



**HEALTH  
POLICY  
PROJECT**

# HIV Policy Assessment:

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## Ukraine

## Annex Addendum

**JUNE 2011**

This publication was prepared by Nicole Judice of the Health Policy Project.



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## Annex 1. Stigma and Discrimination

### 1. Ukrainian legislation clearly prohibits discrimination on the grounds of HIV status

#### **Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV”**

- *Article 14, paragraph 3*: Discrimination of an individual on the grounds of HIV infection availability in such individual [...] is prohibited. Discrimination is deemed to be any action or absence of action that, directly or indirectly establishes limitation, deprives such individual of the adherent rights, or humiliates the human dignity on the grounds of one or more features related to the actual or potential availability of HIV in such individual or giving grounds for affiliation of such individual to a group of the high risk of HIV infection.

### 2. Ukrainian legislation clearly prohibits discrimination on the grounds of affiliation to a vulnerable group

#### **Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV”**

- *Article 14, paragraph 3* (see Box 1 of this form).

### 3. In Ukraine, there are regulatory framework provisions that protect PLHIV from stigmatization and discrimination in the labor sector

In Ukraine, there are a number of documents that prohibit discrimination in the labor sector; moreover, the National Program to Ensure HIV Prevention, Treatment, Care, and Support for HIV-infected People and People with AIDS outlines efforts targeting elimination of the discrimination in the work place; although the planned amount of funding in support of such efforts is not specified in the program.

#### **Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV”**

- *Article 16*: Dismissing from employment, rejection in employment [...] of the people living with HIV on the grounds of their HIV-positive status, and also limitation of the rights of their relatives on the same grounds, is prohibited.

#### **Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- *Section II “Prevention Efforts”*: Ensure development of programs on prevention of HIV infection and AIDS at the work place [...] to prevent discrimination of HIV-infected people in the labor relations sector and perform regular monitoring in this sector; and development and ensuring of application of the methods on prevention of HIV infection and AIDS at the work place and also elimination of discrimination manifestations in the labor relations sector.

#### **Labor Code of Ukraine (DRAFT as of 12.10.2009)**

- *Volume 1. General Provisions.*
  - *Chapter 1. Key Provisions. Article 4.* Prevention of discrimination in the labor sector: “Any kind of discrimination in the labor sector is prohibited; specifically, violation of the principle of equal rights and opportunities, direct or indirect limitation of the employees’ rights [...] on the grounds of suspected or actual availability of HIV or AIDS disease [...]”

**MOES Order #457 of 1.6.2009 “On Approving the Action Plan of the Ministry of Education and Science of Ukraine on the Implementation of the National Program on HIV Prevention, Treatment, Care and Support to HIV Infected People and People with AIDS for 2009–2013”**

- *Paragraph 1.4 of the Action Plan:* Control compliance with the legislation relevant to HIV infection and AIDS in the labor relations sector to eliminate discrimination of HIV- infected people and ensure application of the methods on prevention of HIV infection and AIDS at the work place and also elimination of discrimination manifestations in the labor relations sector.

**4. In Ukraine, there are regulatory framework provisions that protect PLHIV from stigmatization and discrimination by medical service providers**

In Ukraine, there is legally defined prohibition of discrimination of PLHIV by the medical service providers.

**Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV”**

- *Article 16:* [...] rejection in admission to [...] the medical care facilities [...] of the people living with HIV on the grounds of their HIV positive status, and also restriction of the rights of their relatives on the same grounds, is prohibited.

**5. In Ukraine, there are regulatory framework provisions that protect PLHIV from stigmatization and discrimination in the system of preschool and secondary education**

**Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV”**

- *Article 16* (see Box 4 of this form).

**Joint MOH, MOES, MOFYS, Department of Enforcement of Sentences, and Ministry of Labor and Social Policy Order # 740/1030/4154/321/614a of 11.23.2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV-Infected Children and their Families”**

- Guidance on the format of providing medical and social support to HIV-infected children—*Paragraph 6.1:* HIV-infected children attend to the preschool, secondary, specialized, and higher education facilities of the accreditation levels I–IV on common terms.



**6. In Ukraine, there is legislation containing provisions that that encourage/provoke stigmatization and discrimination of IDUs**

In Ukraine, there is an MOH order whereby the amount of illicitly held acetylated opium that results in criminal liability was significantly lowered. This fact encourages criminalization of IDUs and strengthens attitudes toward this group of criminals, which consequently encourages their stigmatization.

**MOH Order #634 of 7.29.2010 “On Amending the Order of the Ministry of Healthcare of Ukraine as of 08.01.2000 #188”**

- Table 1 of the Order:

MINOR, SUBSTANTIAL AND MAJOR AMOUNTS  
of the drug substances in the  
Illicit circulation

Drug Substance Name	Minor amount (grams)	Substantial amount (grams)	Major amount (grams)
1	2	3	4
Acetylated Opium - substance containing acetylated derivatives of the opium alkalized matter (including content of other substances)*	< 0,005	1,0 and up to 10,0	10,0 and more

**7. A number of documents contain provisions that aim to prevent the reasons for stigmatization and discrimination of PLHIV**

In Ukraine, the importance of implementing efforts to prevent stigma and discrimination related to PLHIV is recognized and ensured by several regulations.

**Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV”**

- *Article 4, paragraph 1, subparagraph 13:* The state guarantees ensured implementation of the sustained policy targeting development of the tolerant attitude to the people [...] people living with HIV.
- *Article 4, paragraph 1, subparagraph 14:* The state guarantees ensured implementation of the awareness-building activities targeting development in the population [...] of the tolerant attitude to and elimination of discrimination of the people [...] living with HIV.

**Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- *Section II “Prevention Efforts”*: Supporting development of the tolerant attitude to HIV-infected people and people with AIDS”—planned amount of funding UAH 700,000 out of the Global Fund Grant funds; ensuring information and awareness-building activities on development of tolerant attitude to HIV-infected children”—planned amount of funding UAH 5,000 out of the national budget.

**MOH Order #452 of 6.25.2009 “On Approving the Action Plan on the Implementation of the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

- *Paragraph 6.3 of the Action Plan*: Encourage development of tolerant attitude to HIV-infected people and people with AIDS in cooperation with nongovernmental organizations.”

**8. A number of documents contain provisions that aim to prevent the reasons for stigmatization and discrimination of vulnerable groups**

In Ukraine, the importance of implementing efforts to prevent stigma and discrimination related to vulnerable groups is recognized and ensured by several regulations; although the amount funding in support of such activities is not specified in the National Program.

**Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV”**

- *Article 4, paragraph 1, subparagraphs 13 and 14* (see Box 7 of this form).

**Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- *Section II “Prevention Efforts”*: Implementation of activities that target elimination of the discrimination manifestations against the representatives of risk groups demonstrated by the associates of the services of healthcare, labor, and social security of population.

**MOH Order #452 of 6.25.2009 “On Approving the Action Plan on the Implementation of the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

- *Paragraph 6.3 of the Action Plan* (see Box 7 of this form).

**9. In Ukraine, there are documents and regulatory acts that guarantee inclusion into the secondary education curriculum the subject matters on development of the tolerant attitude to PLHIV**

In Ukraine, the laws and orders of the MOES guarantee and mandate including subject matters on development of the tolerant attitude to PLHIV into the secondary school education curriculum.

**Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV”**

- *Article 4, paragraph 1, subparagraph 6:* The state guarantees ensured inclusion of the subject matters relevant to [...] inadmissibility of discrimination of such people [PLHIV] and the need to develop tolerant attitude to such people into the education curricula of the secondary, vocational, and technical and higher education facilities.

**MOES Order #457 of 1.6.2009 “On Approving the Action Plan of the Ministry of Education and Science of Ukraine on the Implementation of the National Program on HIV Prevention, Treatment, Care and Support to HIV Infected People and People with AIDS for 2009–2013”**

- *Paragraph 4.2 of the Action Plan:* Introduce the optional course in the secondary education facilities for young people on prevention of HIV infection and AIDS.
- *Paragraph 4.5 of the Action Plan:* Encourage development of the tolerant attitude to HIV-infected people and people with AIDS. Ensure implementation of the information and awareness-building activities on development of the tolerant attitude to HIV-infected children.

**10. In Ukraine, there are documents and regulatory acts that guarantee inclusion of the subject matters on development of the tolerant attitude to PLHIV into the higher education curriculum**

In Ukraine, the laws and orders of the Ministry of Education and Science guarantee and mandate inclusion of the subject matters on development of the tolerant attitude to PLHIV into the higher education curriculum.

**Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV”**

- *Article 4, paragraph 1, subparagraph 6* (see Box 9 of this form).

**11. In Ukraine, the subject matters on development of the tolerant attitude to PLHIV are included into the teachers’ postgraduate education curriculum**

The MOES, along with other ministries and agencies, included the subject matters on development of the tolerant attitude to PLHIV into the teachers’ postgraduate education curriculum.

**MOES Order #457 of 1.6.2009 “On Approving the Action Plan of the Ministry of Education and Science of Ukraine on the Implementation of the National Program on HIV Prevention, Treatment, Care and Support to HIV Infected People and People with AIDS for 2009–2013”**

- *Paragraph 3.6 of the Action Plan:* Include the course “Development of the tolerant attitude to HIV positive children in the system of preschool and school education” into the system of postgraduate education of the teaching staff of the preschool and secondary school education facilities, and education system management staff.

**12. The national policy in Ukraine mandates involvement of PLHIV in policy development and evaluation at the national level via their involvement on the National Council on TB and HIV/AIDS**

**CMU Act #916 11. 7. 2007 “Selected Matters of Response to TB and HIV Infection and AIDS”**

- *Article 5:* The Council [National Council in affairs Response to TB and HIV Infection/AIDS] is chaired by the Vice Prime Minister of Ukraine. The Council Chair has four Deputies, including one First Deputy. One of the Deputies is a representative of the civil society organizations of the people living with TB or HIV Infection/AIDS (upon consent). The Deputy Chair representing the civil society organizations of the people living with TB or HIV Infection/AIDS is elected by the Council Members at the Council meeting.

**13. The national policy in Ukraine mandates involvement of PLHIV in policy development and evaluation at the regional level via their involvement on regional Councils in affairs Response to TB and HIV Infection/AIDS**

**CMU Act #916 11. 7. 2007 “Selected Matters of Response to TB and HIV Infection and AIDS”**

- *Article 5:* “The Head of the Council of Ministers of the Autonomous Republic of Crimea, the Heads of Oblast, Kyiv and Sevastopol Municipal State Administrations should establish regional Councils in affairs Response to TB and HIV Infection /AIDS.”

## Annex 2. Multisectoral Response and Linkages with Other Health and Development Programs

### Policy Environment for a Multisectoral Response to HIV

- HIV is characterized by its diversity and has a negative impact on health, demographic, social, economic, and cultural aspects of social life. HIV turns from a purely public health problem into one of social development. In Ukraine, the HIV/AIDS response at the governmental level is recognized as a public health priority. The government policy on HIV/AIDS is aimed at preventing HIV in the general population, protecting and ensuring the human rights of PLHIV, and providing healthcare and social protection services to PLHIV.
- From a historical point of view, HIV is a relatively new problem for Ukrainian society. Taking into account the rapid spread of HIV, there is a need to look for efficient approaches to solve this problem based on the positive experiences of other countries and the recommendations of international organizations that are tackling the HIV epidemic. Globally, it has been recognized that a multisectoral approach is required to effectively respond to HIV.
- Ukrainian legislation is guided by international legal instruments recognizing a high efficiency of multisectoral impact on HIV prevention among the general public. The multisectoral character of HIV prevention in Ukraine is regulated at the legislative, multisectoral, and regional levels.

### “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of Population” #1972 of 12.12.1991

- First law aimed at overcoming HIV/AIDS in Ukraine. It envisaged collaboration between different sectors.
- *Article 5* of this law established the authority of executive power bodies, local governments, institutions, and organizations to implement HIV prevention activities. The authority to implement multisectoral coordination of HIV prevention activities was vested in a specially established central executive power body in the area of healthcare, and HIV prevention activities were to be developed and implemented by the respective central and local executive power bodies, local governments, as well as enterprises, institutions, and organizations of all forms of ownership (i.e., different sectors were assigned the task of developing special HIV prevention efforts within their functional activities).

### Multisectoral Coordination of HIV Prevention Activities

### Law #2861–VI of 12.23.2010 “On Amendments to the Law of Ukraine ‘On Fighting Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population’”

- Establishes government guarantees in the area of response to the spread of HIV-related diseases and includes the issues of HIV prevention, healthy and moral life styles, spiritual values, and treatment, care and support for PLHIV and their relatives.
- Contains a provision on intolerance to discrimination of such people and the need to develop tolerant attitudes toward them in educational curricula for secondary and vocational schools and higher educational institutions. These legal guarantees should be enforced through the respective sectors in accordance with their integral functions.
- Puts a serious focus on the provision of informational support to the national campaign for HIV prevention. It should involve organizations of different forms of ownership, including civil

society, charity, faith-based organizations, and trade unions. Authority to implement the multisectoral coordination of HIV prevention activities is vested in the MOH.

**Concept of the National Program for the Prevention of HIV-infection, Treatment and Care of, and Support for those HIV Infected and Those Suffering from AIDS for 2009–2013 approved by CMU Resolution #728-p of 5.21.2008**

- Envisages the improvement of the mechanism to prevent HIV through the application of multisectoral approaches within the multisectoral targeted tasks to prevent HIV set in the previous concept (Concept for the Prevention of HIV/AIDS for 2011) and the National Program to Ensure Prevention of HIV Infection, Care and Treatment for HIV Infected and AIDS Patients for 2004–2008 approved by CMU Resolution #№264 of 3.4.2004.
- Key areas of HIV response activities in Ukraine that were included in this National AIDS Program (NAP) made it possible to combine the efforts of the government and international CSOs.
- This program envisaged funding from local budgets, although failed to sufficiently regulate the mechanism of interaction between the public and civil sectors in terms of cooperation on funding sources, involvement of NGOs as partners in the priority determination process, and ensuring of transparency and accountability in the process of use of government expenditures. As a result of this failure, government funds were used inefficiently, which was confirmed by the national experience of implementation of care and support programs. A significant portion of prevention activities, including information and educational campaigns, harm reduction programs, PMTCT, provision of ARVs to PLHIV, as well as HIV/AIDS-related research was implemented with funding from Global Fund grants and funds provided by different UN agencies (UNDP, UNFPA, UNAIDS and UNICEF) and by USAID.

**MOH Order #225 of 4.14.2006**

- Assigned Ukrainian AIDS Prevention Center at the MOH responsibility for performing management, coordination, and monitoring of HIV/AIDS prevention and response activities.

*Although the MOH is responsible for the development and implementation of the NAP and its respective budget, the Ministry of Finance actually imposes a veto on certain activities or funding amounts that it considers inexpedient or unpromising to be supported at the expense of the national budget due to the lack of technical expertise to assess the destructive effect of such decisions on the epidemic development.<sup>1</sup> Current practice reflects excessive Ministry of Finance control over the programs, which is in direct contradiction with the other laws of Ukraine that guarantee free access to prevention, HCT, treatment, care, and support services. At the same time, the MOH lacks the financial authority to establish a broader collaboration with other ministries to determine technical priorities within the allocated budget to resolve urgent epidemic problems. This results in an inefficient response. The government's approach to HIV/AIDS illustrates that currently the requirements, rules, and regulations of the existing system outweigh the population's need for services. The central ministries have a dominant role in this hierarchy:*

<sup>1</sup> UNAIDS, 2009. *Comprehensive External Evaluation of the National AIDS Response in Ukraine: Consolidated Report*. Kyiv: UNAIDS.

they adopt resolutions that are often hard to implement and require detailed reports that are not used in practice. Orders and instructions often lack descriptions of expected results and do not envisage monitoring. Consequently, the oblast (provincial) governments do not have enough autonomy to make decisions that take local needs into account.

*The legal and regulatory base that has been formed in Ukraine to prevent HIV is aimed primarily at prevention—for which financial support is very limited. That is why some legal documents have only declarative value. Taking into consideration that the mechanisms to enforce these regulations were not developed, there are no effective methods to control their implementation.*

*Vertically structured planning and implementation systems in the ministries and between sectors create serious obstacles to the multisectoral collaboration and flexibility needed for an efficient HIV/AIDS response. It is important to ensure efficient leadership or ‘supervision’ by ministries at the national level to support efficient and effective implementation of activities. High-level supervision is urgently needed to enable ministries to guide transformation of sectoral HIV/AIDS programs and activities into efficient services that will have a real impact on the epidemic.*

*Ukraine has a highly developed coordination institution that envisages representation and coordination of activities between the governmental and nongovernmental partners on the national and regional levels, but the effectiveness of its work is insufficient. In 2005, the CMU adopted a decision to establish the National Coordination Council on HIV/AIDS (NCC) that personified the realization of strategic decision to create the high-level national coordinating body for partner relations between the government, civil society, people living with HIV, and international organizations. However, the Cabinet of Ministers determined that the NCC would play only an advisory and information role and did not have authority to implement its coordination functions. The NCC structure is a model of a multisectoral, high-level national forum for coordination of the HIV/AIDS response. The NCC provisions envisage that one of Deputy Chairmen should be a PLHIV representative, which is a wonderful example of support for the greater involvement of people living with HIV (GIPA). High-level of representation of PLHIV is also ensured in many Oblast Coordination Councils. The NCC also includes representatives of other key stakeholders, including local and international NGOs, donors, and academia. However, this broad representation is not supported by a high level of responsibility of government representatives, and actual responsibility for activities was vested in a committee under the MOH. As a result, multisectoral coordination was limited.*

#### **Presidential Decree #220/2008 of 3.17.2008**

- Approved the establishment of the Coordinating Council on HIV/AIDS, Tuberculosis and Drug Addiction to combine the efforts of top-level administrative bodies to overcome the most urgent problems of Ukrainian society.
- The Coordinating Council on HIV/AIDS, Tuberculosis and Drug Addiction was intended to ensure a proper focus and top-level national leadership in the HIV/AIDS response. However, according to international experts, the creation of a new National Coordinating Council on HIV/AIDS, Tuberculosis and Drug Addiction under the President of Ukraine posed an additional risk of duplication of activities between the Presidential and national councils.
- Capacity building of the council to enable it to play the role of the national coordination forum on AIDS issues did not take place, and the key directions of HIV/AIDS response were not implemented.

*Regional and local coordination councils have been established in the regions of the country.*

- These councils include representatives of different organizations involved in each region’s

HIV/AIDS response.

- Functioning of the oblast and local councils did not have sufficient support from the National Council.
- Power bodies in some oblasts did not demonstrate leadership capacities to ensure active functioning of the oblast councils.
- Due to the lack of a committed staff, resources, and potential and governance on the part of the National Council, the oblast and local councils cannot perform their duties related to the development, coordination, and monitoring of an efficient HIV/AIDS response to HIV/AIDS at the oblast and local levels.

*After the dissolution of the Coordinating Council on HIV/AIDS, Tuberculosis and Drug Addiction by the Presidential Decree #481/2010 of 4.2.2010, the role of an institution that should coordinate multisectoral cooperation was not regulated in Ukraine.*

#### **Presidential Decree #1085 of 12.9.2010 “On Optimization of the System of Central Executive Power Bodies” (item 16)**

- Established the State Service of Ukraine on Response to HIV/AIDS and Other Socially Dangerous Diseases—the provisions for which, as well as the coordination of activities in response to the spread of HIV in Ukraine, have not yet been regulated.

*Several central ministries are ever more actively integrating HIV and AIDS issues in their activities. Some ministries and other governmental institutions (e.g., the MOES) have organized their own coordination structures, but they do not have their own sectoral action plans and resources to respond to HIV/AIDS, or they are insufficiently developed due to the lack of resources in order to achieve success in such sectoral coordination.*

*Due to the multisectoral nature of the AIDS problem, the MOH should expand its collaboration with partners and institutions beyond the health sector, and, in particular, with other divisions and levels of the government. However, an ongoing coordination of overall national epidemic response activities continues to be weak and inconsistent.*

Taking into account the lack of a comprehensive national strategy to respond to HIV/AIDS and a nonfunctioning National Council, there is a risk that plans and activities of different sectors will remain uncoordinated, may duplicate each other, and will have an insignificant impact on both the national policy and the epidemic. That is why, in spite of certain achievements in some aspects and areas, the national AIDS response needs to be seriously strengthened. The GOU should resume its leadership in order to implement large-scale changes in the national systems of planning, funding, management, and coordination to ensure a sustainable progress and to implement the national AIDS response activities.

#### **Multisectoral Collaboration in the Provision of HIV Prevention Information to the General Public**

Distribution of HIV prevention information among the general population plays the most important role in response to the spread of this epidemic. Since many sectors and institutions are responsible for the information component of the HIV/AIDS response, the multisectoral collaboration determines its efficiency.



In Ukraine, the information component is regulated by numerous provisions of legislative and regulatory documents to be complied with by institutions and organizations. However, these provisions lack clarity and are mostly of a general, declarative nature.

Sexual transmission of HIV is becoming a growing driver of the HIV epidemic in Ukraine, and the number of new infections is increasing due to unprotected sex between people who do not have direct links with IDUs or belong to other MARPs. The number of infections among women of reproductive age and pregnant women is growing: over 40 percent of PLHIV are women, most of them (60%) of reproductive age. Young people face increased risk of HIV and STI infection due to the interaction of different behavioral, biological, social, and economic factors. Sexual behavior of young people is characterized by a disposition toward multiple, short-time sexual relations, which are, as a rule, unprotected. This situation underscores the need to standardize HIV prevention educational curricula for all age groups starting from early childhood, as well as training programs for teachers.

#### **Presidential Decree #1208 of 12.12.2007 “On Additional Urgent Measures to Respond to HIV/AIDS Ukraine”**

- Assigned the line ministries and institutions (MOH, MOES, MOFYS, with participation of the Academy of Medical Sciences and Academy of Pedagogical Sciences) to ensure updating of the educational curricula of medical and teacher training higher educational institutions, as well as facilities for postgraduate medical and pedagogical education in order to improve the training of healthcare workers and teachers on the issues of HIV-infection/AIDS and to take additional measures to provide educators and social workers with information materials and tools on AIDS prevention in order to conduct training activities with children, young people, and parents.

#### **State Standards of Basic and Complete Secondary Education**

- Sexual education is a compulsory component of the school curriculum. Sexual education is provided through compulsory and optional (chosen by children, parents, or educational facility) components of educational curricula.
- The compulsory component includes discussion of sexual education in the biology course (9<sup>th</sup> grade) and, most comprehensively, in the “Health Basics” course (5–9<sup>th</sup> grades). In biology, students learn the structure of male and female genitals, human reproductive functions, pubescence and deviations in pubescence, sexual hygiene, pregnancy hygiene, harmful consequences of early sexual relations, and so on. The content of the “Health Basics” covers issues of health and safety of vital functions. Its objective is to develop a conscious attitude to life and health, including sexual health, in students so that they adopt the basic principles of healthy life styles, develop life skills, adopt safe and healthy behavior, and become aware of how to protect their health. According to the **Standards Educational Plans approved by MOES Order #132 of 2.23.2004**, the “Health Basics” are to be studied in grades 5–7 for one hour per week, and in grades 8–9 for 30 minutes per week. Education will be provided according to the curriculum recommended by the Ministry of Education and Science of Ukraine (MOES letter #1/11-6611 of 12.23.2004 **“Health Basics. Curriculum for 5–9<sup>th</sup> Grades of Secondary Educational Facilities”** (Perun Publishers, 2005). Curriculum on health basics includes sexual education topics, including the development of skills to protect reproductive health and prevent oneself from sexually transmitted infections and HIV.
- The optional sexual education component includes various training curricula. The most common of them is an optional course “School against AIDS” for grades 8–11. Key objectives of the course are to provide reliable and comprehensive information about HIV/AIDS; facilitate the development of tolerant attitudes toward this problem and PLHIV; develop necessary knowledge

and skills to reduce the inclination of young people to engage in high-risk behaviors; and contribute to the development of a favorable environment for the health and development of students.

- The training course has all necessary methodological materials (curriculum, working copy-books for students of each grade, teacher's manual "Prevention of Risk Behavior," books "For You" separately for boys and girls). Besides, school psychologists provide individual counseling for students and separate classes for girls and boys, where they discuss the issues of sex and sexual relations. Students gain knowledge and life skills related to reproductive health according to their age, level of preparedness, and experience.

*M&E of preventive education.* From 2006–2009, the sector of monitoring and evaluation of preventive education of the Institute of Innovative Technologies and Education Content of the MOES conducted the monitoring research "**Efficiency of Introduction of Educational Subject "Health Basics" at Secondary Educational Facilities.**" According to the research results, the majority of students (87%) understands how to behave to protect their health and can correctly identify HIV transmission routes and actions to be taken if someone is infected with an STI. Most students (68%) are aware of the harmful impact of early sexual relations on the pubescence and the involvement of children in high-risk occupations (pornography and sex business).

In 2008, to study the situation with the teaching of "Health Basics," the Institute of Innovative Technologies and Education Content of the MOES conducted monitoring research of its implementation in the 7<sup>th</sup> grade of secondary schools. Teachers, who participated in this research, indicated that health life skills had been well developed among 22 percent of 7<sup>th</sup> grade students and partially developed among 74 percent of 7<sup>th</sup> grade students.

Efficiency of the preventive optional course for the senior school students "School against AIDS" was studied in the monitoring research conducted in 2006–2007 using "pre" and "post" evaluation procedures. This research was based on the anonymous questioning of the students before the beginning and on the completion of the course with the use of a specially designed questionnaire. According to the research results, the preventive course "School against AIDS" ensures the increased level of individual protection of students and the development of skills that reduce the inclination of young people to adopt high-risk behaviors. In particular, the number of students, who gave correct answers to all questions of the "Knowledge" test, grew by 24 times (from 1.4% to 34%); also, positive changes were observed in the attitude to alcohol and drug use and tobacco smoking. The number of adolescents who developed a negative attitude toward substance use after this optional course grew by 8 percent. The educational course "School against AIDS" helps to develop positive changes in behavioral intentions and develop the life skills for making responsible decisions. So, the number of young people who have a determined intention to abstain from early sexual relations increased by 13 percent and those who were ready to make a responsible decision to use condoms at sexual intercourse increased by 27 percent.

The results of implementation of educational programs are positive, although less tangible, because the amount of time allocated to "Health Basics" (0.5–1 hour per week) is insufficient to systematize and solidify the knowledge gained. Taking into account that the preventive course "School against AIDS" is not a compulsory component of school curriculum, it is very unlikely that all students will be covered with the information. Moreover, according to the WHO recommendations, the optimal number of healthy lifestyle classes at educational facilities should be at least 30 academic hours per month, while Ukrainian schools provide 15 times less time for this subject. This issue should be urgently regulated taking into consideration the current HIV epidemic rate.

Two modules of the curriculum “**Young People for Healthy Life Styles**” cover the issues of sexual education: the module “Your Life –Your Choice” aims to provide adolescents with knowledge and healthy life skills; encourage responsible attitudes toward one’s own health; and train adolescents on how to evaluate risk situations, make responsible decisions, and counter peer pressure. The module “Show Empathy and Take Care” aims to inform adolescents about the transmission routes and consequences of HIV/AIDS and STIs and make adolescents understand that HIV/AIDS, STIs, and unplanned pregnancy are related to one’s behavior and can be prevented through the development of one’s responsible behavior skills. During the functioning of the program “Facilitating the Peer Education Work among Young People of Ukraine on Healthy Life Styles,” more than 5,000 adolescent peer educators were trained. These educators conduct prevention activities among their peers. This program covers over 100,000 secondary students.

*Around 200 NGOs that work in the area of HIV/AIDS have made a significant contribution to the government’s HIV/AIDS response—in particular, in such areas as service provision and advocacy.* Around 30 international NGOs are involved in the HIV/AIDS response and have helped to organize and build the capacity of many local NGOs and networks. NGOs perform the majority of activities with financing from Global Fund grants and other international donors. Most of the 150 oblast and local NGOs implement programs financed by Global Fund grants. They have demonstrated an increased capacity as the providers of prevention, care, and support services.

Local NGOs have also created several networks to coordinate their advocacy strategies and goals, including the Coalition of HIV-servicing Organizations, which includes 77 NGOs; the Ukrainian Harm Reduction Association; the All-Ukrainian Network of People Living with HIV, and the Alliance-Ukraine network, which includes over 100 sub-recipient NGOs. Since 2005, the group of international NGOs has also demonstrated a close cooperation in key areas, which resulted in their efficient representation in the National Council. However, at the oblast level, such mechanisms for efficient cooperation between both local and international NGOs are in most cases irregular and inefficient, according to the international expert assessment. The legally declared governmental leverage to support HIV/AIDS response in Ukraine is mostly unused, because of the lack of a mechanism that would regulate social assignment for NGOs to provide certain services funded from the state budget.

*Taking into consideration the growing trend of sexual transmission of HIV, a particular focus is put on so-called “bridge groups”—populations through which HIV penetrates from vulnerable groups into the general population.* One such group is men, who use services of sex workers (SWs). The clients of SWs run a high risk of HIV infection, which is why it is urgently needed for non-medical specialists to develop programs aimed at this target group. However, there are no such legally regulated programs in Ukraine today. Only individual NGOs perform some activities for this group. Examples of these activities include the work of CF “Unitus” in Mykolayiv, which contributed to the distribution of informational materials among the clients of female SWs; and the Mariupol Youth Club and NGO “Faith, Hope and Love” in Odessa oblast. One reason for the lack of regular activities is that this group is hard to reach. However, taking into account the threat of transformation of HIV epidemic from concentrated to generalized status, there is a need to focus on men who use services of SWs in HIV prevention activities.

On July 15, 2010, pursuant to the National Program, the fifth session of Kyiv City Council of the sixth convocation adopted **Resolution #1266/4704 approving the City Targeted Program for Prevention of HIV Infection and Overcoming the Epidemic for 2010–2013**. Key program objectives include implementation of prevention activities among the populations most vulnerable to HIV infection through the provision of places at healthcare facilities for rapid diagnostics of HIV and other STIs; through counseling and provision of basic healthcare to the representatives of vulnerable

populations on the basis of in-patient facilities and street and mobile health centers of NGOs, in particular, mobile gynecological clinic; through the implementation of prevention activities among IDUs, including the use of harm reduction strategies that should include ensuring the activities of syringe exchange outlets that would perform syringe exchange and disposal in all administrative districts of the city; through development of rehabilitation programs; through scaling up the application of substitution maintenance treatment to reduce the risk of HIV infection among injecting drug users; through the provision of comprehensive HIV prevention services among IDUs that would include counseling and testing for HIV and sexually transmitted infections; and through the provision of sterile disposable health products and individual protection means and information materials.

Prevention work among homeless and uncared-for children and adolescents (i.e., most-at-risk adolescents or “MARA”) is implemented through the development of activities of the City Advisory Council on HIV prevention among MARA; organization of the ongoing certified workshops to train multidisciplinary team members, including representatives of NGOs; provision of training on HCT to work with MARA; involvement of volunteers and their training to provide peer education; and implementation of social projects aimed at conducting educational events on HIV/AIDS prevention at the educational facilities for children and youth of the city of Kyiv.

The City Program also envisaged implementation of HIV prevention activities among homeless city residents through the distribution of public service announcements and printed information materials, ensuring of an unhindered access to HCT; free distribution of individual protection means and individual hygiene products; implementation of activities to prevent mother-to-child transmission of HIV by the provision of free access to HIV counseling and testing services to pregnant women; provision to healthcare facilities of test kits and disposable materials for routine and urgent examination of pregnant women for HIV infection, including cases of abortion; provision to healthcare facilities of antiretroviral drugs to prevent mother-to-child transmission of HIV, provision of adapted milk formula to feed the infants of the first year of life born by HIV infected mothers; provision of substitution maintenance treatment services to HIV-positive mothers who inject drugs; implementation of prevention work on timely medical check-up and support to HIV-positive pregnant women who reside in Kyiv on a temporary basis; as well as introduction of up-to-date reproductive technologies for HIV serodiscordant couples.

These approaches are progressive in their character, but the document does not contain specific mechanisms for their promotion and implementation.

### **Multisectoral Collaboration in the Provision of Voluntary Counseling and HIV Testing Services to the Population**

While implementing a multisectoral approach in response to HIV, it is important to ensure access to high-quality HIV counseling and testing (HCT) for the population. Importance of access to HCT services has been recognized at the highest level by **Law #1026-VI of 2.19.2009 “On Approving the National Program for the Prevention of HIV-infection, Treatment and Care of and Support for Those HIV-infected and Those Suffering from AIDS for 2009-2013”** and **Law #2861-VI of 12.23.2010 “On Amendments to the Law of Ukraine on Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population”**

#### **Concept Paper on Contribution of Executive Power Bodies to Civil Society Development #1035-p of 11.21.2007**

- General provisions envisage the establishment of efficient cooperation between the executive

power bodies and civil society institutions that should be based on the principles of partnership; mutual interest to achieve goals related to the process of democratization of all spheres of state governance; social, economic, and spiritual progress; and comprehensive protection of human rights and freedoms of citizens.

**CMU Resolution #728-p “On Approval of Concept of the National Targeted Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- Envisages the improvement of the voluntary counseling and testing system to diagnose the disease at early stages.

**MOH Strategy to Improve the System of Counseling and Testing for HIV Infection and of Standardized Laboratory Diagnostics for 2009–2013 (Order #509 of 7.14.2009)**

- Key objectives of the strategy were to improve the regulatory and legal provisions on HCT and to coordinate activities and develop partnerships.

**The Comprehensive Plan to Scale up Access of the Population to the Prevention of HIV, Diagnostics, Treatment, Care and Support to People Living with HIV/AIDS in Ukraine in Quarters II–IV of 2010 and Quarter 1 of 2011 (Order #461 of 6.4.2010)**

**Guidelines on the Procedures for Voluntary Counseling and Testing for HIV at Health Care Facilities (Order of the MOH of Ukraine № 236 as of 19.04.2006)**

- Determine the system of interaction to ensure the best possible access of the population to HCT services, including for representatives of the most-at-risk populations. To achieve this objective, it is expedient to sign agreements on cooperation among the territorial AIDS Prevention Center; other public or communal healthcare facilities and NGOs; and other institutions, organizations, and facilities that work in this sphere and have respective specialists to provide counseling services.
- Procedures for voluntary counseling and testing for HIV infection establish that HCT services are provided at autonomous HCT outlets that may include the following:
  - NGOs
  - Syringe exchange outlets
  - Mobile HCT clinics that work with hard-to-reach populations and in rural areas
  - Antenatal clinics
  - STI clinics
  - Drug clinics
  - TB clinics
  - Territorial outpatient clinics
  - AIDS Prevention Centers
  - Blood transfusion stations (**MOH Order #415 of 8.19.2005**)
  - *Dovira* Cabinets (or “Trust Rooms”) (**MOH Order #421 of 6.27.2006**)
- VCT is conducted by these government facilities with the involvement of charitable and civil society organizations—primarily with affiliates of the All-Ukrainian Network of People Living with HIV—to provide counseling services, develop treatment adherence, provide non-medical support to PLHIV, and initiate creation of self-help and mutual help peer-support groups.

At the same time, numerous obstacles to a fully functioning HCT system still exist in Ukraine. There is no strategy for developing the system to improve quality and accessibility of services for the most-at-risk

populations, in particular IDUs, SWs, MSM, prisoners, and patients with STIs, tuberculosis, etc. The existing laws and regulations on HCT envisage the only approach to counseling—that is, counseling initiated by the service recipient and not by the service provider, which certainly limits the initiative of a healthcare worker. A number of regulatory documents have not been approved, while their enforcement would have created opportunities to improve the quality of HCT services (counseling initiated by a healthcare provider; provisions on mobile HCT outlets; procedures to determine serological markers of HIV infection and to ensure the quality of tests, etc.). Although at the national level it is allowed to involve people living with HIV in the provision of care and HCT services, this activity is insufficiently regulated at the regional level.

The approved **National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013** envisages some activities to overcome the obstacles. It is expected that successful cooperation among governmental institutions and facilities and civil society and international organizations in this area will ensure efficient use of available resources to curb the spread of HIV and scale up access to voluntary counseling and testing for HIV among the general population. Pre- and post-test counseling on HIV can be provided by counselors from both state-owned and community healthcare facilities and from governmental non-medical institutions (Centers for Social Services for Family, Children and Youth, educators, etc.), health facilities of other forms of ownership; representatives of faith-based communities and NGOs that provide HIV-related services; religious communities that provide support to people living with HIV; and mutual support groups of HIV-positive people (with the client’s consent).

**“Basic Principles of Voluntary Counseling and Testing for HIV” (manual)**

- Developed in cooperation by national and international organizations (the National Medical Academy of Postgraduate Education named after P.L. Shupik at the MOH of Ukraine; Project for the Development of HIV Service in Ukraine of the ICF International HIV/AIDS Alliance in Ukraine; Program for Appropriate Technology in Health, PATH), a biannual refresher training course for healthcare workers, “Basic Principles of HCT,” was organized.

## **Multisectoral Collaboration to Ensure the Human Rights of People Living with HIV**

*Widespread stigma and discrimination have a destructive impact on the human rights of PLHIV. In Ukraine, discrimination against PLHIV is prohibited by law.*

### **Law #1972–XII of 12.12.1991 “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population”**

- Established that discrimination on the basis of HIV status is prohibited: such discrimination means intended actions or failure to act, which, directly or indirectly, create obstacles or limit human rights or disgrace human dignity on the basis of one or several features related to actual or perceived HIV status or which provides grounds to consider a person as belonging to the populations at high risk of HIV infection.
- Regulates state guarantees that ensure implementation of a consistent policy aimed at the development of tolerant public attitudes toward PLHIV, through respective information activities using messages focused on the unacceptability of discrimination of PLHIV.
- Prohibits discrimination of PLHIV by healthcare providers
- Prohibits refusal to employ people living with HIV at healthcare facilities.

