

INTERACTIONS BETWEEN GLOBAL HEALTH INITIATIVES AND HEALTH SYSTEMS:

EVIDENCE FROM COUNTRIES

THE MAXIMIZING POSITIVE SYNERGIES
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Ukraine: Effects of the Global Fund on the health system

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Abstract

Ukraine has one of the most rapidly growing HIV/AIDS epidemics in Europe, with estimated numbers of people living with HIV/AIDS (PLWHA) reaching 400,000 in 2008. Since 2003, the Global Fund has committed to providing US\$ 243 million towards the control of HIV/AIDS in Ukraine. This study examines the impact of Global Fund financing on HIV/AIDS services and the health system in Ukraine. Research was conducted in Kyiv, Odessa and L'viv.

The research finds that Global Fund resources have supported a dramatic scale-up of services for PLWHA and at-risk populations. There has been a substantial increase in the number of PLWHA receiving antiretroviral therapy (ART). New laboratory, diagnosis, prevention and support services have been developed. The Global Fund grant has strengthened service delivery by training health workers and supporting the development of HIV/AIDS surveillance systems.

Whilst the Global Fund has had a positive impact on governance and leadership, for instance by promoting transparency among government health service providers and improved management practices, cooperation between government and nongovernmental service providers is limited, and coordination structures are weak. Many services financed by the Global Fund are provided by nongovernmental organizations (NGOs) heavily dependent on continued Global Fund support, highlighting issues of sustainability.

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Background

General Context

Table 1: Basic Socioeconomic, Demographic and Health Indicators*

* Full data sources for all indicators are provided in Annex 1

Indicator	Value	Year	Source
Population (thousands)	46,383	2007	World Bank
Geographic Size (sq. km)	579,380	2007	World Bank
GDP per capita, PPP (constant 2005 international \$)	6,528.44	2007	World Bank
Gini index	28.239	2005	World Bank
Government expenditure on health (% general government expenditure)	8.8	2007	WHO NHA
Per capita government expenditure on health (current US\$)	116	2007	WHO NHA
Physician density (per 10,000)	31	2006	WHO SIS
Nursing and midwifery density (per 10,000)	83	2006	WHO SIS
Maternal mortality ratio (per 100,000 live births)	18	2005	WHO SIS
DTP3 coverage (%)	98	2007	WHO SIS
Estimated adult HIV (15-49) prevalence (%)	1.6 (1.2-2.0)	2007	UNAIDS
Estimated antiretroviral therapy coverage (%)	8	2007	WHO/UNAIDS/UNICEF
Tuberculosis prevalence (per 100,000)	102	2007	WHO GTD
Estimated malaria deaths	N/A	N/A	N/A

Table 2 Global Health Initiative Investment*

(other than Global Fund and World Bank)

PEPFAR* (in US\$)

Year	Amount Disbursed
2004	5,504,000
2005	7,074,000
2006	5,027,000
2007	6,744,000
2008	5,850,000
TOTAL:	30,199,000

*Not a PEPFAR focus country; above sums represent total allocations to PEPFAR country programmes from bilateral U.S. sources including USAID, Department of Health and Human Services, Department of Labor, and Department of Defense.

GAVI (in US\$)

Disease Priority	Amount Approved
Hepatitis B vaccine	3,212,000
Vaccine introduction grant	100,000
Injection Safety	792,000
TOTAL:	4,326,280

NB: Investments from Global Fund and World Bank are reflected in Figure 1, below.

