

HIV and AIDS in Ukraine



Ukraine (2018)

240,000 people living with HIV

1% adult HIV prevalence (ages 15-49)

12,000 new HIV infections

6,100 AIDS-related deaths

52% adults on antiretroviral treatment*

>95% children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2019

KEY POINTS

- Ukraine has the second-largest HIV epidemic in Eastern Europe and Central Asia.
- The epidemic is closely associated with injecting drug use.
- There has been a huge increase in antiretroviral coverage in recent years but the high rate of new infection threatens to outpace these gains.
- The HIV response is currently being threatened by unrest in the regions of Donetsk and Luhansk, which are home to some people living with HIV (many people have left).
- Domestic funding covers most of the HIV response, however the effect of the conflict on the economy may mean that it will struggle to meet the costs.

Explore this page to find out more about [people most affected by HIV](#), [testing and counselling](#), [prevention programmes](#), [antiretroviral treatment availability](#), [civil society's role](#), [HIV and TB co-infection](#), [barriers to the response](#), [funding](#) and [the future of HIV in Ukraine](#).

Ukraine has the second-largest HIV epidemic in Eastern Europe and Central Asia, accounting for 9% of new infections in the region in 2016.¹ In 2018, 240,000 people were living with HIV. AIDS-related deaths have fallen from 14,000 in 2010 to 6,100 in 2019.²

Annual new HIV infections in Ukraine have risen from 9,500 in 2010 to 12,000 in 2018.³ Although the infection rate began slowing again in 2014, suggesting prevention measures were having some effect, it appears to have stalled.⁴ It is also worth noting that the 2017 figure does not include new infections in the non-government controlled areas of Donetsk and Luhansk.⁵

In 2017, Ukraine committed to the [UNAIDS 90-90-90 Fast-Track targets](#). Progress as of the end of 2018 was that 71% of people living with HIV were aware of their status, of whom 73% were on treatment. Of those on treatment, 93% were virally suppressed. Overall, this equates to 52% of all

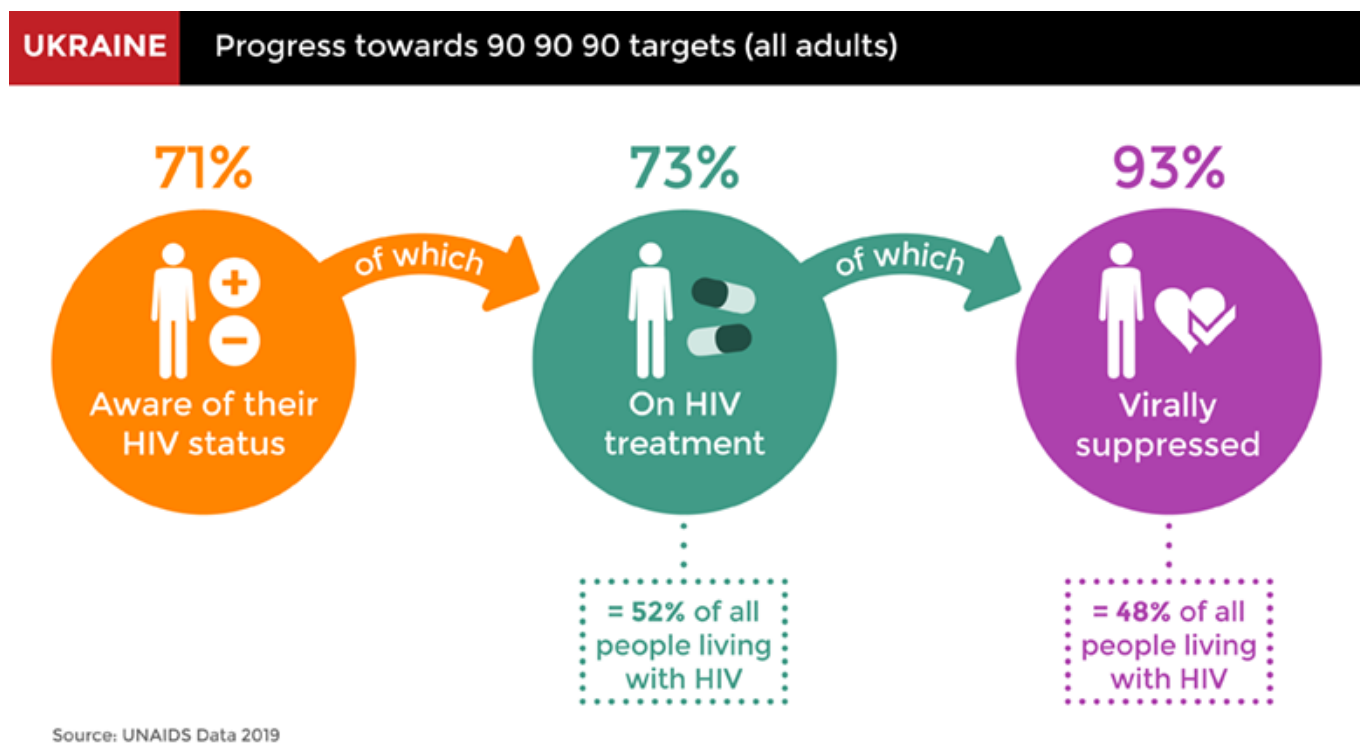
people living with HIV in Ukraine on treatment and 48% being virally suppressed.⁶