International experts have recognized that the Ukrainian Law on AIDS is an example of Ukrainian legislation that contains broad and praiseworthy provisions about the protection of human rights of PLHIV, as well as of representatives of other populations affected by the epidemic. Ukraine has also removed all legal obstacles or limitations to the introduction of programs or provision of services in the area of HIV/AIDS. Educational campaigns on human rights have covered a certain portion of people affected by HIV in Ukraine. According to some data, the public attitude, especially that of young people, to this problem has begun to change. Civil society monitors stigma and discrimination and makes efforts to build its capacity to respond to them. There are a growing number of reports about how people use the courts to resolve their HIV problems related to human rights violations, and in some cases, the lawyers managed to find extrajudicial solutions to recover compensation for the incurred losses. The majority of regulatory and legal obstacles to the introduction of substitution therapy have been removed.

*Various documents prohibit discrimination in the world of work and in education facilities.*

### **National Program for Prevention of HIV**

- Envisages prevention of discrimination in the workplace—though the amount of funding for this purpose is not specified in the program.

### **National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV Infected People and Those Suffering from AIDS for 2009–2013**

- Envisages development of HIV prevention programs in the area of labor relations and an ongoing monitoring of their implementation.
- Envisages allocation of UAH 700,000 through a Global Fund grant for prevention activities aimed at the development of tolerant attitudes toward PLHIV, and of UAH 5,000 from the state budget for information and educational activities to develop tolerant attitudes toward HIV-infected children.

### **MOH Order #452 of 6.25.2009 “On Approval of the Action Plan to Implement the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-**

### **Infected People and Those Suffering from AIDS for 2009–2013”**

- Determines the implementation of activities specified in the NAP.
- Envisages development of tolerant attitudes toward PLHIV, in cooperation with NGOs.

### **MOES Order #457 of 6.1.2009 “On Approval of the Action Plan of the Ministry of Education and Science of Ukraine for the Implementation of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- Stipulates that compliance with legislation on HIV/AIDS in the area of labor relations related to nondiscrimination of PLHIV, as well as in the area of school and pre-school education should be monitored; and instances of PLHIV not being admitted to educational facilities because of their HIV status, and violations of the rights of their close ones on such grounds, should not be tolerated. One method to achieve this goal is to introduce an optional HIV prevention course for youth, “Development of Tolerant Attitude to HIV Positive Children in the System of Pre-school and School Education,” into the system of post-graduate education for the teachers of pre-school facilities and secondary schools, as well as for the top management of the education sector.

### **Instruction on the Procedures to Provide Health and Social Services to HIV-Infected Children approved by the Joint MOH, MOES, MOFYS, State Penitentiary Department, and Ministry of Labor and Social Policy Order #740/1030/4154/321/614a of 11.23.2007 “On Measures to Organize Prevention of Mother-to-Child Transmission of HIV and Social Support to HIV-Infected Children and Their Families”**

- Specifies regulations on prevention of violation of human rights of HIV-positive children and impermissibility of such violations.
- Envisages that HIV-positive children should be admitted to pre-schools, secondary schools, and specialized and higher educational facilities accreditations I–IV in accordance with the usual procedure.
- Specifies the procedures for keeping medical documentation to ensure confidentiality of an HIV-positive status of such children.

*In spite of legal provisions to observe the human rights of PLHIV contained in numerous laws and regulatory documents, violation of these human rights have been documented in reports.*

- The annual report of the Human Rights Commissioner of the Verkhovna Rada of Ukraine describes cases of physical and psychological abuse of HIV-infected women, who mostly belong to vulnerable groups, such as female injecting drug users and sex workers.
- The report “Human Right in Ukraine in 2005,” developed by human rights advocacy organizations, describes lawsuits filed by one spouse against the other due to HIV infection and psychological violence.
- According to the research “Accessibility of Services and Human Rights of People, Living with HIV in Ukraine,” one in every three cases of human rights violation against PLHIV is related to violation of the right to employment or the right to education. In economic crisis situations, it is women who are the first to be fired or whose salaries will be reduced. In the case of disclosure of their HIV-positive status in the workplace, they become the first to be dismissed under conditions of job competition. Official explanation in such cases is that they are dismissed because they do not meet the professional requirements.
- According to the Comprehensive Evaluation, Ukraine has made limited progress in solving problems related to the observance and protection of human rights of people vulnerable to HIV/AIDS and people affected by the epidemic. People living with or affected by HIV/AIDS



continue facing overwhelming stigma and discrimination that seriously limit the accessibility and efficiency of services. Stigma and discrimination remain widespread. There are numerous known facts about high levels of stigma and discrimination, in particular against drug users, sex workers, and PLHIV, as well as young people who practice high-risk behavior, especially those who live on the streets. There are reports that HIV-infected people have been refused access to education and that children deprived of parental care have been kept at hospital wards for patients with infectious diseases instead of being placed in boarding schools. Injecting drug users report being denied services based on their HIV status, including antiretroviral treatment, which results in preterm deaths. Women report experiencing HIV-related stigmatization when trying to access reproductive health services.

*HIV-positive pregnant women have reported cases of discrimination.*

- While **MOH Order #508 of 7.20.2006 “On Approval of Instruction on Procedures to Perform an Abortion, of the Forms of Primary Recording Documents and Filling Instruction for Them”** stipulates compliance with the right of an HIV-positive woman to have children and decide on the time of childbirth, there are cases in which physicians insist that HIV-positive pregnant women have an abortion.
  - HIV-positive women reported experiences of discrimination, including
    - Provision of worse conditions of accommodation compared with other patients
    - Having to pay more for medical services than other patients
    - In some cases, medical personnel informed about the patient’s HIV status refused to provide services to them

*In spite all this evidence of discrimination against PLHIV, regular monitoring of human rights of PLHIV in Ukraine is not conducted. Therefore, the conclusion can be drawn that, while Ukrainian legislation has taken into account the international law requirements to protect the rights of PLHIV, discrimination continues to be a reality in everyday life. Most frequently, such discrimination involves the violation of HIV-positive individuals’ rights to education, employment, and health services.*

*Some aspects of current Ukrainian law and practice that contribute to stigma and discrimination and undermine the rights of PLHIV include the following.*

- According to current legislation, people recently diagnosed with HIV must sign a legal form to recognize their potential criminal responsibility in transmitting HIV. Such forms create additional pressure and spread fears among people who have recently learned about their HIV-positive status. On the other hand, these forms do not have any impact on the change of their behavior. Quite the opposite, this requirement makes people avoid any contact with the workers of AIDS Prevention Centers and other services and contributes to risk behavior.
- Inadequate conditions at the prisons and violent police actions increase the vulnerability of people to infection, hinder the implementation of prevention and treatment activities, and fuel stigma and discrimination of vulnerable populations and PLHIV.
- The quality of treatment and care facilities is not equal. PLHIV often express concern about the quality of diagnostic and treatment services. The lack of coordination and integration of services to manage HIV, TB, and drug addiction undermine health and violate the human rights of affected patients.
- There is an urgent need to introduce and monitor policy for the protection against HIV-related stigma and discrimination at all governmental and nongovernmental services. Activities to measure stigma and discrimination should be adequately reflected in the national monitoring and evaluation system. HIV response activities are multisectoral ones and involve an active civil

society participation, but the overall responsibility for their success is vested in the government of Ukraine.

- There is an urgent need to increase public awareness and understanding of HIV to dismiss myths and promote a more tolerant attitude toward people affected by HIV and AIDS (for instance, through school education and mass media).

*According to independent international experts, the success of efforts to promote human rights in the context of HIV in Ukraine will, to a significant extent, depend on the top-level recognition of priority importance of the programs designed for people who were most affected by the epidemic, as well as on the targeted distribution of adequate resources so that all partners in the area of HIV response would receive the necessary support to build their capacity and implement their functions.*

*There is an urgent need to introduce a medical approach to drug use.* While the changes in the legislation and regulatory principles that enable provision of OST present an important step forward, it is necessary to continue activities to sensitize law enforcement officers and other officials about its advantages and lawfulness. The criminal law resources should be focused on the determinants of illicit drug use and not on the arrests and harassment of IDUs. Many of these drawbacks can be eliminated through the timely development and introduction of the national policy to protect the most-at-risk populations and people living with HIV from stigma and discrimination by all governmental and nongovernmental services. However, changes or amendments to the laws and regulations will not lead to improvement of the situation with human rights if law enforcement mechanisms are not strengthened as well.

### **Multisectoral Approach to the Organization of Medical and Social Support to HIV-Infected Patients**

The political commitment to this issue in Ukraine is confirmed by the decrees of the President of Ukraine, which are usually viewed as a significant instrument for the timely solution of the problems related to the spread of HIV infection in the country.

#### **Presidential Decree #182/2000 as of 01.11.2000 “On Urgent Measures to Prevent HIV-Infection and AIDS”**

- Envisaged the following:
  - Increased control over the HIV epidemic situation with the use of modern technologies of epidemiological monitoring
  - Expansion of the network of AIDS Prevention Centers and ensuring of material and financial support to these facilities
  - Implementation of multisectoral measures to overcome the problem of HIV through the creation and operationalization of the special multisectoral public bodies, such as Regional Coordination Councils on HIV/AIDS Prevention
  - Provision of adequate health services and social protection to PLHIV
  - Large-scale distribution of information for the general public about the network of facilities and institutions that provide counseling and prevention services and HIV/AIDS diagnostic services
  - Support for the inclusion of extra budgetary funds to implement HIV prevention activities and support for the activities of civil society and charitable organizations that implement HIV prevention programs.

The main institutional body in the area of care and support is the State Social Service for Family, Children and Youth (SSFCY) of the MOFYS. It has divisions in all regions of the country, as well as a

specialized network of centers for HIV-positive children and young people—though its care and support services are primarily focused on pregnant women, youth, and children, including members of their families affected by HIV, orphans, children deprived of parental care, and homeless children with confirmed HIV status and who reside at orphanages and specialized governmental institutions for children. Social support to PLHIV is provided mostly by NGOs, with the support from the Global Fund. However, NGO networks are not equally well developed in all oblasts and almost never reach the district level, which makes it unlikely that these organizations will provide services at the place of residence.

Comprehensive support is provided using a multidisciplinary approach by healthcare workers (gynecologist, pediatrician) and social workers and psychologists. The models of work are being developed to cover female clients not only in the oblast centers but in the small towns and villages as well. Cooperation has been established with the needed facilities and organizations to ensure access for the target group representatives and to fully implement projects; the partner organizations, in particular, include oblast and city AIDS prevention centers, antenatal clinics, maternity homes, family planning centers, pediatric clinics, central district clinics, CSSFCY, and other HIV service organizations in the regions to ensure a timely referral. Harm reduction projects facilitate access to the target group, as well as further follow-up for HIV-positive women who are injecting drug users.

*HIV prevention work among people who have experienced violence is not regularly performed in government rehabilitation centers. Some NGOs implementing HIV prevention programs have an HIV counseling service component included in reintegration services for victims of violence—often as part of projects focused on those who have experienced violence or human trafficking.* The NGO “Faith, Hope and Love” is a member of the network of organizations that provide reintegration support to the victims of human trafficking, IDUs, and SWs. Taking into account that the majority of women involved in human trafficking were forced to provide sex services, testing for HIV and STIs is one of the basic services needed for these women. HIV/STI testing is offered to all clients at the Medical Rehabilitation Center at the International Organization for Migration. Cost of treatment of STIs is covered by the center. The NGO “Faith, Hope and Love” performs rapid testing for HIV for female sex workers, including the victims of human trafficking.

*One of the government’s priority objectives in the area of work with HIV-positive and vulnerable children is to develop the network of social institutions for children—particularly centers for HIV-positive children and young people.* The “**Standard Provisions on the Center for HIV-Infected Children and Young People**” needs to be urgently changed and amended. The title of this document itself is stigmatizing for people affected by the HIV epidemic; the structure, staff list, and requirements to provide equipment and nutrition for children in these institutions should be changed. Also, it is not determined what services and programs the center can provide; mechanisms of cooperation with other government institutions are not developed; criteria to involve a psychologist are not based on real needs but on the number of registered HIV-infected people in the administrative territory where the center is located; the list of categories of children and young people who can be clients needs to be clearly defined; and there is no state strategy for interaction with the Service for Children’s Affairs (which now refuses to provide healthcare) and no referral mechanism when HIV is detected among the street children using the center’s services.

*The issue of HIV diagnosis and social support for most-at-risk children (MARC) by government institutions (especially offices for children’s affairs) is still relevant.* The lack of legal regulation of HIV diagnosis in children under 14 years of age without the consent of their parents (or people who replace them) and by the request of a child—and the lack of coordination in determining the status of a child living in an orphanage—hinders the prevention of HIV among MARC. The issue of disclosure of HIV

status to a child is also not regulated. Physicians can inform a child about his/her HIV-positive status only in the presence of parents or guardians, which is impossible in the cases of homeless or uncared-for children.

*Legislative norms related to social support for HIV-positive children do not have proper funding and thus remain purely declarative.* The practice of keeping children in particular institutions specifically named for children with HIV has not been eliminated, despite existing regulatory acts that allow children living with HIV to attend any school or daycare facility. Stigma and discrimination of children living with HIV are still among the key problems in the realization of the fundamental rights of this target group to education and healthcare.

*Other current legislation regulating multisectoral provision of healthcare and social support includes the following:*

**Concept of the National Program for the Prevention of HIV-infection, Treatment and Care of, and Support for Those HIV Infected and Those Suffering from AIDS for 2009–2013 approved by the CMU Resolution #728-p of 5.21.2008; and the National Program for the Prevention of HIV-infection, Treatment and Care of, and Support for Those HIV Infected and Those Suffering from AIDS for 2009–2013 approved by Law #1065-VI of 2.19.2009**

- Envisage the following:
  - Involvement of health and social workers and educators, employees of public service, local governments, employers, trade unions, businesses, and civil society and faith-based organizations in the implementation of HIV prevention programs.
  - Development of the network of specialized services and facilities to provide health and social services to HIV-infected people.
  - Creation of the system for training and refresher training for specialists involved in the HIV/AIDS response, according to international standards.
  - Approval and introduction of the standards for the provision of social services to most-at-risk populations.
  - Development of the procedures to perform social follow-up and provide healthcare and social support to children, born to HIV-infected mothers, who stay at orphanages at correctional facilities, as well as to HIV-infected adolescents serving sentences at penitentiary facilities.
  - Development and implementation of the national and regional level system for the referral and provision of diagnostics, treatment, and follow-up services to patients with co-infections of HIV/AIDS and TB and viral hepatitis.
  - Support for the creation of centers for HIV-infected children and young people in the regions of Ukraine; and training for teachers on HIV prevention and development of healthy life styles in secondary educational facilities of all types.
  - Provision of up-to-date informational and methodological materials and training for specialists of the CSSFCY on issues of prevention and social support.
  - Training for social workers and state inspectors on labor safety and issues of prevention of HIV and drug addiction.
  - Introduction of model of integrated treatment of HIV/AIDS and TB for IDUs.
  - Annual creation of 80 multidisciplinary street teams to work with most-at-risk children and adolescents.
  - Provision of HIV prevention services to prisoners and detained people; and acceleration of the rate of introduction of palliative and hospice care with the provision of analgesic drugs to patients with AIDS.
- The National Program for the Prevention of HIV-infection, Treatment and Care of, and Support

for Those HIV-infected and Those Suffering from AIDS for 2009–2013 also envisages PMTCT activities through providing the following to healthcare centers:

- Test kits for routine HIV testing of pregnant women
  - Rapid tests to test women in labor, who were not tested at the prenatal stage
  - Test kits to determine viral load and CD4 counts
  - ARVs for PMTCT
  - PCR test kits and expendable materials to perform early diagnosis of HIV in children born to HIV-positive mothers
  - Locally produced disposable products
  - Adapted milk formula for infants in their first year of life
- Prevention of mother-to-child transmission of HIV has already been well established. However, the forms and methods of work with HIV-positive women before and after childbirth, as well as mechanisms to provide health services to HIV-positive women to protect their reproductive health, are in need of further improvement. There is a need to strengthen integration between the facilities that provide reproductive health and family planning services and facilities focused on the needs of HIV-positive patients. The national program does not envisage any activities to resolve these issues.
  - Neither the current, nor the previous national programs contained separate sections of provisions on the prevention of HIV in women or on the accessibility and quality of reproductive health services for women living with HIV, including in particular, gynecological services, prevention of unwanted pregnancies, and application of supplementary reproductive technologies, etc.

**MOH Order #452 of 6.25.2009 “On Approval of the Action Plan to Implement the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- Assigned the Ministry of Labor and Social Policy to participate in the development and introduction of a mechanism to involve civil society organizations in the provision of social and other services under the social order.
- Assigned the State Penitentiary Department to develop procedures to perform social follow-up and provide healthcare and social support to children, born to HIV-infected mothers, who stay at orphanages at correctional facilities, as well as to HIV-infected adolescents serving sentences at penitentiary facilities.

*Legislation about medical and social support in the area of mother and child protection has the most developed set of laws in Ukraine.*

**Joint MOH, MOES, MOFYS, State Social Services for Children and Youth, State TV and Radio Committee, and State Penitentiary Department Order #786/ 796/ 4074/ 299/ 231 of 11.30.2006 “On Approval of the Multisectoral Program ‘Prevention of Mother-to-Child Transmission of HIV and Provision of Medical and Social Assistance to Children, Living with HIV and AIDS’ for 2006–2008”**

- Assigned the MOH as coordinator of program activities.
- To implement the WHO strategy for the prevention of vertical transmission of HIV and to reduce the risk of HIV infection among newborns and establish the system of medical and social follow-up for HIV-positive women, children born to them, and their families, the following strategic areas in the legislative, social, and economic spheres were determined:
  - Provision of legal, social, and economic support to HIV-infected women, their children, and families.

- Provision of infants under one year of age, born to HIV-infected women, with adapted milk formula.
- Ensuring of the effective functioning of the social support system for HIV-infected women, their children, and families.
- Improvement of healthcare standards for HIV-infected pregnant women, women in labor, and recently confined women and their newborns in accordance with the international standards.
- In the area of multisectoral and international cooperation, it was planned to involve the international community, civil society, and PLHIV in PMTCT activities and in the care of children living with HIV; and to study and introduce up-to-date international experiences in the prevention of vertical transmission and in the provision of social support to HIV-infected women, their children, and families.

**Joint MOH, MOFYS, Ministry of Labor, MOES and State Penitentiary Department Order #740/1030/4154/321/614a of 11.23.2007 “On Measures to Organize Prevention of Mother-to-Child Transmission of HIV, Provision of Health Care and Social Support to HIV-Infected Children and Their Families”**

- Regulates HIV prevention activities among women as the first component of PMTCT, which should be implemented using established methods and tools at pre-school facilities, secondary schools, specialized and higher educational institutions of the I-IV levels of accreditation, CSSFCY and social service centers, orphanages, social and psychological rehabilitation centers, civilian registry offices, health centers, AIDS Prevention Centers, family planning and reproductive health centers, centers for reproductive health of adolescents, family doctor facilities, pediatric clinics (‘Youth Friendly Clinics’), obstetric and gynecological clinics, STI clinics, medical genetics facilities, and healthcare facilities of State Penitentiary Department. The prevention activities should be implemented by specialists who received training within the joint curricula approved by the MOH of Ukraine.
- Regulates the activities of a multidisciplinary team (MT) for the provision of health and social services to HIV-infected children and their families; it also allows the involvement of NGO representatives in the MT and regulates the organization and procedures for the provision of social support to HIV-infected children by specialists of a respective CSSFCY.
  - Social support to an underage or incapable child should be performed with the consent of his/her parents (official representatives); and support to an adult and capable individual with his or her personal consent.
  - Social support should be provided to HIV-positive children and families that cannot cope with the crisis and resolve social and medical problems independently.
- This is the only legal act in Ukraine that envisages provision of MT support to children affected by HIV.
- Cancelled the **Order of the MOH of Ukraine “On Approval of the Guidelines ‘Organization of Medical Treatment and Care for HIV-Infected Children at Pre-school Facilities and Secondary Schools’”** on the basis of which specialized groups in educational facilities, as well as special educational facilities for children with HIV, were being established. However, the reality is different: orphanages for children living with HIV created in advance in Kyiv, Donetsk, and Dnipropetrovsk oblasts cannot be disbanded and they continue working in a usual mode. So, the fate of children cared for in these facilities is still not decided, and the government has not taken any measures to prevent stigma and discrimination against them.

*Prevention of social orphanhood among HIV-infected children is one of the most urgent issues. In Ukraine this issue is regulated on the multisectoral level.*

**Joint MOH/MOFYS Order #625/510 of 10.22.2004 “On Approval of the Procedures for Cooperation between the Centers for Social Services for Youth and Health Care Facilities on Prevention of Early Social Orphanhood”**

- Specifies the activities of these entities.
- Counseling centers of Centers for Social Services for Youth (CSSY) are temporary entities to be located at healthcare facilities to prevent early social orphanhood on the basis of the Agreement on Cooperation between CSSY and territorial healthcare institutions. Social support encompasses the provision of social care, assistance, and supervision to socially unprotected children and young people to help them overcome hardships and preserve and increase their social status.

**CMU Resolution #148 of 2.15.2006 “On Approval of Standard Provisions on the Center for HIV-Infected Children and Young People”**

- Regulates social services for children living with HIV in Ukraine.
- Established the Center for HIV-Infected Children and Young People as a specialized facility to conduct activities for social adaptation of HIV-infected children and youth.
- Key objectives of the center are to create conditions for social adaptation of these populations and to develop and implement activities for social assistance and support to such children and young people, which would help them to integrate in the society.

**Law #878–VI of 1.15.2009 “On Making Amendments to the Law “On Social Work with Children and Youth” *inter alia*, the provision of social support to HIV-infected children, young people, and their families**

**CMU Resolution #1126 of 8.27.2004 “On Measures to Improve Social Work for Families, Children and Youth”**

- Established that the CSSFCY is a special facility to ensure the organization and implementation of social work in communities with socially unprotected categories of families, children, and youth living in hard conditions, which are in need of external assistance.

**SSFCY Order #32 of 7.8.2010 “On Piloting the Standard of Social Services in the Area of Prevention of HIV, STI, TB and Other Infectious Diseases among Vulnerable Groups of Children and Youth”**

- Established the standards of social services in the area of HIV prevention.

**Joint MOFYS, Ministry of Labor, and MOH Order #3123/275/770 of 9.13.2010 “On Approval of Standards for the Provision of Social Services to the Representatives of Risk Groups”**

- Approved standards for the provision of social care and support services to PLHIV—the comprehensive set of social norms and regulations that establish the basic social guarantees for the provision of social care and support services to PLHIV.

**MOH Order #368 of 7.3.2007 “On Approval of Clinical Protocol ‘Provision of Palliative Care, Symptomatic and Pathogenetic Therapy to Patients with HIV Infection”**

- Regulates the specific characteristics of the provision of palliative care to children living with

HIV and their relatives as a social service.

**MOH Order #182 of 4.13.2007 “On Approval of the Clinical Guidelines for Antiretroviral Therapy and Medical Observation for Children with HIV Infection”**

- Determined the types of social assistance.

*Personnel training still remains a serious obstacle to the organization of professional healthcare and social support.*

**Presidential Decree #1208/2007 of 12.12.2007 “On Additional Urgent Measures to Respond to HIV/AIDS in Ukraine”**

- This order assigned the MOH, MOES, and MFYS, with the participation of the Academy of Medical Sciences of Ukraine and Academy of Pedagogical Sciences of Ukraine, to ensure actualization of educational curricula of medical and teachers’ training higher educational institutions and postgraduate medical and pedagogical education facilities in order to update the training for health and education workers on HIV/AIDS issues; and to undertake additional activities to provide educators and social workers with information materials and methodological tools on prevention of HIV infection in order to perform educational work with children, young people, and parents.
- Despite this, the training of the social workers on the provision of social support to HIV-positive children and their families is conducted within the training process supported by international organizations.

*Key documents that determine the procedures for the legal regulation of HIV prevention activities contain provisions that violate the right to access certain types of healthcare.* For example, HIV is a contraindication to treat female infertility with the application of supplementary reproductive technologies (SRT). In 2009, to ensure the access of HIV-positive women to SRT, the All-Ukrainian Network of PLHIV initiated creation of a working group at the Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases at the MOH, which included representatives of stakeholders who plan to enter changes in the Ukrainian legislation on the provision of access for serodiscordant couples to reproductive technologies to avoid HIV infection; to determine the needs in training for the specialists from Reproductive Health Centers and AIDS Prevention Centers to provide services with the application of supplementary reproductive technologies; and to develop the format of a pilot project to ensure access of PLHIV to supplementary reproductive technologies.

*Serodiscordant couples.* The All-Ukrainian Network of People Living with HIV initiated and supported the development and publication of the toolkit “Social Follow-up and Health Care to Serodiscordant Couples” within the project “Support to HIV/AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine,” supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It is the first publication in Ukraine regarding serodiscordant couples, which contains relevant recommendations. It is intended for use by primary healthcare facilities, health centers and family planning and reproductive health rooms that can provide reproductive health services to people living with HIV, social service facilities, centers for legal support to discordant couples; and NGOs and self-help groups. The publication’s content is focused on meeting clients’ most urgent needs.

Since each case of HIV infection is a medical and social case, healthcare for couples with HIV should include joint, coordinated efforts by teams working with these populations. It is also necessary to ensure the joint work of specialists in such spheres as HIV infection, obstetrics and gynecology, counseling, care, and legal support (by request of a couple or one of the spouses or partners). However, coordination of



service provision by the specialists from different services in the area of reproductive health has not yet been worked out.

### **Multisectoral Cooperation in the Area of State Procurement of Essential Drugs and Products**

An unstable partnership in the area of drugs procurement and supply management exists among government institutions, CSOs, and international organizations. Decentralization of government systems and processes means greater flexibility in the decisionmaking process on the oblast and district levels, which helps to overcome negative consequences of excessive dependence on overly slow procedures at the national level.

The experience of programs implemented under Global Fund grants has demonstrated that, for example, the International HIV/AIDS Alliance managed to ensure successful management of its procurement and supply management (PSM) system thanks to its own PSM efforts and could guarantee sustainable supplies of ARVs and other health products at a reasonable price. The Alliance also managed to successfully agree on the procurement of ARVs and other products at a reduced world market price.

*In spite of the large and permanently growing scale of the National HIV/AIDS Response Program and of the increased volumes of resources to implement it, the GOU does not have a clear policy and a responsible body to manage the national PSM system to ensure the provision of HIV/AIDS-related goods and services.* Responsibilities for different components of the PSM cycle are dispersed among different departments of the MOH and other institutions at the national and regional levels. As a result, clear forms of accountability are lacking.

*In spite of frequent civil society criticism and high-level political pressure from the President to resolve the most acute problems with PSM, not much has been done to fill these gaps and to create a more effective system.*

- The law on public procurement is not perfect, and provisions on the organization of tenders enable an excessive influence of a limited number of suppliers and make it possible for a supplier to appeal at his discretion. The role of the Tender Chamber is problematic and dubious, as it envisages a contradictory authority to change tender specifications and cancel tender decisions.
- The registration system and high registration fees for the participants are burdensome.
- The lack of proper legislation and a system for quality assurance and quality control provides opportunities to purchase products of poor or unconfirmed quality.
- Existing legislation hinders the import and distribution of methadone for OST.
- Onerous customs rules and regulations delay and hamper the import of essential medical drugs and other products.

*The lack of a joint national approach to the PSM strategy hinders the establishment of relations among different institutions and organizations involved in the national HIV/AIDS response.*

- Different approaches, rules, and plans for the procurement and different ministries and institutions dealing with PSM significantly complicate the coordination of PSM systems and efforts.
- Low-quality data on treatment needs and unreliable estimated projections are resulting in inadequate planning and extra payment for a limited amount of goods and services.

## International Cooperation in the Area of HIV Infection Monitoring

The monitoring of HIV-positive patients and related processes is regulated by two legal documents.

### **MOH Order #640/663 12.24.2004**

- Envisages reporting of all cases of HIV infection.

### **Order of the MOH of Ukraine “On Introduction of Monitoring of Vertical (Mother-to-Child) Transmission of HIV” №619 as of 29.12.2003**

- Regulates the monitoring of PMTCT with the use of special statistical forms.

*The lack of uniform registry results have led to distorted official statistics.* Gaps in the registration of new HIV infections do not provide sufficient information for effective prevention. For example, the Ukrainian AIDS Prevention Center annually distributes information about the sources of HIV infection in Ukraine. Knowledge of HIV transmission routes and trends is important to develop prevention activities. According to the Ukrainian AIDS Prevention Center, in 2008, the share of children born to HIV-positive mothers in all newly registered HIV cases was 19.2 percent; parenteral route accounted for 37.0 percent; sexual (primarily heterosexual) transmission for 41.9 percent; and unidentified routes 1.9 percent. However, in 2008, according to the monitoring data, 208 HIV-positive children born to HIV-positive mothers were registered using the PCR method—that is, 1.1 percent in the structure of HIV transmission routes. Since Ukraine began monitoring PMTCT, a total of approximately 24,000 children were born to HIV-positive mothers in Ukraine, and HIV infection was confirmed in approximately 2,000 children. However, the number of children reported as “HIV infected” is not removed from the registry even if their HIV-positive status is not confirmed. Thus, the Ukrainian AIDS Center’s data on the sources of HIV transmission uses the total number of children born to HIV-positive mothers in Ukraine rather than the number of confirmed HIV infections in infants/children to calculate the percentage of cases attributed to perinatal transmission.

*A single national M&E system still remains in the distant future.* Even in healthcare, separation and isolation of various entities—e.g., AIDS centers, STI clinics, TB clinics, drug clinics— is hindering the efficient coordination of HIV information flows. Inadequate institutional and staff provision and functions divided between the Ukrainian AIDS Center and the Alliance cannot create a favorable and efficient environment for proper national coordination in the M&E area. Though strengthening of M&E systems in other ministries and on the regional level contributes to the strengthening of M&E in general, the lack of guidelines and coordination may hamper the creation of a single national M&E system in the future. Besides, access to ever-growing M&E data remains problematic. Creation of the centralized national database on HIV/AIDS that would contain the most important information about HIV from different sectors is a priority objective for the efficient and accessible national M&E system. The primary collection of oblast M&E indicators with USAID support in the area of PMTCT is a positive factor.

Today, as well as historically, the processes of M&E data collection are based on external requirements of reporting by international donors and by UNGASS reporting and not by the information needs of the national and local service providers, program managers, and policymakers. As a consequence, the focus is put on quantitative data about coverage and service provision, while qualitative operational research data do not have appropriate attention.

The lack of state leadership to support the establishment of a single national body on HIV/AIDS with clear authorities, as well as a single national M&E body to coordinate information flows in the area of HIV/AIDS, is the key obstacle to efficient monitoring and evaluation of national response activities. The

culture of M&E beginning to develop in the country needs guidance and support in the form of a comprehensive national M&E plan that would focus on meeting national and local information needs and not just meeting external reporting requirements.

Another important obstacle is an almost complete absence of state funding of different M&E activities, including programmatic M&E or operations research, special surveys, etc. While the National Program for HIV/AIDS Response for 2004–2008 envisaged some M&E activities, practically none received targeted financial support from the government. As a consequence, most M&E achievements related to HIV (especially in health sphere) came from results of external “incentives,” such as the need to report to the Global Fund or to write UNGASS reports.

## Annex 3. Gender and Gender-based Violence

### 1. Gender Equality Policy

#### 1.1 The national legislative and regulatory framework identifies different levels of impact on the heterosexual men and women, adolescents, and also adult and adolescent MSM as relevant to the risk of contracting HIV infection by individual people or barriers in their access to services

The policy on gender equality in Ukraine is defined by the number of legal acts.

#### **Constitution of Ukraine (06/28/1996 # 254k/96-BP)**

- *Article 24.* Citizens have equal constitutional rights and freedoms and are equal before the law. There shall be no privileges or restrictions based on race; color of skin; political, religious, and other beliefs; sex; ethnic and social origin; property status; place of residence; linguistic; or other characteristics.
  - Equality of the rights of women and men is ensured by providing women with opportunities equal to those of men, in public and political and cultural activity, in obtaining education and in professional training, in work and its remuneration; by special measures for the protection of work and health of women; by establishing pension privileges; by creating conditions that allow women to combine work and motherhood; and by legal protection and material and moral support of motherhood and childhood, including the provision of paid leaves and other privileges to pregnant women and mothers..
- *Article 49.* Everyone has the right to health protection, medical care, and medical insurance.
  - Health protection is ensured through state funding of the relevant socio-economic, medical and sanitary, health improvement, and prophylactic programs.
  - The State creates conditions for making effective medical services accessible to all citizens. State and communal health protection institutions provide medical care free of charge; the existing network of such institutions shall not be reduced. The State promotes the development of medical institutions of all forms of ownership.
  - The State provides for the development of physical culture and sports and ensures sanitary-epidemic welfare.
- *Article 52.* Children are equal in their rights regardless of their origin and whether they are born in or out of wedlock. Any violence against a child, or his or her exploitation, shall be prosecuted by law.

#### **Law of Ukraine #2866-IV of 09/8/2005 “On ensuring equal rights and opportunities of women and men”**

- *Article 1.* Gender equality is equal legal status of women and men and equal opportunities to enjoy such status, which enables individuals of both sexes to equally engage in all sectors of the civil society performance.

#### **Presidential Decree #1135/2005 of 7/26/2005 “On improvement of performance of the central and local executive government authorities in ensuring equal rights and opportunities of women and men”**

- *Paragraph 4.* Establish that the responsible officers of the central and local executive government authorities bear in line with the legislation the personal responsibility for failure to perform the

duties entitled thereto as relevant to ensuring equal rights and opportunities of women and men.

### **Ministry of Justice Order # 42/5 of as of 5/12/2006 “On different matters of the gender relevant legal assessment”**

- 1.2. Objectives of the gender relevant legal assessment are the following:
  - (3) Prevention of adoption of legal and regulatory acts containing discriminating provisions based on sexual identity.

### **Millennium Development Goals Ukraine—2010 National Report**

- *Goal 3: Promote Gender Equality:* This subchapter analyzes the current situation with respect to ensuring gender equality. The basic gender development principles in Ukraine are determined by the Constitution of Ukraine. This provides that all citizens, regardless of their gender, have equal constitutional rights and liberties. This is ensured by providing women with equal rights and opportunities for self-affirmation in all spheres of life. However, the constitutional provisions can be implemented only when they are embedded within the legislation system in general and are being enforced by means of proper institutional mechanisms.
- *Goal 4: Reduce Child Mortality:* This subchapter provides an analysis of challenges and tasks of the national healthcare system in the attempt to reduce child mortality. Protection of child health is an integral part of the healthcare system, whose achievements greatly influence the prospects of the further development of society. Indicators of child and maternal mortality have socio-political importance and reflect not only the quality and level of healthcare for children and mothers but also the development of the healthcare system and society in general.
- *Goal 5: Improve Maternal Health:* This subchapter covers issues related to improvements in maternal health, which is an important task not only for today but also for the future development of Ukraine in general. Maternal health is one of the highest values in a society, as it lays the foundations for the economic and spiritual development of the country and improvements in the demographic situation. Maternal health is one of the decisive factors in determining the health of new generations, and the health of children determines future labor and the intellectual potential of the country.
- *Goal 6: Reduce and Slow Down the Spread of HIV/AIDS and TB and Initiate a Trend to Decrease Their Scales:* This subchapter covers issues concerning the spread of HIV infection/AIDS and tuberculosis. The HIV epidemic in Ukraine remains critical. Lessons learned in other countries show that the spread of HIV and tuberculosis causes a decrease in the average life expectancy, an increase in the need for healthcare, and a deepening of poverty, social inequality, and orphanhood.
- *Gender aspects.* Although insignificant attention is often paid to gender issues, they play a decisive role by determining both the biological susceptibility of a woman to HIV infection and vulnerability to its consequences. Since HIV infection is affecting a growing number of women in Ukraine, political measures and prevention programs have become increasingly focused on eliminating the basis of gender inequality and enhancing women’s opportunities to improve their health, education, legal protection, and economic independence. Other important gender-specific measures include increasing understanding and resolving problems of HIV transmission among sexual minorities, including MSM. Studies and in-depth interviews with HIV-positive women suggest the following three factors of women’s enhanced vulnerability to HIV: (1) discrimination in the labor market; (2) non-uniform distribution of family obligations; and (3) violation of their reproductive and sexual rights.

### **1.2 The current legislative and regulatory framework is in compliance with the**

## international standards on gender equality and gender-based violence prevention

The Ukrainian legislative and regulatory framework is in compliance with the international standards on gender equality and gender-based violence (GBV) prevention.

