often due to lack of funding or poor management are not able to ensure its uninterrupted supply. According to experts, this issue has been resolved in some cities and baby food needed by each particular child is provided through children’s clinics. At the same time the situation with baby formula in other cities remains unsatisfactory. Parents are forced to buy baby food at their own expense or receive it irregularly from public organizations, for example the All-Ukrainian Network of PLWH.

Aim 59 – Human rights

By 2005, bearing in mind the context and character of the epidemic and that, globally, women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that promote the advancement of women and women’s full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;

LIII Звіт про стан виконання Національної програми забезпечення профілактики ВІЛ-інфекції, допомоги та лікування ВІЛ-інфікованих і хворих на СНІД на 2004-2008 роки за 2005 рік.

Електронна версія: <http://www.moz.gov.ua/ua/main/?docID=5708>

LIV Соціологічне дослідження „Вивчення потреб дітей, народжених ВІЛ-позитивними батьками”, виконане Аналітичним центром „Соціоконсалтинг” на замовлення Міністерства України у справах сім’ї, молоді та спорту за технічної та фінансової підтримки Ф’ючерс Групп Інтернешнл, у 2007 р.

Indicator: Policies on the rights of women are linked with national HIV/AIDS programmes

Ukrainian policy and law in general supports effective action against HIV and takes into account aspects of gender. The government has ratified all major international documents on human rights, including the Convention on Liquidation of all Forms of Discrimination Against Women, the Convention on the Political Rights of Women, the Convention on the Rights of Children and the Convention against Transnational Organized Crime. As well as constitutional guarantees of equal rights of men and women, and additional legal, financial and moral protection of women with children,^{LV} in 2006 a law “On ensuring equal rights and possibilities for women and men” became valid. A Declaration of the general basis of state Ukrainian policy on family and women and the Concept of state family policy and Family Code of Ukraine were approved. All these documents guarantee equal rights for women and men in all areas of life.

The labour laws of Ukraine are progressive in the context of gender and HIV. They are adequate for a country with a concentrated epidemic such as Ukraine. The effective legal base is a good foundation for implementing anti-discriminatory workplace policy by employers. The law of Ukraine does not demand obligatory screening for HIV. Article 25 of the Labour code of Ukraine prohibits employers from demanding documents not foreseen by law, including personal information about state of health and HIV status for conclusion of work agreements. The labour code and other laws and legal acts do not demand obligatory HIV testing of employees or people applying for work. Therefore positive HIV status cannot be a reason for being refused work and cannot influence career or discharge from work.

Article 33 of the Constitution of Ukraine proclaims the equality of women and men including labour rights, career and remuneration, as well as foreseeing special measures for protection of women’s labour and health. These issues are included in the Labour Code of Ukraine in more detail, and are based on the main principles of the ILO on gender equality.

At the same time the Government of Ukraine has declared its concern about the social and economic problems faced by women in Ukraine, and its desire to secure real gender parity in society. This is confirmed by approval of a number of government decisions; first of all, the state programme for strengthening gender equality in Ukrainian society for the period till 2010.^{LVI} This recognizes the presence of discrimination and inequality based on a person’s gender in Ukraine. The main body of the programme states that women account for only 8.5% of the members of legislative bodies, there are only three women among heads of regional state administrations, only 2% of positions in big industrial business are held by women and 20% among owners of medium and small businesses. Women’s wages are almost a third smaller than men’s, there are significantly more unemployed women than men, and according to forecasts women’s pensions in 20–30 years will be only 40–45% of those of men. In reality women work 4–6 hours longer than men. Domestic work is not considered productive. At the same time, men’s problems are becoming more aggravated in Ukraine. Male unemployment is growing at a faster rate than female. Men retire five years later than women although their life expectancy is 12 years shorter. Diseases like tuberculosis, alcohol and drug addiction and suicide dominate mostly among the male population. The problem of the protection of male

^{LV} Конституція України. Глава II, стаття 24. Київ, 1996 рік.

^{LVI} Державна програма з утвердження гендерної рівності в українському суспільстві на період до 2010 року. Затверджено Постановою Кабінету Міністрів України від 27 грудня 2006 р. №1834.

reproductive health is acute. LVII

The state programme includes measures to tackle these problems and ensure equal opportunities for men and women in employment, career, training and retraining, business activities, and combined work and family responsibilities. However, these measures are mostly oriented at general educational, cultural or research activities, and the remainder are of a purely declarative nature. The programme lacks concrete mechanisms for overcoming factual inequality in the most important areas: politics; business and labour relations, and the necessity to overcome gender stereotypes on the division of roles in the family, while the problem of the mutual responsibility of both men and women for safe sexual relations in terms of the HIV/AIDS/STI epidemics is not raised. Serious obstacles to programme implementation are uncertainty regarding its financing and a lack of qualitative indicators that are expected to be reached during implementation.

Each of the governing branches – President, Parliament of Ukraine, Cabinet of Ministers of Ukraine – has separate structures (committees, administrations, departments) whose priority tasks are social protection of family and children, overcoming the feminization of poverty, protection of girls' and women's health, etc. But representatives of these structures have yet to make any public acknowledgment of the connection between gender stereotypes and the spread of HIV/AIDS, or of discrimination against men and women with HIV.

The Ministry of Family, Youth and Sports of Ukraine should play a leading role in implementing the programme for strengthening gender equality at national and regional levels. In addition to development of national gender-related programmes, and measures for prevention of HIV/AIDS among youth, minors, intravenous drug users, and other populations vulnerable to HIV, this institution tries to coordinate the activities of other ministries and administrations aimed at increasing women's role in society and implementing gender equality, supports the development of scientific research and facilitates the involvement of women's NGO representatives into the formation of gender policy. However, the influence of the Ministry of Family, Youth and Sports is mostly consultative only, and depends to a great extent on personal political and business relations between the heads of particular ministries and administrations.

The Ministry of Family, Youth and Sports has extremely limited resources for supporting initiatives from women's or men's public organizations. Certain priorities have been formed in the activities of the ministry itself, namely the particularly urgent women's problems of trafficking and violence against women. Harmful gender norms in the context of the HIV epidemic and promotion of joint male and female responsibility for reproductive and sexual health yield significantly to these priorities.

None of the governing branches have developed a gender expertise mechanism for assessing media products and influencing the private mass media, which enjoys much higher ratings among radio and TV audiences than state mass media. However, the majority of commercial TV and radio channels have a media policy that is aggressively discriminatory towards women. The mass media often broadcasts TV commercials and soap operas that:

- promote stereotypical images of women (housewives who do the laundry, cook, wash the dishes, look after the children) and men (businessmen, politicians who come home to rest);
- show naked women's bodies, including teenage girls, with sexual implications;
- impose stereotypes of a successful man's lifestyle: a hyper-sexual 'macho' who prefers risky modes of behaviour, drinks and smokes.

LVII Державна програма з утвердження гендерної рівності в українському суспільстві на період до 2010 року. Затверджено Постановою Кабінету Міністрів України від 27 грудня 2006 р. №1834.

Every Ukrainian Internet user constantly comes into contact with banners advertising porn sites, sex services, etc., access to which is simple even for underage users.

There are still no measures for formation of a gender culture among mass media representatives.

Thus, despite the favourable conditions for gender equality provided by Ukrainian laws and policy, many factors hinder overcoming established gender stereotypes in practice, which in turn limits protection of women and men from HIV/AIDS/STI.

Aim 60 – Human rights

By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender-sensitive framework;

Indicator: Coverage, adequacy and effectiveness of the programmes of informal education aimed at promotion of gender equality with attention to aspects of masculinity, heterophobia and misogyny

Over the last few years the Ministry of Education and Ministry of Family, Youth and Sports have cooperated closely in promoting gender equality in the education system with many international organizations, particularly: UNICEF, UNAIDS, UNDP, representation of the European Commission, the International HIV/AIDS Alliance in Ukraine, the British Council, etc. With the initiative and support of these organizations a gender approach is gradually being implemented in the education system. In some prestigious universities of the 4th level of accreditation, for example Kyiv-Mohyla Academy, humanities students are offered educational courses on gender, for example Women's Studies, Feminist Text Analysis, Gender Studies, etc. Students majoring in Psychology study issues of gender identity, and future social workers the gender specifics of social work in prevention of HIV, drug use and implementation of harm reduction programmes among HIV vulnerable groups.

The best education programmes by Ukrainian authors have been selected on a competitive basis for inclusion into the *Anthology of Educational Programmes on Issues of Gender Development*.^{LVIII} The publication of this volume, which includes programmes on gender psychology and pedagogics, gender issues in law, economics, social security, medicine and other issues, will assist in providing higher education institutions with materials on gender studies. Prevention of HIV/AIDS is represented in chapters covering courses in "Gender Problems in Health Care" and "Sex and Sexuality: a Psychological and Pedagogical Point of View".

Several models of healthy lifestyle formation with an integrated gender component are being implemented in secondary educational institutions: by means of including valeology in many courses; through the system of extra curricular education, and by introduction of the separate subjects "Basics of Health" and "Basics of Safety of Vital Activities". Comparative analysis of educational programmes and methodological biology textbooks and courses indicates that they do provide

^{LVIII} Хрестоматія навчальних програм з проблем гендерного розвитку. – К, 2004 р. – 258 с.

students with an opportunity to master knowledge necessary for prevention of HIV. But the gender component is weak in all educational programmes and receives insufficient attention. Textbook content and design for some other subjects often includes gender stereotypes, for example, on the division of the roles of women and men in the family and society. Often educational literature minimizes the input of women into the historical, political and scientific development of Ukraine.