Ukraine's HIV epidemic is mixed, with around 1% of the general population living with HIV and significantly higher HIV prevalence among certain population groups. When the epidemic first began in Ukraine, it mainly affected people – predominantly men – who inject drugs. But since 2008, sexual transmission of HIV has been driving the epidemic, with sexual partners of people from key populations particularly at risk, who may then transmit to other sexual partners.⁷ It is now estimated that around 73% of new transmissions are the result of sexual transmission.⁸

Government and civil society have generally been proactive in responding to HIV and there has been some success in rolling out antiretroviral treatment (ART) and harm reduction programmes. Recent gains are being threatened by unrest in the regions of Donetsk, Luhansk and Crimea which continues to impact on access to services.

Up to 3.1 million people have been directly affected by the conflict, while 1.1 million are externally displaced. Risk of ART interruption; disruption of harm reduction services, preventing mother-to-child transmission services and paediatric treatment; sexual violence, and a lack of prevention measures for the armed forces are all undermining the impact of Ukraine's national HIV response in these areas, which were already disproportionately affected by the epidemic.⁹

In addition, a 2018 study suggests conflict in Ukraine has increased the risk of HIV outbreaks throughout the country as displaced people living with HIV move from war-affected regions to other areas.¹⁰



Key affected populations and HIV in Ukraine

People who inject drugs (PWID)

It is estimated that between 0.8 and 1.2% of the adult population inject drugs.¹¹ This equates to approximately 346,000 people, of whom 75% are men and 25% are women.^{12 13}

In 2017, injecting drug use accounted for around 25% of all new HIV infections in Ukraine.¹⁴ A total of 3,728 people were infected with HIV by sharing needles and other injecting equipment in 2016, although encouragingly this figure has halved from 2010, when 6,934 people were infected with HIV through this route.¹⁵

HIV prevalence among people who inject drugs was estimated at 22.6% in 2017.¹⁶ The most recent data available suggests HIV prevalence is higher among women who inject drugs (23.6%) than men who inject drugs (20.8%).¹⁷ However, in 2016, around five times more men who inject drugs became infected with HIV than women who inject drugs (3,116 compared to 612).¹⁸

Data from the 2011 Ukrainian Integrated Bio-Behavioral Survey (IBBS) indicate that 20% of women who inject drugs reported transactional sex, although the actual numbers may be higher. These women are at elevated risk for HIV due to both risky sexual and injection practices. However, a study published in 2017 found that exchanging sex was having less of an impact on the HIV status of women who inject drugs than previously assumed, suggesting that risk and vulnerabilities associated with being a woman who injects drugs, rather than a woman who sells sex, tend to drive transmission among this group.¹⁹