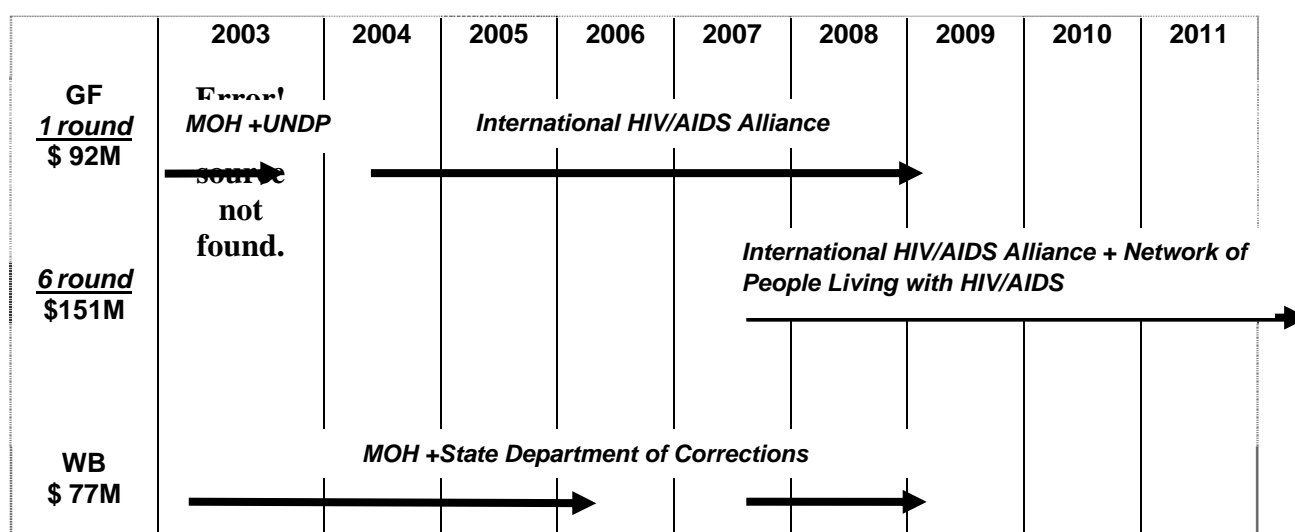
Epidemiological context

Ukraine has the most rapidly growing HIV/AIDS epidemic in Europe. The number of registered people living with HIV/AIDS (PLWHA) was 131 000 in 2008; the number has increased from approximately 46 000 registered cases in 2002. Many PLWHA remain unregistered, and indeed, estimates suggest that there may currently be about 400 000 PLWHA in Ukraine. According to Ministry of Health (MOH) data, as of 1 January 2008, the highest levels of HIV prevalence were in Odessa (414 cases per 100 000 population), Dnipropetrovsk (409) and Donetsk (390) regions. Intravenous drug use accounted for most HIV transmission (approximately 40%), sexual (mainly heterosexual) for 38%, and vertical mother to child transmission for 19% [1].

Funding for HIV/AIDS programmes in Ukraine

Several donors and GHIs provide funding for HIV/AIDS prevention, treatment and care programmes in Ukraine. The largest GHI is the Global Fund, which is slated to provide US\$ 243 million between 2003 and 2011 for HIV/AIDS projects (see Figure 1). The World Bank programme to fight HIV/AIDS and tuberculosis (US\$ 77 million) was launched in Ukraine in 2003. The country has also received additional funding and technical assistance from UN organizations (WHO, UNAIDS, UNICEF, UNDP, ILO), bilateral programmes (USAID and the Swedish International Development Agency [SIDA]), and NGOs. In 2006, the total amount of funding for HIV/AIDS programmes in Ukraine was US\$ 55.4 million, of which US\$ 28.1 million was provided by the state budget and US\$ 20.1 million from Global Fund grants [2]. There are two principal recipients of the current Round 6 Global Fund grant: the International HIV/AIDS Alliance and the Network of People Living with HIV/AIDS [3]. Figure 1 summarizes Global Fund and World Bank HIV/AIDS programmes in Ukraine.

Figure 1: Global Fund and World Bank HIV/AIDS funding in Ukraine



Methodology

Between July 2006 and December 2008, a team from the School of Public Health and the School of Social Work at the National University, Kyiv-Mohyla Academy, supported by a team from the London School of Hygiene and Tropical Medicine, conducted the Ukrainian part of an international research project on the national and sub-national effects of GHIs for HIV/AIDS on country health systems. The research was funded by the Open Society Institute. The study focused on scale-up of HIV/AIDS services; coordination structures and coordinated service delivery, strengthening the health workforce and service delivery/access. This case study summarizes findings from the final study report, based on 2008 data collection.

The focus of the study is on Global Fund-financed programmes in Ukraine and their implementation in three regions of the country: Kyiv, Odesa and L'viv. The World Bank's Ukrainian HIV/AIDS loan was not assessed in detail as part of this research, since in April 2006 the World Bank suspended its support, arguing that the government had not distributed the funds and implemented the programme adequately. Support resumed in November 2006 on the condition that Ukraine would improve the management and implementation of the project. The programme was scheduled to end in mid-2008 but was extended until the end of 2008. Only a limited proportion of the overall funds have, however, been used [4].

Studying the influence of GHIs in Ukraine is particularly important given the slow progress that the country has made in stabilizing and reducing the spread of HIV/AIDS [5]. This is despite the legislative, political, organizational and administrative measures that have been taken in response to the epidemic, including the recent formation of the National Coordination Council for HIV/AIDS and increased activities among NGOs providing HIV/AIDS services. Previous research has not provided a systematic analysis of the GHIs that operate in Ukraine and their influence on HIV/AIDS services and the health system.