Several years ago an educational course on gender was licensed in the Ministry of Education system. Although this course has been taught for several years in the Institute of Postgraduate Education, the majority of college lecturers and secondary school teachers, including biologists, valeologists, etc., are not properly trained on gender issues and do not clearly understand its content and meaning. Aspects of masculinity, heterophobia and homophobia are the most difficult for teachers. Discussion of these issues in Ukraine is unpopular and as a rule is initiated by relevant non-governmental organizations.

A number of public LGBT organizations are currently registered and active in the country, including “Women’s Network” information-education centre, “Our World” information and human rights centre for gays and lesbians, “League” association of gays, lesbians and bisexuals, and “Chas zhittya+”. Lesbian initiative groups have been set up in Kyiv, Lviv, Odessa, Kharkiv and other cities. The mission of these NGOs is to assist in the protection of the legal rights of women and ensure real gender balance, form a tolerant social attitude towards lesbians and MSM, and implement prevention measures in the context of HIV/AIDS. These tasks are achieved through active educational and advocacy activities, mass cultural and health promotion events, support groups, etc.

The main obstacles to expanding the activities of LGBT organizations are lack of funding (NGO initiatives are supported only by international NGOs in the form of small grants) and the prejudiced attitude of society towards homosexual relations. The latter is manifested not only in everyday life but also in the gender-insensitive policy of the mass media and in tactless or discriminatory opinions expressed by politicians, officials, decision-makers or those with significant influence on public opinion, particularly religious leaders. The Council of Churches is the main opponent of a legislative initiative to prohibit discrimination based on sexual orientation in the workplace. Representatives of charismatic churches, whose popularity has recently increased, actively promote hostility towards people who engage in homosexual relations. Calls by charismatic churches on their congregations not to use condoms or other means of contraception, not to take ARV medications if a person is HIV positive and rely only on God, are also harmful in terms of the fight against HIV/AIDS.

These socio-cultural factors have an influence on the behaviour of young women, limiting their referrals for services for protection of sexual and reproductive health. The majority of young women do not apply for relevant medical services in case of need, in the first place because of financial restraints, but also due to inadequate knowledge and understanding of the importance of the problems they face, or for fear of stigma and discrimination from medical professionals or their social surroundings.

Indicator: Coverage, adequacy and effectiveness of prevention programmes for young women

Medical and social support of young women is the priority of national (2001–2005) and state (2006–2015) programmes on reproductive health.^{LIX} Centres for family planning and

reproduction have been opened in all oblasts, AR of Crimea, and the cities of Kyiv and Sevastopol. There are more than 500 such centres today. As a rule they are based at antenatal clinics and funded from state and local budgets; counselling on prevention of HIV/STI and protection of sexual and reproductive health is provided free of charge. Useful printed materials (booklets and leaflets with prevention information) are also available at these institutions. Unfortunately, family planning centre specialists usually begin their work with a delay, when young people are already married and not when they began their relationship.

Sanitary-educational activities for young people are also included into the list of responsibilities of family doctors and a number of other specialists (gynaecologists, dermatological and venereal disease doctors). Usually they are conducted in the form of one-off lectures at educational institutions. Public organizations with support from international donors, for example UNFPA, US Agency for International Development, EU, etc, conduct such work in forms that are more attractive to the target audience (trainings, interactive theatre, competitions, summer camps). However, such activities are usually limited by the geography and time frame of the relevant project. The number of private specialized clinics is rapidly increasing. These also provide counselling services on the above-mentioned issues, at a usually accessible price.

Nevertheless, citizens of reproductive age are poorly informed about institutions where they can receive counselling and other services on these issues, and do not completely understand the advantages of prevention and protection of reproductive and sexual health. According to sociological data, during 2005 about 30% of women and men of 16–49 years of age would have liked to receive services on diagnosis and treatment of diseases of the urino-genital system and STI or counselling on reproductive health, almost half of those (13% of all interviewed) expressed the need for concrete diagnosis and treatment. Not more than 2% of women and 1% of men visited centres for reproductive health, family planning or other establishments providing counselling on issues of reproductive and sexual health.^{LX}

The issue of prevention of unwanted pregnancy and reproductive health services provision for those vulnerable to HIV and female PLWH remains problematic. Special prevention measures oriented at these categories of women, in particular provision of free contraceptives, are still not implemented.

Aim 61 – Human rights

By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

^{LIX} Наказ Міністерства охорони здоров'я України та Академії медичних наук України від 28.04.2001 р. №159/27 «Про затвердження плану реалізації заходів щодо забезпечення виконання Національної програми «репродуктивне здоров'я на 2001-2005 роки»; Державна програма «Репродуктивне здоров'я нації до 2015 р.» Затверджено Постановою Кабінету Міністрів України від 27 грудня 2006 р. №1849.

^{LX} Репродуктивне та статеве здоров'я чоловіків в Україні: соціологічний аналіз. – К., ФНООН, ДСССДМ. 2005, С.42, 28.

Indicator: Coverage, adequacy and effectiveness of special legal acts aimed at prevention, punishment and compensation of damages caused by violence against women

Analysis of the normative and legal base shows that approval of specific laws is a positive step towards implementation of an integrated, comprehensive approach to the fight against violence against women. Today in Ukraine there is good legal provision for prevention of violence against women, sentencing of perpetrators and compensation of damages to victims of violence. These conditions include regulations in the Ukrainian Constitution and a number of laws, regulatory acts and special programmes. These primarily are: Law of Ukraine “On prevention of domestic violence”; Law of Ukraine “On protection of childhood”; Family Code of Ukraine; Criminal Code of Ukraine, and Law of Ukraine “On amendments to the administrative code of Ukraine concerning responsibility for domestic violence or violation of restraining orders”.

The Ukrainian Criminal Code does not use the term ‘violence against women’ but the code’s regulations concerning verbal and physical offences establish responsibility for actions that characterize violence. Cases of violence in most cases fall into the category of trivial injuries that cause short term injury to health or insignificant loss of ability to work. In 2001 Parliament approved the Law of Ukraine “On prevention of domestic violence”. The Law provides definition of the term ‘domestic violence’ in general and its different types: physical, sexual, psychological, economic, and other related terminology. Although women are most frequently the victims of domestic violence the law does not include a related article on protection of the rights of women from violence in particular, it refers only to victims of violence.

However, female victims often do not take complaints about violence to law-enforcement agencies, and it is even rarer that the above-mentioned laws are used for their protection and compensation of damages. One serious obstacle to overcoming domestic violence is the lack of knowledge and understanding among women of their legal rights. Sociological data show a low level of legal knowledge of the problems of violence among the adult population. The majority of both victims and perpetrators of violence are unaware of the Law of Ukraine “On prevention of domestic violence”.^{LXI} The other problem is the complexity of the law’s application, due to the lack of efficient legal mechanisms for protection of female victims from men committing violence, including property and financial levers, and also due to lack of trust in the law, which a portion of the population believes protects only those who are able to pay. Established stereotypes like “It’s better to suffer but keep the family’s good name” or “Beating is a sign of love”, etc, have a significant influence on the passive behaviour of women.

There are several crisis centres for women victims of domestic violence in Ukraine, but the available assistance cannot be considered adequate or effective. Firstly, few victims are informed about the centres. Secondly, the mechanism of accepting women who have suffered from violence into centres is undeveloped as administrative problems (passport with registration, medical certificate) are often impossible to resolve. Thirdly, the centres are usually located in

^{LXI} Соціологічне дослідження “Соціально-економічні причини насильства в сім’ї в Україні: аналіз проблем та шляхи запобігання” проведене ДІПСМ у 2004 р. і включало інтерв’ю з експертами, які працюють з сім’ями: працівники ЦССМ, судді, які ведуть справи із шлюбно-сімейних проблем, психологи психологічних консультацій, дільничні інспектори міліції органів внутрішніх справ України, представники неурядових організацій, які працюють з жертвами насильства. Опитування проходило в Київській, Запорізькій, Луганській, Львівській, Житомирській областях, Автономній Республіці Крим та м. Києві. Опитано 350 експертів.

regional centres and are therefore inaccessible for most women from the countryside or small towns. Additionally, the term women can stay in these institutions is limited and mechanisms of further support (accommodation, employment, etc.) have not been developed.

Statistical data on violence against women is collected in Ukraine and aggregated by state statistics organs and departments of the Interior Ministry of Ukraine. But the statistics are imperfect and do not completely conform to the real number of committed violent acts against women; as only registered cases are recorded the real number of cases of violence is significantly (several times) higher. Often the reasons for non-registration are women's reluctance themselves to register cases (out of fear or stereotypical thinking) or because representatives of law enforcement agencies do not want to 'worsen the statistics' which they perceive as an indicator of their work's efficiency. Violence against women who provide sexual services for money is a special problem. There are known and documented cases of law enforcement agency representatives forcing commercial sex workers to provide militiamen with free sexual services as so-called 'subbotnik' or 'community work day', or to share their income with them. ^{LXII}

Violence against women, especially sexual violence, is therefore an important problem for Ukraine and requires the attention first of all of the state. Various projects aimed at informing society of the problem and providing help to victims are being implemented thanks to international organizations and funding, but a lack of communication between governmental and public organizations has resulted in absence of any mechanism of cooperation and coordination of activities.