In 2017, 65% of people who inject drugs were estimated to be able to access HIV prevention services.²⁰ In the same year, 43% of people who inject drugs who were living with HIV were aware of their status and 38% were accessing ART. Around 44% of people who inject drugs reported using condoms, while 97% engaged in safe injecting practices.^{21 22}

The sexual partners of key affected populations

Sexual partners of key populations, in particular the partners of people who inject drugs and the clients of female sex workers, are at elevated risk of HIV infection.

In 2016, 10,069 people became infected with HIV through heterosexual sex (52% were women and 48% were men), around 1,000 more than in 2015. New heterosexual HIV infections were at their highest in 2013, at 11,472, and have been slowing since but this latest rise suggests new infections through this route may be increasing once more.^{23 24}

The majority of people who inject drugs in Ukraine are men. This, coupled with the tendency of men who inject drugs to have women who do not inject drugs as their primary sexual partner,²⁵ and the fact that male-to-female sexual transmission of HIV is more efficient than female-to-male sexual transmission, has resulted in an increasing proportion of new HIV infections occurring among women.

New HIV infections among adult women have almost tripled in 12 years, from 1,814 in 2005 to 5,100 in 2017.²⁶ As a result, 46% of adults living with HIV in Ukraine in 2017 were female, the vast majority of whom had become infected through sexual transmission.^{27 28}

Sex workers

In 2016, there were an estimated 80,100 female sex workers in Ukraine, with an HIV prevalence of

5.2%.²⁹ Prevalence differs greatly between areas, and in 2012 was estimated to be as high as 38.2% in Donetsk and 23.7% in Kyiv.³⁰

In 2017, 58% of sex workers living with HIV were aware of their status and 29% were on ART.³¹

A study carried out in Ukraine in 2011 found HIV prevalence among female sex workers who inject drugs to be 43%, compared to 8.5% among female sex workers who did not inject drugs, which was the estimated prevalence of this population at the time.³²

A basic package of services is available for female sex workers through a network of non-governmental organisations (NGOs) across all regions of Ukraine, which combines prevention of HIV with prevention of other sexually transmitted infections (STIs).³³ In 2017, 48% of sex workers were estimated to have access to HIV prevention services.³⁴ Despite this relatively low coverage in 2017, 93% of female sex workers reported using condoms with clients.^{35 36}

Modelling estimates suggest that addressing the routine physical and sexual violence faced by sex workers at the hands of clients, police and other members of society in Ukraine would lead to a reduction of approximately 25% in HIV infections among this population.³⁷

Men who have sex with men (MSM)

Recent estimates suggest that there are around 181,000 [men who have sex with men](#) (sometimes referred to as MSM) in Ukraine.^{38 39} Because of the way data are collected in Ukraine, transgender women are included in this population group. However, the high level of stigma faced by men who have sex with men and other lesbian, gay, bisexual, transgender and intersex (LGBTI) people in Ukraine means that the majority keep their sexual orientation and gender identity hidden, suggesting the population estimate for this group is under reported.

In 2017, HIV prevalence among men who have sex with men was estimated at 7.5%.^{40 41}

Transmission among men who have sex with men is of increasing concern. The 2013 IBBS showed MSM to have the highest rate of new infections among key populations.⁴²

In 2017, 24% of men who have sex with men were estimated to have access to HIV prevention services.⁴³ In the same year, 39% of HIV positive men who have sex with men were aware of their status and 46% were on ART. Around 78% reported using condoms.⁴⁴

Prisoners

[Prisoners](#) are another group at particular risk of HIV. Criminalisation of drug use has resulted in extraordinarily high levels of incarceration. Before conflict broke out in 2013, 324 people out of every 100,000 were incarcerated – well in excess of the world average of 146 out of 100,000. In 2014, though, large numbers of prisoners were rapidly released into the community, dropping the rate to 195/100,000.⁴⁵