### **Universal Declaration of Human Rights adopted and proclaimed on December 10, 1948, by the General Assembly of the United Nations with the Resolution 217 A (III)**

- *Article 2.* Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional, or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing, or under any other limitation of sovereignty.
- *Article 7.* All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

### **Convention on the Elimination of All Forms of Discrimination against Women as of 12/18/1979. The Convention was endorsed on September 3, 1981, as ratified by the Chairing Panel of the Supreme Council of the USSR on December 18, 1980**

- *Article 2.* States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake the following:
  - To embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein, and to ensure, through law and other appropriate means, the practical realization of this principle.
  - To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women.
  - To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination ...
- *Article 12.* States Parties shall take all appropriate measures to eliminate discrimination against women in the field of healthcare in order to ensure, on a basis of equality of men and women, access to healthcare services, including those related to family planning.
- General recommendations #15 on Avoidance of discrimination against women in national strategies for the prevention and control of acquired immunodeficiency syndrome (AIDS); adopted at the 9<sup>th</sup> Session in 1990
  - That States parties intensify efforts in disseminating information to increase public awareness of the risk of HIV infection and AIDS, especially in women and children, and of its effects on them.
  - That programs to combat AIDS should give special attention to the rights and needs of women and children and to the factors relating to the reproductive role of women and their subordinate position in some societies, which make them especially vulnerable to HIV infection.
  - That States parties ensure the active participation of women in primary healthcare and take measures to enhance their role as care providers, health workers, and educators in the prevention of infection with HIV.
  - That all States parties include in their reports under article 12 of the Convention information

- on the effects of AIDS on the situation of women and on the action taken to cater to the needs of those women who are infected and to prevent specific discrimination against women in response to AIDS.
- General recommendations # 24 to the Convention on the Elimination of All Forms of Discrimination against Women, as adopted at the 20<sup>th</sup> Session in 1999
    - 18. The issues of HIV/AIDS and other sexually transmitted disease are central to the rights of women and adolescent girls to sexual health. Adolescent girls and women in many countries lack adequate access to information and services necessary to ensure sexual health. As a consequence of unequal power relations based on gender, women and adolescent girls are often unable to refuse sex or insist on safe and responsible sex practices. Harmful traditional practices, such as female genital mutilation, polygamy, as well as marital rape, may also expose girls and women to the risk of contracting HIV and other sexually transmitted diseases. Women in prostitution are also particularly vulnerable to these diseases. States parties should ensure, without prejudice and discrimination, the right to sexual health information, education, and services for all women and girls, including those who have been trafficked, even if they are not legally residents in the country. In particular, States parties should ensure the rights of female and male adolescents to sexual and RH education by properly trained personnel in specially designed programs that respect their rights to privacy and confidentiality.
  - Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women as of 10. 06. 1999 (the protocol was ratified by the Law of Ukraine # 946 - IV (946 - 15) as of 06. 05. 2003)
    - *Article 1.* Establishes that States who become parties to the optional protocol recognize the competence of the Committee to receive and consider communications under the protocol as submitted under the Article 2.
    - *Article 2.* Provides a Communications Procedure that allows either individuals or groups of individuals to submit individual complaints to the Committee. Communications may also be submitted on behalf of individuals or groups of individuals, with their consent, unless it can be shown why that consent was not received.
  - Concluding observations of the Committee on the Elimination of Discrimination against Women expressed at the 45<sup>th</sup> Session; January 18–February 5, 2010
    - 17. The Committee calls upon the State party (Ukraine) to amend the Equal Rights and Opportunities Act in order to strengthen the complaints and sanctions mechanisms, as well as to bring the definition of discrimination against women in full conformity with Article 1 of the Convention, by encompassing both direct and indirect discrimination.
    - 25. The Committee urges the State party to intensify its efforts to overcome persistent stereotypes that are discriminatory against women, including through awareness-raising campaigns emphasizing the equal status and responsibilities of women and men in the private and public spheres through human rights education, the training of teaching staff with respect to gender equality, and the revision of educational textbooks to eliminate gender stereotypes. The Committee further urges the State party to encourage the media to eliminate sexist and gender-stereotyped advertisement and to project positive images of women ...
    - 29. ... The Committee also urges the State party to ensure that public officials, especially law enforcement personnel, the judiciary, healthcare providers, and social workers, are fully familiar with the Prevention of Domestic Violence Act (2001) and knowledgeable about the other forms of violence against women, in order to be able to provide adequate assistance to the victims.
    - 38. While welcoming the “Health of the Nation” program for the period 2002–2011 and the

national RH program adopted during the reporting period, the Committee remains concerned about the health situation of women, in particular with respect to RH. The Committee is concerned about the large number of unwanted pregnancies and the high rate of abortions. The Committee is also concerned about the little information and data on women's health, including mortality rates of women and their causes, and the diseases that mostly affect women and girls. It is further concerned about the high HIV infection rates, as well as the increase of the mortality rate for reasons directly linked to alcohol abuse from 3.5 to 14.2 for women.

- 39. The Committee recommends that the State party develop a broad framework for health services, in line with the Committee's general recommendation No. 24 on health, provided with adequate resources, and should systematically monitor women's access to health. Moreover, the Committee recommends that the State party intensify its efforts to improve women's RH and provide adequate family planning services and affordable contraceptives, as well as to reduce the use of abortion. It encourages the State party to continue providing sex education systematically in schools, including vocational training schools. It also urges the State party to target high-risk groups for strategies to prevent HIV. The Committee requests the State party to include in its next report detailed information and data on women's health, in particular with reference to vulnerable groups of women, including on the causes of female mortality, alcohol and tobacco abuse, as well as on the main diseases affecting women and girls, such as breast and cervical cancer.
- 41. The Committee calls upon the State party to ensure that the minimum age of marriage is raised to 18 for girls and that no exceptions to this minimum age exist, in line with Article 16 of the Convention and the Committee's general recommendation No. 21. Furthermore, the Committee recommends the State party take necessary legislative measures to recognize intangible property, such as pension funds, as part of marital property.
- 43. The State party is invited to provide comprehensive information and statistical data in its next periodic report on the situation of the vulnerable groups of women, such as migrant and refugee women, women belonging to ethnic minorities, in particular Roma women, as well as rural women, older women, disabled women and female sexual minorities, and on the measures taken for eliminating discrimination against these women with regard to their access to health, education, employment, social benefits, etc.
- 45. The Committee calls upon the State party to strengthen its system of data collection, including the use of measurable indicators to assess trends in the situation of women and progress toward women's de facto equality. It invites the State party, as necessary, to seek international assistance for the development of such data-collection and analysis efforts. The Committee also requests the State party to include in its next report statistical data and analysis, disaggregated by sex and by rural and urban areas, indicating the impact of policy and programmatic measures and the results achieved.

#### **Beijing Declaration affirmed at the Fourth World Conference on Women on September 15, 1995**

- 17. The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.
- 24. Take all necessary measures to eliminate all forms of discrimination against women and the girl child and remove all obstacles to gender equality and the advancement and empowerment of women.
- 29. Prevent and eliminate all forms of violence against women and girls.
- 30. Ensure equal access to and equal treatment of women and men in education and healthcare



and enhance women's sexual and RH as well as education.

### 1.3a Definition of gender-based violence, including violence against gays and lesbians

International regulations provide the definition of GBV, which is related to sexual identity and not to sexual orientation.

#### **The Declaration on the Elimination of Violence against Women A/RES/48/104; 85th Plenary Meeting; December 20, 1993**

- *Article 1.* For the purposes of this Declaration, the term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.
- *Article 2.* Violence against women shall be understood to encompass, but not be limited to
  - Physical, sexual, and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation.
  - Physical, sexual, and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment, and intimidation at work, in educational institutions, and elsewhere; trafficking in women; and forced prostitution.
  - Physical, sexual, and psychological violence perpetrated or condoned by the State, wherever it occurs.
- *Article 3.* Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. These rights include, specifically, the following:
  - The right to life
  - The right to equality
  - The right to liberty and security of person
  - The right to equal protection under the law
  - The right to be free from all forms of discrimination
  - The right to the highest standard attainable of physical and mental health
  - The right to just and favorable conditions of work
  - The right not to be subjected to torture, or other cruel, inhuman, or degrading treatment or punishment
- *Article 4.* States should condemn violence against women and should not invoke any custom, tradition, or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should do the following:
  - Consider, where they have not yet done so, ratifying or acceding to the Convention on the Elimination of All Forms of Discrimination against Women or withdrawing reservations to that Convention.
  - Refrain from engaging in violence against women.
  - Exercise due diligence to prevent, investigate, and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons.

- Develop penal, civil, labor, and administrative sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence; women who are subjected to violence should be provided with access to the mechanisms of justice and, as provided for by national legislation, to just and effective remedies for the harm that they have suffered; States should also inform women of their rights in seeking redress through such mechanisms.
- Consider the possibility of developing national plans of action to promote the protection of women against any form of violence or to include provisions for that purpose in plans already existing, taking into account, as appropriate, such cooperation as can be provided by NGOs, particularly those concerned with the issue of violence against women.
- Develop, in a comprehensive way, preventive approaches and all those measures of a legal, political, administrative, and cultural nature that promote the protection of women against any form of violence; and ensure that the re-victimization of women does not occur because of laws insensitive to gender considerations, enforcement practices, or other interventions.
- Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialized assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counseling, and health and social services, facilities and programs, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation.
- Include in government budgets adequate resources for their activities related to the elimination of violence against women.
- Take measures to ensure that law enforcement officers and public officials responsible for implementing policies to prevent, investigate, and punish violence against women receive training to sensitize them to the needs of women.
- Adopt all appropriate measures, especially in the field of education, to modify the social and cultural patterns of conduct of men and women and to eliminate prejudices, customary practices, and all other practices based on the idea of the inferiority or superiority of either of the sexes and on stereotyped roles for men and women.
- Promote research, collect data, and compile statistics, especially concerning domestic violence, relating to the prevalence of different forms of violence against women and encourage research on the causes, nature, seriousness, and consequences of violence against women and on the effectiveness of measures implemented to prevent and redress violence against women; those statistics and findings of the research will be made public.
- Adopt measures directed toward the elimination of violence against women who are especially vulnerable to violence.
- Include, in submitting reports as required under relevant human rights instruments of the United Nations, information pertaining to violence against women and measures taken to implement the present Declaration.
- Encourage the development of appropriate guidelines to assist in the implementation of the principles set forth in the present Declaration.
- Recognize the important role of the women's movement and NGOs worldwide in raising awareness and alleviating the problem of violence against women.
- Facilitate and enhance the work of the women's movement and NGOs and cooperate with them at local, national, and regional levels.
- Encourage intergovernmental regional organizations of which they are members to include

the elimination of violence against women in their programs, as appropriate.  
**Beijing Declaration affirmed at the Fourth World Conference on Women on September 15, 1995**

- 29. Prevent and eliminate all forms of violence against women and girls.

**Concluding observations of the Committee on the Elimination of Discrimination against Women expressed to the 6th and the 7th Periodic Reports of Ukraine at the 45th Session; January 18–February 5, 2010**

- 26. While welcoming the measures undertaken by the State party to eliminate violence against women, in particular the adoption of the Prevention of Domestic Violence Act (2001), the Committee remains concerned at the continuing prevalence of this phenomenon, and in particular at the lack of information on the effective implementation of the law. The Committee also notes with concern that among the penalties imposed by the courts to the perpetrators of domestic violence “fines are in an absolute majority,” which is largely ineffective, as indicated in the written responses 14 and 15 of the State party, because it does not impact specifically on the offenders but on the family as a whole. In addition, the Committee regrets the lack of information and sex-disaggregated statistical data regarding the types of violence against women and the number of female victims.
- 27. The Committee urges the State party to implement the Prevention of Domestic Violence Act (2001) effectively and to monitor its impact on women. It urges the State party to work toward a comprehensive approach to preventing and addressing all forms of violence against women, in conformity with general recommendation 19, and to improve its research and data collection on the prevalence, causes, and consequences of violence against women and to include the results in its next periodic report. The Committee calls on the State party to take the necessary measures to ensure effective penalties in the cases of domestic violence, which are specifically targeted on perpetrators.
- 29. The Committee urges the State party to take all necessary measures to ensure that women who are victims of domestic violence, including rural women and vulnerable groups of women such as Roma women, have full access to the shelters and social centers for victims and to immediate means of redress and protection, without limitation of age or of another kind. The Committee also urges the State party to ensure that public officials, especially law enforcement personnel, the judiciary, healthcare providers, and social workers, are fully familiar with the Prevention of Domestic Violence Act (2001) and knowledgeable about the other forms of violence against women, in order to be able to provide adequate assistance to the victims.

### **1.3b The national legislation relevant to prevention of gender-based violence or sexual violence against gays and lesbians**

GBV is usually perceived from the perspective of three key sectors: private, labor, and reproductive. The matters of prevention of the GBV or sexual violence against gays and lesbians are not specifically addressed in the national legislation. Further difficulties in addressing this subject matter are constituted given that the Article 24 of the Constitution of Ukraine does not include the characteristics of “sexual orientation.”

#### **Constitution of Ukraine; Law #245k/96-BP of 06.28.1996**

- *Article 9.* International treaties that are in force, agreed to be binding by the Verkhovna Rada of Ukraine, are part of the national legislation of Ukraine.

- *Article 24.* Citizens have equal constitutional rights and freedoms and are equal before the law.
  - There shall be no privileges or restrictions based on race; color of skin; political, religious, and other beliefs; sex; ethnic and social origin; property status; place of residence; or linguistic or other characteristics.
  - Equality of the rights of women and men is ensured by providing women with opportunities equal to those of men, in public and political and cultural activity, in obtaining education and in professional training, in work and its remuneration; by special measures for the protection of work and health of women; by establishing pension privileges; by creating conditions that allow women to combine work and motherhood; and by legal protection and material and moral support of motherhood and childhood, including the provision of paid leaves and other privileges to pregnant women and mothers.
- *Article 52.* Children are equal in their rights regardless of their origin and whether they are born in or out of wedlock. Any violence against a child, or his or her exploitation, shall be prosecuted by law.

**Criminal Code of Ukraine, Law #2341–III of 04.05.2001; the Document 2341–14, current edition as of 02.05.2011 based on 2924–17**

- *Article 152. Sexual assault*
  - Sexual assault, meaning sexual relations involving application of the physical violence, threats of its application, or exploitation of the helpless status of the aggrieved individual inflicts the penalty of confinement for the term of three through five years.
  - Sexual assault committed recurrently or by the individual that committed any of the criminal actions falling under the Articles 153 through 155 of this Code inflicts the penalty of confinement for the term of 5–10 years.
  - Sexual assault committed by a group of individuals, or sexual assault of an adolescent boy or girl, inflicts the penalty of confinement for the term of 7–12 years.
  - Sexual assault that caused particularly grave consequences and also sexual assault of a juvenile girl or boy inflicts the penalty of confinement for the term of 8–15 years.
- *Article 153. Forcible satisfaction of the sexual passion using unnatural methods*
  - Satisfaction of the sexual passion using unnatural methods involving application of the physical violence, threats of its application, or exploitation of the helpless status of the aggrieved individual inflicts the penalty of confinement for the term of up to five years.
  - The same acts committed recurrently or by a group of individuals or by the individual that committed any of the criminal actions falling under the Articles 152 or 154 of this Code or committed against an adolescent boy or girl inflict the penalty of confinement for the term of 3–7 years.
  - The same act committed against a juvenile girl or boy or if such act caused particularly grave consequences inflicts the penalty of confinement for the term of 8–12 years.
- *Article 154. Coercion to engagement in sexual relations*
  - Coercion of woman or a man to engage in the sexual relations either in the natural or unnatural manner by an individual that such woman or man is dependent either in terms financial or subordination status inflicts the penalty of forfeit in the amount of up to 50 citizen’s minimum earning amount before tax or detention for up to six months.
  - The same acts committed in association with the threats of destruction, damage, or confiscation of the property of the aggrieved person or his (her) close relatives or disclosure of the information that dishonors him (her) or his (her) close relatives inflicts the penalty of detention for the term of up to six months or confinement for the term of up to three years.
- *Article 155. Sexual relations with an individual who did not attain sexual maturity*

- Sexual relations with an individual who did not attain sexual maturity inflict the penalty of detention for the term of up to five years or confinement for the same term. (*Paragraph 2 of the Part 1 under the Article 155 in the edition of the Law of Ukraine # 600 - VI as of 09.25.2008* )
- The same actions committed by the father, mother, stepfather, stepmother, guardian, or caregiver, individual entitled with responsibility for upbringing or providing care to the victim, or if they caused infertility or other grave consequences inflicts the penalty of confinement for the term of 5–8 years with deprivation of the right to occupy certain positions or implement certain types of activity for the terms up to three years or without such deprivation of the specified right (*Part 2 under the Article 155 in the edition of the Law of Ukraine # 600 - VI as of 09.25.2008*).
- *Article 156. Seducement of juveniles*
  - Commitment of seducing actions against an individual under the age of 16 inflicts the penalty of detention for the term of up to five years or confinement for the same term (*Paragraph 2 of the Part 1 under the Article 155 in the edition of the Law of Ukraine # 600 - VI as of 09.25.2008*).
  - The same actions committed by the father, mother, stepfather, stepmother, guardian, or caregiver, or individual entitled with responsibility for upbringing or providing care to the victim inflicts the penalty of confinement for the term of 5–8 years with deprivation of the right to occupy certain positions or implement certain types of activity for the terms up to three years or without such deprivation of the specified right (*Part 2 under the Article 155 in the edition of the Law of Ukraine # 600 - VI as of 09 25.2008*).

**Family Code of Ukraine; Document [2947-14](#), current edition as of [02.08.2011](#) based on [2913-17](#)**

- *Article 56.* The right of husband and wife for freedom and personal immunity
  - Coercion to termination of marital relations, coercion to their preservation, including coercion to sexual relations by the means of physical or psychological violence constitute the violation of the right of the husband or the wife for freedom and personal immunity and may inflict consequences as delimited by the law.

**Code of Ukraine on administrative offense; Document # [80731-10](#), as of [02.05.2011](#) based on [2924-17](#), [2947-17](#)**

- *Article 173-2.* Commitment of violence in the family or failure to adhere to the protective clause or to the correctional program.
  - Commitment of violence in the family, meaning conscious commitment of any actions of a physical, psychological, or economic nature (using physical violence that did not inflict physical pain and did not cause any corporal damage, threats, grievances or harassment, deprivation of accommodations, food, clothes, other property or financial assets that the offended party is entitled to by the law, and other), that resulted or may have resulted in impairment of the physical or psychic health of the offended, and similarly failure to adhere to the protective clause by the individual against which such clause was effected or failure to adhere to the correctional program by the individual that committed the violence act in the family inflicts the penalty of forfeit in the amount of 3–5 citizen’s minimum earning amounts before tax or public works for the term of 30–40 hours, or correctional works for the term of up to one month with deduction of the 20 percent of the earning, or administrative detention for the term of up to five days.
  - The same actions committed by an individual who within the prior year was subject to administrative penalty for having committed one of the offenses outlined in part one of this

Article inflicts the penalty of forfeit in the amount of five and up to 10 citizen's minimum earning amounts before tax or public works for the term of 40–60 hours, or correctional works for the term of 1–2 months with deduction of 20 percent of the earning, or administrative detention for the term of up to 15 days.

**Code of Labor Law of Ukraine; Law #322–VIII (322a–08 ) of 12.10.1971**

- *Article 21.* Equality of the labor rights of the citizens of Ukraine.
  - Ukraine ensures equality of the labor rights of all citizens regardless of their origin, social and property status, race and ethnic origin, sex, language, political and religious beliefs, type and nature of professional involvement, place of residence, and other characteristics.
- *Article 22.* Guarantees at entering into, amendment, and termination of the labor agreement.
  - Unjustified refusal in employment is not allowable.
  - In compliance with the Constitution of Ukraine, any direct or indirect restriction of rights or imposition of direct or indirect advantages at entering into, amendment, and termination of the labor agreement in relation to the origin, social and property status, race and ethnic origin, sex, language, political and religious beliefs, membership in a trade union organization or other civil society association of citizens, type and nature of professional involvement, place of residence, and other characteristics is not permitted.

**Law #2866–IV of 09.08.2005 “On ensuring equal rights and opportunities of women and men”**

- *Article 22.* Appeal in case of sexual discrimination and sexual harassment.
  - An individual who believes he/she is being subjected to sexual discrimination or being affected by sexual harassment has the right to appeal to the Human Rights Ombudsman of Verkhovna Rada of Ukraine, the specially authorized central executive government authority in affairs of ensuring equal rights and opportunities of women and men, plenipotentiary officers (coordinators) in affairs of ensuring equal rights and opportunities of women and men under the executive government authorities and local self governance authorities, law enforcement authorities, and judiciary.
- *Article 23.* Restitution of property damage and moral injury inflicted as the result of the sexual discrimination and sexual harassment.
  - An individual is entitled to restitution of property damage and moral injury inflicted as the result of sexual discrimination or sexual harassment. The moral injury should be restituted independently of the property damage pending compensation and is not related to the amount of such compensation.

**Law “On prevention of the family violence”; as amended under Law #609–V (609–16) of 02. 07. 2007 and Law# 599–VI (599–17) of 09.25.2008**

- *Article 1.* Definition of the terms: For the purposes of this Law of Ukraine, the below listed terms are used in the following definition:
  - *Family violence* —any conscious actions of physical, sexual, psychological, or economic nature committed by one family member against another member of the family, when such actions infringe constitutional rights and freedoms of the family member as a human being and a citizen and inflict either moral injury or impair that family member's physical or mental health.
  - *Physical violence in the family*—conscious commitment by one member of the family of the beating, corporal damage, which may cause or actually have caused the death of the victim, impairment of that family member's physical or mental health, or impairment of his (her)

- honor and dignity.
- *Sexual violence in the family*—illegal infringement by one member of the family on the sexual immunity of another member of the family, and also actions of sexual nature against the underage member of the family.
  - *Psychological violence in the family*—violence related to the impact inflicted by one member of the family on the mental state of another member of the family by the means of verbal insult or threats, harassment, or threatening, which purposefully caused emotional uncertainty, incapacity to personal protection, and may impair or actually impairs the individual’s mental health.
  - *Economic violence in the family*—conscious deprivation of one member of the family by another family member of accommodations, food, clothes, or other property or financial assets that the offended party is entitled to by the law, and other that may cause his (her) death or resulted or may have resulted in impairment of the physical or psychic health of the offended.
  - *Family violence victim*—member of the family who suffered from the physical, sexual, psychological, or economic violence committed by another member of the family;
  - *Family violence prevention*—the system of social and special efforts targeting elimination of the reasons and conditions causing the commission of violence acts in the family, termination of the violence in the family that is imminent or has actually commenced, holding liable the individuals responsible for committing the violence in the family, and also medical and social rehabilitation of the family violence victims.

**1.3c Attention to gender-based violence in the national regulatory framework on HIV and AIDS**

GBV is usually perceived from the perspective of three key sectors: private, labor, and reproductive. The matters of GBV prevention and sexual violence against gays and lesbians are not specifically addressed in national legislation.

**1.3d The national regulatory framework on providing comprehensive medical services to the sexual violence victims, including the post contact prevention**

The national legal and regulatory framework does not outline a comprehensive package of medical services for victims of sexual violence.

**1.3e Government authorities, organizations (educational, medical, legal and other), NGOs, and CSOs capable of preventing the gender-based violence. The Laws of Ukraine and regulatory acts that make the gender-based violence possible.**

- Constitution of Ukraine; the Law as of 06.28.1996 # 254k/96-BP**
- *Articles 24, 49, 52.* See Section 1.1 of this form.
- Criminal Code of Ukraine, Law #2341–III of 04.05.2001; Document 2341–14, current edition as of 02.05.2011 based on 2924–17**
- See Section 1.3b of this form.

**Family Code of Ukraine; Document [2947-14](#), current edition as of [02.08.2011](#) based on [2913-17](#)**

- *Article 56.* See Section 1.3b of this form.

**Code of Ukraine on administrative offence; Document # 80731-10, as of 02.05.2011 based on 2924-17, 2947-17**

- *Article 173-2.* See Section 1.3b of this form.

**Law of Ukraine #2866–IV of 09.8.2005 “On ensuring equal rights and opportunities of women and men”**

- *Article 11.* Capacity of the specially authorized central executive government authority in affairs of ensuring equal rights and opportunities of women and men.
  - Review appeals of citizens on sexual discrimination and sexual harassment.
  - Keep accounting and summarize the cases of sexual discrimination and sexual harassment and suggest recommendations as relevant to their prevention.
- *Article 22.* Appeal in case of sexual discrimination and sexual harassment.
  - The individual that believes being subject to the sexual discrimination or being affected by the sexual harassment has the right to appeal to the Human Rights Ombudsman of Verkhovna Rada of Ukraine, the specially authorized central executive government authority in affairs of ensuring equal rights and opportunities of women and men, plenipotentiary officers (coordinators) in affairs of ensuring equal rights and opportunities of women and men under the executive government authorities and local self governance authorities, law enforcement authorities, and judiciary.
- *Article 23.* Restitution of the property damage and moral injury inflicted as the result of the sexual discrimination and sexual harassment.
  - An individual is entitled to restitution of the property damage and moral injury inflicted thereto as the result of the sexual discrimination or sexual harassment. The moral injury should be restituted independently of the property damage pending compensation and is not related to the amount of such compensation.

**Law “On prevention of the family violence”; as amended under Law #609–V (609–16) of 02.07.2007 and Law# 599–VI (599–17) of 09.25.2008**

- *Article 3.* Authorities and institutions entrusted with responsibility to implement efforts on family violence prevention.
  - Implementation of the efforts on family violence prevention, within the scope of the capacity entitled thereto, is entrusted to
    - The specially authorized executive government authorities in affairs of the family violence prevention
    - Relevant units of the interior affairs authorities
    - Care and custody authorities
  - Special institutions for the individuals who committed the family violence and/or victims of such violence:
    - Crisis management centers for the members of the families where family violence occurred or where the threat of such occurrence exists.
    - Centers of medical and social rehabilitation of the family violence victims.
    - Executive government authorities, local self governance authorities, enterprises, institutions, and organizations regardless of their type of ownership; citizen associations; and also individual citizens may facilitate implementation of the efforts on family



violence prevention.

**CMU Act #616 of April 26, 2003 “On adoption of the Procedure for adjudication of the claims and reports on commitment of the family violence or the actual threat of such violence”**

- 2. Acceptance, accounting, and review of the claims is conducted domiciliary by the Ministry in affairs of young people and sport, the Department or Unit in affairs of family and young people under the relevant local State Administration, the Service of district militia inspectors and the criminal militia in affairs of children under the interior affairs authority at the location where the family violence victim resides or where the actual threat of such violence exists.
- 5. Immediately upon receipt of such claim by the Ministry in affairs of young people and sport, the Department or Unit in affairs of family and young people under the relevant local State Administration, it should be registered in the inventory of claims on the family violence incidents, and receipt of such claim by the Service of district militia inspectors and the criminal militia in affairs of children under the interior affairs authority in the record book on offenses and accidents.
- 6. No refusal in acceptance of such a claim is allowable.
- 7. The review process by the authorities should not take more than three days.
  - In cases when such claims relate to an underage or an incapacitated member of the family, the relevant information should be communicated to the service in affairs of children and the care and custody authorities.
- 8. The Service of district militia inspectors and the criminal militia in affairs of children under the interior affairs authority should inform the Department or Unit in affairs of family and young people under the relevant local State Administration on the fact of receipt of such claim within the term of three days.
- 9. The fact of receipt of such a claim containing the statement on existing threat to the health and life of an individual should be immediately communicated to the relevant interior affairs authority to implement efforts on elimination of the family violence or the acts of such family members that aim at execution of such an actual threat.

**Order #3131/386 of the MFYS and the Ministry of Interior Affairs of 09.07.2009 registered at the Ministry of Justice on 09.30.2009 under #917/16933: “On adoption of the instruction on the cooperation process between the departments (units) in affairs of family, young people and sport, Services in affairs of children, Centers of Social Services for family, children and young people and the relevant units of interior affairs as relevant to implementation of efforts to prevent the family violence”**

- 2.1. The Departments (Units) in affairs of family, young people, and sport should
  - Coordinate actions of the Services in affairs of children Centers of Social Services for family, children, and young people and the relevant units of interior affairs as relevant to implementation of efforts to prevent the family violence.
  - Refer the victims of family violence and members of the families under the actual threat of being subject to commitment of such violence to the special institutions for prevention of the family violence.
  - Conduct control over the facilitation of activities and implementation of such activities by the special institutions for prevention of the family violence.
  - For purposes of providing the relevant support to the families where the violence cases occurred or where the actual threat of being subject to commitment of such violence exists, to

- keep accounting of the data on the organizations, institutions, and facilities that are involved in prevention of the family violence and the services provided thereby.
  - Cooperate with the civil society organizations and citizens' associations on prevention of the family violence.
  - Inform the public on the organizations, institutions, and facilities that are involved in prevention of the family violence and providing support to the families where the actual threat of such violence exists.
  - Facilitate holding the workshops, roundtables, conferences, and other events on prevention of the family violence.
  - Facilitate providing psychological, legal, social, and educational information and other services to members of the families where the violence has been committed or the actual threat of such violence exists.
- 2.7. The interior affairs authorities should
  - Conduct awareness-building work in the families where the family violence cases occurred or where the actual threat of being subject to commitment of such violence exists; inform the family members on the rights, activities, and services that they can use and the liability outlined by the law.
  - Accept and review the claims and reports in line with the Procedure for adjudication of the claims and reports on commitment of the family violence or the actual threat of such violence as adopted by the Act of the Cabinet of Ministers of Ukraine as of April 26, 2003 # 616 and other legal and regulatory acts of the Ministry of Interior Affairs of Ukraine.
  - Within the term of three days of receipt of such claim or report, inform the Department or Unit in affairs of family and young people under the relevant local State Administration and in the cases when such claims relate to an underage or an incapacitated member of the family, the service in affairs of children and the care and custody authorities.
  - Upon receipt of such a claim or report or other information on the fact of family violence, take measures as outlined by the current legislation to eliminate such violence. If and when required, provide the offended or the offender with the first aid medical care and call the ambulance team.
  - In the case of direct threat to the health and life of a child or another member of the family, who were affected by the family violence, take measures to eliminate such threat and provide the relevant assistance in referral to the special institutions for the family violence victims.

**Order #1983/388/452/221/556/596/106 of the MFYS, MOH, MoES, Ministry of Labor and Social Policy, Ministry of Transport and Communication, Ministry of Interior Affairs, and State Committee on Enforcement of Sentences of 06. 14. 2006; Registered at the Ministry of Justice on 7.12. 2006 under # 824/12698: "On adoption of the Procedure for cooperation between social work entities working with the families in crisis situations"**

- 2. The effect of this Procedure applies to performance of
  - The Departments (Units) in affairs of family, children, and young people under the Oblast (raion, municipal) State Administrations, the Ministry of Family, Young People and Gender Policy Of the Autonomous Republic of Crimea.
  - The oblast, raion, municipal, and raion within municipalities services in juvenile affairs.
  - The Republican (in the Autonomous Republic of Crimea), oblast, raion, municipal, raion within municipalities, village and town Centers of Social Services for family, children and young people (hereinafter referred to as the Centers of SSFCYP).
  - The MOH of the Autonomous Republic of Crimea, Health Departments (Units) under the Oblast (raion, municipal) State Administrations.

- Health facilities.
- The MOES of the Autonomous Republic of Crimea, Departments (Units) for Education and Science under the Oblast (raion, municipal) State Administrations.
- Preschool, secondary, vocational, technical, and after school education facilities.
- Authorities of labor and social security of population.
- Department for public and mass media relations, operational and analytical management under the Ministry of Transport and Communication of Ukraine.
- Authorities of interior affairs.
- Penitentiary facilities.
- 3. The recipients of the social work with families in the crisis situations: Families with children living in the crisis situation and being unable to overcome the difficulties independently, either in view of the functional disability of the parents or children, forced migration, drug or alcohol addiction of one of the family members, being under confinement, HIV infection, family violence, homelessness, orphanhood, neglecting in attitude, and negative relationship in the family ...

**Directive of the Plenary Session of the Supreme Court of Ukraine #5 as of 05.30.2008 “On judiciary practices in the legal cases on offences related to the sexual freedom and sexual immunity of an individual”**

- In the context of the Article 152 of the Criminal Code of Ukraine (hereinafter referred to as the CC), the sexual assault should be understood as the natural sexual relations between the individuals of different sexes against or in disregard of the will of the offended individual involving use of the physical violence, threats of its application, or exploitation of the helpless status of the aggrieved individual.
  - The list of illegal acts that determine the fact of the sexual assault is exhaustive. Hence, the acts of an individual who attained the consent of the opposite sex for the sexual intercourse in an alternative manner, for instance by the means of persistent offers to engage in the sexual intercourse or by the means of deception or abuse of confidence (declaration of love, consciously deceitful promise of entering into the marital engagement or payment for the sexual services and other), may not be qualified under the Article 152 of the CC.
  - The offended party in the case of sexual assault may be an individual of either female or male sex, regardless of such individual’s behavior prior to the fact of commitment of the offense, life style, prior relationship with the offender, specifically – formal being in conjugality, living in one family, and other.
- 2. Forcible satisfaction of the sexual passion using unnatural methods (Article 153 of the CC) excludes the natural sexual act and may be constituted by commitment of the act of pederasty, lesbianism, and also in other acts of the sexual nature aimed at satisfaction of the sexual passion of the offender (man or woman) using unnatural methods, involving use of the physical violence, threats of its application, or exploitation of the helpless status of the aggrieved individual.

**2. Legal and regulatory acts in the HIV sector are compliant with the gender equality principles**

Legal and regulatory acts in the HIV sector are generally gender neutral.

**MFYS Order #1795 of 04.25.2008 “On adoption of the Procedure for social support of the families and individuals in crisis situations by the Centers of Social Services for family, children, and young people”**

- 1.2. The recipients of the social support:
  - Families with children living in the crisis situation and being unable to overcome the difficulties independently, either in view of the functional disability of the parents or children, forced migration, drug or alcohol addiction of one of the family members, being under confinement, HIV infection, family violence, homelessness, orphanhood, neglecting in attitude, and negative relationship in the family and other factors.

**Joint Order #740/1030/4154/321/614 of MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Committee on Enforcement of Sentences of 11.23.2007; Registered at Ministry of Justice on 12.26.2007 under #1405/14672 “On Measures to Prevent Mother-to-Child Transmission of HIV, Medical Care, and Social Services for HIV-Infected Children and Their Families”**

- 2.7. For the purposes of HIV prevention, women are suggested to complete the HIV testing supported with the pre- and post-testing counseling as part of the annual prevention gynecologic examination.
- 3.1. Family planning counseling of HIV-infected women is provided by specialists of Family Planning Centers (hereinafter referred to as the FPC), centers for prevention and response to HIV infection, prenatal care clinics, and other healthcare facilities aware of the matters of the family planning and HIV-infection development specificity. If and when required as identified in the process of counseling, the woman should be referred to the Centers of Social Services for family, children, and young people to be provided with the social services (psychological, social, medical, educational, legal, and economic).
- 3.2. Upon the prior consent of HIV-infected people, including the women living in a crisis situation, the Centers of Social Services for family, children, and young people provide social support under the guidance of healthcare specialists.
- 4.1.2 All pregnant women are provided with the HIV Infection Guidebook for Pregnant Women as part of their registration process (Annex 4 to the Instruction). HIV-infected women willing to give birth are provided with the individual counseling on the specificity of pregnancy in cases of HIV infection and possible consequences in terms of HIV infection of the newborn. Involvement of the medical specialists of other specialties, who provide the inpatient care and treatment of the patients and have the relevant education and training, is also allowable.

**CMU Resolution # 237-p of 4.26.2007 “On adoption of the Action Plan in implementation of the European Social Charter (revised) in 2007–2010”**

- 13. Ensure scaling up opportunities for access of population to services provided by the Centers of Social Services for family, children, and young people and the social sector facilities (centers of social and psychological support, social centers for mother and child, social hostels, centers of social and psychological rehabilitation of children and young people with functional disabilities, and the centers for HIV-infected children and young people).

**CMU Resolution #1712 of 12.21.2001 “On adoption of the Comprehensive program to ensure implementation of the Strategy for Poverty Eradication” (As amended under CMU Resolution #717 (717–2003–n) of 05.15.2003)**

- 9. Provide the full scope funding of the expenditures provided in implementation of the national programs on protection of maternity and childhood, health of the aged people, and AIDS and TB response.

**3. There is no reference or linkage of HIV/AIDS programs to other healthcare sector programs, specifically, programs on mother and child health, maternity protection, TB and malaria, and activities within nutrition, economic capacity, or education, as relevant to compliance with the gender equality principles and prevention of gender-based violence**

**Law #2866–IV of 09.08.2005 “On ensuring equal rights and opportunities of women and men”**

The document contains no section on healthcare.

**4. Regulatory acts ensure involvement of the civil society—specifically, FBOs and CSOs, gender experts, and also women, PLHIV, IDUs, MSM, SWs, and at-risk adolescents—in development and implementation of HIV/AIDS programs**

**Law #1973–XII “On Prevention of AIDS Disease and Social Security of Population” of 12.12.1991 as amended under Law #2776–III (2776–14) of 11.15.2001 and #1257–VI (1257–17) of 04.14.2009**

- *Article 6.* Efforts in response to AIDS should be developed and implemented under the scope of capacity of the relevant central, local executive government authorities; local self-governance authorities; and enterprises, institutions, and organizations of all types of ownership.
  - In implementation of the efforts, involvement of citizens’ associations (including international ones) and also private individuals (including foreigners) engaged in charitable activities is allowed.

**5. Ukrainian regulatory framework in the sector of counseling and testing provides opportunities to ensure the voluntary and informed consent for all gender groups of population**

**Law #1973–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by HIV and Legal and Social Security of PLHIV” in edition of the Law of Ukraine #155/98–BP of 03.03.1998, as amended under the Laws # 2776–III (2776–14) of 11.15.2001, #1257–VI (1257–17) of 04.14.2009, in the edition of the Law of Ukraine # 2861–VI (2861–17) of 12.23.2010**

- *Article 4.* State guarantees in the field of prevention of HIV-related diseases:
  - (4) availability of high-quality HIV testing, including anonymous one, with pre- and post-test counseling; and the safety of such testing both for an individual being tested and medical staff who do the testing.
- *Article 6.* An individual’s right to HIV testing; testing terms and procedure:
  - 1. Citizens of Ukraine, foreigners, and individuals without citizenship permanently living in Ukraine, individuals applied for and granted the status of refugees in Ukraine, other foreigners and individuals without citizenship legally sojourning in Ukraine shall be entitled to HIV testing and relevant qualified pre- and post-test counseling, provided in line with a related protocol, approved by a specially authorized healthcare central executive body.
  - 2. Testing of individuals age 14 and older is provided on a voluntary basis, conditional to the availability of the well-informed consent of an individual received after pre-test HIV

counseling, which informs about the peculiarities of HIV testing, its results, and possible consequences. Testing is provided in a confidential manner, which guarantees non-disclosure of any personal information, including the information on personal health status.