Indicator: Coverage, adequacy and effectiveness of special actions aimed against sexual exploitation of girls

The sexual exploitation of women, including trafficking and forced prostitution, is a pressing problem for Ukraine. As a member of the Convention on Liquidation of all Forms of Discrimination Against Women, Ukraine has implemented and continues to implement a number of important measures for accomplishing the recommendations of the Committee for Prevention of Women Trafficking and Exploitation of Women for Prostitution. On a legislative level a number of relevant documents have been approved and serious steps taken to stop women trafficking and exploitation of women for prostitution. Ukraine was the third country in Europe to recognise on a legislative level human trafficking as a major crime and introduce criminal responsibility for this type of organized crime. To strengthen the fight against this kind of organized transnational crime, in March 1998 Parliament approved the Law "On amendments to certain legal acts of Ukraine", which added an article to the new Criminal Code of Ukraine foreseeing prosecution of human trafficking. Additionally, article 303 of the Criminal Code of Ukraine of 2001 "Prostitution or forcing into prostitution" is aimed at prevention of exploitation for prostitution by third persons. Ukraine has taken measures to overcome problems related to sexual exploitation and human trafficking. The main international

^{LXII} Діяльність громадських організацій по профілактиці ВІЛ/Сніду серед жінок секс-бізнесу: За результатами проекту «Створення мережі неурядових організацій, які працюють із жінками секс-бізнесу в Україні»/ О.Балакірева, Л.Андрущак, М.Варбан та ін. – К., Український ін-т соціальних досліджень, 2000. – С.60-65. Шлейфер Р. Риторика и риск. Нарушения прав человека затрудняют борьбу с ВИЧ/СПИДом в Украине. Исследование проведено Human Rights Watch в 2005 г. Ел. версія: <http://www.hrw.org/russian/reports/ukraine/2006/aids.html>

normative and legal acts related to prevention of human trafficking, particularly trafficking of women and children and exploitation for prostitution by third persons have been ratified. Special departments to fight prostitution, drug addiction and human trafficking have been set up and been successfully operating for several years within the structure of regional departments of the Ministry of Interior of Ukraine. The state programme to counteract human trafficking for the period till 2010 is being implemented and foresees the creation in 2007 of working expert groups in regional commissions to create information campaigns for prevention of human trafficking and coordinate efforts to fight it.

Aim 63 – Reducing vulnerability

By 2003, develop and/or strengthen strategies, policies and programmes which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good-quality, youth-friendly information and sexual health education and counselling services; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;

Indicator: Coverage, adequacy and effectiveness of integrated health care programmes for adolescents

At the end of last century and the beginning of the present, several educational programmes on healthy lifestyles aimed at 1–10 grade students and a course on “Prostitution or forcing into prostitution” for students in secondary educational institutions and their parents were developed and piloted in Ukraine. Proper attention in these programmes was paid to the issues of HIV/AIDS/STI. One example of such activities is implementation of the joint Ukrainian-Canadian project “Youth for Health!” in 1998–2004. Monitoring research has proved the positive influence of these programmes on students’ lifestyles. Limitations to the project form of these activities are the insignificant number of students covered by new programmes and optional attendance of classes for students due to their facultative status.

The public children’s fund “Health Through Education”, with financial support from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria since 2005 (previously funded from 2003 by the Ministry of Education and UNICEF) is implementing the project “School Against AIDS”. Its advantages include a change in teaching focus to formation of life skills in order to decrease students’ vulnerability to HIV. Project staff developed new educational-methodical and teaching materials, including separate textbooks for boys and girls, and hold annual trainings for teachers on methods of developing life skills.

However, till recently the majority of schools provided not more than one hour a year of the course “The Basics of Safety of Vital Activity” for 9–11 grade students to master knowledge about the risks of HIV/STI and drug use.

In 2006 the Ministry of Education introduced the obligatory integrated subject “Basics of Health” for 1–9 grades. Teaching programmes have been approved for 5–9 grades of secondary

educational institutions. Textbooks on this subject for 5–7 grade students have been developed and published. From the next school year the course will be introduced for 8th grade students, and a year after that to 9th grade. Several hours are allocated to students from all grades to learn topics related to HIV prevention. Main problems are a shortage of new textbooks at the beginning of each school year and a lack of interesting, convincing video and print materials that take into account the age, nationality and language of students.

Indicator: Coverage, adequacy and effectiveness of the activities on capacity building for teachers on issues of sexual and reproductive health

According to data from the Ministry of Education, regional postgraduate teacher training institutes have organized training of teacher-trainers for the programme “Educational policy and peer education for formation of healthy lifestyle skills in youth”. Lectures and practical valeology and prophylaxis classes on “Basics of Health”, “Basics of Valeology”, “Prevention of Drug and Alcohol Addiction and Smoking”, “Prevention of Sexually Transmitted Infections” are included in postgraduate courses for all categories of teachers. Programmes have been developed and special courses and seminars for teachers conducted on the following topics: “Psychological-pedagogical conditions of formation of respect for reproductive health in adolescents”, “Prevention of HIV/AIDS”, “Child’s rights to health”, etc.

According to a national survey of school directors,^{LXIII} 59% of secondary educational institutions have teachers specially trained in HIV/AIDS prevention for teenagers. There are more trained teachers in cities (68%) than in villages (43%). In institutions where there are such teachers, 59% of directors assess their level of training as high and 40% as average.

But according to the head of the project “School Against AIDS” only a small number of teachers teaching “Basics of Health” or “Basics of Safety of Vital Activity” know the methods of development of life skills in reality. Therefore, in the majority of secondary educational institutions classes on HIV/AIDS are usually conducted in a manner traditional to the Soviet educational system: passive listening by students, checking of knowledge in the form of an oral or written test. Interactive methods of teaching are very rarely used.

According to interviews conducted with directors, the main reasons preventing qualified teachers from working in educational institutions are lack of teaching hours (53%) and inadequate staffing tables or absence of vacancies (45%).^{LXIV} However, in our opinion the main reason lies in the very low material and social status of the profession of teacher in Ukraine. Due to limited budget funding, a teacher’s salary does not cover even minimum living requirements. Other effective social security mechanisms for budget-sphere workers do not exist. Therefore teachers have no stimulus for professional growth or interest in implementing really innovative approaches for teaching topics related to health and prevention of HIV/AIDS/STI. Typically the subject “Basics of Health” is taught by elderly and conservative biology teachers who feel uncomfortable talking about sexual relations and condom use, and lack the skills to teach topics related to protection of sexual and reproductive health.

^{LXIII} Аналітичний звіт «Оцінка рівня охоплення учнівської та студентської молоді профілактичними програмами» за підсумками дослідження, проведеного Київським міжнародним інститутом соціології спільно з Центром моніторингу превентивної освіти дітей та молоді Міністерства освіти та науки України на замовлення МБФ “Міжнародний Альянс з ВІЛ/СНІД в Україні”. – 2006 р. – С. 6.

^{LXIV} Там само – С.8.

Indicator: Coverage, adequacy and effectiveness of consultations on sexual and reproductive health in health care institutions

Consultations on sexual and reproductive health in Ukraine are provided at state medical institutions: family planning and reproduction centres and antenatal clinics for women over 18 or child gynaecologists at paediatric clinics for younger girls. The network of private clinics providing paid counselling and other medical services related to sexual and reproductive health is rapidly growing. Usually personnel working in state and private medical institutions include paediatric gynaecologists who are not trained in counselling skills and specifics of work with underage children. Therefore the up to 90% increase of youth friendly clinic (YFC) services planned in outpatient clinics by 2015 is very important. ^{LXV}

In particular in 2007 these services are planned to cover not less than 10% of young people. This point of the programme is implemented jointly by the Ministry of Health and UNICEF in 9 out of 27 regions of Ukraine: the cities of Kyiv and Sevastopol, Donetsk, Odessa, Poltava, Chernihiv, Lviv, Zaporizhya and Khmelnytsky regions. Conceptually, a youth friendly clinic is an institution that takes into account the legal, financial, organizational and psychological obstacles preventing young, including underage patients, from receiving necessary services on HIV/STI and reproductive health issues. According to information materials distributed by MoH and UNICEF these clinics offer comprehensive medical, psychological and social help on issues of health protection tailored to teens, including doctors' consultation, diagnosis and treatment of STI. All consultations are provided confidentially, free, and in a friendly manner without obligatory parental agreement.

In the framework of this project Analytical Center "Socioconsulting" conducted pilot research on the accessibility and quality of services currently provided by youth friendly clinics. ^{LXVI} From the results of young respondents' visits to YFC the conclusion can be drawn that the principles of confidentiality, anonymity and absence of fees for counselling and a minimum range of medical services are followed in all visited clinics. However:

- The number of working YFC is much lower than was planned by MoH and UNICEF, and the level of coverage of minors and young people by services is minimal. For example, there is only one youth friendly clinic working in Kyiv.

- Information about youth friendly clinics and their services is practically absent. The activities and location of YFC are not advertised in schools, colleges, polyclinics and other places actively visited by young people, nor on TV and radio. Some general information about clinics can be found on the Internet but only if a person is at least approximately familiar with the specifics of the work of YFC. All this minimizes the number of potential patients.

- The work schedule of YFC specialists is not well adapted to young people's lives (exclusively weekday business hours).

- YFC doctors see patients only by preliminary appointment. Despite the fact that at the time of the interviewer's visit there were no other patients in the clinic, none of the specialists agreed to see a young person for counselling. Instead another day and time was appointed. This mode of work may turn some HIV/STI-vulnerable youth away from further cooperation with clinic specialists.

^{LXV} Державна програма «Репродуктивне здоров'я нації» на період до 2015 року.

^{LXVI} В ході дослідження проведено 8 візитів молодих інтерв'юерів АЦ «Соціоконсалтинг» у КДМ. Візити відбувались під виглядом звернення юнаків і дівчат віком 16-25 років по медичну і консультативну допомогу. Для цього були спеціально підготовлені «легенди», план запитань «пацієнта» лікарю, методика фіксації спостережень під час візиту. Дослідження проведено у листопаді 2007 р. у м. Київ, Одеса, Львів.

- According to YFC regulations children and young people up to 35 can apply to clinics. However monitoring visits showed that clinic specialists provide services only for young people under 21 as well as for crisis families and commercial sex workers who were officially referred to the clinic by social workers. If a young person does not identify him or herself within those categories, YFC services will not be provided.