HIV prevalence in prisons is officially estimated at 3.3%,⁴⁶ although a wide-ranging study of HIV in prison populations across Eastern Europe and Central Asia published in 2016 estimated prevalence among Ukrainian prisoners to be much higher at 19.4%.⁴⁷ In 2017, 62% of prisoners living with HIV were receiving ART.^{48 49}

The 2016 study mentioned above found that, in Ukraine people who inject drugs who have been to

prison have a significantly higher HIV prevalence than people who inject drugs but have not been to prison (28% vs 13%). Additionally, previously-incarcerated people who inject drugs reported 3.9 more injections per month and had a 1.5 times greater chance of sharing syringes than injecting drug users who had not been in prison.⁵⁰ The study concluded that incarceration, and specifically heightened injecting risks after incarceration, could contribute between 28% and 55% of new HIV infections among people who inject drugs in Ukraine over the next 15 years.⁵¹

There is also a high prevalence of HIV co-infections in Ukrainian prisons. Incarceration contributes to tuberculosis (TB) transmission and although Ukraine's prison population consists of 0.5% of the adult population, 6.2% of all new TB cases across the country are a direct result of incarceration. This association is even more stark for people who inject drugs that are also HIV positive, with incarceration linked to 75% of TB infections for this population.⁵²

Hepatitis C prevalence in prisons is also substantially high estimated at 60.2%.⁵³

HIV testing and counselling (HTC) in Ukraine

In 2016, the number of people testing for HIV nationally dropped to 1.7 million.⁵⁴

Three years before this, in 2013, 2.9 million people received HIV testing and counselling (HTC). Although this equated to 6.5% of Ukraine's population, more than 60% of those tested were pregnant women and blood donors. The remaining number of people tested for HIV amounts to only 2.5% of Ukraine's population, of whom less than a quarter are from key affected population groups.⁵⁵

Factors like these are one of the reasons why in 2017 only 56% of those living with HIV in Ukraine knew their status.⁵⁶

Criminalisation, stigmatisation and social marginalisation mean that many people from key populations remain hidden and are scared to engage with health services where HIV testing has traditionally been carried out.

Various approaches are being implemented to increase HIV testing. In 2017, a national HIV self-testing service was introduced. Through the campaign 'HIV is Invisible. Get Tested and Save Life', people are encouraged to access a national self-testing website (Selftest.org.ua) where they receive information on how to carry out a self-test for HIV, as well as where to find a testing kit and what to do if they test positive for HIV.⁵⁷

Ukraine also implements directly assisted HIV self-testing for key population groups whereby self-testing kits are taken to communities of key populations and outreach workers, many of whom are themselves from key populations, assist people to test for HIV. In 2015, this approach reached 44% of people who inject drugs, 37% of female sex workers and 14% of men who have sex with men. However, the proportion of key populations reached via this approach in 2016 and 2017 suggests that many of those now testing are established clients of prevention services, but those who are not yet participating in such programmes remain unreached.⁵⁸

Even where testing is available, people are often diagnosed at a late stage of infection. For example, in the first six months of 2012, the Kiev AIDS Centre reported 89% of people who were diagnosed with HIV had advanced HIV (a CD4 count of less than 350). Only 28.5% of these people were initiated on ART.⁵⁹

Increasing testing among undiagnosed HIV positive people

The Transmission Reduction Intervention Project (TRIP) conducted network-based recruiting, counselling and testing in Odessa, Ukraine, from November 2013 to March 2016. TRIP focused on locating people who had recently become HIV positive in order to prevent further transmission among their networks. This led to locating a higher rate of undiagnosed people living with HIV than either recruiting people to test via IBBS data or outreach testing.