- 3. Testing of individuals under age 14, and individuals officially recognized as legally incapable, is provided upon request and well-informed consent of their parents or legal representatives, who have the right to be present at such testing and learn of its results, but who must ensure non-disclosure of information on HIV status of a person they legally represent. Testing of individuals under age 14 deprived of parental care and placed in custody of special full-time public institutions for children or boarding schools, who are mature enough to understand the consequences and advantages of such testing, is provided at the request of their legal representatives and under well-informed consent of such individuals with the only purpose to provide them with HIV treatment, care, and support. Legal representatives of such underage individuals have the right to learn of the results of such testing but they must ensure the non-disclosure of information on HIV status of individuals they legally represent.
- 4. HIV testing, related pre- and post-test counseling, preparation and issue of an official statement on the results of such testing are provided free of charge by properly licensed healthcare facilities regardless of their ownership and subordination status; social services; and other HIV service organizations that have a duly certified medical laboratory. Test kits, which were tested in duly certified laboratories and the quality of which was confirmed officially, are used to detect HIV.
- 5. Any HIV-tested individual has the right to repeat free testing according to the procedure described in this law and other related regulatory documents.
- 6. The procedure of confirmation of HIV is approved by a specially authorized healthcare central executive body.
- 7. At the request of an individual seeking HIV testing, such testing can be anonymous.

**6. The Laws of Ukraine and regulatory acts do not define the children infected and affected by HIV as a special category—specifically, the acts that ensure access of children to care and treatment, introduction of prevention, care and treatment of children both at the base of the ART units for adults and at the base of the services for mothers, infants and children from the prospective of compliance with the principles of gender equality, and prevention of gender-based violence**

**7.1 The current policy ensures protection of orphans and vulnerable children in the sector of hereditary rights**

**CMU Resolution #866 of 9.24.2008 “Operational matters of the care and custody authorities as relevant to the child rights protection”**

- 55. Individuals aware of the ownership by an orphan and a child deprived of parental care of the property should report such fact to the service in affairs of children servicing the location where such property is sited. The service in affairs should, within 10 days after receipt of such report, inventorize such property.
- 56. The property inventory should be supported by the original documentation testifying the right of an orphan and a child deprived of parental care to such property or the copies thereof that should be authenticated under the established procedure.

- 57. The Raion, Raion under the municipality of Kyiv or Sevastopol State Administration, executive government authority under the Municipal, Raion under the municipality Council at the location where such property is sited should ensure safety of such property of the orphans and children deprived of parental care and take measures to establish custody over the property. Decision on establishment of the custody over the property should be made at the jurisdiction of the location where such property is sited upon submission by service in affairs of children.
- 63. In cases when an orphan and a child deprived of parental care is the heir of the property, the Raion, Raion under the municipality of Kyiv or Sevastopol State Administration, executive government authority under the Municipal, Raion under the municipality Council at the location of the child origin should assign the officer who will represent such child's interests in the process of effectuating the inheritance rights.

#### **Civil Code of Ukraine: Law #435–IV of 01.16.2003**

- *Article 1241.* The right for intestate jointure.
  - Underage, juvenile, and adult incapacitated children of the antecessor, incapacitated widow (widower) of the antecessor, and incapacitated parents should inherit, regardless of the testament content, one half of the asset share to be inherited by each of them in the case of legally bound inheritance (requisite share).
- *Article 1261.* First line of the intestate jointure.
  - The first line of the intestate jointure as the legally bound inheritance is with the children of the antecessor, including those conceived before and born after the antecessor's death, the marital survivor and the parents.

#### **7.2. The current policy ensures protection of orphans and vulnerable children in the field of protection from violence**

##### **CMU Resolution #866 of 9.24.2008 "Operational matters of the care and custody authorities as relevant to the child rights protection"**

- In cases of an emerging direct threat to the health and life of a child, the care and custody authorities aware of such fact should make the decision on the immediate removal of such child from the parents or individuals acting in their substitution.
- The removal of such child from the parents should be reported by the care and custody authorities to the attorney office of the jurisdiction at the child's residential location and, within seven days after making the relevant decision, appeal to the judiciary with the claim requesting deprivation of parental rights of the parents or both of parents or removal of the child from the mother or father without deprivation of such rights.
- The service in affairs of children along with other structural units of the Raion, Raion under the municipality of Kyiv or Sevastopol State Administration, executive government authority under the Municipal, Raion under the municipality, Village or Town Council should compile the documentation required in support of the appeal by the care and custody authorities to the judiciary with the claim requesting deprivation of parental rights of the parents or both of parents or removal of the child from the mother or father without deprivation of such rights.
- In the case when within the timeframe of one year after the effected judiciary decision on removal of such child from the parents, the actual causes that made it impossible for the parents to provide for the child development were not eliminated, the service in affairs of children under the jurisdiction at the child's residential location should take measures to deprive such parents of their parental rights.

**Law 1065–VI of 3.5.2009 “On the National Program {National Action Plan on implementation of UN Convention on the child rights} for the period through 2016”**

- 4.7. Elimination of children trafficking, sexual abuse, and other forms of malicious behavior against them.
  - *Purpose:* Elimination of children trafficking, sexual abuse, and other forms of malicious behavior against them; establishment of the environment for their effective rehabilitation.
  - *Key objectives:*
    - Increased efficiency of prevention and awareness-building activities among parents to prevent malicious behavior against children.
    - Improvement of processes relevant to identification of children affected by sexual abuse and other forms of malicious behavior against them.
    - Establishment of the system for rehabilitation and reintegration of the children affected by trafficking, sexual abuse, and other forms of malicious behavior.
    - Ensuring of a functioning system for the protection of children from trafficking, sexual abuse, and other forms of malicious behavior; implementation of the relevant awareness-building activities.

**Civil Code of Ukraine: Law #435–IV of 01.16.2003**

- *Article 289.* The right to personal immunity.
  - Any individual has the right to personal immunity.
  - Any individual may not be subjected to torture or other cruel, inhuman, or degrading treatment or punishment.
  - Corporal punishment by the parents (adopting parents), guardians, custodians, and caregivers of the underage, juvenile, and other children under care is not allowable.

**7.3. The current policy ensures protection of orphans and vulnerable children in the field of access to education, shelter, meals, and social support**

**CMU Resolution #866 of 9.24.2008 “Operational matters of the care and custody authorities as relevant to the child rights protection”**

- 32. If the audit of the terms of stay of a child confirmed the fact of abandonment of such child without parental care, the service in affairs of children or the executive government authority under the Village or Town Council should provide the temporary shelter to such child within the timeframe of one day.
- 34. Homeless children should immediately be placed at a shelter or center at the location where such child was identified under the procedure set out by the current legislation.
- 35. After identifying the status of a child as an orphan or a child deprived of parental care, the Raion, Raion under the municipality of Kyiv or Sevastopol State Administration, executive government authority under the Municipal, or Raion under the municipality council at the location of such child origin should take definitive measures as relevant to placement of such child into the family of Ukrainian citizenship (adoption, care, guardianship, fostering, or family type custody). A child may be placed into a facility for children identified with the status of an orphan or a child deprived of parental care, regardless of their type of ownership and subordination, in the case when fostering opportunities were exhausted due to different reasons.
- 52. The service in affairs of children, jointly with the personnel of departments for education and healthcare at the place of such child’s residential location, should conduct an audit of the terms of care, education, and development of the child that was thus placed under care or guardianship,



fostered, or provided with the family type custody, by the means of family visits. Regularity of such visits should be outlined by the specially designed schedule but should not be less frequent than once in a year.

- 53. On an annual basis, the service in affairs of children should develop an expert opinion on the terms of care, education, and development of the child based on the information provided by the social worker conducting the social support to the family, the education specialist of the preschool education facility or the form master of the secondary school education facility that such child attends, the local physician, and the district inspector of the interior affairs authority.

**Family Code of Ukraine: Document [2947-14](#), current edition of [02.08.2011](#) based on [2913-17](#)**

- *Article 248.* Rights of an orphan or a child deprived of parental care hosted at a healthcare facility, education or other special facility for children, or a foster family.
  - *Part I.* An orphan or a child deprived of parental care hosted at a healthcare facility, education or other special facility for children, or a foster family has the rights to
    - Comprehensive development, nurturing, education, and respect of human dignity.
    - Preservation of the right to use the previously accommodated residential space. In cases when such residential space is not available, such child is entitled to its receipt under the law.
    - Benefits, as outlined by the law, in terms of employment after termination of the term of stay in the above specified facility.
  - *Part II.* Placement of the child to the facility specified in the Part I of the Article does not forfeit the rights of such child to the alimony, pension, other social benefits and payments, and grievance reimbursement in view of the loss of a breadwinner.

## Annex 4. Injecting Drug Users (IDUs)

### 1. Ukraine's HIV epidemic continues to develop, and IDUs are driving the concentrated epidemic; Ukraine should target IDUs with comprehensive programs in line with international recommendations

- There are an estimated 230,000–60,000 IDUs—around 175,000 of whom suffer from opiate addiction; estimated recommended coverage for prevention programs is 290,000 IDUs.<sup>2</sup>
- To ensure universal access to prevention, treatment, and care and support services for IDUs, it is necessary to ensure a comprehensive approach to providing medical and social services and establish a supportive environment that facilitates implementation of such services.
- In line with the international recommendations of the WHO, UNODC, UNAIDS, and other global agencies, comprehensive programs targeting the needs of IDUs should include the following components:
  - Programs for the needle and syringe distribution and exchange
  - Opiate substitution treatment and other types of drug addiction treatment
  - HIV testing and counseling
  - Antiretroviral treatment
  - Prevention and treatment of sexually transmitted infections
  - Programs for distribution of condoms to IDUs and their sexual partners
  - Target programs in the field of information, awareness building, and communication, specifically targeting IDUs and their sexual partners
  - Vaccination, diagnostic, and treatment of viral hepatitis
  - Prevention, diagnostic, and treatment of TB

The remainder of this form summarizes an analysis of the legal and regulatory framework, which was conducted as relevant to the above indicated components.

### 2. Prevention of HIV among IDUs is a national policy priority; however, issues related to program operations, recognition and use of data, and funding hinder program implementation

- *Commitment.* Overall, programs for HIV prevention among IDUs appear to be a national policy priority. IDUs are recognized in the National AIDS Program (NAP)<sup>3</sup> as one of the groups at high risk of HIV infection. Providing IDUs with medical and social services with 60 percent coverage is outlined as a program objective. There are also standards for both medical and social services relevant for IDUs. These have the logical mutually related references and linkages.
- *Program implementation.* There is no certainty about which central executive government authority is responsible for program implementation for IDUs. The NAP delimits that that such responsibility should be assigned to the MOFYS and the State Social Service, which is

<sup>2</sup> Analytical report on the results of sociological survey “Assessment of the population of the groups at high risk of HIV infection in Ukraine” as of 2009.

<sup>3</sup> Law of Ukraine “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support for HIV-Infected People and People with AIDS for 2009–2013.”

subordinated to MOFYS. As of today, though, these authorities have been disestablished as part of administrative reform.<sup>4</sup> Their capacities and functions have not yet been delegated to other newly established government authorities.

- *Data.* Although research was conducted to identify the estimated population of vulnerable groups, including IDUs, the research was not formally contracted by the central executive government authorities and, as the result, the data received were not formally recognized<sup>5</sup> and are not taken into consideration in identifying target indicators and determining the amount of funding allocations from the public budget sources.
- *Funding.* The amount of funding allocated from public budget sources for IDU-related programs is substantially lower compared with the amount of funding allocated for such programs by the Global Fund grant. The analysis data indicate that the program funding does not reflect the number of IDUs and the per client cost of services. The current system of funding allocation from national and local budgets provides for allocation of such funding to support functioning of budget sector institutions—one of the functions that is to provide social services to IDUs. Currently, these are the Centers of Social Services for Family, Children, and Young People (CSSFCY). There are also formal opportunities to fund CSOs in providing services to IDUs,<sup>6</sup> but in practice, these opportunities are not implemented.
- *Service provision.* The process of providing treatment services to IDUs is outlined in relevant clinical protocols and standards adopted by MOH orders. However, while these documents outline the course of action of medical professionals of different profiles, they do not reflect the organizational aspects of cooperation among different healthcare facilities (specifically, AIDS centers, drug addiction clinics, TB services, and primary healthcare facilities). Thus, the establishment of integrated service centers, which is an objective of the NAP, remains unaddressed. There are no regulations to guide their performance. Overall, this matter should be approached in the context of the general strategy of the healthcare sector reform.

### **3. The exchange and distribution of needles and syringes is an important part of HIV prevention programs, but there is no strategy for disposal and pharmacy-based programs are still in development**

- *Legislation.* Programs for exchange and distribution of the needles and syringes (and also disinfectants) are an indispensable and compulsory part of HIV prevention services for IDUs, which is formally stated in national legislation.
  - The list of services, their content, staff description, and terms of providing such services are delimited by the standards of social services.
  - Protection of client confidentiality and compliance with ethical norms are required in providing social services to IDUs.
  - CSOs are entitled to implement programs for exchange and distribution of the needles and syringes for IDUs.

<sup>4</sup> Decree of the President of Ukraine as of December 9, 2010 # 1085/2010 “On optimizing the central executive government authority system.”

<sup>5</sup> The currently prevalent practice in Ukraine applied to review and agreement of the estimate population number of the groups at risk of HIV infection involves discussions at the stakeholders’ meetings and at the meetings of the National Council in Affairs of Response to TB and HIV Infection/AIDS. But that is not sufficient to recognize such data as official.

<sup>6</sup> See the section on social services contracting.

- *Disposal.* Based analysis of the data, it appears that no clear strategy for disposal of used syringes and needles has been developed. There is possible lack of compliance with legislation on waste management. The matter of syringe disposal is especially critical in the case of CSOs contracting commercial disposal services.
- *Pharmacy-based programs.* These programs of distribution and exchange of syringes used by IDUs are still in the experimental stage.

**4. For information relevant to opiate substitution treatment and other types of drug addiction treatment, see the medication-assisted therapy annex of this report**

**5. HIV testing using rapid tests is provided by CSOs to IDUs and other vulnerable groups, but the services are not legally regulated and there is no clear surveillance process for IDUs after an initial HIV-positive diagnosis**

- *Provision of HIV testing.* The harm reduction service pipeline implemented by CSOs includes services of HIV testing and testing for other infections using rapid tests and is provided to IDUs and other representatives of vulnerable groups. Such testing is provided at mobile units procured under the implementation framework of Global Fund projects and owned by CSOs. The testing is conducted with medical personnel based on contracts with healthcare facilities. Overall, however, this activity is not legally regulated (whether such activity should be deemed as medical practice, should such organizations have a license, whether the national sanitary norms and rules should be applied, and so on).
- *Post-test process.* There is no clear IDU surveillance process after HIV rapid testing and receipt of a positive result that implies further application to the AIDS center for confirmation testing.
- Also see the HIV Counseling and Testing annex of this report.

**6. ART for IDUs is explicitly specified in ART protocols and standards; however, it is not clear what authority is responsible for organizing these services for this vulnerable group**

- *Legislation.* The acting ART protocols and standards reflect specificity of treatment of HIV-positive IDUs. The protocols clearly state that drug use should not constitute grounds for ART exclusion.
- *Implementation.* The list and content of the social services for care and support of HIV-positive IDUs are outlined by relevant standards. CSOs are entitled to implement such programs. However, there is no clear identification of the central executive government authority responsible for organization and provision of the social services (care and support) for HIV-positive IDUs. There are possible barriers related to clinical aspects. Further assessment and expert opinion of a medical professional is required.

**7. The NAP includes prevention and treatment of STIs for vulnerable groups, including IDUs, but program implementation is not guided by MOH orders or regulations**

- *Legislation.* Prevention, diagnostic, and treatment of STIs in vulnerable groups (including IDUs) are included in the NAP as part of prevention activities. Funding for implementation of such

activities is available primarily through the Global Fund grant.

- *Implementation.* In 2008, STI screening for vulnerable groups was initiated using rapid tests via mobile units. However,
  - The status and up-to-date relevance of the MOH Action Plan are unclear.
  - The process of providing STI treatment services to vulnerable groups is not adopted by MOH Order (unlike general treatment standards), which creates a gap in terms of introduction of STI treatment to representatives of vulnerable groups. Further assessment and expert opinion of a medical professional is required.
  - There are difficulties in monitoring the performance of mobile units (see Box 5 of this form).

**8. Distribution of condoms is included in the list of social and medical services of HIV prevention among IDUs; however, there are no programs that focus specifically on sexual partners of IDUs**

**9. Information services are included in HIV prevention programs for IDUs; however, they do not include specific targeting of IDUs or their sexual partners with communication, awareness-building, and information efforts**

**10. The response to viral Hepatitis is regulated by the USSR MOH Order of 1989, and treatment of Hepatitis C among HIV-positive IDUs is defined by current clinical protocols; however, there is no established system for prevention, diagnosis, and treatment of viral Hepatitis**

**11. For information related to the prevention, diagnosis, and treatment of TB, see the TB/HIV annex of this report**

## Annex 5. Medication-Assisted Therapy (MAT)<sup>7</sup>

<b>1. Authorization</b>
No provisions in the laws of Ukraine stipulate that licenses to conduct activities related to drug dependence treatment shall be granted only to government facilities or any other institution. MOH orders include instructions for regional departments of health on the implementation of MAT in treatment facilities, which are governed by regional departments (municipal, government). Rehabilitation activities may be conducted by non-medical centers.
<b>1.1a Government facilities are authorized to provide treatment for drug dependence</b>
<b>Law “On Drugs, Psychotropic Substances and Precursors”</b> <ul style="list-style-type: none"><li>• <i>Article 7, paragraph 3:</i> Activities in the field of circulation of drugs, psychotropic substances included in Tables II and III of the Approved Drug List and precursors included in Table IV of the Approved Drug List, shall be conducted by legal entities of all forms of ownership having a license to conduct relevant activities unless otherwise stipulated by this Law.</li></ul> <b>Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication-assisted Therapy for Persons with Opioid Dependence Syndrome’”</b> <ul style="list-style-type: none"><li>• “The Minister of Health of the Autonomous Republic of Crimea, heads of the Main Departments of Health in Dnipropetrovsk, Luhansk, Lviv and Kharkiv, Kyiv oblasts, the Main Department of Health and Disaster Medicine in Cherkasy, the Department of Health and Sanatoria in Vinnytsia, the Department of Health and Disaster Medicine in Odesa, the Departments of Health of Regional State Administrations, the Main Department of Health and Medical Supply of the Kyiv and Sevastopol City State Administration shall ensure the implementation of the Methodological Guidelines ‘Substitution Maintenance Therapy for Patients with Opioid Dependence Syndrome’ approved by this Order in the subordinated medical and preventive treatment facilities.”</li></ul>
<b>1.1b Government facilities are authorized to provide methadone for drug dependence, but there is no mention of methadone treatment for opioid dependence for drug treatment in government facilities in policy documents</b>
<b>Order #645 of 11.10.2008, “On Approving the Methodological Guidelines ‘Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome’”</b> <ul style="list-style-type: none"><li>• <i>Paragraph 3.4.3:</i> ... Based on the results of randomized clinical trials, methadone is more efficient in comparison with buprenorphine in terms of retaining persons in treatment and reducing the use of heroin, as well as it is less expensive. However, when compared with buprenorphine, the results of the meta-analysis show that methadone is better able to suppress heroin use than buprenorphine, especially if high-dose methadone is used. From here, methadone substitution therapy shall be considered an optimum method of treatment, while buprenorphine is considered to be a useful adjunct to treatment of those persons for whom the use of methadone is undesirable, dangerous, or ineffective...</li></ul>

<sup>7</sup> This legal and regulatory review was conducted using the “Inventory Scoring Form” of the *Policy Advocacy Toolkit for Medication-Assisted Treatment (MAT) for Drug Dependence*, produced under the USAID | Health Policy Initiative, Task Order 1. Thus, the numbered statements in this table are derived from the toolkit and modified based on the review findings. The toolkit is available at: [http://www.healthpolicyinitiative.com/Publications/Documents/1267\\_1\\_MAT\\_Toolkit\\_FINAL\\_09\\_21\\_acc.pdf](http://www.healthpolicyinitiative.com/Publications/Documents/1267_1_MAT_Toolkit_FINAL_09_21_acc.pdf).

<p><b>1.1c Government facilities are authorized to provide buprenorphine for drug dependence, but there is no mention of buprenorphine treatment for opioid dependence in government facilities in policy documents</b></p>
<p><b>Order #645 of 11.10.2008, “On Approving the Methodological Guidelines “Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome”</b></p> <ul style="list-style-type: none"> <li>• <i>Paragraph 3.4.3</i> (See Box 1.1b of this form).</li> </ul>
<p><b>1.2a Nongovernment facilities are authorized to provide treatment for drug dependence</b></p>
<p><b>Order #645 of 11.10.2008, “On Approving the Methodological Guidelines “Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome”</b></p> <ul style="list-style-type: none"> <li>• <i>Paragraph 3.4.3</i> (See Box 1.1b of this form).</li> </ul>
<p><b>1.2b Nongovernment facilities are authorized to provide methadone for drug dependence</b></p>
<p><b>Order #645 of 11.10.2008, “On Approving the Methodological Guidelines “Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome”</b></p> <ul style="list-style-type: none"> <li>• <i>Paragraph 3.4.3</i> (See Box 1.1b of this form).</li> </ul>
<p><b>1.2c Nongovernment facilities are authorized to provide buprenorphine for drug dependence</b></p>
<p><b>Order #645 of 11.10.2008, “On Approving the Methodological Guidelines “Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome”</b></p> <ul style="list-style-type: none"> <li>• <i>Paragraph 3.4.3</i> (See Box 1.1b of this form).</li> </ul>
<p><b>1.3 Licensing, provider qualifications, or other requirements for nongovernment services providing methadone and/or buprenorphine are provided</b></p>
<p><b>Law of Ukraine “On Drugs, Psychotropic Substances and Precursors”</b></p> <ul style="list-style-type: none"> <li>• <i>Article 9, “Business Activities Subject to Licensing”</i> <ul style="list-style-type: none"> <li>- <i>Paragraph 23:</i> The cultivation of plants included in List I of drugs, psychotropic substances and precursors approved by the Cabinet of Ministers of Ukraine; development, manufacture, production, storage, transportation, purchase, sale (delivery), entry into the territory of Ukraine, export from Ukraine, use, destruction of drugs, psychotropic substances and precursors included in said List.</li> <li>- <i>Paragraph 26, Medical Practice.</i></li> </ul> </li> </ul> <p><b>MOH Order #11 of 1.21.2010 “On Approving the Procedure for Circulation of Drugs, Psychotropic Substances and Precursors in Health Care Institutions of Ukraine”</b></p> <ul style="list-style-type: none"> <li>• <i>1.4.</i> Activities in the field of circulation of drugs, psychotropic substances, and precursors shall be conducted by health care institutions of all forms of ownership having a license issued by the Drug Control Committee according to the Procedure for Licensing the Activities in the Field of</li> </ul>

Circulation of Drugs, Psychotropic Substances and Precursors approved by Resolution No. 1387, dated December 5, 2007, of the Cabinet of Ministers of Ukraine.

**MOH Order #66 of 2.2.2010 “On Approving the Procedures for Licensing Business Activities Associated with the Cultivation of Plants Included in Table I of the List of Drugs, Psychotropic Substances, and Precursors approved by the Cabinet of Ministers of Ukraine (CMU); development, manufacture, production, storage, transportation, purchase, sale (delivery), entry into the territory of Ukraine, export from Ukraine, use, destruction of drugs, psychotropic substances, and precursors included in said List”**

- *Paragraph 1.2.* The compliance with the Procedures for Licensing shall be mandatory for economic entities having licenses to conduct activities in the field of circulation of drugs, psychotropic substances and precursors.

The Procedures for Licensing shall apply to all economic entities registered according to the procedure established by the legislation as legal entities regardless of their form of incorporation and form of ownership (hereinafter referred to as the “economic entity”).

- *Paragraph 1.3.* Licensing business activities in the field of circulation of drugs, psychotropic substances and precursors shall be carried out by the Drug Control Committee (hereinafter referred to as the “Committee”) according to the Law of Ukraine “On Licensing Certain Business Activities” ( [1775-14](#) ) bearing in mind the regulatory considerations specified by the Law of Ukraine “On Drugs, Psychotropic Substances and Precursors” ( [60/95-VR](#) ), and according to the Procedures for Licensing ( [1387-2007-p](#) ).”
- *Paragraph 3.1.* A license for the right to conduct activities in the field of drugs, psychotropic substances and precursors shall be issued to the legal entity which management personnel has a specialist holding the professional qualifications required for such type of business activity for which such license is issued.
- *Paragraph 3.4.* According to the order of the CEO of the economic entity, specialists holding the professional qualifications required for the type of business activity for which such license is issued shall be on the list of employees who have access to drugs, psychotropic substances and precursors to fulfill their official duties.
  - *3.4.4.* Access to drugs, psychotropic substances included in the Approved Drug List ( [770-2000-p](#) ), and precursors in Table IV of the Approved Drug List shall be granted to
    - In prevention and treatment facilities (except ambulatories and rural health posts), persons holding a diploma issued by government institutions of higher education.
    - In ambulatories and rural health posts, persons holding a diploma of junior medical worker.
    - In the production and manufacture of medical products, persons holding a diploma issued by government institutions of higher education or with a degree in pharmaceutical education, certificate (license) as a general pharmacist (specialists who graduated from institutions of higher education after 1992).
  - *3.4.5.* Access to sales (delivery) of drugs, psychotropic substances included in the Approved Drug List ( [770-2000-p](#) ) and precursors in Table 1 of List IV, persons holding a diploma issued by government institutions of higher education or with a degree in pharmaceutical education, certificate (license) as a general pharmacist (specialists who graduated from institutions of higher education after 1992).



<b>1.4 Prices that nongovernment services providing methadone and/or buprenorphine are allowed to charge are specified, but there is no mention of prices in policy documents</b>
<b>2. Budgets</b>
<b>2.1 There are budgets and/or explicit directives to allocate budget/financing for government provision of methadone and/or buprenorphine treatment for opioid dependence</b>
<p><b>Law of Ukraine “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009-2013”</b></p> <ul style="list-style-type: none"> <li>• Relevant information is included in the table attached to the law.</li> </ul>
<b>2.2 There are national estimates of the number of people who are opioid drug dependent</b>
<p>Number of drug dependent people: 356, 931; 225, 583.</p> <p><b>Analytical Report Based on the Sociological Survey Results “Estimated Size of Groups at High-Risk of HIV Infection in Ukraine” in 2009, Article 65, Article 67</b>  <a href="http://www.aidsalliance.org.ua/ru/library/our/monitoring/pdf/indd_ua.pdf">http://www.aidsalliance.org.ua/ru/library/our/monitoring/pdf/indd_ua.pdf</a> (Not a regulation)</p> <p>In Ukraine, two surveys to estimate the size of groups at high risk of HIV have been conducted, including among injecting drug users (IDUs). In Ukraine, the procedure for considering and approving the estimated size of risk groups suggests that the issue be discussed during the meeting of interested parties and the meeting of the National Council on HIV/AIDS and TB. However, it is not sufficient to consider the data official. Furthermore, such surveys are not conducted at the order of central authorities, and, as a result, the data are neither properly approved nor considered when the absolute value of the size of such populations and calculations of the estimated value of the state’s total finance are determined.</p>
<b>2.3 There are national targets or estimates of the number or percentage of opioid dependent drug users who will or should receive methadone and/or buprenorphine treatment</b>
<p><b>Law “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People with AIDS for 2009–2013,” 2010</b></p>
<b>2.4 There are no national targets or estimates of the number or the amount of methadone and/or buprenorphine that will be needed for drug treatment settings</b>
<b>3. Registration, Scheduling, and Procurement</b>
<b>3.1 Methadone is included in the country’s approved drug list</b>
<b>CMU Resolution #333 of 3.25.2009 “On Approving the National List of Essential Drugs and</b>

<p><b>Medical Products”</b></p> <p><b>MOH Order #631 of 7.29.2010 “On Approving the Amendments to the List of Essential Drugs of Domestic or Foreign Manufacture Available for Purchase by Health Care Organizations Financed Via the State Budget or Local Budgets in Full or in Part”</b></p> <ul style="list-style-type: none"> <li>• Methadone is included in the List of Essential Drugs of Domestic or Foreign Manufacture Available for Purchase by Health Care Organizations Financed Via the State Budget or Local Budgets in Full or in Part</li> </ul>
<p><b>3.2 Methadone is expressly registered and/or scheduled for use in opioid dependence treatment programs</b></p>
<p><b>Order #645 of 11.10.2008 “On Approving the Methodological Guidelines “Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome”</b></p> <ul style="list-style-type: none"> <li>• <i>Paragraph 3.4.3</i> (See Box 1.1b of this form).</li> </ul>
<p><b>3.3 Buprenorphine is included in the country’s approved drug list</b></p>
<p><b>3.4 Buprenorphine is expressly registered and/or scheduled for use in opioid dependence treatment programs</b></p>
<p><b>Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome’”</b></p> <ul style="list-style-type: none"> <li>• <i>Paragraph 3.4.3</i> (See Box 1.1b of this form).</li> </ul>
<p><b>3.5 Methadone and/or buprenorphine are included in the country’s own essential drug list</b></p>
<p><b>CMU Resolution #333 of 3.25.2009, dated March 25, 2009 “On Approving the National List of Essential Drugs and Medical Products”</b></p> <ul style="list-style-type: none"> <li>• <i>Item 30</i>— buprenorphine</li> <li>• <i>Item 115</i>—methadone</li> </ul>
<p><b>3.6 Local country manufacture of methadone and/or buprenorphine is authorized or permitted</b></p>
<ul style="list-style-type: none"> <li>• Authorized manufacturers: not legislatively defined.</li> <li>• Any institution with a license issued according to the Law of Ukraine “On Licensing Certain Business Activities,” Article 9, paragraph 23</li> </ul>
<p><b>3.7 Importation of methadone and/or buprenorphine is authorized or permitted</b></p>
<ul style="list-style-type: none"> <li>• Authorized importers: Not legislatively defined.</li> <li>• Any institution with a license and permits to import such medications in Ukraine.</li> </ul>

## 4. Participation

### 4.1 There are written, express provisions that encourage active participation as consultants of injecting drug users in the development of policies and/or regulations

Any citizen of Ukraine, regardless of whether such citizen is a drug user or not, shall have the right to participate in the process of drafting policy documents and regulations. For the mechanism of participation, see 4.2 of this form below.

### 4.2 There are written, express provisions that encourage active participation of other civil society organizations, such as families of drug users and other patient groups such as persons living with HIV and/or their advocates, as consultants in the development of policies and/or regulations

There are several mechanisms for individuals and civic associations to participate in the drafting of policy documents: participation in advisory groups under different public authorities and participation in discussions of draft regulations.

The process of drafting and approving any document suggests that a compulsory stage (i.e. public discussions) be available. The draft document is made public, including its placement on the websites of the regulatory agency and any other open access digital resources. People may participate in the process (to comment on draft documents and make their position known and considered) as an individual or on behalf of an NGO.

The National Council on HIV/AIDS and TB and its relevant regional councils is an advisory agency.

#### Law of Ukraine “On Public Associations”

- *Article 20. Rights of Registered Public Associations:* To accomplish their goals and objectives set forth in their statutory documents, public associations enjoy the following rights:
  - Represent and protect their own legal interests and legal interests of their members (participants) in public authorities and agencies
  - Receive from public authorities and agencies, as well as from local authorities of self-government, information required to achieve their goals and objectives
  - Submit proposals to public authorities and agencies
  - Participate in the development of state policy initiatives according to the Law of Ukraine “On the Principles of State Policy in the Field of Business Activity”

#### Law of Ukraine “On Citizens’ Appeals”

- *Article 1. Citizens’ Appeals :* Ukrainian citizens shall have the right to apply to any regulatory agencies, agencies of local self-government, public associations, enterprises, institutions, organizations regardless of their form of ownership, mass media, and officials with respect to the performance of their official duties and with comments, complaints, and proposals with respect to their statutory activities, applications, or appeals on the implementation of their social and economic, political, and personal rights and legal interests and complaints of violation thereof.
- *Article 3. Definition of Terms Used in this Law:*
  - *Citizens’ Appeals* shall mean written or verbal proposals (comments), applications (requests), and complaints.
  - *Proposals (comments)* shall mean citizens’ appeals for advice, suggestions with respect to

regulatory agencies and agencies of local self-government, deputies of all levels, officials, as well as ideas on regulation of social relations and living conditions of citizens, improvement of the legal frameworks of State and public life, social, cultural and other areas of activity of the State and society.

**CMU Resolution #996 of 11.3.2010 “On Ensuring Public Participation in Formulating and Implementing State Policy”**

- 4. Ministries, other central executive agencies, the Council of Ministers of the Autonomous Republic of Crimea, of regional, urban district in the city of Kyiv and Sevastopol State Administration shall
  - Take measures to hold, within three months from the date of entry into effect of this Resolution, constituent meetings with the participation of institutions of civil society to establish public councils under central regulatory agencies and local authorities and ensure their operation.
  - Prior to the date of establishment of the aforesaid councils, ensure the operation of public councils established prior to the date of entry into effect of this Resolution.
- *Procedure for Public Consultations on the Issues of Formulating and Implementing State Policy*
  - 2. Public consultations shall be held to engage citizens in the process of policymaking, provide free access to information on executive agencies’ activity for them, as well as ensure publicity, openness, and transparency of said executive agency’s activity.
    - Ongoing public consultations shall facilitate the dialogue between the executive agencies and the community; improve decision quality on important issues of government policy and social life and make sure that public opinion has been taken into consideration; and create favorable conditions for citizens to participate in the process of drawing up draft resolutions.
  - 3. Public consultations shall be conducted on the issues relating to social and economic development of the State and protection of citizens’ rights and freedoms satisfying their political, economic, social, cultural, and other interests.
  - 4. *Outcomes of public consultations shall be considered by executive agencies when final decisions are made or for future reference.*
  - 7. Nongovernment, religious, and charity organizations; trade unions and their centers; creative unions; associations; employers’ organizations; private mass media; and other nonentrepreneurial societies and institutions legalized under the legislation of Ukraine (hereinafter referred to as “institutions of civil society”) may initiate public consultations on matters not included in the tentative operational plan by submitting appropriate proposals to the Council or directly to the executive agency.
  - 11. Public consultations shall be conducted in the form of open public discussions (direct form) and public opinion studies (indirect form.)
  - 12. Mandatory public consultations in the form of open public discussions shall be on the following:
    - Draft laws and regulations of particular significance for society and affecting constitutional rights, freedoms, interests, and duties of individuals and citizens; as well as regulations providing for certain exemptions or limitations for economic entities and institutions of civil society and powers of agencies of local self-government delegated to them by respective councils.
    - Draft regulations.
    - Draft national and regional programs of economic, social, and cultural development and decisions on their implementation.

- Budget chief controllers' reports on allocation of funds in the previous year.

**The Model Regulations on the Public Council under Ministries, Other Central Executive Authority, the Council of Ministers of the Autonomous Republic of Crimea, Regional, Urban District in the City of Kyiv and Sevastopol State Administration**

- 1. The Public Council under ministries, other central executive agencies, the Council of Ministers of the Autonomous Republic of Crimea, regional, urban district in the city of Kyiv and Sevastopol State Administration (hereinafter referred to as the “Public Council”) is a standing elected advisory agency established to ensure the participation of citizens in the process of formulating and implementing State policy, the public control over executive agencies' activities, the establishment of effective interaction between said agencies and the community, and the consideration of public opinion while formulating and implementing State policy.
- 3. Key tasks of the Public Council include the following:
  - Creating favorable conditions for citizens to exercise their constitutional rights to participate in the process of formulating and implementing State policy.
  - Exercising public control over executive agency's activities.
  - Making sure that public opinion is taken into consideration by executive agencies while formulating and implementing State policy.

**CMU Resolution #926 7.11.2007 “On Certain Matters Pertaining to the National Response to TB and HIV/AIDS”**

- 3. Key tasks of the Public Council include the following:
  - Assisting in the coordination of activities of ministries, other central executive agencies and agencies of local self-government, international and nongovernmental organizations, including those of people living with TB and HIV/AIDS, representatives of businesses, associations, trade unions, and employers and religious organizations ...
  - Conducting monitoring of the performance of programs and implementation of measures to respond to TB and HIV/AIDS.
  - Participating in drawing up draft regulations and programs on measures to respond to TB and HIV/AIDS.
- 5. The Public Council is headed by the Vice Prime Minister of Ukraine. There are four Deputy Heads of the Public Council. One of the Deputy Heads is a representative of nongovernmental organizations of people living with TB or HIV/AIDS (by consent). The Deputy Head as one of the representatives of nongovernmental organizations of people living with TB or HIV/AIDS is elected by the members of the Public Council at the meeting of the Public Council.
- 6. The Public Council comprises
  - Representatives ... of relevant international and nongovernmental organizations of people living with TB or HIV/AIDS, as well as representatives of businesses, trade unions and employers' associations, and religious organizations.

**Composition of the National Council for TB and HIV/AIDS**

- One representative of each:
  - The All-Ukrainian Council of Churches and Religious Organizations (by consent)
  - Trade union and employers associations (by consent)
  - The United Nations Office in Ukraine (by consent)
  - Intergovernmental Agencies (by consent)
  - International non-government organizations (by consent)
- Three representatives of :

- Nongovernmental organizations (by consent)
- Nongovernmental organizations of people living with TB and HIV/AIDS—one of whom is a Deputy Head of the Public Council (by consent)

**4.3 There are written, express provisions that encourage active participation of injecting drug users as consultants in program design, implementation, and/or monitoring**

Any citizen of Ukraine regardless of whether such citizen is a drug user or not shall have the right to participate in the process of development, implementation, and/or monitoring of programs. See 4.4 of this form below.