- Not all YFC follow the principle of gender accessibility (opportunity to choose a doctor according to gender). Lack of visible information about clinic doctors (name, specialization) prevents realization of this principle. Interviewers had to apply for help to clinic staff. During visits to clinics in Kyiv and Odessa interviewers could not independently choose a doctor or a consultant; without their wishes being consulted they were simply referred to a particular specialist.

- Only one clinic in Odessa provided counselling on possible infection with STI and HIV/AIDS during risky behaviour and on methods of contraception. In other YFC during conversations with clients specialists scarcely raised these issues at all.

- At the request of visitors, during the visit specialists provided information about other medical institutions providing services on HIV/STI and sexual health. In particular, at the Kyiv YFC the doctor said where exactly clients can be tested for HIV free of charge. But the specialist did not provide pre-test counselling. At the Lviv YFC clients were referred only to district clinic doctors on the premises of which the YFC was located.

- Free condoms were absent in all YFC visited by interviewers.

Therefore, there is a deficit of quality counselling services on sexual and reproductive health in Ukraine. For the majority of young people access to services remains limited and requires financial and organizational assistance from parents.

Aim 64 – Harm reduction

By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug-using behaviour, livelihood, institutional location, disrupted social structures and population movements, forced or otherwise;

Indicator: Coverage and effectiveness of cooperation of the government with regional and international partners for strengthening of specific programmes and activities on protection of sexual and reproductive health of vulnerable women

The principle of equal opportunities for citizens to access medical services independent of their level of vulnerability lies at the basis of the public health system. Therefore, there are no legal limitations on protection of sexual and reproductive health for representatives of sex business, IDU, imprisoned women, etc. In practice, existing limitations lie first of all in the administrative-financial field (e.g.: a fee is charged for services that should be provided free). To this should be added such factors as stigmatization of representatives of vulnerable groups

in medical institutions and in society in general, lack of access to a whole range of necessary services in some 'low priority' regions (e.g.: absence of diagnostic equipment for CD4, viral load tests, etc.) as well as the questionable quality of STI diagnosis performed at district polyclinics.

In regard to vulnerable groups, state and NGO efforts are mainly oriented at prevention work among IDU. There are between 325,000 and 425,000 IDU in the country but there is no exact data on the relative proportion of women among them.^{LXVII} Harm reduction programmes including needle exchange and distribution of condoms, booklets and leaflets have been active for several years already. Implementation of substitution therapy programmes has been started in seven regions of Ukraine. However, all programmes are implemented without considering the gender differences of target group representatives.

Prevention activities among imprisoned women (whose number as of 1 January 2007 was 7597 people^{LXVIII}) are implemented both by the State Penitentiary Department and by public organizations. However, according to sociological data,^{LXIX} coverage of representatives of this vulnerable group by such programmes including harm reduction is insignificant. Medical and social workers in the penitentiary system in most cases limit their activity to passive information work – a billboard or poster on prison territory in the medical post or dormitory. Primary counselling is provided to inmates in jail. An important addition to prevention work is measures implemented by NGOs with financial support from international donors. First of all these include more active information work (distribution of booklets, brochures, flyers, individual counselling, etc.). Thus, information about HIV/AIDS and STI was obtained in prisons by a significant percentage of women – 72%, including 42% who received a booklet/brochure on these issues and 14% who had individual counselling on HIV/AIDS and STI. In total 48% of convicted women were covered by active forms of information, which is 14% higher than the number for men.^{LXX}

Some NGOs also provide inmates with items to assist HIV prevention (condoms, disinfectants, individual shaving razors). However such measures are not available in all prisons. The accessibility of HIV prevention measures is lower in female prisons than in male: 6% of convicted women have never received condoms, 90% disinfectants, 84% shaving razors, while in male prisons these numbers are 84%, 84% and 77% respectively.^{LXXI}

According to a Department Order all women in prisons are tested for STI. In case they test positive they receive relevant treatment.

Provision of ARV medications for HIV positive convicted women is regulated by joint Order of the State Penitentiary Department and the Ministry of Health of Ukraine no. 186/607 of 15 November 2005.^{LXXII} According to this Order Ukrainian or regional (city) AIDS centres

LXVII Оцінка чисельності груп підвищеного ризику інфікування ВІЛ в Україні/Балакірева О. М. (гол.ред.), Гусак Л.М., Довбах Г.В., Лавренов О.О., Паніотто В.І., Петренко Т.В., Погоріла Н.Б., Салюк Т.О., Синяк С.В., Хуткий Д.О., Шамота Т.С. – Київ: МБФ „Міжнародний Альянс з ВІЛ/СНІД в Україні”, 2006. – с. 11

LXVIII Права людини в Україні – 2006. Доповідь правозахисних організацій. / За ред. Є.Захарова, І. Рапп, В. Яв орського. / Українська Гельсінська спілка з прав людини, Харківська правозахисна група. – Харків: Права людини, 2007. – с.460

LXIX Дослідження «Моніторинг поінформованості та поведінки засуджених як компонент епідагляду за ВІЛ другого покоління», профінансоване МБФ «Міжнародний Альянс з ВІЛ/СНІД в Україні», в рамках реалізації програми «Подолання епідемії ВІЛ/СНІД в Україні», підтриманої Глобальним Фондом для боротьби зі СНІДом, туберкульозом та малярією, було проведено ГО Аналітичний центр «Соціоконсалтинг» в 2007 р. у 5 регіонах України. Загальна кількість опитаних – 1234 респонденти.

LXX Там само.

LXXI Там само.

LXXII Спільний наказ Державного Департаменту України з питань виконання покарань та Міністерства Охорони Здоров'я України № 186/607 від 15.11.2005 „Про організацію антиретровірусної терапії хворих на ВІЛ-інфекцію/СНІД осіб, які тримаються в установах виконання покарань та слідчих ізоляторах.” Зареєстровано в Міністерстві юстиції України 22.11.2005 р. за №1409/11689.

should transfer ARV medications to the health care establishments of the state penitentiary system following requests calculated for six months of treatment in accordance with prescribed regimens. However in practice, due to lack of funding and organizational disagreements, only those who started treatment before imprisonment continue receiving ARV medications.

One more vulnerable group that needs to be covered by prevention programmes is representatives of commercial sex work. Today their estimated number in Ukraine according to different methods of calculation is between 84,400 and 250,300 people.^{LXXIII} However, this category of women falls out of prevention measures implemented by state structures. On one hand criminal responsibility for work in sex business was recently abolished which to a certain extent simplifies the access of women working in the sex industry to services related to reproductive and sexual health. At the same time sex work is not legalized in Ukraine, which means women involved in these activities cannot count on special state measures for prevention, diagnosis and treatment of STI/HIV that would take into account the specifics of their work.

However, the scope of prevention programmes for representatives of commercial sex is quite significant and continues to grow thanks to the efforts of non-government organizations, the Global Fund and other international donors. For example, during 2004–2005 in the framework of the projects “Overcoming the HIV/AIDS epidemic in Ukraine” and “Scaling Up the National Response to HIV/AIDS through Information and Services (SUNRISE)” 8157 women working in commercial sex were covered by prevention measures,^{LXXIV} and 15,459^{LXXV} (or about 13% of their estimated number)^{LXXVI} in 2006. According to data from the International HIV/AIDS Alliance in Ukraine the aggregated number of CSW covered by prevention as of 1 October 2007 was 19,233 people.^{LXXVII} If in 2004 according to sociological data^{LXXVIII} 40% of women in sex business knew about public organizations providing services for CSW and 27% turned to them for help, in 2007 monitoring of CSW behaviour shows^{LXXIX} that these numbers have significantly increased: 60% of interviewed sex workers applied to public organizations. Of them 77% received information materials on HIV/AIDS in the last 12 months (only 32% in 2004^{LXXX}) and 74% on STI, 71% received condoms free of charge, and 39% peer services. 77% of those interviewed were completely satisfied with obtained services, and 20% partially.

^{LXXIII} Оцінка чисельності груп підвищеного ризику інфікування ВІЛ в Україні/Балакірева О. М. (гол.ред.), Гусак Л.М., Довбах Г.В., Лавренов О.О., Паніотто В.І., Петренко Т.В., Погоріла Н.Б., Салюк Т.О., Синяк С.В., Хуткий Д.О., Шамота Т.С. – Київ: МБФ „Міжнародний Альянс з ВІЛ/СНІД в Україні”, 2006. – с. 11.

^{LXXIV} Новий рік: підбиваємо підсумки й плануємо майбутнє. Головні досягнення року у протидії епідемії ВІЛ/СНІД в Україні. Прес-реліз МБФ „Міжнародний Альянс з ВІЛ/СНІД в Україні”, 2005 р.
Електронна версія: http://www.aidsalliance.kiev.ua/ru/library/press-releases/pdf/dec2005_ukr.pdf.

^{LXXV} Річний звіт МБФ „Міжнародний Альянс з ВІЛ/СНІД в Україні”, 2006 р. – с. 4.

^{LXXVI} МБФ „Міжнародний Альянс з ВІЛ/СНІД в Україні”. Итоги 2006 года. Електронна версія:
<http://www.aidsalliance.kiev.ua/cgi-bin/index.cgi?url=/ru/about/inbrief/index.htm>

^{LXXVII} Звіт Міжнародного Альянсу з ВІЛ/СНІД в Україні щодо виконання програм за підтримки Глобального Фонду для боротьби зі СНІДом, туберкульозом та малярією від 3.12.2007 р. Електронна версія: <http://network.org.ua/joomla/images/pdf/zystich/ukr/AU.pdf>

^{LXXVIII} Національні показники щодо профілактики ВІЛ/СНІД серед уразливих груп, молоді, дорослого населення та на робочих місцях. Матеріали презентації на Першій національній конференції „Розбудова національної системи моніторингу та оцінки заходів протидії епідемії з ВІЛ/СНІД в Україні” від 20-22 вересня 2005 р.
Електронна версія: <http://www.aidsalliance.kiev.ua/ru/gfund/monitoringandevaluation/balakireva.ppt#1>

^{LXXIX} Дослідження «Моніторинг поведінки жінок, які надають сексуальні послуги за плату», профінансоване Ф'ючерс Групп Інтернешнл, проект USAID/Визначення політики з питань здоров'я та МБФ «Міжнародний Альянс з ВІЛ/СНІД в Україні» в рамках реалізації програми «Подолання епідемії ВІЛ/СНІД в Україні, підтриманої Глобальним Фондом для боротьби зі СНІДом, туберкульозом та малярією» при безпосередній підтримці державних установ та громадських організацій в областях України, які працюють з групами ризику, було проведено у 2007 р. Українським інститутом соціальних досліджень імені Олександра Яременка в 10-ти областях України, АР Крим та м. Києві. Загальна кількість опитаних – 1602 респонденти.