The TRIP system tested 1,252 people (21% women) in seeds' risk networks; IBBS tested 400 people (18% women); outreach testing tested 13,936 people (31% women). However, TRIP networks included a higher proportion of undiagnosed people living with HIV (14.6%) than IBBS (5.0%) or outreach testing (2.4%). These results strongly suggest that network recruiting techniques similar to those used in TRIP is an effective way to reach more people living with HIV who are unaware of their status.⁶⁰

HIV prevention programmes in Ukraine

In spite of the difficult socio-economic situation facing the country, Ukraine approved a new four-year HIV strategy in 2014 (the National HIV/AIDS Programme 2014-2018).⁶¹ The strategy takes a patient-oriented, combination approach that focuses on prevention programmes targeted at key populations while expanding access to treatment.⁶²

In 2017, 15,680 people became newly infected with HIV.⁶³ In 2014, prevention efforts had begun to slow the increasing infection rate but progress now appears to be stalling.

Condom availability and use

By 2020, Ukraine's condom distribution programme aims to reduce non-condom use among people at high risk of HIV infection by 76% from 2013 levels, by 18.9% among people at medium risk of HIV infection and by 24.2% of people at low risk of infection.⁶⁴

Condom use is increasing and stood at 80% condom use at last high-risk sex among adults (aged 15-49) in 2017. There is a divide between genders, as this equates to 83% of men reporting condom use at last high risk sex, compared to 52% of women. ^{65 66}

The Ukraine government has provided around 56 million condoms to fulfil its 2014-2017 strategy.⁶⁷ In 2017, an average of 185 free condoms were distributed per sex worker involved with HIV prevention programmes and 106 were distributed to men who have sex with men.⁶⁸

In 2016, 3.3 million condoms were distributed in conflict areas to prevent STIs and HIV among uniformed people as well as among most-at-risk groups and key populations.⁶⁹

HIV education and approach to sexuality education

In 2017, knowledge of HIV prevention among young people (aged 15-24) in Ukraine was low at 23%. Young men were marginally more knowledgeable than young women (25%, compared to 21%).⁷⁰

Sexuality education is integrated into different mandatory subjects in primary and secondary schools. A number of topics are dealt with extensively, mainly covering biological aspects and body awareness, HIV/STIs, love, marriage and partnerships. However, other topics, such as contraception, pregnancy and birth, gender roles and sexual violence are touched upon more briefly. [71](#)

Differences in the delivery of sexuality education exist throughout the country for several reasons, including personal rejection of sensitive topics by individual teachers, lack of skills to address topics related to sexuality and the influence of local religious communities. [72](#)

A number of NGOs also provide sexuality education in non-formal settings. In addition, local TV and radio sometimes broadcast series of thematic episodes with the participation of medical staff and representatives of NGOs working in the field of sexual and reproductive health and rights. [73](#)

Preventing mother-to-child transmission (PMTCT)

There has been an almost eight-fold reduction in the rate of mother-to-child transmission of HIV in Ukraine since 2001: from 27.8% in 2001 to 3.7% in 2015. [74](#) In 2017, 81% of pregnant women living with HIV were receiving antiretrovirals as part of PMTCT services and less than 500 children became HIV positive due to mother-to-child transmission. [75](#)

Harm reduction

Ukraine has been providing opioid substitution therapy (OST) on a relatively small scale since 2004. Since its inception, OST programming has been largely funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. [76](#) However, in 2017, the Global Fund significantly reduced its financial support for Ukraine, and in 2018 the Ukrainian government took over full financial support of its OST programme, making it the largest of its kind in eastern Europe and central Asia.

In 2018, the government committed to fund access to OST for over 10,000 people at 178 healthcare facilities. [77](#) However, this match funding only equates to OST coverage of 3.5%, [78](#) despite Ukraine's 2014-2018 HIV strategy committing to increasing OST and rehabilitation programmes for at least 35% of people who inject drugs by 2018. [79](#)

Ukraine has been scaling up its needle and syringe programme (NSP) since 2012. National policy stipulates that NSP services should be free of charge and 'low-threshold', meaning that people are not required to meet specific criteria in order to receive injecting equipment. [80](#)