**4.4 There are written, express provisions that encourage active participation of other civil society organizations, such as families of drug users and other patient groups such as persons living with HIV and/or their advocates, as consultants in program design, implementation, and/or monitoring**

The process of development of any programs by public authorities suggests that mandatory public discussions be held. For the mechanisms of participation of citizens and NGOs, see 4.2 of this form above.

**Law of Ukraine “On the State Target Programs”**

- *Article 6. Initiating the Development of the State Target Program and Public Discussions of the Program Concept.*
  - The CMU, central executive agencies, the National Bank of Ukraine, the National Academy of Sciences of Ukraine, the Verkhovna Rada of the Autonomous Republic of Crimea, regional, the Kyiv and Sevastopol City Councils, the Council of Ministers of the Autonomous Republic of Crimea, regional, Kyiv and Sevastopol City State Administration may initiate the development of the National Target Program and develop and conduct public discussions of the Program concept.
  - The draft state target program concept is published in the mass media for public discussions.

**CMU Resolution #106 of 1.31.2007 “On Approving the Procedure for Development and Implementation of the State Target Programs”**

- *14.* The draft program concept is published by the initiator in the mass media and posted on the initiator’s website.
  - The initiator conducts public discussions of the program draft concept (at the meetings of the panel, conferences, other meetings), and based on the outcomes from such public discussions, the initiator prepares proposals of his/her visions to be considered during the modification of the draft concept.
- *41.* If appropriate, the State client establishes a Coordinating Council as an advisory agency (for scientific and technical programs—a Scientific Technical Council), which comprises representatives of the State client, interested executive agencies, the National and Sectoral Academies of Sciences, enterprises, institutions, and organizations participating in implementation of the program.

**CMU Resolution #976 of 11.5.2008 “On Approving the Procedure for Rendering Assistance in Conducting the Public Expertise of Executive Agencies’ Activities”**

- *2.* The public expertise of executive agencies’ activity (hereinafter referred to as the “public

expertise”) is a structural element of the mechanism of democratic state building, which includes assessment of the executive agencies’ performance conducted by the institutes of civil society, efficiency of the procedure for approving and implementing decisions of such executive agencies, quality preparation of proposals to address the issues of particular significance for society and making sure that such proposals are considered by such executive agencies in their activities.

- In this Procedure, institutions of civil society shall mean nongovernmental organizations, trade unions and creative unions, employers’ organizations, charity and religious organizations, [population self-organization entities](#), private mass media, and other nonentrepreneurial societies and institutions legalized under the legislation of Ukraine.

## **5. Storage, Distribution, and Dispensing of Controlled Medications**

### **5.1 There are written, express provisions for storage of controlled medications in general and/or methadone and/or buprenorphine in particular**

**CMU Resolution #689 of 6.3.2009 “On Approving the Procedure for Business Activities Associated with the Circulation of Drugs, Psychotropic Substances and Precursors and Control Over Their Circulation”**

**MOH Order #11 of 1.21.2010 registered with the Ministry of Justice on 5.27.2010 under #347/17642 “On Approving the Procedure for Circulation of Drugs, Psychotropic Substances and Precursors in Health Care Institutions of Ukraine”**

### **5.2 There are written, express provisions that allow methadone and/or buprenorphine use inside medical facilities other than dedicated substance dependence treatment programs**

- In Ukraine, there are no medical facilities that are exclusive providers of substitution therapy services; consequently, medication-assisted therapy (not to be confused with drug dependence treatment in general) may be provided in treatment facilities of all forms of ownership having a relevant license for medical practices and circulation of drugs. Furthermore, for treatment facilities of government or municipal ownership, there should be an order issued by the Ministry of Health or regional Departments of Health, accordingly.

### **5.3 There are written, express provisions that prohibit authorized treatment facilities to dispense or prescribe methadone and/or buprenorphine for later use outside the treatment facility**

**MOH Order #11 of 1.21.2010 registered with the Ministry of Justice on 5.27.2010 under #347/17642 “On Approving the Procedure for Circulation of Drugs, Psychotropic Substances and Precursors in Health Care Institutions of Ukraine”**

### **5.4 There are written, express provisions that specify the numbers and/or locations of authorized treatment facilities to dispense or prescribe methadone and/or buprenorphine**

- Authorized number or locations: In the past, such number or locations of suppliers were given in orders issued by the MOH for each batch of medications. However, such orders were only in effect for a certain period and had already expired; therefore, such orders cannot be considered as effective regulations for the purpose of this study. The authority to designate treatment facilities providing MAT was delegated by the ministry to regional departments of health.

**MOH Order #1054 of 12.29.2009 “On Approving the Schedule of Distribution of Methadol (methadone hydrochloride) and Metadikt (methadone hydrochloride) to Implement Substitution Therapy Programs”**

**6. Clinical Treatment and Continuum of Care**

**6.1 There are express provisions that designate some authority as the formal coordinator to develop individual medical drug abuse treatment plans**

In Ukraine, the MOH is the statutory authority—of which functions include coordinating activities of medical facilities associated with the diagnosis, treatment, and prevention of diseases in all areas of medicine, particularly in narcology.

**CMU Resolution #1542 of 11.2.2006 “On Approving the Regulation on the MOH of Ukraine”**

- *Section 4, paragraph 9:* The Ministry of Health of Ukraine shall coordinate activities of medical facilities, authorities, agencies, and institutions of the State Sanitary and Epidemiological Service, scientific and research institutions regardless of their subordination and forms of ownership, associated with diagnosis, treatment, and prevention of diseases, formation of healthy lifestyles.

**6.2 There is express mention of the range and/or quality of care in services providing methadone and/or buprenorphine in the treatment for opioid dependence by both medical facilities and social facilities**

**MOH Order #476 of 8.19.2008 “On Approving “The Standards for Treatment of HIV-Positive Injection Drug Users”**

- *Section 3.4. Treatment of People with Drug Dependence*
- *Section 11. Quality Criteria for Treatment, pages 18, 71:* Drug dependence treatment shall include the following stages:
  - Programs focused on drug use cessation:
    - Detoxication
    - Rehabilitation (acquiring skills to control behavior to prevent the use of any PS) and training on adherence to HAART
    - Anti-relaps treatment and maintenance treatment, participation in self-help groups
    - Resocialization (return to families, employment, deterrence of criminal behavior)
  - MAT programs:
    - Tests, prescription of MAT and induction regimen
    - Stabilization
    - Maintenance phase and training on adherence to treatment
    - Resocialization
  - Quality criteria for treatment:



- Stabilization of IDU's behavior, IDU's resocialization and normalization of their psycho-social status
- Recovery from acute opportunistic infections, concomitant diseases, and conditions; recovery from TB
- In the event of chronic diseases, the achievement of stable remission; absence of clinical and immunological signs of progression in HIV-infected people, the virologic effectiveness of HAART.

**Order #645 of 11.10.2008 "On Approving the Methodological Guidelines "Medication Assisted Therapy for People with Opioid Dependence Syndrome,"**

- *Section 3.3. Organizational Principles of Integrated Treatment Using Methadone and Buprenorphine Maintenance Therapy, page 28.*
- *Section 3.11. Monitoring and Evaluation, page 54:*
  - The key task of RMC (the Rehabilitation and Maintenance Treatment Clinic) is to provide comprehensive medical and social services to people with opioid dependence syndrome. Such services shall include the following:
    - Drug dependence diagnosis (according to ICD-10).
    - Infectious disease diagnosis (HIV infection, viral hepatitis, TB).
    - Drawing up a treatment plan for each patient and patient's willingness to agree to such treatment plan.
    - Prescription and control over the dosage of substitution medication for the program clients.
    - Control over the patient's health condition and, if applicable, urine tests for prohibited drug use.
    - Counseling on and treatment for other diseases and conditions in cooperation with doctors of somatic departments, and if applicable, referrals to other specialized treatment facilities.
    - Decision to continue MAT in the event of injury or somatic diseases, which requires inpatient treatment.
    - Decision to provide the opportunity of taking substitution medications at home without control on the part of medical personnel (provided that the relevant legislative framework is in place).
    - Detoxication through dose reduction schedule using methadone or buprenorphine if there are indications.
  - Monitoring and evaluation: MAT programs shall contain monitoring of the following types of activities:
    - Patient admission and discharge
    - Records of supply and distribution of medications
    - Provision of medical services
    - Side effects of substitution medications
    - Psychological and social rehabilitation services

**Order No. N 3123/275/770, dated September 13, 2010, of the Ministry of Family, Youth and Sports, the Ministry of Labor and Social Policy of Ukraine, the Ministry of Health of Ukraine "The Standards for Social Services Provided to Risk Groups Representatives"**

- *Section 2. List, Content and Scope of Services, page 3*
  - 2.2. The list of services for those who receive MAT shall be made according to the Law of Ukraine "On Social Services."
  - 2.3. Social and medical care services shall include the following:

- Primary counseling sessions for IDUs on their opportunity to participate in the MAT program and on providing relevant information on the issue.
- Counseling services on the prevention of complications as a result of taking psychotropic substances.
- Individual care for the patient upon the patient's referral or transfer to other treatment facility (such services are provided by a social worker or specialist in social work/social worker).
- Motivating the receiver to medical examination and treatment through providing primary and follow-up counseling services (services are provided by a specialist in social work/social worker, nurse of the MAT program, doctors of the Interdisciplinary Commission).

Social and medical care services shall be provided by medical workers, specialists in social work /social workers (depending on the content of services) who have taken the course/training on providing social services in the field of MAT, HIV, and TB/HIV and such services include ensuring access to medical care services for the receivers and motivation of the receiver to medical examination and treatment, including primary and follow-up counseling services.

Such services shall be provided in the MAT room setting of the treatment facility, as well as in the setting of other rooms under nongovernmental organizations and government institutions/facilities providing social services.

- 2.4. Psychological services shall include the following:
  - Conducting the assessment of the receiver's psychological condition and drafting an individual plan of social and psychological rehabilitation services and updating it on a regular basis in cooperation with the service receiver. Such services are provided on a one-time basis, and they contain a workplan of the organization for such service receiver.
  - Developing the mutually agreed-on plan of individual counseling, adherence to its implementation, and updating of it if any changes occur in the service receiver's health condition.
  - Conducting individual counseling sessions for the receivers (these are multiple services provided 2–4 times a month; depending on the service receiver's health condition and whether the receiver is in need of such services, a counseling session may last 10–30 minutes).
  - Conducting a group training for those who receive MAT (these are multiple services provided 1–2 times a month; the duration of training sessions is determined by the aforesaid worker; however, a session should not exceed 1 hour per day).
  - Conducting counseling for the receiver's family members (these are multiple services that take 10–20 minutes).
  - Providing assistance in establishing a self-help group for patients in the MAT program and maintaining its operation (such services are provided by a specialist in social work/social worker 1–4 times a month depending on the stage of formation of such group, which takes 1 hour).
  - Making referrals to other nongovernment, charity organizations and government social agencies for counseling if the receiver applies for services not provided by such organization (one-time service package).

Psychological services shall be provided by a psychologist, specialist in social work, and a social worker.

- 2.5. Social and economic services shall include the following:
  - Providing assistance in lodging group disability claims, subsidies, receiving material

assistance, and, if applicable, support.

- Motivating to and assistance in receiving education;
- Motivating to and assistance in employment.

Social and economic services shall be provided by specialists in social work/social workers and include the assessment of the material needs of the receiver, as well as assistance in the assessment and mobilization of the receiver's inner resources to address the problems.

– 2.6. Legal services shall include the following:

- Providing counseling services on the rights of individuals to social services in government, municipal, and nongovernment organizations/institutions.
- Providing assistance in filing employment documents and obtaining a passport and other important legal documents.
- Providing assistance in preparing and lodging complaints about acts or omission of institutions/agencies and their workers who violate the receivers' rights.

Legal services shall be provided by lawyers, attorneys, specialists in social work or social workers.

– 2.7. Information services shall include the following:

- Providing information required to address difficult circumstances.
- Providing information on HIV/AIDS, STIs, TB, hepatitis prevention, and other dangerous consequences of drug use, etc.
- Providing information on other partnership institutions/agencies and organizations providing legal services, as well as other rehabilitation and resocialization services for people with drug dependence, including MAT.
- Providing the service receivers with print information (if any) on the opportunity of receiving services in other institutions/agencies and partnership organizations—their location, contact numbers, list of services offered, and possible forms of their provision; and oral information on the content, scope, and conditions of services and responsibilities of organizations providing such services.
- Distributing information on the activities of MAT programs in the places to which the receivers, potential receivers, and the general public have access (treatment facilities, polyclinics, departments of social protection, internet publications, etc.).

Awareness-raising materials shall meet the following quality criteria:

- Contain official statistical data or reference to surveys during which such data were obtained.
- Contain adequate medical information, texts of clinical protocols, or best practice protocols recommended by the WHO.

### **6.3 There are express provisions for referral and counter-referral between treatment facilities and other agencies and services**

Ukraine has the legislation ensuring referrals and re-referrals of persons to treatment facilities and other institutions, in particular those providing social services.

#### **Fundamentals of Health Legislation of Ukraine**

- *Section II, Article 6. The Right to Health Care*
  - *Sub-paragraph D; Section V, Article 35. Types of Treatment and Prevention Services:* The State guarantees the provision of socially affordable primary medical and preventive care as major primary medical and sanitary assistance to the population, which includes counseling

with a doctor, conventional diagnosis of and treatment for the most common diseases, injuries and intoxication, prevention measures, and referrals of a person for specialized and highly-qualified medical assistance.

**MFYS Order #1209/228 of 4/17/2006 “On Approving the Procedure for Governing Cooperation Between Social Service Centers for Family, Children and Youth and Health Care Institutions in the Provision of Medical Assistance and Social Services to Children and Young People”**

- *Paragraph 2:* Cooperation between social service centers for family, children, and youth with territorial departments of health includes providing medical assistance and social services for children and young people on the “youth-friendly” principles recommended by the WHO and the UN Children’s Fund (UNICEF), which are provided under partnership agreements and upon approval of joint measures.”

**Joint MFYS/MOH Order #3925/760 of 11.17.2006 “On Approving the Procedure for Governing Cooperation Between Social Service Centers for Family, Children and Youth and Health Care Institutions in Different Aspects of HIV/AIDS Prevention”**

- *Paragraph 2:* Cooperation between SSCFCY with territorial departments of health in providing assistance to persons with drug dependence, HIV-infected children, and young people under partnership agreements and upon approval of joint measures.

**MFYS, Ministry of Labor and Social Policy, and MOH Order #3123/275/770 of 9/13/2010 “The Standards for Social Services Provided to Risk Groups’ Representatives ‘Methodological Guidelines for Re-Referral of Social Service Receivers to Other Institutions and Facilities of Different Forms of Ownership”**

- To ensure the content and social service quality, organizations and institutions/facilities providing such services may jointly provide such services under partnership agreements.

**6.4 There are express provisions for referral and/or case management between closed facilities (e.g. in-patient treatment facilities, prisons, etc.) and the community**

Ukraine has explicit written provisions for joint case management by institutions providing social and medical care services.

**Joint MFYS, Ministry of Labor and Social Policy, and MOH Order #3123/275/770 of 9.13.2010 “The Standards for Social Services Provided to Risk Groups Representatives”**

- *Section V, paragraph 5.6 Requirements for Providing Social Services on Care and Support to People Living with HIV/AIDS, page 13:* When providing the services specified in the Standards and in order to ensure the content and quality services at the level not lower than that specified in the Standards, organizations and institutions/agencies providing such services may jointly provide such services under partnership agreements and according to the Methodological Guidelines for Re-Referral of Service Receivers to Other Institutions/Facilities of Different Forms of Ownership approved by the order of the Ministry of Family, Youth and Sports.”

**MOH Order #476 of 8.19.2008 “On Approving the Standards for Treatment of HIV-Positive Injection Drug Users”**

- *Section 4. Medical Assistance to HIV Infected IDUs, sub-paragraph 4.4.2 Organizational Principles of Integrated Treatment Using Methadone and Buprenorphine Maintenance Therapy, page 28:* Cooperation between social services and NGOs providing relevant services is required

to administer psychological and social measures.

**6.5 There are express provisions for integration of services and standardized procedures for patients with both need for treatment of opioid dependence and another health or medical condition such as HIV, pregnancy, etc.**

Ukraine has a legislation framework for creating conditions for the integration of services for people with both need for treatment of opioid dependence and another health condition in multidisciplinary treatment facilities (TB dispensaries, units of AIDS centers, maternity hospitals, surgical and therapeutic departments, etc.) and agencies providing social and psychological support services.

**MOH Order #476 of 8.19.2008 “On Approving the STANDARDS for Treatment of HIV-Positive Injection Drug Users”**

- *Section 3. Basic Approaches to Organizing Assistance and Treatment Services to IDUs, paragraph 3.1. Services for IDUs, page 15: ...when organizing treatment services for HIV-infected people with drug dependence, coordination of activities and close cooperation of the following services is required:*
  - General medical care
  - Harm reduction
  - HIV/AIDS services
  - Detoxication services
  - Anti-TB services
  - Those providing psychological and social services

Outreach work and counseling according to the “peer-to-peer” principle is recommended as effective tools for work with target groups.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines “Medication Assisted Therapy for People with Opioid Dependence Syndrome”**

- *Section 3.3 Organizational Principles of Integrated Treatment Using Methadone and Buprenorphine Maintenance Therapy, page 27: Prescription and conducting MAT outside the detoxication institution is only possible with the participation of a narcologist or doctor who has taken specialized training on MAT. In general, this may encompass the situation when a person with opioid dependence is admitted to the hospital inpatient department (TB dispensaries, units of AIDS centers, maternity hospitals, surgical and therapeutic departments, etc.)*

**6.6 There are written, express provisions that allow patients receiving methadone treatment prior to imprisonment to continue treatment while in prison or other closed facility, or to start treatment while in prison**

In principle, all convicts have the right to medical assistance during their servicing sentences in correctional facilities; however, there is no practical mechanism to ensure the organization of MAT programs in correctional facilities. Furthermore, MAT program clients are taken into custody after their stay in detention centers (under the Ministry of Internal Affairs of Ukraine), which leads to breaks in the treatment course.

**The Criminal Code of Ukraine**

- *Article 8. Basic Rights of Convicted Persons*
  - 1. Convicted persons shall have the right “to health protection to the extent established by the

Law on Fundamentals of Health Legislation of Ukraine ( [2801-12](#) ) except as otherwise provided by law. Health protection is ensured through the system of medical and sanitary and preventive medical and rehabilitation measures, as well as a combination of forms of medical assistance on a free of charge or chargeable basis. Convicted persons with mental and behavior disorders as a result of alcohol, drug, psychotropic substances or their analogues or any other intoxicating drug use may, with their written consent, undergo a course of treatment for said diseases—paragraph six of Part 1 of Article 8 as amended by “Law No. 1828 -VI ( [1828-17](#) ), dated January 21, 2010”

- *Article 63. Medical Assistance to Persons Sentenced to a Term of Imprisonment*
  - Preventive medical and rehabilitation and sanitary and anti-epidemic activities in correctional facilities shall be organized and carried out on common terms according to the legislation on health care by health authorities and facilities.
- *Article 116. Medical and Sanitary Services for Persons Sentenced to a Term of Imprisonment*
  - 1. In correctional facilities, medical and preventive treatment facilities shall be organized, and to provide treatment services to convicted persons with active TB, separate facilities are authorized to provide such treatment services. To carry out supervision over and provide treatment services to persons with infectious diseases, infectious diseases isolation rooms in medical units shall be organized.
  - 2. Preventive medical and rehabilitation and sanitary and anti-epidemic activities in correctional facilities shall be organized and carried out according to the legislation on health care. The administration of correctional facilities shall comply with all medical requirements ensuring that the health of convicted persons is protected. Persons sentenced to a term of imprisonment shall observe the personal and general hygiene rules and sanitary requirements.
  - 4. The procedure for providing medical assistance to persons sentenced to a term of imprisonment, organizing and carrying out sanitary control, involving preventive medical and rehabilitation and sanitary control agencies of health authorities and their medical personnel in providing such services shall be determined by the regulations of the central health authority for enforcement of sentences and the Ministry of Health of Ukraine.
  - 5. The convicted person shall have the right to apply to facilities providing medical care services on a chargeable basis for counseling and treatment services. Payment for such services and purchase of the required medications shall be made by convicted persons or their relatives at their own expense. Counseling and treatment services in such instances shall be provided in medical units of correctional facilities at the place of service a sentence under the supervision of such medical unit’s personnel.

**Joint State Department for Enforcement of Sentences and MOH Order #3/6 of 1.18.2000 (registered with the Ministry of Justice on 3.9.2000 under #143/4364) “On Approving the Regulations on Medical and Sanitary Services Provided to Persons in Pre-Trial Detention Centers and Correctional Facilities under the Department of Ukraine for Enforcement of Sentences”**

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication-Assisted Therapy for People with Opioid Dependence Syndrome’”**

- *Specific Treatment Regimens*
  - Treatment Services Provided in Prisons and Custody Settings: “In the event of an arrest or a detention of the person receiving services under the MAT program, the medical unit of the facility, after consultations with a doctor of the Rehabilitation and Maintenance Treatment Clinic, may prescribe to such person a short course of detoxication with methadone or

buprenorphine. The medical unit of such facility shall obtain a license to prescribe drug substances.”

- Numerous studies show that continued medication-assisted therapy in correctional facilities brings significant benefits and contributes to changes in attitudes to drug use, high-risk behaviors, and the reduction in the number of violations of the regime; but, unfortunately, in Ukraine, it is not yet available. After being discharged, such persons may be provided with further treatment services in institutions located in their place of residence.
- In regards to the principles of treatment and support, medication-assisted therapy in correctional facilities is provided in compliance with the common guidelines; however, its organization requires that the features of such correctional facility be considered.

**6.7 There are no express provisions that mandate or promote cooperation between drug treatment programs and the criminal justice system—for example, to permit referral to treatment instead of prosecution for non-violent drug offenses**

However, it is stated that convicted persons shall have the right to receive treatment with their consent.

**The Criminal Code of Ukraine**

- *Article 8. Basic Rights of Convicted Persons* (see box 6.6 of this form).

**6.8 There are written, express provisions to ensure that drug treatment programs establish an individualized treatment plan for each patient**

Ukraine has explicit written provisions stipulating that providing medical assistance to IDUs shall be based on an individualized treatment plan for each patient.

**MOH Order #476 of 8.19.2008 “On Approving “The STANDARDS for Treatment of HIV-Positive Injection Drug Users”**

- *Section 3.2. General Medical Assistance for IDUs, sub-paragraph 3.2.1. Principles, page 16, paragraph 2, item 5:* Medical assistance shall be provided on an individual basis and offered to IDUs in all medical and preventive treatment institutions, in accordance with such institutions’ profile and outpatient or inpatient settings, depending on the individual needs of IDUs.”

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- *Section 3.3. Organizational Principles of Integrated Treatment Using Methadone and Buprenorphine Maintenance Therapy, page 28, paragraph 1, item 3:* The key task of the Rehabilitation and Maintenance Treatment Clinic (RMC) is to provide comprehensive medical and social services to people with opioid dependence syndrome. Such services shall include drawing up a treatment plan for each patient and patient’s willingness to agree to such treatment plan.”

**6.9 There are express provisions that describe the range and/or dosing levels of methadone and/or buprenorphine that are permitted to be prescribed for opioid dependence treatment**

There are express written provisions that describe the tentative range and dosing levels of methadone

and/or buprenorphine that are permitted to be prescribed to MAT program clients in Ukraine.

**MOH Order #476 of 8.19.2008 “On Approving “The STANDARDS for Treatment of HIV-Positive Injection Drug Users”**

- *Section 4.4.1.1. Methadone; Section 4.4.1.2. Buprenorphine, pages 27, 28:* The dosages of methadone in different programs range from 20–120 mg per day and sometimes higher. Doses above 60–80 mg per day are better at achieving retention in treatment and reducing illicit drug use (level of evidence - A). The dosages of buprenorphine for SMT range from 12–34 mg/day, on average–16 mg/day.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- *Section 3.5.3. The Stabilization Phase of Methadone Maintenance Treatment*
- *Section 3.5.4. The Stabilization Phase of Buprenorphine Maintenance Treatment, page 39:* As numerous studies show, the optimum range of methadone for the majority of patients is between 80–120 mg/day. Some patients may need even lower dosages (40–60 mg/day), and others, according to their condition, need 140–180 mg/day. In the event of interaction with other medications (for example, those used for HAART), the dosages of methadone may be 400 mg/day or even higher. The optimum range of buprenorphine for the majority of patients is between 8–16 mg per day. Some patients may need even lower dosages (4–6 mg/day), and others, according to their condition, need 24–32 mg/day.

**6.10 There are written, express provisions to ensure that injecting drug users have access to HIV and AIDS prevention, care, and treatment medical services**

In Ukraine, there are written, express provisions of laws and regulations containing conditions and guidelines to ensure that IDUs have free access to HIV and AIDS prevention, care, and treatment medical services. (Also, see the analysis of the legal framework for organizing services for IDUs.)

**Law #1026-17 of 2.19.2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

- “...strengthening prevention measures among representatives of high-risk groups (injection drug users; individuals in correctional facilities; individuals being discharged from serving their term of sentences; individuals who are commercial sex workers; migrants; homeless and shelterless individuals, first of all, children, including those from families that are in difficult circumstances, etc.); scaling up access for injection drug users, first of all, for those HIV-infected to medication-assisted therapy and rehabilitation programs; providing social services, as well as ensuring social and psychological support and non-medical care for HIV-infected people and people with AIDS; covering 60 percent of representatives of high-risk groups with health care services to prevent HIV/AIDS.”

**MOH Order #476 of 8.19.2008 “On Approving “The Standards for Treatment of HIV-Positive Injection Drug Users”**

- Treatment services for IDUs shall include the elements of prevention activities. The Principles for preventing HIV infection among drug users include (WHO Regional Office for Europe, 1998):
  - Information, communication, and education
  - Providing easy access to health and social services



- Reaching out to IDUs, including activities outside a hospital setting (outreach)
- Providing sterile injecting equipment and disinfectant materials for IDUs
- Providing medication-assisted therapy for IDUs

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines “Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome”**

- WHO defined five basic principles for preventing HIV infection among drug users. Providing information and primary prevention; providing easy access to health and social services; reaching out to IDUs; providing sterile injecting equipment; as well as providing medication-assisted therapy for people using opioid.

**6.11 There are written, express provisions to ensure that injecting drug users have access to tuberculosis prevention, care, and treatment medical services**

The regulatory and legislative documents provide for equal access of all citizens of Ukraine to TB treatment services. Moreover, the regulations stipulate the diagnosis of TB and treatment of IDUs with TB, including in correctional facilities. (Also, see the analysis of the legal framework for organizing services for IDUs, treatment for HIV/TB co-infection.)

**MOH Order #476 of 8.19.2008 “On Approving “The Standards for Treatment of HIV-Positive Injection Drug Users”**

- When organizing treatment services for HIV-infected people with drug dependence, coordination of activities and close cooperation of the following services is required: general health care; harm reduction; HIV/AIDS services; detoxication services; anti-TB services; services providing psychological and social support.
- Conducting prevention, treatment, and harm reduction measures in correctional facilities for IDUs shall include
  - Medication-assisted therapy
  - Medical assistance to prisoners with drug dependence according to the treatment standards
  - Medical assistance in the event of HIV infection (including ART), hepatitis, and TB

**MOH Order #276 of 5.28.2008 “On Approving the Clinical Protocol of Providing Medical Assistance to People with TB and AIDS Co-Infection”**

- The key tasks of the RSC are to provide integral health care and social support services to people with opioid dependence syndrome. Such services shall include:
  - Drug dependence diagnostic services (according to ICD-10)
  - Infectious disease diagnostic services (HIV, viral hepatitis, TB)

**Law of Ukraine No. 2586-III, dated July 5, 2001 “On TB Control”**

- The State recognizes TB control as an integral component of policies related to social safety and national security and recognizes anti-TB measures, free access, and equal opportunities to receive TB treatment services for any citizen on a free of charge basis—which shall be a priority for all central and local executive authorities and authorities of local self-government.

**6.12 There are written, express provisions to ensure that injecting drug users have access to hepatitis prevention, care, and treatment services**

The regulatory and legislative documents provide for access of IDUs to hepatitis diagnostic and treatment

services, including in correctional facilities. (Also, see the analysis of the legal framework for organizing services for IDUs.)

**MOH Order #476 of 8.19.2008 “On Approving “The STANDARDS for Treatment of HIV-Positive Injection Drug Users”**

- See Box 6.11 of this form.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- The key tasks of the RSC are to provide integral health care and social support services to people with opioid dependence syndrome. Such services shall include
  - Drug dependence diagnostic services (according to ICD-10)
  - Infectious disease diagnostic services (HIV, viral hepatitis, TB)

**Order No. 276, dated May 28, 2008, of the Ministry of Health of Ukraine “On Approving the Clinical Protocol of Providing Medical Assistance to People with TB and AIDS Co-Infection”**

- Clinical trials of HIV-positive patients with TB shall include serological testing for markers of hepatitis A and B, and particularly in people with TB who are IDUs.

**6.13 There are written, express provisions to ensure that injecting drug users have access to psychological services**

In Ukraine, a number of regulatory and legislative documents provide for access of IDUs to psychological support services. (Also, see the analysis of the legal framework for organizing services for IDUs.)

**MOH Order #476 of 8.19.2008 “On Approving “The Standards for Treatment of HIV-Positive Injection Drug Users”**

- For IDUs, it is important to stipulate the provision of medical care and psychological and social support services at a time. Depending on the needs of patients, there is a need to ensure access to a wide range of specialized services providing psychological and social support services for them, and mainly:
  - Programs to form and maintain adherence to HAART
  - Services providing psychological support services that provide group therapy for IDUs and family members
  - Self-help groups (according to the “peer-to-peer” principle)
  - Awareness-raising programs
  - Services of psychological and psychiatric support for diagnosis of and treatment for mental disorders
  - Social support services to address housing issues and assistance in employment and material support and to address legal matters and overcome discrimination, etc.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines “Medication Assisted Therapy for Persons with Opioid Dependence Syndrome”**

- An important element of RSC’s activities is assessing the client needs and providing the defined spectrum of social and psychological support services: group and individual psychological counseling, psychotherapy work, housing search assistance, employment, and obtaining of required documents.

**Order No. N 3123/275/770, dated September 13, 2010, of the Ministry of Family, Youth and Sports, the Ministry of Labor and Social Policy of Ukraine, the Ministry of Health of Ukraine “The Standards for Social Services Provided to Risk Groups Representatives,”**

- Psychological support services shall include the following:
  - Providing assessment of psychological services related to the service receiver’s condition and drawing up an individual program of social rehabilitation in cooperation with the service receiver.
  - Providing individual and group psychological support services, including individual and group psychological counseling.
  - Conducting psychological counseling sessions for close relatives of service receivers.
  - Making re-referrals to other public institutions/facilities and nongovernmental organizations.

**6.14 There are written, express provisions to ensure that injecting drug users have access to social services, including case management**

In Ukraine, a number of regulatory and legislative documents provide for access of IDUs to social services. (Also, see the analysis of the legal framework for organizing services for IDUs.)

**Law #966-15 of 12.30.2009 “On Social Services”**

- The basic principles of providing social services shall include providing social services to people in difficult circumstances that they are unable to overcome with available means and opportunities.

**MOH Order #476 of 8.19.2008 “On Approving “The Standards for Treatment of HIV-Positive Injection Drug Users”**

- According to the effective legislation, social support includes activities, on a regular basis, aimed at the implementation of social guardianship, assistance and social welfare services to overcome difficult circumstances, and the preserving and improvement of the social status of clients.

**Order No. N 3123/275/770, dated September 13, 2010, of the Ministry of Family, Youth and Sports, the Ministry of Labor and Social Policy of Ukraine, the Ministry of Health of Ukraine “The Standards for Social Services Provided to Risk Groups Representatives”**

- Social services shall be provided on the basis of the application for such services submitted by the person with triple diagnosis to relevant authorities or institutions/facilities, organizations, and individuals that provide social services upon the written or oral informed voluntary consent from the service receiver.
- Social services shall include assistance and support services provided to persons receiving MAT. Considering the specific features of such services, such social services shall be provided in the MAT room setting in the treatment institution, as well as in other room settings in nongovernmental organizations and government institutions/facilities providing social services. Such services may be single services or multiple services, and which may take long periods.

**Law #2558-III of 6.21.2001 “On Social Work with Families, Children and Youth”**

- Social services for families, children, and youth shall be provided according to the procedure established by the legislation through providing a complex of social services to families, children, and youth, which shall include the following:
  - Providing psychological support services, including the psychological diagnosis,

psychological correction, psychological rehabilitation, and methodological advice; forming a healthy lifestyle, maintaining the health of families, children, and youth.

- Providing information on employment opportunities and assisting in employment.
- Providing social adaptation services and social support for orphaned children and children without parental care.
- Satisfying the material needs of families, children, and youth in difficult circumstances, according to the legislation.
- Protecting the rights and interests of individuals and acting as intermediaries in representing the interests of families, children, and young people.
- Raising and maintaining talented children and youth.
- Distributing educational and cultural and awareness-raising materials, providing updated information on the types of social services, and forming responsible approaches of society to social problems.

## **7. Standards of Care**

### **7.1 There are express provisions that establish and provide for professional competence of medical personnel and other health personnel who provide methadone and/or buprenorphine in the treatment for opioid dependence**

In Ukraine, there are express requirements for providing training to medical workers on both the treatment of people with dual diagnosis of HIV and IDU and medication assisted therapy.

#### **MOH Order #476 of 8.19.2008 “On Approving “The STANDARDS for Treatment of HIV-Positive Injection Drug Users”**

- Providing medical assistance to HIV-infected IDUs shall be on the basis of a team multidisciplinary approach. The management of patients with dual diagnosis shall be conducted by a multidisciplinary team (MDT) comprising specialists in different disciplines and who have received training on the management of patients with dual diagnosis of HIV and injecting drug use.
- To provide medication-assisted therapy, it is strongly required that “personnel are provided with training on medication-assisted therapy.”

### **7.2 There are no express provisions to provide medical doctors and other health personnel with basic and/or continuing training in the use of methadone and/or buprenorphine for the treatment of opioid dependence**

### **7.3 There are express provisions that require the same standards of ethical treatment in the treatment of drug dependence as other health care conditions**

In Ukraine, the legislation provides for equal rights of citizens to healthcare services.

#### **Law #2801-XII OF 11.19.1992 “Fundamentals of Health Legislation in Ukraine,”**

- *Section 1, Article 4. Basic Health Care Principles; Article 7. Guarantees of the Right to Health Care, item “в”; Article 38. The Freedom of Choice of a Physician and Medical Facility.*
- The legislation provides for equal rights of citizens, democratic principles, and free access to health care services and other services in the field of health.

- Providing all citizens with a guaranteed level of medical and sanitary safety services to the extent established by the Cabinet of Ministers.

#### **7.4 There are express provisions that protect confidentiality of client medical records and/or medical information in general**

##### **Civil Code of Ukraine, Chapter 21, Article 286 “The Right to Secret About a State of Health”**

- Individual has a right to confidentiality of his or her health status or request for medical assistance upon diagnosis and obtaining of information during medical examination.

##### **Law #2801-XII OF 11.19.1992 “Fundamentals of Health Legislation in Ukraine,”**

- *Article 78 “Professional Duties of Medical and Pharmaceutical Workers,” item “g”; Article 40. “A Doctor Secret.”* ... adhere to the code of professional ethics and deontology, safeguard a doctor secret; medical staff and other persons that in course of their professional or official duties have gained knowledge of an individual’s illness, medical examination, surveillance and its results, and personal and family life may not disclose such information except as otherwise stipulated by law. When using the information that constitutes a doctor secret in teaching or research work, including publishing in specialized editions, the patient’s anonymity must be guaranteed.

##### **Law #1972-12 of 12.12.1991 “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of the Population”**

- *Section II, Article 6. Individual’s Right to HIV Testing, Conditions and Procedures for HIV Testing; Article 9. Registration and Records of People Living With HIV, Medical Surveillance*
  - HIV testing of persons age 14 years and over shall be conducted on a voluntary basis, with the informed consent from such person after pre-test counseling on the features of HIV testing and its results and possible consequences, including adherence to the confidentiality of personal data, including medical records on the health status of such person.
  - HIV testing of persons younger than 14 years and persons who have been recognized to be persons with a disability according to established procedures shall be conducted at the request of their parents or legal representatives acting on their behalf and with voluntary informed consent. Parents and legal representatives of said persons shall have the right to be present during such testing, be familiarized with its results, and will ensure the confidentiality of information about the HIV status of persons whose interests they represent.
  - Registration, maintaining records on, and conducting medical surveillance of PLHIV, as well as epidemiological control measures for HIV infection shall be conducted according to the principles of confidentiality of personal data (in particular the health condition) and respect for human rights and freedoms specified by the legislation and international treaties of Ukraine agreed to be binding by the Verkhovna Rada of Ukraine.

##### **MOH Order #658 of 10.4.2006 “Clinical Protocol of Antiretroviral Therapy for HIV Infection in Adults and Adolescents”**

- *Paragraph 3.2. Continuous Systematic Control of the Patient’s Health Condition:* A reasonable working hypothesis is that medical care for HIV-infected people shall be organized in such a way that such primary care be provided within the same institution. When it is not practicable in the near term or a patient needs a spectrum of services that cannot be ensured in such health care

institution due to technical or qualification reasons, such patients should be referred to other treatment facilities within the network that are able to ensure the required scope of medical care. Organizing the process of succession planning and fully fledged information exchange between treatment facilities providing services to people with HIV, including the confidentiality of medical records, is considered necessary.