Not only the number of CSW covered by services but also the list of provided services has grown. Representatives of the commercial sex industry now have access to rapid HIV testing, community centre services and counselling from specialists. According to HIV and STI epidemiological surveillance,^{LXXXI} the level of HIV prevalence among CSW in 2006 decreased in all cities where surveillance was conducted (with the exception of Poltava) in comparison with previous years. This proves the success of prevention work performed among this vulnerable group by public organizations. The exception is work with CSW who use intravenous drugs. On one hand these women are also covered by harm reduction programmes in the framework of which they receive substitution therapy, syringes, condoms, information services, etc., and therefore should be more knowledgeable about HIV than CSW who do not use drugs. However, during 2006 in some regional centres (Kherson, Poltava) the number of cases of infection among them significantly increased^{LXXXII} in comparison with previous years despite measures implemented by public organizations. The main reason for this is that this group of CSW is at double risk of HIV. Additionally, according to experts and CSW themselves,^{LXXXIII} there are certain obstacles to clients obtaining services, such as the absence of relevant services in neighbourhoods where representatives of this vulnerable group live, detention of CSW and IDU at service provision sites by militia, fear of disclosure of their involvement in sex business and drug use among representatives of vulnerable groups, absence of information about services, etc.

Thus, prevention activities aimed at CSW are mostly limited to information about HIV/AIDS, distribution of condoms and assistance in accessing VCT. Diagnosis and treatment of STI (except HIV) is not usually included in the list of services provided by NGOs working with this vulnerable category. Therefore, the accessibility of STI diagnosis and treatment depends primarily on women's ability to pay.

Aim 65 – Orphans

By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

LXXX Національні показники щодо профілактики ВІЛ/СНІД серед уразливих груп, молоді, дорослого населення та на робочих місцях. Матеріали презентації на Першій національній конференції „Розбудова національної системи моніторингу та оцінки заходів протидії епідемії з ВІЛ/СНІД в Україні” від 20-22 вересня 2005 р.

Електронна версія: <http://www.aidsalliance.kiev.ua/ru/gfund/monitoringandevaluation/balakireva.ppt#1>

LXXXI Український центр профілактики та боротьби зі СНІД. Результати епідемічного надзора за ВІЧ-інфекцією і інфекціями передаваними половим путем. Аналитический отчет 2006 года. К., 2007. – с.25-26.

LXXXII Там само.

LXXXIII Операционное исследование «Оценка охвата ПИН и ЖКС программами снижения вреда». Подготовлено «СО-ЦИС-ЦСПД» по заказу МБФ «Международный Альянс по ВІЧ/СПИД в Украине», Киев, 2006.

Електронна версія: http://www.aidsalliance.kiev.ua/ru/library/research/pdf/Operational_Research_Report_2006.pdf

Indicator: Coverage, adequacy and effectiveness of specific programmes for support of orphans, HIV positive children and children who were affected by the epidemic

In recent years HIV positive children and children with HIV positive parents are becoming orphaned more frequently. Scientists forecast that by 2014 the number of children who are orphaned because their parents had AIDS will reach 105,100 (optimistic scenario) or 169,300 (pessimistic scenario).^{LXXXIV} A significant proportion of mothers (about 11%), after finding out about their child's diagnosis, abandon them in maternity hospitals. Social services and public organizations with programmatic support from international NGOs (Doctors of the World – USA, “Family for a child”, etc.) are making great efforts to prevent abandonment of children born from HIV positive mothers. In particular, in the framework of the project “MAMA+” Doctors of the World – USA in cooperation with the All-Ukrainian Network of PLWH has piloted an infrastructure for provision of long-term support for HIV positive mothers and their families from especially vulnerable groups, helping more than 200 children born from HIV positive mothers to stay in their biological families and a further nine children to return to their biological families.

However, according to expert forecasts, the problem of abandoned HIV positive newborns will become less urgent. This is conditioned by inclusion into current law of an article on provision of state financial family support equalling 22.6 times the minimum wage^{LXXXV} (approximately \$1500 in 2005). It is expected that such a substantial sum will persuade asocial mothers not to abandon their children in maternity hospitals, since the mechanism of socially stimulating birth rate growth foresees measures for preventing social orphanhood, namely: in accordance with a decision of the Cabinet of Ministers of Ukraine, payment of financial support is terminated if the recipient refuses to raise the child.^{LXXXVI} According to the above-mentioned document, provision of aid is also terminated if funds are improperly used by the recipient or conditions for the child's proper upbringing and upkeep are not met. However, in reality this does not guarantee proper fulfilment of parental responsibilities by asocial women. Besides, the problem of abandoning HIV positive children may become acute later on when all major state family support payments will have been made (when the baby is 18–24 months old). Therefore an important factor in preventing the abandonment of children who are older than 18–24 months and stimulating asocial mothers to properly care for their children is work with mothers by social services for family, children and youth and non-government organizations, including monitoring, education and care components.

Practice shows that Ukraine has taken the first steps in adoption of children with a positive HIV diagnosis. There are currently six known cases where such children have been adopted by Ukrainian citizens. The placement of HIV positive children in foster families has begun. State social services for family, children and youth in cooperation with Holt International which is implementing the programme “Family for a child” in Ukraine has developed a programme to prepare prospective adoptive parents and foster parents to bring up HIV positive children. In

LXXXIV Соціально-економічні наслідки епідемії ВІЛ-інфекції/СНІД в Україні/ Міжнародний Альянс з ВІЛ/СНІД в Україні, Світовий Банк, – с.15.

LXXV Постанова Кабінету Міністрів України від 21.04.2005 р.№315 „Деякі питання призначення і виплати допомоги сім'ям з дітьми”.

LXXXVI Постанова Кабінету Міністрів України від 21.04.2005 р.№315 „Деякі питання призначення і виплати допомоги сім'ям з дітьми”.

December 2007 20 regional trainers took part in the first training using this programme.

Taking into consideration the specifics of this topic, particularly the significant medical issues, the training team consisted of representatives from the regional centre of social services for family, children and youth and the regional AIDS centre. Representatives of the All-Ukrainian Network of PLWH were also involved especially in those regions where day care centres for HIV positive children have been set up.

Qualified social and medical assistance has been organized for adoptive families. For example, a Donetsk charitable organization is providing social support to adoptive families raising HIV positive children, directing its work towards social adaptation of children who, before placement into families, lived in state orphanages. In 2008 the Ministry of Family, Youth and Sports of Ukraine started an experiment in Cherkassy region on placing HIV positive orphan children into family forms of upbringing.

The remainder of orphans and children left without parental care are in orphanages and family type children's homes on full government support. The total number of HIV positive orphan children in Ukraine as of the beginning of 2006 was 481, or 8.5% of all HIV positive children under clinical surveillance in AIDS centres. 376 children were in state care, including 258 in Ministry of Health orphanages (163 are still awaiting confirmation of their HIV status), 85 in Ministry of Education orphanages, 27 in boarding schools, 18 in hospital infectious diseases wards and 7 in shelters, while 87 children (18% of all HIV positive orphan children) were in the care of their biological relatives (grandmothers, aunts, etc.).^{LXXXVII} Control over the quality of life and upbringing of orphan children is carried out by guardianship and wardship institutions, centres of social services for family, children and youth, or other specially authorized bodies. Article 25 of the Law of Ukraine "On protection of childhood" establishes that children left without parental guardianship due to parent's death, deprivation of parental rights, illness or other reasons have the right to special protection from the state. The state guarantees these children material support, but its amount does not meet even their minimum needs.

The practice of placement of HIV positive children into institutions varies. Orphanages which are recognized as 'specialized' for care of HIV positive children have experience in working with such children since 1996–1997. However in recent years, due to advocacy aimed at reducing stigma and a significant increase in the number of HIV positive orphan children, the demand for their equal access to orphanage institutions is more frequently met. Therefore, the number of orphanages where children with a diagnosis of HIV are raised together with other children is increasing. At the same time there are still cases where institutions refuse to take HIV positive children and try to refer them to other orphanages. The management of such institutions justify their attitude with the claim that HIV positive children should be grouped as children with special needs, and refer to normative documents^{LXXXVIII} which require revision since they contain elements of stigma and discrimination towards HIV positive children. Thus, in most cases referral to these documents serves to hide the discriminatory position taken by the management of these institutions.

LXXXVII Звіт по проекту „Оцінка сучасного стану перебування ВІЛ-інфікованих дітей, позбавлених батьківської опіки, в Україні”. Підготовлено ГО „Дитинство без СНІДу” під керівництвом С.В. Комар у рамках дослідження „Оцінка доглянутості та потенціальні можливості усиновлення ВІЛ-інфікованих дітей, позбавлених батьківської опіки, в Україні”, проведене у 2006 р. за підтримкою МБФ „Міжнародний Альянс з ВІЛ/СНІД в Україні” в рамках реалізації програми „Подолання епідемії ВІЛ/СНІД в Україні”, підтриманої Глобальним Фондом для боротьби зі СНІДом, туберкульозом та малярією.