In 2016, there were 1,667 NSP sites in Ukraine across 27 regions. [81](#) However, analysis of data between 2011 to 2014 suggests that people who inject drugs receive an average of nine clean syringes a month (108 per year), just over half of the 200 per year recommended by World Health Organization/UNAIDS. [82](#)

A 2017 Integrated Bio-Behavioural Survey (IBBS) of people who inject drugs in Ukraine found 97% of respondents used sterile injecting equipment at last use. [83](#)

How unrest is affecting harm reduction

Around a fifth of people living with HIV who inject drugs (45,000) in Ukraine live in Donetsk and Luhansk, two of the regions affected by unrest. [84](#) It is estimated that 40% of people living with HIV who have been receiving HIV-related harm reduction services now live in territory controlled by

Russia or pro-Russian separatists.⁸⁵

As Russia does not permit the use of OST, many OST services in these annexed territories have been closed down. OST provision ceased in Donetsk in June 2016.⁸⁶ It is estimated that, as of 2017, around 900 people had lost access to OST as a result of unrest.⁸⁷

Previous OST clients being imprisoned and/or returning to drug use, with some suffering death from suicide or complications related to drug overdose and chronic illness, have also been reported.⁸⁸

Pre-exposure prophylaxis (PrEP)

As of 2018, access to [pre-exposure prophylaxis \(PrEP\)](#), a course of HIV drugs taken by HIV-negative people to reduce their risk of HIV infection, was limited to just 200 people in Ukraine.⁸⁹

This includes a two-year demonstration project (2017-2019) involving 100 men who have sex with men and transgender people that will potentially contribute to the development of a sustainable PrEP delivery model for these groups.⁹⁰

The President's Emergency Plan for AIDS Relief (PEPFAR) is also in the process of implementing a project to provide PrEP to 500 adults and adolescents at high risk of HIV.⁹¹ The Ukrainian government plans to provide 4,500 to 5,000 people with PrEP by 2020.⁹²

Antiretroviral treatment (ART) availability in Ukraine

In 2017, 40% of people living with HIV (98,237) were on ART.⁹³

Coverage among HIV positive people from key populations ranges from 62% among prisoners to 29% among sex workers.⁹⁴

In 2015, Ukraine updated its ART guidelines to initiate treatment for all people living with HIV, regardless of CD4 count, with a specific focus on starting people from key population groups onto ART at any CD4 count and prioritising all people living with HIV with a CD4 count of less than 500.⁹⁵

Kyiv and Odessa signed up to UNAIDS' Fast Track Cities initiative in 2016 and 2017, respectively, which commits to substantially increasing HIV testing and treatment coverage, with a focus on reaching key populations. Kyiv is now implementing a range of innovations, including funding from private funds, decentralisation of treatment and social contracting to reach its target of 82% of people living with HIV in the city on treatment by 2021.⁹⁶

Adherence to treatment is relatively high. In 2017, 88% of adults and children were known to be on ART 12 months after starting it.^{97 98}

Relatively low enrolment on ART (at only 45% of those with HIV) means that only 24% of the total number of people living with HIV had suppressed viral loads in 2017. As such the effect this level of viral suppression will have on the rate of new HIV infections in the country will be minimal.⁹⁹

There has been a decline in the number of young people (aged between 15 and 24) newly registering for HIV care, from 34.5 to 18.9 per 100,000 between 2010 and 2015, although data on why this is remains limited. Many young people living with HIV often belong to key population groups, which makes accessing services and care particularly challenging. That said, for those young people

accessing treatment, 88% were virally suppressed at last follow-up.¹⁰⁰ In 2017, surveillance on drug resistant HIV began in Ukraine, overseen by PEPFAR.¹⁰¹

Civil society's role and HIV in Ukraine

In January 2014 the Ukrainian government amended the existing legal framework on NGOs, forcing all groups receiving foreign funding and engaging in 'political activities' to register as 'foreign agents', mirroring a law first introduced by Russia in 2013. The law was then repealed after President Yanukovich fled the country.¹⁰²