Qualitative and quantitative research methods were used to collect the data. Researchers analysed documents including: annual reports of the International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of People Living with HIV/AIDS; national progress reports on the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS; documents from international organizations; presentations from stakeholders' meetings organized by the Principal Recipients of the Global Fund grant; official statistics on the epidemic in Ukraine; and policy documents, including documentation on the national programme to combat HIV/AIDS, as well as laws and decrees adopted by the Parliament, President and Cabinet of Ministries. Researchers conducted semi-structured interviews with national and sub-national key informants; semi-structured and structured interviews with clients of HIV-service organizations; and structured interviews with providers of medical and social services. Instruments for the study were developed jointly by the Ukrainian team and the Global HIV/AIDS Initiative Network (GHIN) partners. The study was approved by the London School of Hygiene and Tropical Medicine Ethics Committee prior to being undertaken.

In 2008, 49 key informants were interviewed using a semi-structured topic guide. Interviewees included national stakeholders (n=21) and sub-national stakeholders from Kyiv (n=12); Odesa (n=10); and L'viv (n=6). Stakeholders are defined as individuals making decisions about HIV/AIDS programmes or implementing those programmes at national and regional levels. They include representatives from government and international organizations, from regional government departments, and from national and regional NGOs, including members of national and regional HIV/AIDS Coordination Councils. A sample of 50 HIV/AIDS service providers, including both

government and nongovernmental providers, were interviewed using a structured survey tool. Twenty-five clients participated in in-depth qualitative interviews and nine organizations were surveyed using a structured facility survey tool.

Results

Governance

Some participants reported that Global Fund-supported programmes have engendered a change in mentality among government medical institutions, including higher levels of transparency among government service providers. In addition, the Global Fund is seen as having promoted improved management practices among both government and nongovernmental agencies providing HIV/AIDS services.

Legislative reforms

The study found that the Global Fund programme in Ukraine has promoted gradual changes in regulation and legislation. An important component of the first stage of implementation of the Global Fund programme was the development and publication of national clinical protocols by the International HIV/AIDS Alliance and the MOH. These include: protocols for antiretroviral therapy (ART) for adults, teenagers and children, treatment of opportunistic infections in HIV/AIDS patients and methodological recommendations for laboratory monitoring of HIV infection and ART.

Coordination structures

In 2002, a national HIV/AIDS coordination council was formed, consisting of government representatives, international development actors and civil society members. Since its formation, the council has undergone several changes in structure, focus and membership, and a number of parallel HIV/AIDS structures have been established and abolished. The current structure is called the Coordination Council on HIV/AIDS, TB and Drug Addiction. Many key stakeholders consider the creation of the Council to be a positive step, because it serves as a good example of cooperation between government and NGOs and actively involves PLWHA. However, some have been critical about the functioning of the Council, which meets infrequently and has limited powers beyond financial issues. The study revealed that coordination structures at the sub-national level were particularly weak and lacked decision-making authority in some regions.

Health Workforce

Increase in the health workforce

From 2004-2007, the number of personnel increased in most governmental and nongovernmental HIV-service organizations.

Table 3: Changes in the number of staff working for organizations providing HIV/AIDS services

Organization name	2004	2007	Total increase
Kyiv city hospital AIDS centre	60	150	90
Odessa AIDS centre	12	37	25
Kyiv office of the All-Ukrainian Network of PLWHA	12	50	38
Odessa NGO "Faith. Hope. Love"	27	90	63

Interviews with service providers revealed that many had experienced an increase in their workload. The key factors contributing to this pattern were increases in client numbers and in administrative work. However, data from most facility surveys show that the number of client visits per worker actually did not change, as the number of workers grew in proportion with the number of clients. The 2008 survey also found that of 50 respondents, 38 considered they were motivated (felt happy delivering HIV services and were sufficiently incentivised), 36 were satisfied with their work and 33 liked working with HIV-positive clients.

Training for HIV/AIDS service providers

International HIV/AIDS Alliance data indicate that resources have been committed to developing the skills of managers and workers who provide HIV/AIDS services and prevention programmes. Training programmes in 2004 covered the following topics: data collection, monitoring and evaluation (M&E), organization of effective prevention programmes for commercial sex workers, before- and after-test counselling, and advocacy on the rights of vulnerable groups.

By 2007, the reach and the topics of training had expanded considerably. There were nine regional HIV/AIDS information and resource centres, and these organized 255 training and seminar sessions for almost 3800 people. The International HIV/AIDS Alliance also introduced training aimed at strengthening regional NGOs, including sessions on financial management, grant management and project management.

Of the 50 service providers that were interviewed, 37 had taken part in HIV/AIDS training over the past 12 months. The most common sessions were voluntary counselling and testing (VCT), HIV prevention and social support. In most of these cases, financing was provided by the Global Fund. However, it should be noted that training was mainly short-term, lasting between one and three days, more rarely between four and seven days, and only in some cases continuing between eight days and a month.