Електронна версія: http://www.aidsalliance.kiev.ua/ru/library/research/pdf/deck_review_children.pdf

LXXXVIII Наказ МОЗ України № 488 від 29.11. 2002.

According to the testimonials of specialists working in orphanages, there are no differences in provision and organization for HIV positive and other children. HIV positive children are provided with clothes and footwear. They also receive additional nutrition, although state funding for this is often insufficient. In some institutions nutrition is provided by public organizations and sometimes by AIDS centres. LXXIX

Institution medical specialists monitor the children's health; HIV positive orphans are also monitored by AIDS centres. One of the main problems related to medical care for these children reported by orphanage medical personnel and social workers is refusal or difficulties with access of HIV positive orphans to general medical institutions (polyclinics, hospitals) for surgery or dental care, etc.

Children living with HIV, in accordance with article 17 of the Law of Ukraine "On prevention of Acquired Immune Deficiency Syndrome (AIDS) and social protection of the population", apart from general rights and freedoms also have the right to free medications for treatment of any disease they may have, personal prevention means, psychosocial support, and compensation of damages caused by limitations of their rights caused by disclosure of their HIV positive status. These children also have the right to free transport to and from treatment facilities at the expense of the institution which made the treatment referral, and to use of a separate living space. However, according to experts and parents of HIV positive children, these rights are not fully realised due to insufficient state and local budget funds.

Of special concern are HIV positive orphan children in the care of elderly relatives (e.g. grandparents and great-grandparents). Often elderly people, due to poor health, financial troubles and established stereotypes, are not able to provide children with necessary care including proper nutrition, appropriate physical and social development and monitoring of adherence to ARV medications. HIV positive children whose parents suffer from alcohol or drug addiction face similar difficulties. Unlike orphanage pupils, these children often lack the most elementary living conditions – proper nutrition, clothes, access to medical services, appropriate housing, and are often victims of domestic violence.

Support for orphan children, HIV positive children and children affected by the epidemic is provided both by centres of social services for family, children and youth and by non-government charitable and international organizations, primarily the All-Ukrainian Network of PLWH.

The first two pilot day care centres for HIV positive children were opened in 2003 on the initiative of the All-Ukrainian Network of PLWH with financial support from UNICEF Ukraine. Today with the support of different donor organizations there are 13 such centres operating on the basis of regional branches of the All-Ukrainian Network of PLWH. Taking into account their experience and in order to create a normative-legal basis for further establishment of specialized state institutions providing social support for HIV positive children and youth, in the last two years a number of normative and legal documents have been developed and approved (standard regulations, equipment norms, staffing tables and structures, nutrition norms, etc.). In 2007 at the expense of a subvention from the state budget to local budgets for equipping institutions providing social services for children and youth, six centres for HIV positive children and young people in the AR of Crimea, Luhansk, Odessa, Kharkiv regions and the city of Kyiv (two centres) will start their activities in 2008.

LXXIX Соціологічне дослідження „Вивчення потреб дітей, народжених ВІЛ-позитивними батьками”, виконане Аналітичним центром „Соціоконсалтинг” на замовлення Міністерства України у справах сім’ї, молоді та спорту за технічної та фінансової підтримки Ф’ючерс Груп Інтернешнл, у 2007 р.

HIV positive children and youth receive different kinds of services:

- medical-social and psychological care for children and adults on ART, formation of adherence to HAART, specialist counselling with psychologists, social pedagogues and lawyers, support in placing HIV positive children in kindergartens and medical institutions;
- home-based care and social support for families raising HIV positive children;
- organization of the work of the “School of Parenthood” and leisure activities for families affected by HIV (organization of parties and excursions for children);
- training programmes for specialists, improving knowledge of HIV/AIDS issues among the population.

In institutions raising orphan children and children deprived of parental guardianship, pedagogues work with HIV positive pupils, monitor children taking ART, and support their physiological and psychological development. Various events are organized for children – picnics, theatre visits and walks through which the children gain new social experience. Social workers working with HIV positive orphan children are responsible for informing and preparing the staff of children’s institutions (teachers, medical professionals) on the characteristics of care for HIV positive children.

The main factor limiting provision of the above-mentioned services is their inclusion as a rule into separate short-term projects supported by international donors, primarily the GF and UNICEF. Budget expenditures for the needs of HIV positive children (including orphans) are very limited. One more factor hindering development of the system of social services for these children is a shortage of specialists and specifically developed methods of work with such children, poor awareness of services among the population, and geographical limitations. For example, day care centres for HIV positive children are mostly located in regional centres, and are therefore practically inaccessible for children living in small towns and villages.

Indicator: Coverage, adequacy and effectiveness of educational programmes for orphans, HIV positive children and children affected by the epidemic

As shown by interviews with staff of institutions where HIV positive children are raised,^{XC} in most cases these children study the same courses and at the same level as HIV negative children. Younger HIV positive orphans study according to orphanage programmes and also with speech pathologists and speech therapists. Children attend various clubs, and preschool training is provided for 5–6 year olds. Usually HIV positive orphanage pupils attend school when they reach the appropriate age. However, some heads of orphanages oppose this practice, suggesting instead that teachers be included in orphanage staff. Such attitudes reflect insufficient knowledge and preparation of specialists for work with HIV positive children, which leads to stigma and discrimination of such pupils. According to interviews, only a few orphanage staff have been trained to work with HIV positive children by AIDS centre and PLWH Network specialists or infectious diseases specialists from children’s hospitals. A group of specialists from orphanages have received UNICEF-supported training in care and support for children with HIV. However, such training needs to be systematic and meet modern standards of care, upbringing

^{XC} Соціологічне дослідження „Вивчення потреб дітей, народжених ВІЛ-позитивними батьками”, виконане Аналітичним центром „Соціоконсалтинг” на замовлення Міністерства України у справах сім’ї, молоді та спорту за технічної та фінансової підтримки Ф’ючерс Груп Інтернешнл, у 2007 р.

and psychological support for such children and ensure their equal access to socialization and adaptation in society.

In addition to general education and development classes, some orphanages conduct HIV/AIDS prevention work with all pupils. For example, one orphanage has introduced a programme for children of different ages, starting from primary school, which includes discussions about HIV/AIDS, explanation of how to avoid infection, and special videos for high school students. Classes are conducted by orphanage staff and AIDS centre specialists. The orphanage director believes that in future programmes should include materials for handout, role-playing games, competitions and videos designed for children of different ages. Experts say that information work with children should be conducted systematically from an early age so that knowledge and skills obtained in the learning process can help them protect their health when they are older, during puberty.

HIV positive children raised in families often face difficulties enrolling in kindergarten or school. According to sociological data,^{XCI} in 2007 only just over half (58%) of children aged 3 years and older attended such institutions, including 23% at kindergarten and 35% at school. 17% of children cannot attend kindergarten or school because the management indirectly refuses to admit them, usually by insistently recommending that the child study at home to protect his/her health. Aware of the position of directors of children's institutions, parents try to obtain medical certificates for their children that do not mention HIV positive status. Doctors, sympathizing with such children, often omit mention of their diagnosis from medical certificates.

According to experts, in coming years the problem of HIV positive children's admittance to educational institutions will only get worse as with each year the number of school-age children is expected to grow while changes in the attitude of educators happen very slowly; stereotypes based on discrimination of HIV positive children are very widespread. State authorities are also aware of the situation, and a number of documents aimed at resolving this problem have been approved. The Cabinet of Ministers of Ukraine took on the task of creating favourable conditions for the upbringing and education of HIV positive children in preschool, secondary, out-of-school, vocational and higher educational institutions,^{XCII} and issued regulations on the establishment of multi-disciplinary teams for provision of medical and social support for HIV positive children and their families.^{XCIII}

XCI Соціологічне дослідження „Вивчення потреб дітей, народжених ВІЛ-позитивними батьками”, виконане Аналітичним центром „Соціоконсалтинг” на замовлення Міністерства України у справах сім’ї, молоді та спорту за технічної та фінансової підтримки Ф’ючерс Груп Інтернешнл, у 2007 р.

XCII Постанова КМУ від 04.03.2004 р. №264 „Про затвердження Концепції стратегії дій Уряду, спрямованих на запобігання поширенню ВІЛ-інфекції/СНІДу, на період до 2011 року та Національної програми забезпечення профілактики ВІЛ-інфекції, допомоги та лікування ВІЛ-інфікованих і хворих на СНІД на 2004-2008 р.

XCIII Наказ № 740/1030/4154/312/614а від 23.11.2007 р. „Про заходи щодо організації профілактики передачі ВІЛ від матері до дитини, медичної допомоги і соціального супроводу ВІЛ-інфікованих дітей та їх сімей”. Типове положення про міждисциплінарну команду із забезпечення медико-соціальної допомоги ВІЛ-інфікованим дітям та їх сім’ям.

Aim 68 – Alleviating social and economic impact

By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society, especially on women and the elderly, particularly in their role as caregivers, and in families affected by HIV/AIDS, and address their special needs; and adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;

Indicator: Accessibility of research and data on the social and economic impact of HIV on women

The first research into the social and economic impact of HIV/AIDS was conducted in Ukraine in 1997 by scientists Tony Barnett (Great Britain) and Alan Whitesite (South Africa) with support from UNAIDS and the Ministry of Health of Ukraine. The data was updated in 2001–2002, and a simplified variant published in a small number of copies for distribution in 2003 among politicians and other decision-makers.