Despite this reprieve, NGOs and activists, particularly those working with key populations, are finding it increasingly difficult to work in the occupied territories of Crimea and Southern Donbas.¹⁰³ For example, in May 2015 the Nash Mir Centre reported that many LGBTI NGOs in Crimea had shut down, with activists fleeing to Kyiv or leaving Ukraine altogether.¹⁰⁴

In 2017, newly passed 'anti-corruption' legislation was used by tax police to raid the offices of Patients of Ukraine, and the All-Ukrainian Network of People Living with HIV/AIDS (PLWH), two NGOs known for exposing questionable schemes in the state medical procurement system. The authorities alleged that the NGOs had misused their international funding – despite having passed an independent financial audit – and, according to court documents, were accused of 'supporting terrorism' by funding partner patient organisations in Crimea.¹⁰⁵

HIV and tuberculosis (TB) in Ukraine

The HIV/TB co-infection situation remains grave. In 2017, tuberculosis was the cause of around half (51%) of all AIDS-related deaths. The country also carries a high burden of TB and is ranked fourth in the world for multi-drug resistant TB (MDR-TB).¹⁰⁶

In 2016, 39,000 people were infected with TB and 21% of people with TB were living with HIV. This is the highest rate of HIV/TB co-infection, and the second largest absolute number of incident cases in the region.¹⁰⁷

In addition, in 2017, the prevalence of HIV and hepatitis C (HCV) co-infection was 18.7% among people who inject drugs and 3.7% among sex workers. ¹⁰⁸ Poor integration of services and lack of collaboration in the health sector means health services for people living with HIV often fail to address major issues such as TB and HCV.¹⁰⁹

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Barriers to the HIV response in Ukraine

Legal, cultural and socio-economic barriers

Punitive and repressive laws faced by key affected populations continue to prevent people from these groups accessing HIV prevention and treatment services.

ILGA-Europe, the European section of the International LGBTI Association, rated Ukraine 36th out of 49 European countries for LGBTI equality in 2017.¹¹⁰ Although the government has introduced several progressive policies supporting men who have sex with men and LGBTI people since 2014, prevailing social attitudes are often intolerant, leading to widespread discrimination, harassment and abuse.¹¹¹

Equal Rights Trust research indicates that, since November 2013, the situation facing men who have sex with men who live in Crimea and parts of Donetsk and Luhansk has grown even more dangerous, with the authorities expressing virulently homophobic views and increasing levels of violence against men who have sex with men.¹¹²

In May 2014, Crimea passed 'anti-propaganda'-style legislation, which effectively prohibits any public display of LGBTI activities, resulting in the banning of Crimea Pride in August 2015.¹¹³ There have also been reports that the 'Luhansk People's Republic' has sought to criminalise same-sex sexual activity with imprisonment of between two and five years. Many men who have sex with men are thought to have left the region.¹¹⁴

Punitive drug laws also inhibit access to HIV testing and treatment for people who inject drugs. Criminalisation of drug use and discriminatory practices restrict access to NSPs. Police have been reported to arrest people who access harm reduction services and extract bribes for the possession of syringes or needles.^{115 116}

Administrative barriers relating to harm reduction also exist. In Ukraine, official name-based registration of people who inject drugs is required to receive OST. However, registration often results in restrictions in employment, loss of privileges (for example, driving licence) and targeting by police.¹¹⁷

Stigma and discrimination

HIV-related [stigma and discrimination](#) plays a large role in preventing people living with and most affected by HIV from accessing the services they need.