Service delivery

Strengthening HIV/AIDS service delivery

The study revealed that the Global Fund has strengthened service delivery in a number of ways including:

- The introduction of new services, including ART and opiate substitution therapy;
- Training of medical and NGO personnel providing HIV/AIDS services;
- Refurbishment of premises of HIV/AIDS services;
- Funding the purchase of equipment;
- Fostering some improvements in cooperation between government and nongovernmental service providers;
- Systems of epidemiological surveillance have been strengthened.

Scale-up of HIV/AIDS services

Funding has been used to dramatically scale-up medical, prevention and care/support services for PLWHA and the most at-risk population. The Global Fund programme has led to a substantial increase in the number of PLWHA receiving ART. In 2003 only 53 people received ART, whilst in 2008 this number increased to 900, of whom 6000 received treatment financed by the Global Fund. In addition, new laboratory and diagnosis services have been developed, and prevention, care and support programmes have been created. These include harm reduction and drug dependence reduction programmes, such as needle/syringe exchange and substitution therapy. Table 4 illustrates scale-up in client numbers in the three regions of Ukraine that were selected to be a part of the study.

Table 4: Total client numbers receiving key HIV/AIDS services in Kyiv, Odessa and L'viv

Services	Kyiv		Odessa		L'viv	
	2004/2005	2006	2004/2005	2006	2004/2005	2006
Preventative services	7843	23139	11214	28536	782	4305
Substitution therapy	-	240	-	99	-	-
Care and support	1111	2862	989	4658	29	221
ARV treatment	232	301	373	374	-	-

Source: International HIV/AIDS Alliance in Ukraine

Communities/Civil Society

Many of the services financed by the Global Fund are provided by NGOs and community organizations. These are sometimes based at, or in cooperation with, government organizations. Since the Global Fund programme was implemented, NGOs have played an increasingly important role in delivering prevention, care and support services.

This study suggests the peer-to-peer approach to providing services for vulnerable groups such as drug users and sex workers is effective. This approach was valued by clients and helped to break down the barriers between providers and clients, thereby improving access to services.

Respondents pointed out that the Global Fund has had an impact on the development of civil society in a number of ways:

1. The Principal Recipients of the Global Fund grant are NGOs. In 2007 and 2008 the majority of HIV-service organizations in Ukraine received financing through the two Global Fund

Principal Recipients: the International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of People Living with HIV. Both organizations have become important actors in Ukrainian policy to combat HIV/AIDS.

2. A substantial part of funding has been disseminated among NGOs. The research suggests that in Kyiv, Odessa and L'viv, between 60% and 85% of funding for NGOs is from the Global Fund.
3. NGO staff have received training, including in topics related to service provision and organizational management.
4. NGOs have become involved in decision-making processes relating to public health policy and HIV/AIDS. This is partly the result of the Global Fund's requirement that the National Coordination Committee should include representatives from civil society organizations.

Discussion

The implementation of the Global Fund programme in Ukraine has led to an increase in the number of government and nongovernmental stakeholders from different sectors involved in HIV/AIDS-related activities, and to scale-up of HIV/AIDS services, including prevention, testing, treatment, care and support.

The study highlighted the challenges to extending access to key HIV services among vulnerable populations. Potential obstacles include: stigmatisation of HIV-positive people, the criminalization of drug use, and limited provision of information about HIV/AIDS services.

The study suggests that the quality of services provided by NGOs varies and depends on the individuals who implement projects. This is because there are no official quality standards for the provision of HIV/AIDS services by NGOs. Moreover, there is a lack of commitment by the government to fund NGOs, which are currently highly dependent upon international donors and initiatives, particularly the Global Fund. This has implications for NGOs' long term sustainability.

References

- [1] Data are from the Ministry of Health of Ukraine, Kyiv, 2008.
- [2] Ukraine: National report on Monitoring Progress toward the UNGASS Declaration on Commitment on HIV/AIDS. Kyiv, Ukraine, Ministry of Health of Ukraine, 2008 (http://www.aids-ukraine.com/de/upload/ukraine_2008_country_progress_report_en.pdf; accessed 20 March 2009).
- [3] Support for HIV and AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine: Ukraine Proposal for GFATM Sixth Call for Proposals. Kyiv, Ukraine, 2006.
- [4] Ukraine TB and HIV/AIDS Control project: Current status. In: 13th meeting of the parties involved, 7 December 2007 (<http://www.network.org.ua>; accessed 20 March 2009).
- [5] See the Context Mapping report and Interim Report from this project for an overview of the epidemiological context in Ukraine and the policy and programmatic response.