- It is recommended that HIV- infected people be invited to undergo routine medical examination— however, without violating their right to refuse the examination and treatment services and the confidentiality of medical information about the HIV status and health condition of the patient.

### **7.5 There are express provisions that protect confidentiality of medical information in drug dependence treatment**

The legislation stipulates that the confidentiality of any medical records in Ukraine is protected in terms of privacy regardless of diseases.

#### **Civil Code of Ukraine, Chapter 21, Article 286 “The Right to Secret About a State of Health”**

- Individual has a right to confidentiality of his or her health status or request for medical assistance upon diagnosis and the obtaining of information during medical examination.

#### **Law #2801-XII OF 11.19.1992 “Fundamentals of Health Legislation in Ukraine”**

- *Article 78 “Professional Duties of Medical and Pharmaceutical Workers,” item “g”; Article 40. “A Doctor Secret”* (see Box 7.4 of this form).

#### **Law #1972-12 of 12.12.1991 “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of the Population”**

- *Section II, Article 6. Individual’s Right to HIV Testing, Conditions and Procedures for HIV Testing; Article 9. Registration and Records of People Living With HIV, Medical Surveillance* (see Box 7.4 of this form).

#### **MOH Order #658 of 10.4.2006 “Clinical Protocol of Antiretroviral Therapy for HIV Infection in Adults and Adolescents”**

- *Paragraph 3.2. Continuous Systematic Control of the Patient’s Health Condition* (see Box 7.4 of this form).

### **7.6 There are express provisions that prohibit healthcare providers from providing treatment information to law enforcement bodies without specific court authorization**

In Ukraine, disclosing medical information about patients is only allowed as stipulated by the legislation, in particular when an individual is brought to the criminal or administrative liability.

#### **Law #2801-XII OF 11.19.1992 “Fundamentals of Health Legislation in Ukraine”**

- *Article 40. “A Doctor Secret”*(see Box 7.4 of this form).

#### **Law #1972-12 of 12.12.1991 “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of the Population”**

- *Article 9. Registration and Records of People Living With HIV, Medical Surveillance* (see Box 7.4 of this form).

**Law “On Measures to Prevent the Illicit Circulation of Drugs, Psychotropic Substances and Precursors and Drug Abuse”**

- For individuals who voluntarily apply to narcological facilities for a course of treatment, at his/her request, the anonymity treatment shall be ensured. Information on such treatment may only be disclosed if such individual is brought to criminal or administrative liability.

**MOH, MIA, Procurator-General’s Office, and Ministry of Justice Joint Order #306/680/21/66/5 of 10.10.1997 “On the Procedure for Identification and Registration of People Who Use Illicit Drugs and Psychotropic Substances”**

- *Section 2, paragraph 2.7. Identification and Registration of People Who Use Illicit Drugs and Psychotropic Substances:* If the diagnosis of “drug dependence” or “substance abuse” is given to the person and the treatment and surveillance of such person in narcological dispensaries is prescribed, a relevant document shall be filed for such person—about which the law enforcement agencies shall be notified.

**8. Coverage and Client Access to Treatment**

**8.1 There are no restrictions to offer or restrict methadone and/or buprenorphine treatment to clients because of their age at the national level, but there are restrictions at the local level**

In Ukraine, the regulations at the national level do not establish any restrictions on MAT with methadone and buprenorphine; however, the orders at the local level (in particular those of the Department of Health in the City of Kyiv) stipulate that access to such treatment for persons under age 18 years is restricted.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- *Paragraph 3.4.2. Indications, Cautions, and Contraindications to MAT:* Medication-assisted therapy with opiate agonists may be prescribed for all persons in whom opioid dependence syndrome is diagnosed according to ICD -10 (dependence in combination with drug use having dangerous consequences; see Annex 1) who are able to give their informed consent and who have no contraindications.

**Order No. 593, dated November 9, 2005 of the Main Department of Health and the Ministry of Health of Ukraine “On Implementing Medication Assisted Therapy for People With Opioid Dependence and Concomitant HIV/AIDS in Kyiv City Clinical Hospital No. 5”**

- *Section IV. Contraindications to MAT, sub-paragraph 4.4:* MAT shall not be prescribed to people under 18 years of age.

**8.2 There are no restrictions to offer or restrict methadone and/or buprenorphine treatment to clients because of their gender**

In Ukraine, MAT with methadone and buprenorphine is available to all who need it regardless of gender.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- *Paragraph 3.4.2* (see Box 8.1 of this form).

**8.3 There are no restrictions, at the national level, to offer or restrict methadone and/or buprenorphine treatment clients because of length of illicit drug use, but there are restrictions at the local level**

In Ukraine, the national regulations do not specify any restrictions to receive treatment with methadone and buprenorphine; however, the orders at the local level (in particular those of the Department of Health in the City of Kyiv) stipulate that if the duration of illicit injection drug use is three years or more, it is a restriction to receive such treatment.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- *Paragraph 3.4.2* (see box 8.1 of this form).

**Order No. 593, dated November 9, 2005 of the Main Department of Health and the Ministry of Health of Ukraine “On Implementing Medication-Assisted Therapy for People With Opioid Dependence and Concomitant HIV/AIDS in Kyiv City Clinical Hospital #5”**

- *Section III. Indications to MAT, sub-paragraph 3.1:* The drug dependence syndrome occurs because of use of opioid by HIV-infected people and people with AIDS who inject drugs on a regular basis for a period of more than three years, and with two or more unsuccessful treatment attempts in the past history of attempts in specialized treatment facilities, in which relevant documents are available.

**8.4 There are no restrictions, at the national level, to offer or restrict methadone and/or buprenorphine treatment to clients because of their history of attempts at abstinence or unsuccessful treatment attempts, but there are restrictions at the local level**

In Ukraine, the national regulations contain no restrictions to receive methadone and/or buprenorphine treatment; however, the orders at the local level (in particular those of the Department of Health in the City of Kyiv) stipulate that if there are less than two unsuccessful treatment attempts in the past history of attempts, it is a restriction to receive such treatment.

**Order No. 593, dated November 9, 2005 of the Main Department of Health and the Ministry of Health of Ukraine “On Implementing Medication-Assisted Therapy for People With Opioid Dependence and Concomitant HIV/AIDS in Kyiv City Clinical Hospital #5”**

- *Section III. Indications to MAT, sub-paragraph 3.1* (see Box 8.3 of this form).

**8.5 There are restrictions to offer or restrict methadone and/or buprenorphine treatment to clients because of any kind of opioid dependence complications**

The regulations explicitly specify which diseases and complications are restrictions to methadone and buprenorphine treatment.



**MOH Order #476 of 8.19.2008 “On Approving “The STANDARDS for Treatment of HIV-Positive Injection Drug Users”**

- *Sub-paragraph 4.4.3. Indications and Contraindications to MAT:* MAT with opiate agonists is contraindicated if the following health conditions are observed:
  - Decompensated liver disease (if opiate agonists are used, hepatic encephalopathy may develop).
  - Allergy or hypersensitivity to methadone, buprenorphine, or one of other components of medical form.
- Also, manufacturers of medication make precautions that MAT may be contraindicated for persons with respiratory failure, head injuries, increased intracranial pressure, and ulcerative colitis.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- *Paragraph 3.4.2. Indications, Cautions and Contraindications to MAT* (see Box 8.1 of this form).

**8.6 There are no restrictions to offer or restrict methadone and/or buprenorphine treatment to clients because of psychiatric conditions, but precautions are specified**

In regulations, psychiatric conditions are considered to be a precaution to methadone and buprenorphine treatment and not a restriction to apply such method of treatment.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- *Paragraph 3.4.2. Indications, Cautions and Contraindications to MAT* (see Box 8.1 of this form):  
Cautions: Concomitant psychiatric condition. If the patient has acute psychotic disorders or impaired cognitive functions, these could affect the patient’s ability to give informed consent, which is a prerequisite for admission to the MAT program. Depression that is often observed in persons with drug dependence may disappear without specialized treatment after stabilization in the MAT program. Another psychiatric pathology requires special correction since it often results in the reduction of adherence to treatment.

**8.7 There is no mention of review by a medical commission or prescription by a psychiatrist for dispensing or prescribing methadone and/or buprenorphine in the treatment for opioid dependence for an individual client**

**9. Women Who Inject Drugs**

**9.1 There is only explicit mention of women's needs for dosing levels of medications and/or other drug treatment services in reference to pregnant women**

The only mention of the specific needs of women concerns the period of pregnancy.

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- *Sub-paragraph 3.9.4: Pregnant Women:* The majority of women with active opiate dependence continue using drugs during pregnancy putting their own health and the health of their newborn

infants at risk. Therefore, pregnant women with active opiate dependence syndrome need to be admitted to MAT programs in the first place. Numerous studies show that methadone does not influence pregnancy and the development of a fetus nor does it have teratogenic effects on fetal growth (in infants born to mothers who took methadone as MAT during pregnancy, no increase in the number of congenital anomalies was observed). Moreover, taking methadone during pregnancy in comparison with illicit drug use stabilizes woman's health condition during the course of pregnancy and improves the pregnancy and childbirth quality.

- The possible consequence of methadone use during the course of pregnancy for infants is a lower body weight (in a rate of 25 instances) and the abrupt opioid abstinence syndrome (in a rate from 42 to 95 instances—for more details, see sub-paragraph 3.9.5.).
- As regards buprenorphine, at present, no information in regard to effects on the fetus is available and reviews found no evidence of harm from the use of buprenorphine to mother or her infant. Furthermore, as of today, the number of relevant evidence-based studies found insufficient evidence to recommend the use of such medication to pregnant women.
- Therefore, pregnant women with opioid dependence and who are willing to undergo treatment under MAT programs should be admitted to such MAT programs with methadone. It so happens sometimes that women in the MAT programs with buprenorphine become pregnant. In such instances, it is considered reasonable that such women be offered MAT programs with methadone. When it is not practicable, one should remember that a gap in buprenorphine treatment during pregnancy may involve more risks than its continuation. Therefore, such women should be provided with the opportunity to continue receiving MAT with buprenorphine after they have been provided with complete information on the risks associated with buprenorphine treatment during pregnancy (possible consequences to babies, specific child-feeding practices). Such information should be filed with the client's written consent. Such women should be under special supervision of clinics for women, and neonatologists should be notified in a timely manner that newborn infants might have signs of an abrupt abstinence syndrome and that such infants should be provided with specialized treatment services.
- Although a small amount of medications may be present in breast milk, such small amount has no negative consequences for breastfeeding mothers who receive MAT with methadone or buprenorphine. The advantages of breastfeeding (close contact between mother and baby, immune protection, the natural nutritional source for infants), make it possible to recommend breastfeeding for mothers receiving medication-assisted therapy. However, one should remember that contraindications to breastfeeding include HIV and active hepatitis.

## **9.2 There are no express provisions to ensure that women IDUs can obtain family planning and other reproductive health services, but there are no restrictions found in regulations on FP/RH services**

In policy documents, there is no mention of access to family planning and reproductive health for women who inject drugs. The regulations on organizing FP/RH services do not contain restrictions for women who inject drugs.

**CMU Resolution #1849 of 12.27.2006 “On Approving the National Program “Reproductive Health of the Nation” Until 2015”**

**MOH Order #905 of 12.27.2006 “On Approving the Clinical Protocol of Obstetric and Gynecology Service ‘Family Planning’”**

**9.3 There are express provisions to protect or promote the rights of women in treatment for drug dependence to retain or regain custody of their children for cases without child abuse**

- [ ] *Custody rights of women in treatment are explicitly protected*
- [ ] *Custody rights are explicitly denied to women in treatment*
- [X] *No mention of custody rights*

Women, who are in treatment for drug dependence, have the right to renew their parental rights and have their children returned to their care following treatment; however, each case is dependent on a court decision. The Family Code of Ukraine defines two forms of child removal from parents in cases in which parents are failing to provide adequate care or are not meeting their responsibilities: removal of parental rights, and temporary removal of the child from parental custody without removal of parental rights. Chronic drug addiction of the father or mother is listed in the Family Code as one of the reasons for which a court may remove parental rights or temporarily remove a child from parental without legal removal of parental rights.

In cases in which the child has been removed from the parent’s care, the mother or father may apply to the court for renewal of parental and/or custody rights. The court may decide to return the child if it is shown that the behavior of the mother or father has changed. However, the legislation does not clearly specify whether a woman’s participation in a treatment program for drug addiction is evidence that her behavior has changed and she has the right to regain custody and/or parental rights.

**9.4 There are written, express provisions to ensure that pregnant or lactating women have access to methadone and/or buprenorphine treatment**

**Order #645 of 11.10.2008 “On Approving the Methodological Guidelines ‘Medication-Assisted Therapy for Persons with Opioid Dependence Syndrome’”**

- *Sub-paragraph 3.9.4: Pregnant Women* (see Box 9.1 of this form).

**Order #740/1030/4154/321/614a of the MOH of Ukraine, the MOSE of Ukraine, the MOFYS of Ukraine, the State Department of Ukraine for Enforcement of Sentences, the MOL of Ukraine of 11/23/2007 “On actions regarding the organization of HIV mother-to-child transmission prevention, medical care, and social assistance for HIV-positive children and their families” (registered at the MOJ of Ukraine of 12/26/2007 as #1405/14672)**

- *4.1.21.* Medical assistance for HIV-infected pregnant women with drug dependence shall be provided in cooperation with a narcologist. An obstetrician gynecologist provides information to pregnant women with drug dependence about the opportunities to receive drug dependence treatment and rehabilitation services, as well as the availability of harm reduction units located in the area. During counseling sessions for pregnant women with drug dependence, it is important to highlight the following:
  - Advantages of opioid substitution therapy (hereinafter referred to as “OST”) for the health of mother and fetus
  - Availability of OST programs
- Surveillance plans for the course of pregnancy in HIV-positive pregnant women who inject drugs or with alcohol abuse are drawn up by a district obstetrician gynecologist with the engagement of

a narcologist and social worker.

- Psychological support services, stabilization of living conditions and drug dependence, and HIV treatment services are provided to HIV-infected women who inject drugs, as well as family members, if applicable.
- If there are symptoms of drug use in pregnant women, it is important that confidential relations between women and obstetrician gynecologists be established to encourage such women to remain under further surveillance in treatment facilities. It is important to make sure that medical personnel do not discriminate against or stigmatize women who inject drugs.
- When HIV-infected pregnant women who inject drugs visit the AIDS center or a clinic for women, it is important to provide as many types of services for such HIV-infected pregnant women who inject drugs as possible—with the engagement of representatives of social services—considering the opportunity that such women might not seek services in the future or drop out after their initial visit to treatment facilities.

### **9.5 There are express provisions to ensure that pregnant women who use drugs have the same access to prenatal care as other pregnant women**

Access to prenatal care is protected for all pregnant women. For pregnant women with specific needs (i.e., HIV-positive women and women who inject drugs), access to medical care is stipulated by a separate document.

**Order #740/1030/4154/321/614a of the MOH of Ukraine, the MOSE of Ukraine, the MOFYS of Ukraine, the State Department of Ukraine for Enforcement of Sentences, the MOL of Ukraine of 11/23/2007 “On actions regarding the organization of HIV mother-to-child transmission prevention, medical care and social assistance for HIV-positive children and their families” (registered at the MOJ of Ukraine of 12/26/2007 as #1405/14672)**

- 4.1.21. (See Box 9.4 of this form).
- 4.2.8. HIV-infected women with drug dependence should be provided with labor and delivery services in inpatient maternity hospitals of the 2nd and 3rd level in obstetric and gynecology and neonatal care services that have adequate conditions and experience in providing medical services during pregnancy/labor aggravated by drug use and have resuscitation and intensive care units for newborn infants.
- If an HIV-positive result is obtained upon application of such women for labor services or after the baby was delivered at home, after post-test HIV counseling, according to established procedures, representatives of SSCFCY and partnership nongovernmental organizations should be engaged in the process to ensure social support services.
- 4.2.12. Inpatient antenatal medical care services for HIV-infected pregnant women who inject drugs, abuse alcohol, and have TB and other dangerous infectious diseases shall be provided in obstetric inpatient clinics with the engagement of specialists and according to the ethical norms and sanitary and anti-epidemic rules.

## **10. Civil, Economic, Social, and Cultural Rights of People Who Use Drugs**

### **10.1 Mandatory testing for illicit drug use is permitted**

The legislation stipulates medical examination and testing for drug use, as well as establishing a diagnosis

of drug dependence.

### **Law of Ukraine “On Measures To Prevent the Illicit Circulation of Drugs, Psychotropic Substances and Precursors and Use and Abuse Thereof”**

- *Article 1. Definition of Terms Used in this Law.* For the purposes of this Law, the terms used in shall have the following meanings:
  - Person with drug dependence—a person who suffers from mental disorder characterized by mental and/or physical dependence on drugs or psychotropic substances, and who, on the basis of the results of medical examination conducted pursuant to this Law, is given the diagnosis “drug dependence” {paragraph four of Article 1 as amended by Law No. 530-V ( [530-16](#) ), dated December 22, 2006 }.
  - Illicit use of drugs or psychotropic substances—use of drugs and psychotropic substances without a doctor’s prescription.
  - Abuse of drugs or psychotropic substances—the deliberate illicit use of narcotic drugs or psychotropic substances on a regular basis.
  - Medical examination—outpatient examination of a person to determine the person’s state of drug intoxication.
  - Medical trial—inpatient examination of a person to make the diagnosis “drug dependence.”
  - Avoiding medical examination, medical trial, or treatment—the deliberate failure of a person using and abusing drugs and psychotropic substances to follow the recommendations of officers of law enforcement agencies to undergo medical examination, as well as such person’s failure to follow a doctor’s prescriptions and recommendations.
- *Article 12. Identification of Persons Who Illicitly Use Drugs or Psychotropic Substances*
  - Persons in relation to whom agencies of the Ministry of Health of Ukraine or the Ministry of Internal Affairs of Ukraine have received a notification from institutions, enterprises, organizations, mass media, or individuals of the persons’ illicit use of drugs or psychotropic substances or who is in the state of intoxication shall be subject to medical examination.
  - The event of the illicit use of drugs or psychotropic substances shall be established based on witnesses’ testimonies, the presence of signs of intoxication, results of medical examination, as well as on tests that track the presence of drugs or psychotropic substances in the body of such person.
  - The establishment of the event of intoxication as a result of illicit use of drugs and psychotropic substances shall only be the responsibility of the doctor in charge of such medical examination (medical trial), and the diagnosis of drug dependence shall be made by the treatment-and-consultation commission.
- *Article 13. Medical Examination and Medical Trials of Individuals Abusing Drugs and Psychotropic Substances*
  - Medical examination shall be based on referrals made by workers of law enforcement agencies of the Ministry of Internal Affairs of Ukraine, while medical trials shall be based on the referrals made by narcologists. Persons avoiding medical examination or medical trials shall be brought to narcological facilities by law enforcement agencies.
  - Avoiding medical examination or medical trial shall entail responsibility according to the effective legislation.
- *Article 15. Reimbursement for Expenses Incurred In Connection With Medical Examination, Medical Trial or Treatment*
  - Expenses related to medical examination, medical trial, or treatment of those who abuse drugs and persons with drug dependence conducted in government facilities shall be covered via the State budget and, in the event of additional medical services, at the cost of the person

who undergoes such medical examination, medical trial, or treatment.

**MOH/MIA Order #158/417 of 6.16.1998 (Registered with the Ministry of Justice of Ukraine on 7.28.1998 under #482/2922) “On Approving the Procedure for Medical Examination and Medical Trial of Persons Abusing Drugs or Psychotropic Substances”**

- *Procedure for Medical Examination and Medical Trial of Persons Abusing Drugs or Psychotropic Substances*
  - 2. Persons who illicitly use drugs or psychotropic substances shall be referred by law enforcement agencies to medical and preventive treatment facilities for medical examination providing outpatient narcological services.
  - 5. Medical examination is considered the examination of a person who illicitly uses drugs or psychotropic substances in a narcological facility to determine the level of drug intoxication in such person.
  - 6. Medical trial of a person abusing drugs or psychotropic substances is a medical examination of such person in inpatient settings based on referrals made by a narcologist after a medical trial has been completed to confirm (or not confirm) the diagnosis of drug dependence or drug abuse established by a narcologist.
  - 7. The duration of medical examination shall not exceed 10 days. The diagnosis of drug dependence or drug abuse shall be established by the treatment-and-consultation commission of the narcological facility where such medical examination is conducted.
  - 10. Persons avoiding voluntary medical examination or medical trial, in the event of receipt of notification from the narcological facility of the person’s failure to attend such medical examination, on the basis of the decision of the law enforcement agency or for the purpose of enforcement of the decision on compulsory medical examination or medical trial, shall be brought to the narcological facility by officers of law enforcement agencies concerned.
  - 11. Avoiding medical examination or medical trial shall entail responsibility according to the effective legislation.

**10.2 Mandatory treatment for illicit drug use is permitted**

The legislation stipulates the conditions of mandatory treatment and the mechanism of its organizing.

**Law of Ukraine “On Measures To Prevent the Illicit Circulation of Drugs, Psychotropic Substances and Precursors and Use and Abuse Thereof”**

- *Article 1* (see Box 10.1 of this form).
- *Article 14. Voluntary Treatment of Persons With Drug Dependence*
  - If in the course of medical examination or medical trial it is established that the person abusing drugs or psychotropic substances and in whom drug dependence has been diagnosed, needs treatment, including treatment in inpatient or outpatient settings, a narcologist shall offer a course of voluntary treatment to such person and make a referral to the narcological facility for such treatment.
  - Urgent treatment measures to withdraw symptoms of drug use or psychotropic dependence shall be undertaken to arrange for hospitalization of the person in the relevant specialized treatment facility.
  - Where the aforesaid measures are not mandatory or drug dependence or psychotropic substance dependence syndrome is alleviated, such person may be re-referred to the narcological facility for medical surveillance and outpatient treatment.
  - Treatment for drug or psychotropic substance dependence shall be conducted in the treatment

facility regardless of the form of ownership and having a license issued by the Ministry of Health of Ukraine to conduct such activities. The supervision responsibility for the process of treatment of such person shall be with the treatment facilities authorized by the Ministry of Health Ukraine.

- For individuals who voluntarily applied to narcological facilities for a course of treatment, at their request, the anonymity treatment shall be ensured. Information on such treatment may only be disclosed to law enforcement agencies if such individual is brought to criminal or administrative liability.
- For a period of voluntary treatment, a medical certificate shall be issued with the person in treatment, and after such treatment, at the person’s request, a certificate stating the purpose of treatment shall be issued.
- *Article 15. Reimbursement for Expenses Incurred in Connection with Medical Examination, Medical Trial, or Treatment (see Box 10.1 of this form).*
- *Article 16. Mandatory treatment of People with Drug Dependence*
  - Persons who are recognized to be drug dependent but avoid voluntary medical examination or continue using drugs after such treatment without a doctor’s prescription—and in whose relation agencies of the Ministry of Internal Affairs of Ukraine or Procurator-General’s Office have received a notification from close relatives or other individuals of the persons’ illicit use of drugs or psychotropic substances or the person’s dangerous behavior—on the basis of the court’s decision, may be referred to specialized treatment facilities of the health authorities, while adolescents who attained the age of 16 years may be referred to educational clinics for a period of 1 year. Specialized treatment facilities and educational clinics for adolescents shall be defined by the Ministry of Health of Ukraine. The procedure for treatment of such persons and operation of specialized treatment facilities shall be established by the Cabinet of Ministers of Ukraine.
  - Persons with serious mental disorders or any other serious diseases, which makes it impossible for such persons to stay in such treatment facilities; disabled persons in the 1st and 2nd disability group; pregnant women and mothers with infants; as well as males over 60 years and females over 55 years shall not be subject to referrals to mandatory treatment. Such persons shall undergo treatment according to the procedure established by the Ministry of Health of Ukraine.
  - Persons, in respect of whom a request for referral to compulsory treatment has been made, in the event they avoid appearing before the court, shall be brought therein by the law enforcement agency concerned.
- *Article 17. Judicial Consideration of Materials Related to the Referral to Mandatory Treatment At the Cost of the Person with Drug Dependence*
  - Materials related to the referral of persons with drug dependence to mandatory treatment shall be considered by district (city) court in the place of residence of the person concerned or in the place of location of the agency that submitted such materials.
  - Materials related to the referral to mandatory treatment for drug dependence shall be considered independently by a judge within 20 days after the date they have been received by the court, during an open session and in the presence of the person in whose respect such request has been filed, of the person’s legal representative, and of a defense council at their request.
  - The judge notifies the prosecutor of the time when materials will be considered; failure of the prosecutor to appear in the court does not impede the process of consideration of such materials.
  - The court in session shall verify the extent to which the medical opinion on the necessity to order the person to the mandatory treatment for drug dependence and other actual

- information that proves or denies the need in such treatment is grounded.
- If appropriate, the court may invite the member (members) of the medical commission who conducted the medical trial of the person with drug dependence and who drew up the medical opinion on the need in ordering the person concerned to mandatory treatment; persons who have filed such request may also be invited.
  - After the judge has studied such materials and the invited persons have produced their explanations, and the prosecutor and the defense counsel have been heard (if they attend the session,) the judge, in the consultation room, makes a motivated decision on whether the person concerned shall be ordered to the mandatory treatment for drug dependence or denied in such treatment—such decision being subject to appeal or to prosecutor’s appeal in accordance with established procedure (Chapter 6, Article 17 as amended by Law No. 1130-IV (1130-15), dated July, 11, 2003).
  - Law enforcement agencies shall enforce a judicial decision on referral to the mandatory treatment for drug dependence.
- *Article 18. Release from Mandatory Treatment for Drug Dependence on Parole*
    - Upon decision of the district (city) court in the place where the specialized treatment facility is located, a person undergoing the mandatory treatment, based on the recommendations of the specialized treatment facility and medical opinion, may be released from there on parole or discharged from such treatment facility if such person’s serious disease makes the person’s stay in such treatment facility impossible or when there is no longer need in the treatment for drug dependence.
  - *Article 19. Extending the Duration of Mandatory Treatment for Drug Dependence*
    - Whenever a person staying in specialized treatment facility regularly disregards the regimen and the course of treatment of drug dependence, as a result of which measures of medical influence have not yielded positive results, upon submission of a request by such treatment facility’s administration as agreed with the prosecutor and based on medical opinion, the district (city) court in the place where such specialized treatment facility is located, may extend the period of such person’s treatment in the treatment facility. In so doing, the total duration of mandatory treatment shall not exceed 12 months.
    - A person who has voluntarily left the specialized treatment facility and, similarly, fled on the way to such treatment facility shall be brought to responsibility in accordance with the effective legislation.

### **Criminal Code of Ukraine**

- *Article 76. Obligations Imposed on a Person Being Released on Probation*
  - (5) Undergo medical treatment for alcoholism, drug dependence, or any other disease that poses threat to health of other persons.
- *Article 309. Illegal production, manufacture, purchase, storage, transportation, or sending of drugs, psychotropic substances or their analogues not for the purpose of selling*
  - 4. A person, who voluntarily applied to a treatment facility and started the treatment for drug dependence, shall be discharged from criminal liability for offenses set forth in paragraph 1 of this article {Article 309 as amended by Law No. 270-VI (270-17), dated April 15,2008 }.

### **MOH/MIA Order #158/417 of 6.16.1998 (Registered with the Ministry of Justice of Ukraine on 7.28.1998 under #482/2922) “On Approving the Procedure for Medical Examination and Medical Trial of Persons Abusing Drugs or Psychotropic Substances”**

- *Procedure for Medical Examination and Medical Trial of Persons Abusing Drugs or*



*Psychotropic Substances*

- 8. If in the course of medical examination or medical trial it is established that the person abusing drugs or psychotropic substances and in whom drug dependence has been diagnosed, needs treatment, including treatment in inpatient or outpatient settings, a narcologist shall offer a course of voluntary treatment to such person and make a referral to the narcological facility for such treatment and social and psychological rehabilitation.

**10.3 There is no mention of the imposition of medical services or procedures (such as mandatory HIV testing, contraceptive sterilization) on people who use opioids because of their drug use**

**10.4 There are restrictions on the free movement of people who use opioids (such as mandatory quarantine, detention) because of their drug use**

The Criminal Code of Ukraine includes punitive measures (the use of custodial sentences or custodial restraints) for use of illicit drugs in public settings.

**Criminal Code of Ukraine**

- *Article 316. Use of Illicit Drugs in Public Settings*
  - 1. Use of illicit drugs in public settings or the use of illicit drugs by a group of persons in places designated for educational, sport, and cultural purposes, and in other places of public resort, shall be punishable by restraint of liberty for a term up to four years or imprisonment for a term up to three years.
  - 2. Same offenses, if repeated, or committed by a person who had previously committed any of the criminal offenses set forth in Articles 307, 310, 314, 315, 317, and 318 of this Code, shall be punishable by imprisonment for a term of 3–5 years.

**10.5 There are restrictions on employment opportunities for people who use opioids because of their drug use**

If mandatory treatment is prescribed for the person with drug dependence, such person may be dismissed from the place of employment or expelled from the educational institution (on the basis of the court decision on mandatory treatment)

**Law of Ukraine “On Measures To Prevent the Illicit Circulation of Drugs, Psychotropic Substances and Precursors and Use and Abuse Thereof”**

- *Article 21. Restrictions on the Rights of the Person with Drug Dependence for a Period of Mandatory Treatment.* A court decision ordering the person with drug dependence into mandatory treatment shall be the grounds for dismissal of such person from the person’s place of employment or termination of the person’s course of education according to established procedure.

**10.6 Discrimination based on medical or physical disability is prohibited**

**Fundamentals of Health Legislation of Ukraine**

- *Section II, Article 6. The Right to Health Care* (see Box 6.3 of this form).

**Law of Ukraine “On Fundamentals of Social Protection of Disabled Persons in Ukraine”**

- *Article 1.* Disabled persons in Ukraine shall be fully entitled to social, economic, political, and personal rights and freedoms provided for in the Constitution of Ukraine ([254к/96-VR](#)) and other laws. Discrimination against disabled people shall be prohibited and prosecuted under law.

**10.7 There is no mention of protection from discrimination based on a mental health condition**

**Law of Ukraine “On Psychiatric Assistance”**

**10.8 Drug dependence is classified as a disability and/or a mental health condition**

**10.9 There is no mention of restrictions on other civil, social or cultural benefits (such as voting, freedom of association, access to housing, education, custody of children) for people who use opioids because of their drug use**

## Annex 6. Children and Adolescents—Medical Services

### 1.1. Matters pertaining to prevention of HIV infection among children and adolescents in Ukraine are brought under regulation quite sufficiently

The matters pertaining to prevention of HIV infection among children and adolescents are brought under regulation at all levels: national, interdisciplinary, and regional. Prevention activities in Ukraine are conducted on the basis of an interdisciplinary approach.

Law of Ukraine No. 1972 of 12/12/1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living With HIV”

**Article 4, paragraph 11; Article 6, paragraphs 2,3. Contains provision on state guarantees in combating the spread of diseases caused by HIV.**

**Specifically, the state ensures the priority of issues on combating the spread of diseases caused by HIV through**

**Awareness-raising campaigns among the population according to the principles of a moral and healthy lifestyle, spiritual values, and responsible behavior in sexual relations.**

**Continuous monitoring of the epidemic situation.**

**Resolution of the Cabinet of Ministers of Ukraine No. 634, of 4/26/2003 “On Approving the National Integrated Program on the Implementation of the Resolutions of the World Summit on Sustainable Development for 2003–2015”**

*Paragraph 6.* Sets specific objectives, including a 25 percent reduction, by 2005, in the rate of HIV infection among youth ages 15–24.

**Resolution of the Cabinet of Ministers of Ukraine “On Approving the National Strategic Action Plan to Prevent HIV/AIDS until 2011 and the National Program on HIV Prevention, Care and Treatment for HIV Infected People and People with AIDS for 2004–2008”**

*Measure 17, paragraph 16.* Determines measures targeted at changing HIV risk behavior among different population groups, especially young people ages 15–24.

Coordination and provision of oversight for the activities associated with HIV/AIDS prevention are assigned to the Ministry of Health of Ukraine, in association with

Other central and local agencies of executive power.

Local self-governing authorities.

Enterprises, institutions, organizations, and associations of citizens.

Presidential Decree No. 1674/2005, of 8/19/2005 “On Improving the Public Management of HIV/AIDS and TB Prevention in Ukraine”

**Paragraph 6. Authorizes the State Television and Radio Broadcasting Committee of Ukraine, the Ministry of Education and Science of Ukraine, and the Ministry of Family, Youth and Sport to take measures to promote a healthy lifestyle and carry out awareness-raising activities aiming to prevent the spread of HIV/AIDS and TB and foster tolerant attitudes toward PLHIV.**

**Resolution of the Cabinet of Ministers of Ukraine No. 1849, of 12/27/2006 “On Approving the National Program “Reproductive Health of the Nation”**

*Paragraph 11.* Stipulates development of a system for awareness-raising activities among children, adolescents, and youth to promote a healthy lifestyle and services for family planning and prevention of

STIs, including HIV.

**Joint Order No. 740/1030/4154/321/614a of the Ministry of Health, the Ministry of Family, Youth and Sport, the Ministry of Labor, the Ministry of Education and Science, the State Department of Ukraine for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Sub-paragraphs 1.1, 1.2.* Brings under regulation the procedures for prevention of HIV in newborns.

**Presidential Decree No. 1208/2007, dated December 12, 2007 "On Additional High Priority Activities on Prevention of HIV/AIDS in Ukraine"**

*Article 1.* Contains provisions on top priority complex measures to be taken to reduce the rate of spread of HIV infection and the number of AIDS-related deaths in Ukraine and specifically aims to enhance the efficiency of primary HIV/AIDS prevention services and ensure access to HIV treatment services for PLHIV.

**The actualization of the issue on an interdisciplinary approach requires improvement.**

*Article 5.* See box 7.3 of this form.

**Order No.771, dated December 23, 2008 of the Ministry of Health of Ukraine “On Approving the Procedure Guidelines for Applying Assisted Reproductive Technologies” (Guidelines, Section 4, paragraph 6)**

Brings under regulation HIV prevention among newborns when assisted reproductive technologies such as intrauterine insemination with semen from an anonymous donor or cryopreserved sperm with negative results for HIV tests are used.

**Law of Ukraine No. 878-VI, dated January 15, 2009 “On Social Work With Children and Youth”**

Contains provisions focused on a healthy lifestyle in the family, children and youth environment, social support, and prevention activities.

*Article 7.* Contains the provision on social support for HIV-positive children, youth, and members of their families.

**Law of Ukraine No.1065-VI, dated February 19, 2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

Contains provisions ensuring primary prevention of the spread of HIV infection on a large scale among the population and especially among youth, through awareness-raising campaigns and the internet to Promote a healthy life style and spiritual, moral, and ethical and cultural principles of responsible behavior.

Enhance prevention measures among high-risk groups (IDUs, prisoners, persons returned from correctional facilities, SWs, migrants, homeless people, etc.).

Scaling up access, by 2010, to

Relevant information and a complex of services to reduce risk of HIV infection.

Treatment and care services for at least 75 percent of adolescents who experience enormous suffering.

Ensuring 5 percent reduction in mother-to-child HIV transmission.

Delivering HIV prevention information to 100 percent of children of senior school age.

Access to PMTCT for at least 95 percent of HIV-positive pregnant women.

Enhancing level of HIV/AIDS awareness among the general population.

**Order No. 382, dated June 2, 2009, of the Ministry of Health of Ukraine “On Approving the Interim Standards of Medical Care for Adolescents and Youth”**

*Sub-paragraphs 5.1, 5.2, 5.4.* Establishes interim prevention standards, mainly that personnel of healthcare institutions.

Conduct counseling on the issues of creating safe behavior and responsible attitudes toward reproductive health, with a focus on work with high-risk groups.

Conduct and participate in awareness-raising and educational events conducted among children and youth, parents, specialists, etc., as well as those dedicated to behavioral studies, responsible attitudes toward RH and HIV prevention, etc.

**Order No. 383, dated June 2, 2009, on the Center/Division for medical care services for adolescents and young people of the Ministry of Health of Ukraine “On Improving Medical Care Services for Adolescents and Youth”**

Major objective of the “Youth-Friendly Clinic” is HIV prevention among children and adolescents, by Promoting a healthy lifestyle, maintaining RH, and preparing for parenthood.

Creating responsible behavior in sexual and interpersonal relations.

Preventing high-risk behavior and reducing the impact of consequences.

Preventing STIs.

**Law of Ukraine No. 2861-VI, of December 23, 2010 “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of Population”**

*Article 4, sub-paragraph 11; Article 6, paragraphs 2, 3.* For prevention of HIV in children, law contains provisions on free access to PMTCT services.

**Procedural Guidelines for PMTCT and Procedures for PMTCT under the State Penitentiary Service of Ukraine**

Bring under regulation the procedures for prevention of HIV in newborns.

**1.2. In Ukraine, the Ministry of Health is assigned to plan and coordinate all HIV prevention programs**

Taking into consideration the complexity of the situation and the interdisciplinary nature of sectors with high rates of HIV infection among the population, legal documents determine the coordination of HIV prevention activities among the population, including those among children and adolescents.

**Law of Ukraine No. 1982, of 12/12/1991, of the Minister of Health of Ukraine “On Response to Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living With HIV”**

Providing oversight and coordinating HIV prevention measures is assigned to a special, authorized central agency of executive power in healthcare services.

**Resolution No. 14, of 1/16/2008 “Activities Program of the Cabinet of Ministers of Ukraine “Ukrainian Breakthrough: for People, Not Politicians”**

*Paragraph 1.5.* Stipulates establishment of the National HIV/AIDS Center.