Repeat scientific research to assess the social and economic impact of HIV/AIDS in Ukraine was planned under article 31 of the national programme for provision of HIV prevention, care and support for HIV positive and patients with AIDS for 2004–2008. The Ministry of Health, Ministry of Family, Youth and Sports, National Academy of Sciences, Academy of Medical Sciences and the Ministry of Education and Science were named as responsible for implementation. However, funding for this article was not foreseen by the programme. Therefore, research was conducted in 2005 with funding and by experts from the World Bank and experts from the Ministry of Health with the support of UNAIDS and the International HIV/AIDS Alliance in Ukraine. Research results were presented in 2006–2007 during press-conferences with participation of representatives from MoH, international and national organizations working in the field of HIV/AIDS and the mass media. A publication titled *The Social and Economic Impact of the HIV/AIDS Epidemic in Ukraine* was published in 2007 and distributed at the national conference “Building a national system of monitoring and evaluation of measures for combating HIV/AIDS in Ukraine” in September 2007. Contents of the research can be found on the website of the World Bank in Ukraine.^{XCV}

Using data as of January 2005, the research authors evaluated the impact of the epidemic on population size, average life expectancy, employment levels, and health care and social expenditures in Ukraine, and also forecast the potential benefits of prevention and treatment of the disease. The majority of forecast estimations were calculated taking into account gender, separately for men and women. One of the key research conclusions is recognition of the higher vulnerability of women, first of all young women, to the epidemic and its consequences. In

XCV <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/0>

particular, according to the moderate scenario, in 2004 the prevalence of HIV among women aged 20–24 was 0.88%, and 0.5% among men of the same age. According to estimates, by 2014 three quarters of all new HIV cases will be among the 20–24 age group, half of whom are women. ^{XCV} The research estimates long-term demographic impact considering gender division. According to the forecast, by 2014 almost one third of all deaths among men aged 15–49 and 60% of women's deaths in the same age group will be related to AIDS. ^{XCVI} The decline in male life expectancy will be 3.2–4 years, and 2.9–4.8 years for women.

The research also forecasts the impact of the HIV/AIDS epidemic on the size of the work force, state budget and specialized funds. Main forecast indicators are calculated for the general population and for men and women separately according to two scenarios – optimistic and pessimistic. According to both scenarios, decrease of employment among men exceeds the corresponding indicators for women. ^{XCVII}

Despite substantial and convincing research proving the destructive impact of the HIV/AIDS epidemic on the Ukrainian demographic and social-economic situation in the coming decade, available data is not actively distributed among decision-makers at national and regional levels, local communities, employers or NGO leaders. It appears that a briefer, more understandable synopsis of the forecasts is required for non-specialists to appreciate the consequences of the epidemic and take responsibility for implementation of measures to combat it.

Aim 72 – Research and development

Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions and drug resistance, and develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;

Indicator: Coverage and quality of epidemic surveillance systems for monitoring of side effects of HAART independently of sex and gender

Diagnosis, treatment and monitoring of HIV positive patients is conducted at medical institutions of state and municipal forms of ownership. Therefore, patients who according to their clinical or immunological state need ARV treatment can receive it only at state specialized medical institutions, i.e. AIDS centres (regional and city). In order to receive ART patients should be under clinical surveillance of the AIDS centre. This means that all patients on treatment are under constant observation including monitoring of ARV treatment efficiency. In 2003 Ukraine introduced ARV therapy protocols for adults which were subsequently revised. Monitoring of the efficiency of ARV therapy is based on clinical indicators, immunology (CD4 count) and viral load. Thus, coverage of ART patients by monitoring is complete and continuous. Today more than 7000 patients are receiving ART in Ukraine. Whatever the source of ARV medications, the process of treatment and therefore of patient monitoring is controlled by AIDS centres. The national Ukrainian AIDS Centre receives reports on prescribed ARV medications and the dynamics of patients in ARV treatment programmes.

XCV Соціально-економічні наслідки епідемії ВІЛ-інфекції/СНІД в Україні/ Міжнародний Альянс з ВІЛ/СНІД в Україні, Світовий Банк, 2007. – С. IX.

XCVI Там само, С. 12.

XCVII Там само, С. IX.

However, the system of epidemiological surveillance of treatment and institutionalization is in the initial stage. With technical and financial support from the International HIV/AIDS Alliance and technical advisors from WHO, UNAIDS and international organizations, the Ukrainian AIDS Centre is gradually implementing a system of data collection and analysis of ART programmes in Ukraine, including the reasons why patients drop out of programmes and the dynamics and reasons for changes to first and second line medications. AIDS Centre scientists made the first epidemiological analysis in Odessa region where ART was piloted in 2003 by Medicines sans Frontiers. One of the conclusions of the analysis was that even at the early stage of implementation of large-scale antiretroviral therapy a positive influence was visible, namely: decrease in the rate of AIDS related mortality. Today an accounting and reporting system of monitoring ARV patients and the whole cohort of HIV positive people under clinical surveillance is being piloted. In future this will allow thorough and long-term analysis using many factors such as the efficiency of different ARV regimens, the specifics of keeping patients in treatment programmes, the main reasons for changes in treatment regimens including viral resistance to certain ARV medications, toxicity, side effects, dropping out for other reasons.

Today the Ukrainian AIDS Centre is using current information to analyse reasons for dropping out of the ARV treatment programme, reasons for change or termination of prescribed ARV regimens, etc.

Indicator: Adequacy of the response of health care service providers to resistance and side effects of ART in women

The Ukrainian AIDS Centre resistance research laboratory is at the stage of development. International experts, WHO and specialists from the Scientific Research Institute of Epidemiology and Infectious Diseases are involved in development of a wide-scale research programme into the dynamics of resistance development, base levels of resistant virus strains, methodical support and quality control.

Specific ART side effects in women are mostly related to reproductive function. Change of ARV medications that have a teratogenic effect during pregnancy is included in the national protocol. The new version of the national protocol for prevention of mother to child transmission contains specific interactions between ARV medications and oral contraceptives.

HIV positive people and representatives of target groups are not involved in the planning of research or development of the monitoring and evaluation system. On a pro forma basis this role in working group and meeting discussions is performed by representatives of the All-Ukrainian Network of PLWH. However it should be noted that committees for protection of the rights of research participants and bioethics research committees are not working in Ukraine at a proper level. This demands additional attention, especially taking into consideration the necessity of PMTCT and its relation to reproductive health. The first linked behavioural research with participation of HIV positive pregnant women has just started and requires advocacy of the involvement of research subjects into planning both research and measures.

Research on the specifics of HIV infection in women has not been conducted in Ukraine. Some attempt to analyze the efficiency of measures for prevention of mother to child transmission from the point of view of cohort analysis was made by the Ukrainian AIDS Centre and UNICEF in cooperation with the Ministry of Health of Ukraine.

Unpublished results of interviews with pregnant women made by local NGOs providing support for HIV positive pregnant women show a low level of adherence to ARV medications among pregnant women. ^{XCVIII} Some research conducted using focus groups confirms these findings.

HIV positive women and men have equal access to diagnosis and treatment. There are no limitations on participation of women in clinical and sociological research. In scientific publications there is even wider coverage of HIV and safe sexual behaviour of women in particular.

Legal mechanisms for protection of the rights of patients exist in Ukraine but the regulatory base and information for patients about opportunities to protect their rights are very limited. The absence of an established organizational mechanism to ensure observance of patient rights in medical institutions and lack of information about opportunities for protection of those rights and instruments of their observance (e.g.: informed consent) lead to disregard for patients' legal problems and a shortage of positive examples of conflict resolution concerning violations of patients' rights.

CONCLUSIONS AND RECOMMENDATIONS

A developed normative and legal base for support and improvement of reproductive and sexual health, prevention of HIV/AIDS/STI, minimization of the epidemics' consequences including access to treatment, care and support for PLWH has been established in Ukraine. The government recognizes the complexity of the demographic and epidemiological situation concerning HIV/AIDS. On the state level a number of important documents have been approved (national and state programmes, orders of the Cabinet of Ministers of Ukraine, lists of national measures needed for the response to the epidemics). Nevertheless, a considerable number of approved decisions remain declarative since they lack financial support and proper control over implementation. Most work to build the capacity of civil society, advocate the rights of patients and vulnerable groups and revise the legal base to bring it in line with international standards is being implemented only thanks to technical and financial assistance from the international community.

Analysis of the implementation of UNGASS aims in relation to reproductive and sexual health uncovered many contradictions in formation and realization of national policy, namely:

- all government documents state a comprehensive approach to policy implementation through uniting the efforts of many ministries and institutions, local authorities and NGOs, but the activities and funding of particular institutions responsible for implementing prevention programmes and measures are scattered and their coordination and cooperation remain formal. It is regular practice for representatives of ministries and institutions to find out about the implementation of certain programmes by other ministries only when finalizing annual reports on execution of national and state programmes, or even later. There is even less information about the work of NGOs which report only to their donors.

- There is an existing system of medical provision in the field of reproductive and sexual

^{XCVIII} Громадська організація «Юнітус», м. Миколаїв. Презентація на Національній конференції ВІЛ-сервісних організацій та ЛЖВ, Львів, 2005 р.

health, diagnosis and treatment of STI. But it lacks necessary material, technical and staff support. The serious problem of irrational and inefficient use of limited budget resources remains.

- The government has approved a number of documents aimed at increasing the quality and efficiency of medical services, bringing qualified medical care closer to families, and strengthening the prevention component of medical care. At the same time health care professionals are mostly concerned with providing help to patients who are already sick, including in regard to reproductive and sexual health, and not with protecting them through prevention activities.

- Prevention and forming healthy lifestyle values are recognized as one of the main tasks of all programmes protecting reproductive and sexual health and counteracting HIV/AIDS. But for a long time funding of these activities was provided on the residual principle and was considered the responsibility of the Ministry of Family, Youth and Sport and to a certain degree the Ministry of Health. The MoH has in fact withdrawn from organization of educational activities relating to health issues. Health centres that report to the MoH and have to implement prevention activities have neither relevant specialists, visual aids nor desire to perform this work. Even in those educational institutions where information and education events are held they are often formal and inefficient since they do not meet the demands of the present time and of target groups. Therefore there is a lack of safer behaviour skills, a low level of sexual culture and widespread irresponsible reproductive behaviour among youth.