A 2013 survey by the People Living with HIV Stigma Index in Ukraine found HIV-related stigma had reduced since the survey was last conducted in 2011 (from 51% experiencing some form of stigma or discrimination in 2010 to 40% in 2013). However, it was still a significant issue with people from key affected populations experiencing stigma more often than people living with HIV not identified as being from these groups. About a quarter (26%) of respondents in 2014 had been gossiped about due

to their HIV status and 18% had experienced verbal assaults, harassment or threats.¹¹⁸ In 2012, 65% of people in Ukraine said that they would not buy vegetables from a shopkeeper with HIV.¹¹⁹

Structural barriers

Ukraine continues to experience instability and insecurity due to armed conflict in the eastern part of the country. The health sector is particularly affected by constantly changing leadership, severe budget constraints and the risk of losing progressive political and programmatic decisions in relation to HIV prevention.¹²⁰

In addition, the high concentration of people at-risk of, and living with HIV, in the conflict-affected area of Donbass threatens to undo recent progress in the rollout of harm reduction and ART programmes.¹²¹

In a report published in February 2017, the UN Human Rights Monitoring Mission to Ukraine documented cases of conflict-related sexual violence. It also criticised Ukraine's justice system for failing its survivors and highlighted a lack of adequate care and counselling. The majority of the documented cases concerned sexual violence against men and women who had been detained by government forces or armed groups.¹²²

Funding for HIV in Ukraine

Ukraine funds the majority of its HIV response domestically and has been increasing its investment significantly, year-on-year. In 2010, international funding for Ukraine's HIV response stood at US \$33.8 million, compared to domestic funding of US \$38 million. In 2013, international funding rose by around US \$7.7 million to US \$41.5 million, while domestic funding rose by US \$33.7 million to US \$71.7 million.¹²³

However, 2013 is the year when conflict broke out in the country and is also when the World Bank reclassified Ukraine as a lower middle-income country. Concern is mounting about whether increasingly squeezed domestic spending will be able to adequately fund an effective HIV response, with key affected populations most likely to miss out.

Although Ukraine does not appear on the Global Fund's list of countries projected to transition from its support by 2025, Ukraine's funding request in 2017 included plans for the government to assume a greater share of the responsibility for providing services. In the Global Fund's new grant cycle, which began in January 2018, Ukraine plans to gradually transition activities and procurements from NGOs to the nationally run Public Health Center by 20% in 2018, 50% in 2019 and 80% in 2020.¹²⁴

In 2017, a successful advocacy campaign to push for sustainable national funding commitments for the HIV response resulted in a state budget increase of 132%, thereby meeting the 2017 ART target of 107,000 people living with HIV initiating treatment. In the same year, Ukraine also fulfilled its funding commitment to provide OST with a \$0.5 million USD budget allocation for methadone procurement, covering 100% of current OST patients.¹²⁵

The future of HIV in Ukraine

Ukraine's HIV response faces an uncertain future. On the one hand, effective prevention and treatment work targeting key affected populations carried out in the past decade is beginning to show

gains, with the rate of new infections, both through sexual transmission and injecting drug use, starting to slow.

In addition, more people are accessing effective treatment. This is due, in part, to the strength of civil society in Ukraine as NGOs led by people living with HIV waged a successful advocacy campaign on radical ART optimisation and cost reduction that has resulted in patents on two key ARVs being removed and made Dolutegravir available at low cost.¹²⁶ Civil society will need to retain its influence and strength if progress on HIV continues to stall.

To bring the country's epidemic under control, intensified efforts are needed to identify people living with HIV who are unaware of their status, particularly in hard-to-reach key population groups, and engage them in HIV care and treatment. As the epidemic faces an increased risk of generalisation, identifying and reducing the risks associated with sexual transmission of HIV, particularly among the partners of key populations, remains a priority.

In areas affected by conflict, increasingly conservative legislation has caused OST services to shut and engendered an increasingly hostile atmosphere towards people who inject drugs, men who have sex with men and others from key affected populations.

If HIV prevention and treatment services falter in these regions, and as more people living with HIV from these areas become displaced from war, the small gains in Ukraine's HIV epidemic that have been made in recent years could soon be reversed.



Tools and resources:

www.about-hiv.info: This website features a series of factsheets about key HIV topics, currently available in Armenian, English, Georgian, Kazakh, Russian and Ukrainian. The site also provides details of local support organisations.

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Last full review:

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Next full review:

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