**Resolution of the Cabinet of Ministers of Ukraine “On Approving the National Strategic Action Plan to Prevent HIV/AIDS until 2011 and the National Program on HIV Prevention,**

**Care and Treatment for HIV Infected People and People with AIDS for 2004–2008”**

*Objective 17, paragraph 10.* Assigns responsibility of coordinating and providing oversight of HIV prevention activities to the MOH in association with other central and local agencies of executive power, local self-governing authorities, as well as enterprises, institutions, organizations, and associations of citizens.

**Order No. 205, dated April 15, 2008 of the Ministry of Health of Ukraine “On Approving the Comprehensive Plan to Scale Up Access to HIV Prevention, Diagnosis, Treatment, Care and Support Services in 2008”**

The National HIV/AIDS Center is assigned to provide coordination and oversight of scale-up of access to HIV prevention, diagnosis, treatment, care, and support services for HIV patients in Ukraine.

**1.3. In Ukraine, the policy to prevent HIV in children and adolescents is brought under regulation**

Considering that the majority of HIV-positive children in Ukraine are born to HIV-positive mothers, improving the PMTCT mechanism is a major objective, which is supported by legislative mandates.

**Resolution No. 264, dated March 4, 2004, of the Cabinet of Ministers of Ukraine “On Approving the Concept of Government Actions Targeted at Prevention of the Transmission of HIV/AIDS through 2011”**

*Objective 17, paragraph 18.* Regulates the reduction of vertical HIV transmission through free access to VCT (including counseling) to pregnant women.

**Resolution No. 728-r, dated May 21, 2008, of the Cabinet of Ministers of Ukraine “On Approving the Concept of the National Target Program to Ensure HIV Prevention, Treatment, Care, and Support For HIV-Infected People and People with AIDS for 2009–2013”**

The mechanism of prevention of mother-to-child transmission of HIV services is also considered to be a strategy-based activity to prevent HIV/AIDS in Ukraine.

Contains provisions focused on improving the system of voluntary counseling and testing for diagnosis of the disease in its early stages.

**Order No. 786/ 796/ 4074/ 299/ 231, dated November 30, 2008, of the Ministry of Health of Ukraine “On Approving the Interdisciplinary Program “Prevention of Mother-to-Child Transmission of HIV and Medical and Social Support to HIV Infected and AIDS Children for 2006-2008”**

*Paragraph 1; Section 3.* To implement the World Health Organization (WHO) strategy to address vertical HIV transmission, reduce the risk of HIV infection in newborns, and ensure the provision of medical and social support services for HIV-positive women, women born to them, and their families, the following strategic directions are determined:

*Legal and Socioeconomic*

Provision of legal and socioeconomic support services to HIV-positive women, their children, and families.

Adapted milk formula for babies younger than one year born to HIV-positive mothers.

Efficient operation of the social support system for HIV-positive women, their children, and families.

Improving standards of care for medical services provided to HIV-positive pregnant, women (both pre- and post-natal), and their newborn infants to bring them into alignment with international standards.

*Personnel Training*

Personnel training at pre- and post-graduate training level among medical and non-medical specialists involved in PMTCT and social support for HIV-positive pregnant women, their infants, and families. Adjustment of qualification requirements for specialists on the issues of mother-to-child transmission of HIV.

*Education and Awareness-Raising Among the Population*

Introduction of HIV prevention and PMTCT in general learning institutions and educational institutions of different levels of accreditation.

Increase the level knowledge of HIV and vertical HIV transmission among the population, mainly with respect to creating relevant reproductive behavior and responsible parenthood among young people.

*Medical Care*

Ensure access to HIV counseling and testing services for women during pregnancy and delivery.

Ensure access to PMTCT services for HIV-positive pregnant women during pregnancy and labor.

Ensure adherence to ART during pregnancy and labor.

Ensure provision of ARVs to all healthcare institutions offering childbirth services to provide urgent preventive treatment services to HIV-positive pregnant women (both pre- and post-natal) and their newborns.

Ensure access to polymerase chain reaction (PCR) testing for newborn infants for early diagnosis of HIV.

Ensure access of medical workers to post-exposure prophylaxis.

*Interdisciplinary and International Cooperation*

Engagement of the international community, general public, and PLHIV in providing PMTCT and care services to HIV-positive children.

Study and implementation of international experiences in the prevention of vertical transmission.

Social support for HIV-positive women, their children, and families.

*Program Performance Monitoring*

Ensure monitoring and evaluation of vertical transmission services provided that the program is implemented.

**Law of Ukraine No. 1026-VI, dated February 19, 2009 “ On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support For HIV-positive and People with AIDS for 2009–2013”**

*Section 4.* Improving the PMTCT mechanism is one of the major objectives of the law and is to be considered a strategic approach to preventing HIV in children.

**1.4. Are the authorities in charge of management, coordination, monitoring, and evaluation of HIV prevention measures conducted among children and adolescents designated in Ukraine?**

**MOH Order #225 of 4/14/2006 “On Approving the Regulations on the National AIDS Center of the Ministry of Health of Ukraine”**

Taking into consideration the multidisciplinary nature of HIV prevention measures, the order Assigns the management, coordination, and monitoring of HIV prevention measures to the National AIDS Center of the MOH, which has a major objective to conduct epidemiological monitoring of HIV/AIDS.

**Joint Order No. 740/1030/4154/321/614a of the Ministry of Health, the Ministry of Family, Youth and Sport, the Ministry of Labor, the Ministry of Education and Science, the State Department of Ukraine for Enforcement of Sentences of 11/23/2007 “On Activities to**

**Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV-Infected Children and Their Families”**

*Paragraphs 4, 4.1.* Approves measures to prevent vertical HIV transmission in maternity institutions that report to the maternal and child health services of the MOH.

**1.5. Training program to prevent vertical transmission of HIV is developed, approved, and being introduced in healthcare institutions**

**Order No. 313, dated 5/8/2009, of the MOH of Ukraine “On Optimizing Training for Specialists on HIV and Prevention of Mother-to-Child Transmission of HIV”**

*Paragraphs 1, 2.* States that a group of specialists from Odesa State Medical University have developed a standard continuous undergraduate training program for doctors on HIV prevention, particularly PMTCT, diagnosis and treatment of HIV, and social and psychological support for PLHIV. The program contains an approved list of topics to be included in internship in obstetrics and gynecology, pediatrics, neonatology, infectious diseases, and family medicine.

**Improved Thematic Curriculum on "Prevention of Mother-to-Child Transmission of HIV" approved by MOH**

For students of post-graduate education institutions and postgraduate education faculties of medical institutions of higher learning.

**1.6. In educational institutions, training programs on HIV prevention for children are implemented, but the standardized protocols and the authorities to provide training for school teachers, headmasters, teachers, workers of orphanages and other wardship and guardianship institutions involved in prevention of HIV in children and adolescents are not determined**

In educational institutions, training programs on HIV prevention for children are implemented but optional. The standardized protocols and the authorities to provide training for school teachers, headmasters, teachers, workers of orphanages and other wardship and guardianship institutions involved in prevention of HIV in children and adolescents are not determined.

**Presidential Decree No. 1208/2007, of 12/12/2007 "On Additional High Priority Activities on Prevention of HIV/AIDS in Ukraine”**

*Article 5.* Assigns relevant ministries (MOH, MOES, MFYS) in association with the Academy of Medical Sciences and the Academy of Pedagogical Sciences of Ukraine to update the curricula of medical and pedagogical institutions of higher learning, as well as medical and pedagogical postgraduate training institutions to improve training of medical workers and teaching employees on HIV/AIDS; and take additional measures to ensure that teaching employees and social workers are provided with information and methodological materials on HIV prevention for work with children, youth, and parents.

**1.7. Multidisciplinary approach to HIV prevention in children and adolescents in Ukraine is brought under regulation**

**A multidisciplinary approach to HIV prevention in children and adolescents in Ukraine is brought under regulation at the legislative, multidisciplinary, and regional levels.**

Law of Ukraine #1972, of 12/12//1991 “On Response to the Transmission of Diseases



Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living With HIV”

Special authorized central agency of executive power in healthcare, which is the MOH, is assigned to perform interdisciplinary coordination of HIV prevention measures.

**Presidential Decree #1208/2007, dated December 12, 2007 “On Additional High Priority Activities to Prevent HIV/AIDS in Ukraine”**

(Article 1) implementation of the interdisciplinary approach requires improvement.

**Joint Order #786/796/4074/299/231 of 11/30/2008 of MOH, MFYS, State Social Service for Family, Children, and Youth, the State Committee for TV and Radio Broadcasting, and the State Department for Execution of Punishment “On Approving the Interdisciplinary Program ‘Prevention of Mother-to-Child Transmission of HIV and Medico-Social Support for HIV-Infected and AIDS Children for 2006–2008’”**

*Paragraph 4.* Designates MOH as coordinator of all activities associated with implementation of the program.

**Joint Order No.740/1030/4154/321/614a, of 11/3/2007, of the MOH, MFYS, Ministry of Labor, MOES, and the State Department of Ukraine for Enforcement of Sentences “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

Contains provisions on PMTCT measures to be conducted at the regional level: Measures on HIV prevention in women, as the first component of PMTCT, are conducted according to appropriate methods and forms in

Pre-school institutions, secondary schools, specialized institutions, and institutions of higher learning of accreditation levels I-IV.

Centers of social services for family, children, and youth (CSSFCY) and institutions of social services, shelters for children, and centers for socio-psychological rehabilitation.

Civil status registration offices, health centers, AIDS centers; human reproduction and family planning centers, centers for adolescent reproductive health, healthcare institutions for family medicine, pediatrics (“youth-friendly clinics”), obstetrics and gynecology, dermatovenerology, narcological dispensaries, medical genetics.

Correctional facilities under the State Department of Ukraine for Enforcement of Sentences.

Qualified specialists conduct prevention activities according to the general programs approved by the Ministry of Health of Ukraine.

**1.8. Matters pertaining to social advertising in Ukraine are brought under regulation**

Social advertising and the activities associated with social advertising of the public sector are regulated. Control over the advertising producer, the producer’s responsibility for social advertising, and procedures for monitoring of social advertising are not determined.

**Law of Ukraine No. 270/96, dated July 3, 1996 “On Advertising”**

*Article 12.* Any person shall have the right to be an advertiser of social advertising. Social advertising shall not contain references to specific goods and/or their producer, to an advertiser, or to objects of intellectual property pertaining to a producer of goods or advertiser of social advertising except where an advertiser is a nongovernmental organization.

<p><b>Order No. 80, dated July 20, 1998 of the Social Service for Youth “On Approving the Regulations on Social Advertising in the System of Social Services for Youth in Ukraine”</b> Regulates social advertising in the system of social services of for youth of Ukraine.</p>
<p><b>1.9. In Ukraine, there is no national website dedicated to the issues of prevention of HIV/AIDS among children</b></p>
<p>In Ukraine, there is no national website dedicated to HIV prevention among children, although the efficacy of such social advertising in relation to a healthy lifestyle and HIV prevention has been proved in other countries.</p>
<p><b>1.10. Activities of the multidisciplinary team are brought under regulation</b></p>
<p>The activities of the multidisciplinary team, as the authorities involved in ensuring efficient medico-social support services for children, are brought under regulation by the following.</p> <p><b>Joint Order No.740/1030/4154/321/614a, of 11/3/2007, of the MOH, MFYS, Ministry of Labor, MOES, and the State Department of Ukraine for Enforcement of Sentences “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care, and Social Services for HIV Infected Children and Their Families”</b> <i>Paragraph 1.4.</i> Model regulations on the interdisciplinary team to ensure efficient medico-social support for HIV-positive children and their families.</p> <p><b>Order No. 368 of the MOH of 7/3/2007 “On Approving the Clinical Protocol “Provision of Palliative Care”, Symptomatic and Pathogenic Therapy for HIV Patients”</b> <i>See Article 7.</i></p>
<p><b>1.11. Matters pertaining to certification of personnel and other specialists who provide care services for HIV-positive children are brought under regulation</b></p>
<p>In medical treatment institutions of the healthcare system, matters pertaining to certification of personnel who provide medico-social services to HIV-positive children regulated by measures that include HIV prevention among the general population, as well as among children. There is no specific process of certification for specialists on the provision of care to HIV-positive children. In institutions under the supervision of MFYS, such certification of workers is regulated (Order #1695).</p> <p><b>Order #1695, of the MFYS of 4/22/2008 “On Approving the Procedures for Certification of Workers of Centers for HIV Infected Children and Youth”</b> Regulates certification of specialists providing care to HIV-positive children.</p>
<p><b>1.12. Monitoring of the prevention of mother-to-child transmission of HIV measures is brought under regulation</b></p>
<p>Monitoring of the PMTCT measures is regulated at disciplinary and regional levels.</p> <p><b>Order #619, of 12/29/2003 of MOH “On Introducing Monitoring of Mother-to-Child Vertical Transmission of HIV”</b></p>

Approves use of statistical forms for monitoring PMCT.  
System is flawed because the approved forms do not collect data on treatment and prevention measures taken according to current MOH clinical protocols (MOH Order #716 of 2007) and the PMTCT monitoring data gathered by the MOH's Department for Motherhood and Childhood and its National AIDS Center differ significantly. This situation requires development of unified procedures for monitoring with improved technologies and an interdisciplinary approach.

**Presidential Decree #1022/2004, of 8/30/2004 “On Prevention of the Further Spread of HIV/AIDS in Ukraine”**

Stipulates establishment and ensuring the operation of a unified system of monitoring and evaluation of HIV prevention measures in Ukraine.

Stipulates establishment of HIV reference laboratories under the National AIDS Center of the Ministry of Health of Ukraine and its provision with the required number of premises and equipment.

Further establishes a reference laboratory under the National AIDS Center of the Ministry of Health of Ukraine, and its provision with required number of premises and equipment is declared, as well.

**Order No. 187, dated April 7, 2008 of the Ministry of Health of Ukraine “On Approving the Temporary Record Forms and Reports on Monitoring of HIV/AIDS Treatment and Instructions on Their Completion”**

*Paragraph 1.1.* Approves special forms of primary record documentation and instructions on completion of the forms.

**Order #214, of the MOH of 4/3/2009 “On Approving the Standard Regulations on the Setting up the National Monitoring and Evaluation Center to Assess the Performance of HIV/AIDS Prevention Activities”**

Regulates major objectives of the National M&E Center to Assess the Performance of HIV/AIDS Prevention Activities.

**Order #236 of the MOH, of 4/9/2009 “On Setting Up the National Monitoring and Evaluation Center to Assess the Performance of HIV/AIDS Prevention Activities at the National AIDS Center of the Ministry of Health of Ukraine”**

Regulates establishment of the National Monitoring and Evaluation Center to Assess the Performance of HIV/AIDS Prevention Activities at the National AIDS Center of the MOH.

**1.13. Matters pertaining to confidentiality of information on HIV infection in children and adolescents are brought under regulation**

Matters pertaining to confidentiality of information on HIV infection in patients in Ukraine, including children and adolescents, are brought under regulation.

**Law of Ukraine No. 1972 of 12/12/1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living With HIV”**

Sets out that the person in whose body HIV infection was detected according to testing results is notified by the healthcare worker authorized by the institution at which the testing was conducted, taking into consideration the provisions of this law on confidentiality of such information, according to the procedure established by a special authorized central agency of executive power in the field of healthcare.

Regarding confidentiality during PMTCT:

**Joint Order No.740/1030/4154/321/614a, of 11/3/2007, of the MOH, MFYS, Ministry of Labor, MOES, and the State Department of Ukraine for Enforcement of Sentences “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Paragraph 1, sub-paragraph 4.1.1.* Medical care services are provided according to the principle of confidentiality and provisions of the legislation on criminal liability for the disclosure of confidentiality of a diagnosis of HIV.

Voluntary HIV counseling and testing is conducted according to the principle of confidentiality of information and other principles of VCT in accordance with the current clinical protocol (MOH Order #236, 4/19/2006 “On Implementing the Procedure for Voluntary HIV Counseling and Testing (Protocol) in Healthcare Institutions *Paragraph 1.1*).

**1.14. Matters pertaining to family planning for HIV-positive patients are brought under regulation**

Matters pertaining to FP for HIV-positive patients are regulated as an important HIV prevention measure in children and adolescents. One major objective of FP services in Ukraine is the prevention of HIV in children and adolescents. FP services are also regulated by numerous laws and regulations in their capacity as the second component of the PMTCT system.

**MOH Guidelines, “Family Planning for People Living With HIV”**

These guidelines were approved by the Central Methodic Department for Graduate Medical Education to promptly implement FP measures in training for specialists in relevant areas.

**MOH Order #535, 8/1/2006 “On Approving the Guidelines “Family Planning”**

FP for HIV-positive individuals is considered in greater detail in terms of contraceptives for PLHIV, bearing in mind the clinical relevance of interactions between hormonal contraceptives and ARV drugs.

**MOH Order #539, of 8/4/2006 “On Setting Up Family Planning and Reproductive Health Services in Ukraine”**

*Paragraph 4.2.* To combine FP measures with HIV prevention services, this regulation determines cooperation with HIV prevention institutions with a detailed algorithm of such structures during the provision of FP services to PLHIV.

**MOH Order #905, 12/27/2006 “On Approving the Clinical Protocol on Obstetric and Gynecology Care Family Planning”**

*Page 82.* Clinical protocol containing a list of contraceptives that may be used by PLHIV is given in the summary tables according to WHO recommendations.

**CMU Resolution #1849, of 12/27/2006 “On Approving the National Program “Reproductive Health of the Nation” For a Period Until 2015”**

FP issues are included in Section III of the RH program.

**Joint Order #372/34, of 7/4/2007 of the MOH and the Academy of Medical Sciences “On Approving the Implementation Plan of Activities on Ensuring the Implementation of the National Program “Reproductive Health of the Nation For a Period Until 2015”**

*Section 3.* FP issues are detailed in terms of the need to amend legislation related to healthcare, use of means and methods to prevent unplanned pregnancy, and voluntary HIV testing for individuals age 14

years old and above to harmonize it with Article 284 of the Civil Code of Ukraine.

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provision 1, Section 3.* Clear tasks for developers and co-implementers of regulations related to PMTCT, HIV, medical care, and social services for HIV-positive children and their families are determined in a separate section titled “Family Planning Services for HIV-positive People.”

**1.15. Prevention of child abandonment among infants born to HIV-positive mothers is regulated at the interdisciplinary level**

Prevention of child abandonment among infants targeted at both the general population and HIV-positive mothers is regulated at the interdisciplinary level.

**Joint Order #625/510, dated October 22, 2004 of the MOH and MFYS “On Approving the Procedures for Interaction Between Social Services Centers for Youth and Healthcare Institutions To Prevent Early Social Abandonment”**

*Paragraph 1.* Approves procedures for interaction between youth social service centers and healthcare institutions with respect to prevention of early social abandonment. The procedures contain detailed descriptions of different types of activities.

Counseling points of youth social service centers are temporary units of the centers located in the premises of healthcare institutions to perform activities associated with early prevention of social abandonment. Counseling points are established by virtue of a partnership agreement entered into by and between social service centers and territorial healthcare authorities.

Social support is defined as a type of activity targeted at providing social care, support, and wardship services to vulnerable categories of children and youth to cope with the hardships of life and maintain and increase their social status.

**2. Budget**

**2.1. PMTCT is financed via national budget**

For over 10 years, PMTCT has been largely financed from humanitarian supplies, as well as by the Global Fund and, in part, from national and local budgets.

**MOH Order #60, 2/7/2008 “On Distributing Antiretroviral Preparations for 2008”**

Regulations on calculating the supply of medications needed to perform PMTCT in healthcare institutions of different subordination (2008).

**Law #1026-VI, of 2/19/2009 “ On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support For HIV-positive and People with AIDS for 2009-2013”**

*Section 3.* PMTCT financing and activities associated with PMTCT have been financed through equipping healthcare institutions. During 2009–2013, the national budget supplied UAH 230,495.9 and local budgets supplied UAH 100,944.4 for this purpose.

Funding supported provision of the following supplies/commodities to healthcare institutions: test kits for planned HIV testing for pregnant women; rapid HIV test kits to be used during labor for women who have not undergone prenatal HIV testing; test kits to determine viral load and CD4 count; ARVs for PMTCT; test kits and disposable materials to conduct PCR tests for early diagnosis of HIV in children born to HIV-positive mothers; disposable medical instruments of domestic manufacturers; and adaptive milk formula for infants born to HIV-positive mothers.

**MOH Order #936, 12/16/2009 “On Approving the Method of Calculation for Supply of Antiretroviral Drugs”**

Regulations on calculating the supply of medications needed to perform PMTCT in healthcare institutions of different subordination.

**3. Registration, purchases**

**3.1 Quality control over the process of purchases of test kits and medications in Ukraine is in place**

**Law #1972–XII, 12/12/1991 “On Overcoming the Spread of Diseases Caused by HIV and Legal and Social Protection of People Living with HIV” (as reworded by Law #2861-VI of 12/23/2010)**

*Article 6.* Establishes quality control over process of purchasing test kits and medications.

Requires the use of test kits that have passed quality tests in reference laboratories accredited according to the legislation and that have documentary evidence in the form of a test report.

**Law #1026-VI, 2/19/2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People with AIDS for 2009–2013”**

*Objectives.* Contains provisions on ensuring quality control over HIV test kits and ARVs.

**Presidential Decree #1674/2005, of 11/30/2005 “On Improving State Management in HIV/AIDS and TB Prevention in Ukraine”**

*Paragraph 4.3.2.* Assigns Cabinet of Ministers of the task of taking steps to prevent the sale of substandard medical products in Ukraine.

**CMU Resolution #1247-r, of 9/10/2008 “On Approving the Plan of Activities to Improve State Management of Medicines and Medical Products Circulation ”**

Requires that measures be taken to

Improve the system of quality control of medicines and medical products in circulation.

Ensure the effective functioning of oversight system for all types of medicines and medical products.

Develop and approve quality standards for medications that are harmonized with European Union directives and good manufacturing, distribution, laboratory, and clinical practices.

These regulations are declarative in nature rather than action-oriented in terms of specific quality standards.

**4. Participation**

#### 4.1. Is it allowed in Ukraine to engage people living with HIV in testing and counseling on adherence to treatment?

In Ukraine, PLHIV may be engaged in testing and counseling on adherence to treatment, however, such activities lack sufficient regulation at the disciplinary level and in specific institutions.

**MOH Order #421, of 6/27/2006 “On Approving the Model Regulations on *Dovira* Units”**  
*Paragraph 2.12.* Regulates the process of engaging charities, NGOs, and units of the national PLHIV network in providing counseling services, creating adherence to treatment, providing outpatient care for PLHIV and AIDS patients, and setting up self-help and peer support groups.

**CMU Resolution #1035-p, of 11/21/2007 “On Approving the Strategy For Assistance to Agencies of Executive Power In the Development of Civil Society”**

Strategy to provide assistance to agencies of executive power in development of civil society.  
Declarative in nature.

General provisions are focused on promoting the development of civil society, which is one of the most important principles of the process of state-building in Ukraine for the country to become a democratic, legal, and social state. This, first of all, assumes building effective interaction between agencies of executive power and civil society institutions. Such interactions need to be based on partnership relations, mutual interest in achieving the goals of democratization in all spheres of state management and social life; social, economic, and spiritual progress; and full protection of human rights and freedoms.

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Paragraphs 1.4, 6.* According to the model regulations on the interdisciplinary team to ensure medico-social support services for HIV-positive children and their families, it is permitted to engage NGO representatives (which is in progress).

**Law #1026-VI, 2/19/2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

*Organizational arrangements.* Include development and implementation of the mechanism of engaging NGOs in provision of such services.

#### 5. Storing and distributing ARV therapy drugs

##### 5.1. Mechanism of storing and distributing ARV therapy drugs for PMTCT is brought under regulation

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provision sub-paragraph 4.1.17.* Regulations on the mechanism of storing and distributing ARVs for PMTCT, mainly

Continuous supply of ARVs to AIDS centers and maternity hospitals for PMTCT. Territorial healthcare authorities designate a responsible officer to distribute ARVs among regional healthcare institutions on a pro rata basis. Such officer receives, on a weekly basis, current information on the availability of ARVs for PMTCT in the region from district OB/GYN specialists and notifies the head of territorial health authorities.

To conduct medication-assisted prevention measures using Nevirapine, interregional ARV storage points are established and a specialist responsible for distributing ARVs for PMTCT is appointed according to the order of the chief doctor of the healthcare institution.

According to the clinical protocol on PMTCT, ARVs for PMTCT should be stored at all times in maternity hospitals of healthcare institutions providing medical care at all levels.

Such procedures are not followed by regional AIDS centers. This reduces the efficiency of PMTCT when planned medication-assisted prevention is not performed, as well as when there is insufficient adherence to ARV regimens by HIV-positive pregnant women.

## **6. Treatment**

### **6.1. Practices related to prevention of vertical transmission of HIV and treatment of children with AIDS are brought under regulation**

Practices related to prevention of vertical HIV transmission and procedures for treatment of HIV-positive children are governed by numerous regulations at the national, branch, and regional levels.

#### **MOH Order #173, of 4/5/2003 “On Improving Treatment of Patients with HIV/AIDS”**

Regulates methodological recommendations on providing pediatric ART.

#### **MOH Order #620, of 12/29/2003 “On Providing Hospital Obstetric and Gynecologic and Neonatal Services in Ukraine”**

*Annex 8.* Sets out that a caesarean section be performed prior to labor and rupture of membranes in accordance with the defined surgical indication of the HIV-positive woman having a viral load more than 1000 copies.

#### **MOH Order #906 of 12/27/2006 “On Approving the Clinical Protocol on Obstetrics Care “Perinatal Infections”**

*Section 1, table 3, paragraph 6.* Includes procedures for screening tests for all pregnant women upon their explicit voluntary consent during their registration and at 27–28<sup>th</sup> day of pregnancy according to the level of evidence (which meets WHO recommendations as a highly efficient PMTCT measure). However, breastfeeding is not recommended, nor is postnatal isolation HIV-positive women required.

#### **MOH Order #182, of 4/13/2007 “On Approving Clinical Protocols”**

*Paragraph 1.* Approves the “Clinical Protocol on Diagnosis and Treatment of Opportunistic Infections and General Symptoms in HIV Infected Adults and Adolescents and Antiretroviral Treatment Services and Procedures for Medical Surveillance for Children with AIDS,” which outlines treatment techniques.

*MOH Order #234, of 5/10/2007 “On Prevention of Hospital-Acquired Infections in Maternity Departments”*

***Regulates PMTCT methods, including planned adequate medicinal prevention services, management of delivery according to protocols, and reduction of the number of invasive procedures performed at***



*delivery.*

*Also includes a provision on breastfeeding, which is not recommended for HIV-positive post-natal women.*

**MOH Order #716, 11/14/2007 “On Approving the Clinical Protocol on Obstetrics Care “Prevention of Mother-to-Child Transmission of HIV”**

Regulation includes all WHO-recommended techniques.

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provision paragraph 4.* Sets out procedures for medico-social services to be provided for HIV-positive women (both pre- and post-natal)—of which ARVs constitute an integral component.

**MOH Order #1208 of 12/12/2007 “On Approving the Action Plan to Implement Presidential Decree #1208 of 12/12/2007 ‘On Additional High Priority Measures to Prevent HIV/AIDS in Ukraine’ and the Action Plan of CMU to implement the Presidential Decree” approved by Vasiunyk I.V., Vice Prime Minister of Ukraine, 1/8/2008**

*Paragraph 4.* Recommends that the MOH take effective measures to enable the Center “Clinic for Treatment of HIV/AIDS Children” to function properly, thereby ensuring that high-quality treatment services are provided.

**Guidelines on “Prevention of Mother-to-Child Transmission of HIV” approved by the Academic Council of the National Institute for Strategic Studies of the MOH. Minutes No.69, dated May 22, 2008**

Guidelines for providing training to personnel on PMTCT issues.

**Law #1065-VI of 3/5/2009 “On the National Program ‘Action Plan to Implement the UN Convention on the Rights of the Child until 2016’”**

*Paragraph 1.2.* Defines specific objectives related to prevention and treatment of HIV in children, including

A five percent reduction of vertical transmission.

Access to PMTCT for 95 percent of HIV-positive women by 2010.

**MOH Order #551 of 7/12/2010 “On Approving the Clinical Protocol on HIV Antiretroviral Therapy for Adults and Adolescents”**

*Paragraph 1.* Approved clinical protocol on ART for adults and adolescents.

**6.2. Matters pertaining to medical care services provided to infants born to HIV-positive mother who uses drugs are brought under regulation**

**MOH Order #716 of 11/14/2007 “On Approving the Clinical Protocol on Obstetrics Care ‘Prevention of Mother-to-Child Transmission of HIV’ ”**

Defines specific guidance on management of HIV-positive mothers who use drugs and the medical care services provided to their infants. These include a need to conduct additional examination to assess level of drug dependence and symptoms of abstinence in the pregnant woman, impact of psychotropic substances and the abstinence withdrawal during pregnancy, counseling and treatment on drug

dependence for women who acknowledge this dependence and for those who deny drug use but have traces of injections or other suspicious symptoms. Also provides guidance on the treatment of abstinence syndrome in newborn infants.

### **6.3. Method and procedures for early diagnosis of HIV in newborn infants using the DNA PCR test in Ukraine are approved**

#### **Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007, “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provision paragraphs 4.3.10, 4.3.11.* Establishes method and procedures for early diagnosis of HIV in newborns using the DNA PCR test.

Diagnosis in infants under 18 months is performed by PCR testing on the basis of two positive results in two separately selected venous blood samples. The first blood test is conducted when the infant is 1–2 months old at a laboratory designated by health authorities. If the first PCR test is positive or if the infant has clinical signs of HIV infection, a second test is performed 1–2 weeks after the first blood sample has been drawn. A second positive result using the PCR method confirms the infant’s HIV-positive status.

### **6.4. Ukraine has clinical protocols on management of opportunistic infections**

#### **MOH Order #182 of 4/13/2007 “On Approving Clinical Protocols”**

*Paragraph 1.* Approves

*“Clinical Protocols on Diagnosis and Treatment of Opportunistic Infections and General Symptoms of HIV in Adults and Adolescents”*

*“Clinical Protocol on Antiretroviral Treatment and Medical Management of HIV-positive Children”*

### **7.1. Matters pertaining to examination of children for HIV are brought under regulation**

#### **Law #1972 of 12/12/1991 “On Overcoming the Spread of Diseases Caused by HIV and Legal and Social Protection of PLHIV”**

*Article 4, paragraphs 2, 3.* Sets out procedures for HIV testing in individuals ages 14 years and older.

Testing is performed on a voluntary basis after informed consent from the individual following primary counseling on the features of testing, test results and possible consequences, and adhering to the conditions of confidentiality of personal data, including data on the health status of the person.

Testing children under the age of 14 years old, who are deprived of parental care and under the wardship of institutions for children or educational institutions with a complete state welfare, is performed if they understand the consequences and advantages of such testing at their legal representatives’ request and provided that informed consent has been given by such representatives only for prescribing such treatment to children, care, and support services with respect to HIV. The legal representatives of such young people are familiarized with the results of the HIV test and they shall ensure confidentiality of the HIV status of the persons on behalf of whom they act.

#### **MOH Order #71 of 2/22/2002 “On Approving the Guidelines for Operation of HIV Reference Laboratories”**

*Instructions, paragraph 6.* Sets out that the advantage of the enzyme-linked immunosorbent assay (ELISA) to test serum samples compared with the Western Blot method is that immunoenzymatic test kits have higher sensitivity, all test results are recorded using devices, therefore, performing confirmation

testing in combination is considered today to be more appropriate. Furthermore, a combination of such immunoenzymatic test kits for verifying the presence of antibodies to HIV in serum samples significantly reduces the cost of tests.

The Western Blot method is appropriate to apply for in-depth clinico-laboratorial examination of a patient upon registration with a relevant healthcare institution (oblast, city AIDS centers or other institutions authorized to perform such functions), establishing laboratory diagnosis “HIV infection” in infants born to HIV-positive mothers, and in some other instances of arbitration investigations.

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provision 1, paragraphs 4.3.10, 4.3.11; provision 3, paragraphs 2.2, 2.2, 2.10.* Establishes procedure for HIV testing of infants born to HIV-positive mothers (see Box 6.3. of this form).

Establishing diagnosis of HIV infection in a child without perinatal exposure to HIV in the presence of clinical signs, laboratory manifestations of immunosuppression, and epidemiologic evidence is performed by detecting HIV antibodies in a venous blood sample on the basis of ELISA results, which are confirmed by the immune blotting method.

Establishing immunological stage of the disease is performed by testing a venous blood sample using the method of flow cytometry in laboratories accredited to conduct examinations of HIV-positive individuals.

According to the pediatrician’s prescription (infectious disease doctor for children) of the AIDS center, to establish the diagnosis, the viral load measurements are used.

**7.2. Pre- and post-test counseling services are allowed to be conducted in the public, private, and social structures**

Pre- and post-test counseling services are allowed to be conducted in public, private, and social structures. Provisions on this issue are included in various regulations, given the significance of the issue of counseling in both prevention and treatment services.

**MOH Order #33 of 3/23/2000 “On Personnel Authorization Standards and Typical Number of Personnel of Healthcare Facilities”**

*Annex 3, notes, paragraph 3.* To expand the network of *Kabinets Dovira*, the order sets out their standard number in a particular area, as well as the number of personnel per office.

Irrespective of the number of PLHIV registered in the administrative territory of oblast subordination where a central district and central city hospital (out-patient clinic) delivers services, *Kabinet Dovira* needs to be included in the structure of such institutions with accredited functions to provide HIV counseling and testing services to the population and be involved in the activities to prevent and fight against AIDS—and have 1 position for an infectious disease doctor; 1 position for a psychologist or a social worker; 1 position for a nurse (to act as a procedural nurse), and 1 position for a liaison nurse.

**MOH Order #503 of 12/28/2002 “On Improvement of Obstetric and Gynecological Outpatient Services in Ukraine”**

Sets out that the primary complex of laboratory testing during pregnancy includes a blood test for HIV (by consent), and the district OB/GYN conducts pre-and post-test counseling for a pregnant woman on the issues related to HIV tests.

**MOH Order #415 of 8/19/2005**

*Section 1.* Sets out VCT procedures, which extend to state and municipal health facilities; healthcare facilities of other form of ownership; public associations, including international and other institutions; and organizations and facilities involved in HIV/AIDS prevention, care, and support to PLHIV.

**MOH Order #421, of 6/27/2006 “On Approving the Model Regulations on *Dovira* Units”**

*Provision paragraphs 2.12, 2.13.* The engagement of charity organizations and NGOs is highlighted: Centers of the National Network of People Living with HIV in providing counseling services, formation of adherence to treatment, provision of outpatient care services to PLHIV, and initiation of organizing self-help and mutual help groups.

Cooperation with centers of social services for family, children, and youth; juvenile services; centers of labor and social protection of population; health centers; family planning centers; centers of the Red Cross Society of Ukraine; religious communities and other interested organizations; institutions of all forms of ownership and public associations to provide comprehensive assistance to PLHIV; and persons with increased risk of HIV and their social and psychological support.

**MOH Order #508 of 8/20/2006 “On Approving the Procedures for Performing Operations of Artificial Interruption of Pregnancy, Forms of Primary Records and Instructions on their Completion”**

*Annex 1, paragraph 1.* The issue of conducting counseling for women who sought to abort an unwanted pregnancy is of significant importance. Such category of the population shall be provided with information on the opportunities to prevent vertical transmission of HIV, as well as possible risk of HIV infection for a fetus and a newborn infant, which is set out in this order.

**MOH Order #197 of 4/19/2007 “On Approving the Comprehensive Plan to Scale up Access to Diagnosis, Treatment, Care and Support in 2007 for HIV/AIDS Patients in Ukraine”**

*Paragraph 1.2.* Regulates scaling up access to quality VCT services for most vulnerable AIDS patients on the basis of *Kabinets Dovira* (trust rooms), TB treatment facilities, skin and venereal disease facilities, and drug abuse clinics according to Order #446 of 7/6/2006 “On Approving the Guidelines for Implementing the Procedures for HIV Voluntary Counseling and Testing (Protocol)”

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provision paragraphs 4.1, 4.1.1.* Sets out that pre-test counseling for all pregnant women on the necessity and importance of timely HIV testing is conducted to implement measures targeted at prevention of vertical transmission. Pre-test counseling for pregnant women shall be conducted by doctors or midwives/obstetrical nurses of outpatient healthcare institutions regardless of the form of ownership. HIV counseling services may be provided by qualified specialists of social services for families, children and youth, their specialized units, and NGOs. The procedure for VCT shall be conducted in compliance with the principle of confidentiality of information and other VCT principles according to the current clinical protocol.

**MOH Order #102 of 2/25/2008 “On the Functioning of *Kabinet Dovira*”**

Approves establishment of *Kabinets Dovira* (trust rooms), which are the main structural units of VCT services.

**CMU Resolution #728r of 5/21/2008 “On Approving the Strategy of the National Program on HIV Prevention, Treatment, Care, and Support to HIV Infected People and AIDS Patients for 2009–2013”**

*Section 5.* Contains provisions focused on improving the system of voluntary counseling and testing for diagnosis of HIV in its early stages.

**MOH Order #382 of 6/2/2009 “On Approving the Interim Standards for Medical Care for Adolescents and Youth,” considering the specific features of work with adolescents.**

*Paragraph 5.3.* VCT is the standard type of medical care set out by this order considering the specific features of work with adolescents.

**7.3. Training programs for specialists on conducting pre- and post-test counseling at the post-graduate specialist level training are not available**

Training programs for specialists on conducting pre- and post-test counseling at the post-graduate specialist level training are not available—only the tasks on training VCT specialists are set out in the regulations.

**Presidential Decree #1208/2007 of 12/12/2007 “On Additional High Priority Measures to Prevent HIV/AIDS in Ukraine”**

*Article 1.* See box 1.1 of this form.