- Implementation of measures for prevention of mother to child transmission is included as a separate chapter in the national programme with planned funding from state and local budgets as well as from international donors. Therefore this field of prevention is one of the most successful in Ukraine. Significant progress has been achieved in implementation of the aims and strategies established in the Declaration of Commitment to fight HIV/AIDS approved by UNGASS and in the Dublin declaration: the level of mother to child transmission has decreased in the last few years (from 27.5% in 2000 to 7.1% in 2006). At the same time this percentage has not been reduced to the level of well-developed countries. The main reasons are:

- lack of provision of stable state funding and satisfactory organization of the main measures aimed at prevention of mother to child transmission: uninterrupted provision of test kits for HIV testing of pregnant women, continuous procurement and supply of ARV medications for prevention of mother to child transmission and baby formulas for children born from HIV positive mothers;

- use of outdated ARV regimens for prevention of mother to child transmission (monotherapy) and improper quality of ARV medications;

- low quality of VCT for HIV positive pregnant women, lack of adequate adherence to ART;

- low level of training of medical staff providing services for HIV positive pregnant women, lack of specialists with experience in performing 'dry' Caesarean section advised for HIV positive pregnant women for prevention of HIV transmission to the child.

- Aspects of gender inequality and sexuality that are a driving force of the epidemic are not properly taken into account in existing state and national programmes and their implementation. Up till now most attention has been paid to the vulnerability of women and girls and the necessity to expand medical and social services for protection of their reproductive health. No attention has been paid to such aspects as men's and boys' vulnerability to HIV/STI through harmful gender norms, different sexual experiences both among men and women and among youth, problems of sexual violence, force and exploitation. The problem of the joint responsibility of men and women for safe sexual relations in the context of HIV/AIDS/STI is disregarded. The

scope and quality of medical and social services aimed at protecting male reproductive health does not meet even minimum requirements.

- The problem of decision-makers' insufficient knowledge of the practical use of a gender approach in national policy is urgent. Measures for provision of equal opportunities for men and women approved by the government are mostly oriented at general educational, cultural or research activities, the rest are of declaratory character.

- Structural problems lying at the foundation of gender inequality are ignored. Government measures aimed at overcoming substantial actual inequalities between men and women in the most important spheres of life: politics, business, labour relations and property rights, including the right for accommodation and land, are utterly limited.

- A gender expertise mechanism for media products and influence on non-government, especially electronic mass media has not been developed. A considerable number of commercial TV and radio channels and Internet sites implement a gender insensitive, often aggressive discriminatory media policy towards women, which leads to enforcement of gender stereotypes and increases vulnerability to HIV/AIDS/STI among both sexes. Shows, materials or social advertisements in the mass media aimed at forming responsible reproductive behaviour or responsible parenthood appear only vary rarely.

- There are no legal limitations for protection of sexual and reproductive health of representatives of vulnerable groups. But state and NGO efforts are mostly oriented at prevention work with IDU and little attention is paid to other vulnerable groups of women (e.g.: CSW, prisoners, women who have sex with women, etc).

Among basic factors of the insufficient scope of prevention programmes for representatives of vulnerable and hard-to-access groups are:

- absence of social technologies which would engage these categories in the sphere of social services, form vulnerable women's trust in medical and social workers, and stimulate their interest in receiving information on STI/HIV/AIDS prevention and possible treatment;

- stigma and discrimination of vulnerable group representatives in medical establishments and in society as a whole;

- administrative and financial violations in the sphere of services for these categories of women (for example, paying for services which should be free of charge);

- inaccessibility of the whole spectrum of medical and social services in some second-line regions, small cities and villages.

On a state level, availability of prevention means is a problem both for vulnerable groups and the general population. Thanks to international donors, harm reduction being projects are realized and some IDU, CSW and MSM have the opportunity to get free contraceptives. However for young people prevention means are usually not accessible.

- The existing legal base outlaws discrimination based on sex, sexual orientation, and state of health (including HIV/AIDS). Nevertheless PLWH, especially HIV positive women, often face stigma and discrimination, in particular in medical institutions. There are known cases of violation of their reproductive and sexual rights, including the right to bear children. Stigma and discrimination of women in medical institutions leads to reluctance to apply to such institutions during childbirth. Therefore, children often do not obtain proper medical help and ARV therapy is not prescribed at the right time if the child is positive.

- The current law of Ukraine recognizes the priority of child protection. The state takes

responsibility for support and upbringing of orphan children and children deprived of parental support (including HIV positive children). Children with HIV, apart from general rights and freedoms, also have a number of privileges and the right to material support. Under the aegis of state social services for family, children and youth a system of municipal centres for medical and social support for children affected by the HIV/AIDS epidemic is being gradually created in Ukraine. However support for HIV positive children is currently provided mostly by non-government organizations, primarily by the All-Ukrainian Network of PLWH with funding from the GF and other international organizations.

• Provision of medical and social services for children affected by the HIV/AIDS epidemic is limited due to the following:

- o lack of state funding;

- o location of specialized social institutions exclusively in regional centres and in the capital, meaning that inhabitants of small towns and villages do not have access to corresponding services;

- o insufficient capacity of these organizations to provide help: lack of specialists, absence of specially developed methods for work with HIV positive children and children affected by the epidemic, difficulties in obtaining premises for work with clients.

The following could assist in improving the situation around protection of reproductive and sexual health in the context of the HIV/AIDS epidemic in Ukraine:

1. Reform of the health care system, revision of funding principles, formation of a legal basis for introduction of medical insurance. It is also important that provision of information on HIV/AIDS/STI and protection of sexual and reproductive health as well as free STI diagnosis and treatment be included in the minimum list of medical services guaranteed for all categories of patients at the lowest levels of care.

2. Strengthening the responsibility of the government for achieving UNGASS goals on sexual and reproductive health including:

- a. Provision of stable state funding for activities to counteract the HIV/AIDS/STI epidemics, in particular uninterrupted provision of HIV test kits for pregnant women, procurement and supply of ARV medications for prevention of perinatal transmission of HIV and provision of baby formulas for children born from HIV positive mothers.

- b. Introduction of necessary changes to normative legal acts (decrees, instructions, statutes, etc.) to ensure access of HIV vulnerable women, primarily those in prisons, to ARV prevention of mother to child transmission, safe delivery, treatment of HIV and opportunistic infections.

- c. Introduction of social contracting from separate governmental institutions to non-government organizations that can provide social services for prevention of HIV and STI, care and support for people living with HIV and their relatives as well as services for children and women who are victims of violence and are vulnerable to the epidemic.

- d. Adaptation of undergraduate and postgraduate medical, pedagogic and social education in accordance with the demands of the times, and specifics of the epidemic's spread, in particular introduction of specialized educational courses and programmes on prevention of mother to child transmission of HIV, medical and non-medical care and support for PLWH, protection of reproductive and sexual health of the population taking into account age and gender aspects.

- e. Expansion of the system of budget-funded social institutions oriented at provision of social services to vulnerable categories of children, youth and women, in particular, rehab centres

for drug dependent youth, psycho-social support centres for children, mobile counselling points of CSSFCY, day care centres for HIV positive children, centres for homeless and abandoned children, crisis centres, phone hot lines, etc.

3. Increase in NGO activity to draw attention to fighting the HIV/AIDS epidemic, protection of reproductive and sexual health, overcoming gender inequality, ongoing dialogue between deputies, officials and NGO leaders through such mechanisms as renewal of the work of the National Coordination Council on HIV/AIDS Issues, Gender Council and other institutions.

4. Implementation of monitoring of the reproductive and sexual health of the population, assessment of the efficiency of measures aimed at protecting these health components, including such aspects as level of knowledge, understanding of the risks of HIV/STI infection, spread of risky sexual and irresponsible reproductive behaviour, coverage with prevention measures, diagnostic and treatment services based on sex, region and age group. Publication and dissemination among the wider population of research results, including publication of monitoring reports on the MoH web-site.

5. Development and implementation of a national mass media information campaign supporting protection of sexual and reproductive health, formation of responsible reproductive behaviour taking into account the specifics of age and sex, including the beginning of sexual life after achievement of majority, a tolerant attitude towards PLWH, etc.

6. During implementation of activities for HIV/AIDS/STI prevention, focus on forming motivation for testing among representatives of vulnerable groups, cooperation with social workers, adherence to ARV prevention among HIV positive pregnant women, etc.

7. Development and implementation of standards of social and psychological services related to the reproductive and sexual health of women and men, girls and boys, including services for medical and social support and social adaptation of HIV positive pregnant women and their children.

8. Creation of training and resource centres for representatives of NGOs working in the field of HIV/AIDS prevention and protection of reproductive and sexual health.

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Ukraine: Monitoring the UNGASS-AIDS goals on sexual and reproductive health. Analytical Survey. Under the general supervision of I.L. Demchenko – K., 2008. – 62 Pages .

This publication is the first to present the point of view of public organizations regarding observance of Ukraine's commitments to the UNGASS Declaration on sexual and reproductive health. The report may be relevant to decision-makers in the field of social policy, particularly health care, representatives of non-governmental AIDS-service, human rights women's organizations, researchers, and all who care about the health and future of the Ukrainian nation.



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To monitor the governments' honoring of UNGASS-AIDS goals and to strengthen the countries' social organizations response to the sexual and reproductive health issues within the Declaration of Commitment.

SPECIFIC OBJECTIVES

Broaden knowledge about UNGASS in relation to sexual and reproductive health issues in the country;

Expand the participation of organized civil society in monitoring international public policies;

Strengthen the AIDS issue in the women's movement agenda and S&RH themes in the AIDS movement agenda.