*Article 5.* Instructs MOH, MOES, MFYS, in association with the Academy of Medical Sciences of Ukraine, and the Ministry of Pedagogical Sciences of Ukraine to ensure that the curricula of medical, pedagogical institutions of higher learning and post-graduate medical and pedagogical institutions for the purpose of improving training for healthcare workers and educators involved in teaching about AIDS are updated, as well as to take additional measures to ensure that teachers and social workers are provided with information and methodological materials on AIDS prevention for work with children, youth, and parents.

**MOH Order #236 of 4/19/2006 “On Implementing the Procedure for HIV Voluntary Counseling and Testing (the Protocol) at Health care Institutions”**

*Measures, paragraphs 7, 9.* Regulates that training and advance training for medical personnel, psychologists, and sociologists on the issue of HIV VCT will be conducted by introducing a relevant course in the curricula and schedules of medical schools of all levels of accreditation, as well as facilitating the engagement of psychologists, social workers, workers of nongovernmental and charity organizations, and religious confessions in pre- and post-test counseling. Also stipulates that the above personnel are provided with access to relevant learning modules.

**7.4. Governmental institutions and other institutions authorized to conduct HIV tests for patients are determined**

**MOH Order #33 of 3/23/2000 “On Personnel Authorization Standards and Typical Number of Personnel of Healthcare Facilities”**

*Annex 26, paragraph 14.* Sets out government institutions authorized to conduct HIV tests for patients: A clinical laboratory for diagnosis of AIDS shall be established in the Autonomous Republic of Crimea, oblast, Kyiv, and Sevastopol AIDS Centers or any other healthcare institution of the city/district, considering the needs of the administrative region and conducting at least 180 blood serum tests per shift.

**MOH Order #71 of 2/22/2002 “On Approving the Guidelines for Organizing HIV Reference Laboratories”**

*Guidelines, paragraph 4.2.1.* Sets out the procedure for conducting confirmation tests in oblast, city AIDS centers, or other institutions authorized to perform such functions.

**MOH Order #516 of 7/25/2006 “On Laboratory Monitoring of HIV Infection and Antiretroviral Therapy Services in Ukraine”**

*Annex 2.* Determines a list of institutions involved in confirmation HIV tests.

*Paragraph 1.* Lists AIDS centers authorized to perform HIV and ART monitoring in the respective oblasts and in cooperation with institutions involved in confirmation HIV tests.

**7.5. Are the matters pertaining to voluntary HIV testing brought under regulation?**

HIV testing is performed on a voluntary basis.

**MOH Order #388 of 5/11/2010 “On Improving Diagnosis of HIV Infection”**

*Paragraph 1.1.* Sets out a list of diseases, symptoms, and syndromes on the basis of which a patient is offered VCT when he/she seeks medical advice at healthcare institutions, regardless of the level of subordination and care services.

**MOH Order #421 6/27/2006 “On Approving the Model Regulations on ‘Dovira’ Units”**

*Paragraphs 2.2, 2.3, 2.12.* Blood sample drawn for HIV testing shall be upon informed consent from the visitor.

**7.6. Are matters pertaining to rapid HIV testing brought under regulation? Which institutions are involved in the monitoring of confirmation of the HIV-positive status?**

**MOH Order #179 of 4/11/2007 “On Approving the Comprehensive Plan for Scaling Up Access to Rapid HIV Testing in Ukraine for 2007–2008”**

Declarative order regarding amendments to be made to regulations to extend the circle of participants that perform rapid testing and the procedures for use of rapid tests and their quality.

**MOH Order #639 of 8/27/2009 “On Approving the Interim Procedures for HIV testing Using Rapid Test Kits, their Use, Saving and Maintaining Records of Test Results”**

Sets out the procedures for rapid HIV testing.

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provisions 1, paragraph 4.2.* Sets out that if a pregnant woman seeks medical advocate at delivery without known HIV test results, rapid HIV tests shall be performed by a nurse/midwife or qualified laboratory employee. During testing, *Form #498-3/o “Register for Protocols on Immuno-chromatographic Test Using Rapid Tests (CITO TEST)”* approved by MOH Order #304 of 6/6/2006 shall be completed. If a positive result is received HIV medication-assisted treatment for PMTCT in accordance with clinical protocol shall be recommended to the woman and newborn infant.

In the event of doubtful ELISA results, prior to delivery, a second HIV test shall be performed using rapid HIV tests in a maternity hospital. After receiving two positive test results at intervals of 15–20 minutes,

HIV medication-assisted treatment services to prevent vertical transmission in accordance with the clinical protocol shall be provided.  
The results of such rapid tests shall further be confirmed by standard blood tests for HIV using the ELISA method.

**7.7. Matters pertaining to the exclusion of infants from the number of those registered HIV-positive infants, when the HIV status of the infant under 18 months is not confirmed, are not brought to regulation**

According to the effective rules of HIV monitoring, on an annual basis, all children born to HIV-positive mothers shall be on the list of those with HIV-positive status, regardless of whether HIV status has been confirmed during the monitoring period. Only 9 percent of such children are registered for the first time. Children with an unconfirmed HIV status are not excluded from the list of HIV-positive patients, which leads to incorrect statistical data.

**7.8. Matters pertaining to Diagnosis of HIV in Children by “dry drop” method are brought under regulation**

Matters pertaining to diagnosis of HIV in children by the “dry drop” method are brought under regulation but with certain limitations.

**MOH Order #71 of 2/22/2002 “On Approving the Guidelines for Operation of HIV Reference Laboratories”**

*Guidelines, sub-paragraph 3; paragraph 3.4.* Today, there are several methodological approaches to conducting HIV screening tests. According to WHO recommendations (1997), tests are conducted in compliance with the procedures for transfusion/transplantation (safety of donor blood, its products, tissue, organs, sperm, ovum), diagnosis of HIV infection and epidemiologic surveillance.

Such strategies determine certain procedures for the performance and continuity of primary and confirmation (verification) tests while conducting HIV tests for different groups of the population depending on the objective of testing and the level of the spread of HIV infection.

The donor, whose blood serum sample is forwarded for verification tests, and whose results are positive or doubtful, shall be registered as a conditionally positive definite in terms of HIV1/2. The blood samples shall be disposed of according to the procedures.

If the result is received according to Annex 9, the next blood or plasma drawn for testing shall be performed in six months. Blood or plasma shall be stored until a negative result of screening tests with the follow-up compulsory verifying test for antibodies to HIV 1 or 2 is received.

If negative results of the blood serum test are received, the donor shall be struck off the register.

Sets out that in certain instances, when there is a need of examination of children and people with bad veins, it is allowed to draw 3–4 drops of blood from a finger on a piece of filter paper. Such samples may be stored in a refrigerator for 7–10 days at a temperature of +2°C – +4°C in a tightly sealed plastic bag.

Such method of taking samples may only be applied when special, designed for such purpose, filter paper is used. Blood samples on such filter paper shall only be used for primary HIV antibodies screening.

Confirmation tests shall be performed using blood serum tests.

Prior to HIV antibody tests, elution of “dry drop” shall be carried out as follows: cut out a circle with the printout of blood of 3–4 mm in diameter, put it in the tube, add 200 ml of buffer for diluting serum from the diagnostic test kit or 0.9% isotonic sodium chloride solution, close the tube and leave it overnight at a temperature of +2°C – +4°C. The received solution is studied as a sample of serum blood.

**7.9. Matters pertaining to safety of injections in hospitals, clinics and pediatric centers (rooms) for vaccination and the procedures for disposal of contaminated sharp medical instruments are brought under regulation**

**MOH Order #765 of 9/9/2010 “On the Procedure for Conducting Preventive Vaccinations in Ukraine and Control Over Quality of Immunological Medications and Their Circulation”**

*Regulations on Preventive Vaccinations, paragraphs 12, 13.* Approves the regulations for organizing and conducting preventive vaccination according to which preventive vaccinations are conducted in compliance with the hygiene and anti-epidemic guidelines.

Material and technical support of rooms for vaccination shall meet the requirements of the guidelines established by the effective legislation.

Preventive vaccinations shall be performed with the use of disposable and self-blocking syringes. Safety of injections during vaccination is ensured through using self-clocking syringes (dosage accuracy, their re-use is impossible).

Used syringes shall be decontaminated and disposed of.

If a cutter for needles is used, prior to decontamination, needles and syringes shall be collected and kept in separate airtight containers.

During the disinfection and disposal of used syringes to avoid the exposure of medical workers to the risk of infection as a result of microtrauma, it is not allowed to conduct manipulations associated with dismantling sharp parts of a piece of equipment.

**7.10. Are matters pertaining to safety of blood drugs brought under regulation?**

See Box 7.8 of this form.

**7.11. Practices of safe injections in tattoo shops for the purpose of prevention of HIV infection in adolescents are not brought under regulation**

Practices of injections, especially at dental institutions and tattoo shops, to prevent HIV infection in adolescents are not brought under regulation; however, it is an important measure to prevent the spread of HIV infection.

**7.12. Social services for children living with AIDS are approved in Ukraine**

**CMU Resolution #148 2/15/2006 “On Approving the Model Regulations for HIV Center for Children and Youth”**

*Paragraphs 1, 5.* Approves social services for children living with HIV

Defines HIV Center for Children and Youth as a specialized institution involved in social adaptation of HIV-positive children and youth.

Main objectives of the center are to create conditions for social adaptation of HIV-positive children and youth and develop and implement measures to provide social assistance and support services to such children and youth to enhance their integration into society.

**CMU Resolution #728-p of 5/21/2008 “On Approving the Strategy of the National Program on HIV Prevention, Treatment, Care and Support to HIV Infected People and People with AIDS for 2009–2013”**



*Section 5.* Sets out, among other tasks, the task of ensuring the development of the network of specialized services and institutions involved in providing social support services to PLHIV.

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Instructions 3, paragraph 9.* Sets out arrangements and procedures for social support for HIV-positive children.

Social support for HIV-positive children shall be conducted by specialists from relevant centers of social services for family, children, and youth.

Social support for adolescents or disabled persons shall be provided upon consent from their parents (official representatives), persons older than age 18, legally capable persons, by agreement.

Social support services shall be provided to HIV-positive children and families who are not able to cope with crisis, solve socio-medical problems independently (for specifics, see Order #281, Order #3123/275/770, and Order #452 below).

**MFYS Order #2081 of 5/22/2008 “On Setting Up Working Groups to Develop the Standards of HIV/AIDS Social Services and Learning Modules of Advanced Training for Social Workers under the MFYS”**

States that the standards for providing social services are approved by Joint MOH/MFYS/Ministry of Labor Order # 3123/275/770, of 9/13/2010 “On Approving the Standards of Social Services Provided to Representatives of Risk Groups.”

**MOH Order #452 of 6/25/2009 “On Approving the Action Plan on the Implementation of the National Program on HIV Prevention, Treatment, Care and Support to HIV Infected People and People with AIDS for 2009–2013”**

State Department of Ukraine for Enforcement of Sentences is authorized to develop procedures for providing social services, medical care, and social support services to children born to HIV-positive mothers who are in children’s homes under the jurisdiction of correctional departments, as well as adolescents with HIV, who are in the penal institutions.

Brings under regulation full participation of the Ministry of Labor and Social Policy in the process of developing and implementing the mechanism of engaging NGOs in the process of social and other services related to social services commissioning.

**7.13. System of disability establishment for patients with developed HIV infection is established**

**In Ukraine, HIV-positive children are recognized as disabled children, and procedures for establishing disability are performed on general terms.**

Order #226/293/169 of 4/30/2002 “On Approving the Procedures for State Social Support Provided to Persons Disabled Since Childhood and Disabled Children”

**Sets out the mechanism of providing state social support to persons disabled since childhood and disabled children.**

**8. Coverage and access of patients to treatment**

**8.1. Matters pertaining to the number of laboratories and diagnosticums required to determine the stages of the disease in HIV-positive pregnant women and children are brought under regulation**

**MOH Order #33 of 3/23/2000 “On Personnel Authorization Standards and Typical Number of Personnel of Healthcare Facilities”**

*Annex 52, Section VIII, paragraph 6; Annex 32, Section II, paragraph 10, Section III, paragraph 3.3.*

Regulates the number of laboratories and diagnosticians required to determine the stages of the disease in HIV-positive pregnant women and children (includes the provisions on personnel authorization standards for medical personnel of AIDS centers—see Box 7.2 of this form).

Outpatient medical care is provided by a dispensary department for counseling and special medical care services provided to the population, in which the positions of doctors and the number of personnel of the center shall be established on the basis of 0.5 position per 100,000 population (both adult and children population). If the number of HIV-positive (according to dispensary data) is more than 100 persons per 100,000 population, the additional positions of infectious disease doctors are established on the basis of 1.0 position per 1,000 adult HIV patients or 300 HIV-positive children.

If the center is registered in the territory in which such center delivers services and where the number of PLHIV is more than 300 people, 0.5 position of an infectious disease doctor and 0.5 position of a nurse are established additionally. If there are HIV-positive children among them, one 24-hour nursing station for a nurse and a nanny is established.

The positions of assistant nurses to provide care for patients are established on the basis of 1 24- hour nursing station with 20 beds for adults and children.

**MOH Order #639 of 8/27/2009 “On Approving the Interim Procedures for HIV testing Using Rapid Test Kits, their Use, Saving and Maintaining Records of Test Results”**

*Paragraphs 1, 3; 2.2.* Envisages establishing *Kabinets Dovira* and their provision with personnel according to established regulations; ensuring the development of the network of mobile VCT stations to implement the program on HIV testing among high-risk groups of the population on site using rapid HIV tests; and improvement of counseling and testing services initiated by medical workers in specialized medical care institutions and clinics for women.

**8.2. Matters pertaining to accreditation of HIV reference laboratories still lack regulation**

The issue of accreditation of HIV reference laboratories is insufficiently regulated. To a certain extent, matters related to laboratory diagnostics quality are regulated by the procedures for operation of reference laboratories.

**Presidential Decree #1022/2004, of 8/30/2004 “On Prevention of the Further Spread of HIV/AIDS in Ukraine”**

Establishment of HIV reference laboratories under the National AIDS Center of the MOH. See Box #1.12 of this form.

**MOH Order #225 of 4/14/2006 “On Approving the Regulations on the National AIDS Center of the Ministry of Health of Ukraine”**

*Paragraph 8.* Sets out that a HIV/AIDS reference laboratory shall be established under the AIDS Center. The laboratory shall ensure centrally-controlled arrangements, standardization, and unification of HIV/AIDS reference laboratories activities irrespective of their departmental subordination.

**MOH Order #92 of 2/24/2007 “On Approving the Criteria (terms) of State Accreditation of General Health Institutions”**

Does not contain matters pertaining to accreditation of healthcare institutions delivering medical care to HIV-positive.

**MOH Order #230 of 4/17/2006 “On Establishing HIV/AIDS Reference Laboratories under the National AIDS Center of the MOH”**

*Provision paragraphs 1, 6, 7.* Sets out that the HIV/AIDS reference laboratory shall ensure centrally-controlled arrangements, standardization, and unification of HIV/AIDS reference laboratories activities irrespective of their departmental subordination, as well as their objectives that include developing the strategy and tactics of HIV/AIDS diagnostics in Ukraine; organizing a unified system of HIV/AIDS diagnostics according to the international standards; coordinating the activities and establishing interaction of the system of HIV/AIDS reference laboratories in Ukraine; monitoring the quality of assays performed in HIV/AIDS reference laboratories irrespective of their departmental subordination.

The reference laboratory, according to the tasks imposed on it:

Develops the procedure for screening and verification tests for antibodies to HIV/AIDS and determines the need for test kits and equipment for HIV/AIDS reference laboratories, which are funded by the state and distributes the same.

Evaluates the value of diagnostic test kits funded by the state and submits the conclusions to the Tender Committee of the Ministry of Health of Ukraine.

Monitors the use of test kits in HIV/AIDS reference laboratories irrespective of their departmental subordination.

Conducts tests and provides its conclusions on implementing new methods of HIV/AIDS diagnostics, hardware, and auxiliary equipment for HIV/AIDS reference laboratories irrespective of their departmental subordination.

Develops and implements the programs on internal and external monitoring of quality of HIV/AIDS prevention in the activities of HIV/AIDS reference laboratories, which is binding on the laboratories.

Develops methodological recommendations.

Prepares analytical reviews on HIV/AIDS diagnostics.

Ensures the required level of qualification of laboratory doctors for HIV/AIDS reference laboratories in Ukraine by conducting the relevant training courses established by the effective legislation.

**MOH Order #639 of 7/14/ 2009 “On Approving the Strategy to Improve the System of HIV Counseling and Testing, Standardized Laboratory Diagnostics for 2009–2013 and the Plan on Its Implementation”**

*Paragraph 2.1.* Sets out objectives related to accreditation of HIV/AIDS reference laboratories, such as developing and implementing new national standards on laboratory accreditation that shall meet the international standards (ISO 15189), improving and approving the procedure for national laboratory accreditation; providing methodological assistance on implementing new rules on HIV reference laboratory accreditation; selecting and training specialists on accreditation; and starting the process of accreditation of first three AIDS reference laboratory centers at the beginning of 2011.

**8.3. MTCT prevention services are decentralized**

PMTCT services are decentralized. Regulations set out the activities involved in the implementation of measures for PMTCT services at all stages of medical care.

**MOH Order #102 of 2/25/2008 "On the Functioning of *Kabinets Dovira* (Trust Rooms)"**

*Provision paragraph 1.1.* The authority to provide VCT services, including PMTCT services, is delegated

by the regional healthcare authorities' regulations and structures under them. A *Kabinet Dovira* is a specialized structural unit of the HIV/AIDS healthcare institution established by the MOH of the Autonomous Republic of Crimea; the Head Health Care Department of Dnipropetrovsk; Lviv and Cherkasy Oblast State Administrations; the Health Care and Disaster Medicine Department of Odesa oblast; the Health Care Departments of Oblast State Administrations; the Head Health Care and Medical Supply Department of Kyiv City State Administration; and the Head Health Care Department of Sevastopol City State Administration. These bodies are authorized to establish and ensure the functioning of *Kabinets Dovira*.

One *Kabinet Dovira* should be provided per 100,000 population.

In the districts and towns of oblast subordination, *Kabinets Dovira* are established in accordance with the recommended number of *Kabinet Dovira* personnel, regardless of the population.

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 "On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families"**

*Paragraph 2.* Delegates authority to the MOH, MFYS, Ministry of Labor, MOES, and Department for Execution of Punishment to organize PMTCT services at the regional level.

**MOH Order #716, 11/14/2007 "On Approving the Clinical Protocol on Obstetrics Care "Prevention of Mother-to-Child Transmission of HIV"**

Regulates implementation of the clinical protocol on PMTCT in healthcare institutions of all levels.

**8.4. Matters pertaining to equipping healthcare institutions involved in care services to HIV-positive still lack regulation**

**Presidential Decree #1022/2004, of 8/30/2004 "On Prevention of the Further Spread of HIV/AIDS in Ukraine"**

See Box 1.12 of this form.

**8.5. Matters pertaining to integrating basic treatment of HIV/AIDS in children in combination with treatment of concomitant diseases in the system of primary medical care is brought under regulation**

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 "On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families"**

*Provision 3.* Regulates integration of basic HIV treatment in children with treatment of concomitant diseases in the system of primary medical care. See Box 7.1 of this form.

**8.6. Standards of medical care for HIV-positive patients in correctional facilities are established**

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 "On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families"**

*Provision 2.* Standards of medical care for HIV-positive patients in correctional facilities established by Guidelines for PMTCT of HIV in the Institutions of the State Penitentiary Service of Ukraine are regulated by this joint order.

### **8.7. Matters pertaining to control over adherence to treatment among pregnant women are brought under regulation**

#### **Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007, “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provision/instruction 1, paragraphs 4.1.18, 4.1.19.* Regulates matters pertaining to treatment adherence among pregnant women. To increase efficiency of perinatal HIV prevention, a district doctor/OB-GYN and a specialist of the AIDS center assess the level of adherence (level of responsibility of a patient for adherence to a doctor’s prescriptions) to ARVs as prevention and treatment. If adherence to ARVs as HIV prevention is absent or insufficient according to criteria of the current clinical protocol, a doctor (upon informed consent from a female patient) notifies a specialist of the relevant SSCFCY of initiating psychological and social support services with the engagement of a family to prevent vertical HIV transmission. HIV-positive pregnant women are provided with the details of social services centers, SSCFCY, social centers for mothers and children (SCMC), and centers for HIV-positive children and youth dealing with HIV. A doctor/OB-GYN provides ARV preparations and ensures that a pregnant woman, at each visit to the treatment institution, takes the preparation according to current clinical protocols (clinical protocols establishing methodology of control over ARVs for medication-assisted PMTCT are approved by MOH Order #716, 11/14/2007 “On Approving the Clinical Protocol on Obstetrics Care “Prevention of Mother-to-Child Transmission of HIV”).

### **9. Rights of people living with HIV**

#### **9.1. Matters pertaining to prenatal women examination to prevent vertical transmission if such women refuse examination is brought under regulation in part; the responsibility of a mother when she refuses MTCT prevention services is not determined**

#### **CMU Resolution #2026, of 12/18/1998 “Issue on HIV/AIDS Prevention and Population Protection Efforts”**

The Resolution stipulates that medical examination of pregnant women, upon their consent, is conducted during their registration or prior to delivery by conducting tests for antibodies to HIV. If the data of medical examination of a pregnant woman are absent or a child was born to an HIV-positive woman, newborn’s umbilical cord blood is subject to compulsory testing for antibodies to HIV. Testing newborn’s umbilical cord blood for antibodies to HIV was relevant to obtain information about the way of HIV transmission; however, it did not produce any influence on MTCT prevention.

#### **Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007, “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

Sets out that if a positive result of a rapid HIV test at delivery is received, PMTCT should be provided according to the current protocol.

Testing blood samples from umbilical cords of newborn babies for HIV antibodies is compulsory. In the event of a flat refusal of a female patient to consent to HIV testing, blood samples from the umbilical cords of newborns are tested using rapid tests to ensure timely provision of medication-assisted treatment to prevent HIV infection in the newborn.

**MOH Order #716, 11/14/2007 “On Approving the Clinical Protocol on Obstetrics Care “Prevention of Mother-to-Child Transmission of HIV”**

Clinical protocol sets out that results of rapid tests need to be further verified using standard ELISA and Western blotting testing methods. Immediately after delivery, blood samples from umbilical cord of a newborn born to an HIV-positive or untested mother are forwarded for testing using these methods. The issue of a mother’s responsibility in the event of refusing PMTCT services is not defined.

**9.2 Free services to HIV-positive patients are brought under regulation**

Regulations provide for free services to HIV-positive patients, however, such provisions are sometimes violated since free treatment and care services for PLHIV are not provided on a large scale.

**Law of Ukraine No. 2861-VI, of December 23, 2010 “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of Population”**

Establishes the right to free HIV testing and relevant pre- and post-test counseling. Preparing and providing the conclusions on the results of such testing may be performed by healthcare institutions irrespective of the form of ownership and departmental subordination and social support services and other organizations involved in overcoming the spread of diseases caused by HIV, which are granted with a relative license to be involved in such type of activities and which shall have a laboratory accredited according to the procedure established by the legislation.

**Resolution No. 264, dated March 4, 2004, of the Cabinet of Ministers of Ukraine “On Approving the Concept of Government Actions Targeted at Prevention of the Transmission of HIV/AIDS through 2011”**

Sets out the procedures for guaranteed free and highly qualified and multi-aspect support to be provided to HIV-positive and people living with AIDS according to the procedures established by the legislation.

**MOH Order #452 of 6/25/2009 “On Approving the Action Plan on the Implementation of the National Program on HIV Prevention, Treatment, Care and Support to HIV Infected People and People with AIDS for 2009-2013”**

Brings under regulation PMTCT measures by equipping healthcare institutions with test kits for planned examination of women for HIV infection; rapid test kits for women examination at delivery, who did not take medical examination at a prenatal stage; test kits to determine the viral load and CD4 count; antiretroviral medications to prevent mother-to-child transmission of HIV; test kits and supplies for early diagnosis of HIV-infection in children born to HIV-positive mothers using the method of polymerase chain reaction; disposable medical instruments of home manufacture; and milk formula for infants born to HIV-positive mothers with specific financial support, which provides the delivery of evidence-based free PMTCT services.

**9.3. Care services to children are provided upon informed consent from them and their persons acting on their behalf**

Care services are provided to children upon informed consent from them and persons acting on their behalf. This issue is regulated by almost every legal document related to HIV, including the following.

**Law of Ukraine No. 2861-VI, of December 23, 2010 “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of Population”**

*Article 7.* If HIV is detected in children younger than 14 years old, who are recognized as disabled according to the legislation, the authorized medical worker notifies their parents or other persons acting on their behalf. In which event, the parents or other persons acting on their behalf are provided with relevant counseling so that they could take their informed decisions with respect to treatment, care, and support services to be provided to the persons under trusteeship and adequate ensuring of their legal rights and interests.

The person in whom HIV is detected by HIV tests, the parents or persons acting on behalf of children younger than 14 years in whom HIV is detected by HIV tests, shall provide the authorized medical worker of the healthcare institution, who conducted testing, with a written confirmation that they have been provided with information on prevention measures required to maintain health of the HIV-positive person, prevent further spread of HIV, guarantees related to the rights and freedoms of people living with HIV, as well as criminal responsibilities for the willful placing of other person in danger of contracting a serious disease and/or any exposure to the risk of HIV infection.

**Joint Order No.740/1030/4154/321/614a, of 11/3/2007, of the MOH, MFYS, Ministry of Labor, MOES, and the State Department of Ukraine for Enforcement of Sentences “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Paragraph 4.1.1.* Medical care services are provided according to the principle of confidentiality and provisions of the legislation on criminal liability for the disclosure of confidentiality of a diagnosis of HIV.

**9.4. Training for social workers on social support services provided to HIV-positive children and members of their families is part of the training process and is conducted in association with international organizations**

**Presidential Decree #1208/2007, dated December 12, 2007 “On Additional High Priority Activities to Prevent HIV/AIDS in Ukraine”**

*Article 5* (see Box 1.6 of this form)

**9.5. The legislation of Ukraine guarantees the right to education for HIV-positive children**

The legislation of Ukraine guarantees the right to education for HIV-positive children.

**Presidential Decree No. 411/2008, dated May 5, 2008 “On Activities to Ensure the Rights and Legal Interests of Children”**

*Paragraph 4, sub-paragraph 4.* Regulates the procedures for implementing, within three months, the system of measures to reduce and prohibit stigma (de-socialization) toward HIV-positive people and AIDS children and ensure that their rights to education are realized.

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV**

### **Infected Children and Their Families”**

*Provision 3, paragraph 6.* Sets out the features of the procedure for organizing medical surveillance of children who spend time in organized children’s groups at preschool institutions, secondary schools, schools of general education, vocational schools, and educational institutions of higher learning of accreditation level I–IV of all forms of ownership.

### **Order No. 52, dated September 4, 2009, of the State Social Service for Family, Children and Youth “On Establishing a Working Group to Ensure Awareness Raising Activities on Tolerant Attitude Towards HIV Infected Children”**

Increasing the level of awareness with respect to the rights to education of HIV-positive children is brought under regulation.

## **9.6. Matters pertaining to social security services for children are brought under regulation**

**Matters pertaining to social security services for children are brought under regulation by a numerous regulations; however, in real life, the approach to such matters is insufficient.**

Law of Ukraine No. 1972 of 12/12/1991, “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living With HIV”

*Article 19.* Determines procedures for state support for HIV-positive children and children with an HIV-related disease.

### **Law of Ukraine #155/98-VR of 3/3/1998 “On Response to Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV**

Children younger than 16 years old with HIV or who are living with AIDS shall be provided with state support on a monthly basis.

### **MOH Order #265 of 8/31/1998 “On the Procedure for Payment of Monthly State Aids to Children Younger Than 16 Years with Human Immunodeficiency Virus or AIDS”**

Approves the procedures for receiving monthly state support for children younger than 16 years with HIV or AIDS.

### **Resolution No. 264, dated March 4, 2004, of the Cabinet of Ministers of Ukraine “On Approving the Concept of Government Actions Targeted at Prevention of the Transmission of HIV/AIDS through 2011”**

*Two objectives.* Contains the provision on improvement of the system of social and legal protection of most vulnerable groups of the population, HIV-positive people, and people living with AIDS, as well as persons suffering from HIV infection (family members without a breadwinner, orphans).

### **MOH Order #182, of 4/13/2007 “On Approving Clinical Protocols”**

Defines types of social support.

### **MOH Order #368 of 7/3/2007 “On Approving the Clinical Protocol ‘Provision of Palliative Care,’ Symptomatic and Pathogenic Therapy for HIV Patients”**

*Section on p.36.* With respect to social protection, approves procedures for palliative care for children with HIV and their parents.



**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provision 3.* Sets out the procedure for social services through the interdisciplinary team.

**Resolution No. 1126, dated August 27, 2008 of the Cabinet of Ministers of Ukraine “On Activities to Improve Social Work With Families, Children and Youth”**

*Paragraph 1; paragraph 8, sub-paragraph 4.* The center of social services for family, children, and youth is a specialized institution ensuring the arrangements and provision, within the relevant territorial community, social work services among socially unprotected categories of families, children, and youth, who experience enormous suffering and require assistance.

**Law of Ukraine No. 878-VI, dated January 15, 2009 “On Social Work With Children and Youth”**

*Article 7.* Contains the provision on social support for HIV-positive children, youth, and members of their families.

**MOH Order #452 of 6/25/2009 “On Approving the Action Plan on the Implementation of the National Program on HIV Prevention, Treatment, Care and Support to HIV Infected People and People with AIDS for 2009-2013”**

See Box 7.12 of this form.

**Order #32 of 7/8/2010 of the State Social Service for Family, Children and Youth “On Testing the Standards for Social Services in the Field of Prevention of HIV, STI, TB and Other Infectious Diseases Among Most Vulnerable Groups of Children and Youth”**

Sets out the standards for social services targeted at HIV prevention.

**Law of Ukraine No. 2861-VI, of December 23, 2010 “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of Population”**

Determines procedures for state support for HIV-positive children and children with an HIV-related disease.

**Joint Order #3123/275/770 of 9/13/2010 of MFYS, MOH, and Ministry of Labor “On Approving the Standards of Social Services for Representatives of Risk Groups”**

*Paragraph 1, sub-paragraph 1.1.* Standards of social care and support services for PLHIV, which shall be considered to be a complex of social principles and requirement criteria on which basis the level of basic social protection related to social care and support services for people living with HIV/AIDS is defined.

#### **9.7. Parents’ rights to care for their HIV-positive children are brought under regulation**

**At present, parents’ rights to care for their HIV-positive children are contained in a numerous provisions of regulations. The basic rights are determined by the following documents:**

Law of Ukraine #1972 of 12/12/1991 “On Response to the Transmission of Diseases

Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living With HIV”

*Article 18.* Parents of HIV-positive children and children ill with an HIV-related disease, as well as persons who act on their behalf, have the right to stay in an in-patient department of the hospital and room in with children younger than 14 years old and be provided with leave from employment for such period to provide care for their children in hospital and receive family temporary disability insurance benefits to provide care for a child who is ill; be provided with additional annual leave for 10 days in summer or any other time of year convenient for them until child turns 18 years of age.

**Law of Ukraine #155/98-VR of 3/3/1998 “On Response to Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV**

*Articles 21, 22.* Parents of HIV-positive children and those living with AIDS and persons who act on their behalf, as well as one of the parents, in the event of leave from employment to provide full-time care for a child younger than 16 years old, have the right to be qualified for the record of their continuous leave of employment for the purpose of computing temporary incapacity allowance; however, provided that such person has been employed before the child reached the aforesaid age.

Mothers with children younger than 16 with HIV or ill with AIDS have the right to annual leave from employment in the summer or any other period convenient to them.

In the absence of the mother and/or if it is the father or other person who provides care for such a child, the right to provide care for a child is provided to such other persons who act on their behalf.

*MOH Order #234, of 5/10/2007 “On Prevention of Hospital-Acquired Infections in Maternity Departments”*

*Provision 1, paragraph 2.7.* The new mother with her newborn infant and woman in childbirth in the obstetrics inpatient department may be visited (“mother’s choice” visiting policy) by her close relatives (but not more than two persons at a time) and receive their assistance in providing care for the newborn.

**Joint Order No. 740/1030/4154/321/614a of the MOH, MFYS, Ministry of Labor, MOES, and State Department for Enforcement of Sentences of 11/23/2007 “On Activities to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

*Provision 1, paragraph 1.4; provision 3, paragraph 4.6.* Medical care to patients younger than 14 years or disabled persons is provided according to the application/upon written consent from their legal representatives. Medical care to an individual who achieved the age of 14 years is provided upon such individual’s consent according to Article 284 of the Civil Code of Ukraine. Parents (adoptive parents), guardians, and trustees have the right to access information on health of the child or ward in accordance with Article 285 of the Civil Code. One of the parents or persons acting on behalf of an HIV-positive child has the right to room in with children younger than 14 years in hospitals and be provided with leave from employment during such period of stay according to the procedures established by legislation.

**Law of Ukraine No. 2861-VI, of December 23, 2010 “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of Population”**

See provisions above under Law #1972.

## Annex 7. Children and Adolescents—Social Protection and Social Services

**1. Ukrainian legislation establishes key principles of the government policy on families, children, young people, and in particular, children with HIV and children vulnerable to HIV**

**UN Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally, A/RES/41/85, International document 995\_131 as of 03.12.1986**

- *Article 1.* Every State should give a high priority to family and child welfare.

**UNGASS Declaration of Commitment on HIV/AIDS. International document adopted on 27.06.2001**

- 65. 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 counseling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health, and social services on an equal basis with other children; and protecting orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking, and loss of inheritance.

**UN Convention on the Rights of the Child**

- States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect.

**Law #2558–III of 6.21.2001 “On Social Work with Families, Children and Youth”**

- *Article 7.* Key areas of the state policy in the sphere of social work with families, children, and youth: implementation of social and prevention work; rehabilitation activities to restore the social functions and psychological and physical status of children and young people affected by violent treatment and abuse, who were involved in the worst forms of child labor; and social support to HIV-infected children, young people, and members of their families.

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 3.* The key principles of the government policy of social protection of orphaned children and children deprived of parental care, as well as individuals from among them, are establishment of conditions to realize the right of every child to be reared in families; rearing of children on the basis of the family principle; and protection of property, housing, and other rights and interests of such children.

**Law #2623–IV of 6.2.2005 “On Basic Principles of Social Protection for Homeless Individuals and Neglected Children”**

- *Article 5.* Homeless individuals and neglected children enjoy all rights and freedoms established by the Constitution and laws of Ukraine.

**CMU Resolution #503–p of 12.17.2005 “On Approval of the Concept of the National**

### **Program to Overcome Children's Homelessness and Neglect for 2006–2010"**

- *Expected results.* The Program implementation will provide opportunities to increase the rehabilitation work with parents as a precondition to return children to the families and to reduce the number of children deprived of parental care; to perform early detection of family crises; and to provide comprehensive assistance to families with children.

### **CMU Resolution #229-p of 4.22.2006 "On Approval of the Concept of the National Program 'National Action Plan to Implement the UN Convention on the Rights of the Child for 2006–2016"**

- The National Action Plan should envisage the approaches to reform and bring the system of child welfare and protection into alignment with the current conditions and real needs of the children.

### **Law "On State Social Standards and State Social Guarantees" (in the edition of 22.05.2008)**

- The basic state social guarantees that are the key source of livelihood cannot be lower than the legally established minimum of subsistence.

### **Law #1065–VI of 05.03.2009 "On the National Program National Action Plan to Implement the UN Convention on the Rights of the Child for the Period till 2016"**

- *Key objectives:* ensure implementation of the government policy in the area of response to tuberculosis, drug use, HIV/AIDS, protection of the human rights of HIV-positive children, and reduction of the risk of HIV infection among vulnerable categories of children.

### **Law #1767–VI of 12.16.2009 "On Ratification of the Convention on the Rights of People with Disabilities and the Optional Protocol to It" (in the edition of 16.12.2009); Convention on the Rights of People with Disabilities**

- *Article 7.1.* States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

## **2. Children with HIV are guaranteed to have social protection and free medical and social services; the rights of parents (or persons who replace them) of HIV-infected children are specified**

### **Law #1972–XII of 12.12.1991 "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Legal and Social Protection of the Population"**

- *Section I. Article 4.* The State guarantees—(15) The social protection of PLHIV, members of their families, and medical employees engaged in the sphere of the struggle with AIDS, as well as the provision of all kinds of medical aid to PLHIV according to the procedure specified by this Law and other normative and legal acts.
- *Section IV. Article 21.*
- *1.* Parents of children infected with HIV or living with AIDS and persons that replace them have the right to
  - *1.1.* A joint stay at hospitals with children under 14 years with exemption from work for this time, with payment of temporary disability benefit in connection with care of ill child.
  - *1.2.* An additional annual leave for 10 days in the summer or other time suitable for them until their children reach the age of 18 years.

**Law #2801–XII of 11.19.1992 “On the Basic Principles of Ukrainian Legislation on Health Care” as (in the edition of 10.13.2010)**

- *Article 64.* In case when hospitalization is impossible or there are no indications to the inpatient treatment of a child patient, his/her mother or other member of the family, who cares for the child, can quit the job and receive an allowance from the social insurance funds in accordance with the established procedures. In case of the inpatient treatment of a child aged up to six years, as well as of seriously ill children of an older age, who are in need of maternal care according to the physicians, the mother or other member of the family is to be provided with an opportunity to stay at the healthcare facility with the child, is provided with the free food and accommodation, and is paid a social insurance allowance in accordance with the established procedures.

**CMU Resolution #2026 of 12.18.1998 “Issues Related to the Prevention and Protection of the Population against HIV Infection and AIDS”**

- 14. Citizens of Ukraine, who are HIV positive or living with AIDS, shall be provided with free medicines needed to treat any diseases, means of individual prevention, and psychosocial assistance.

**Law #1645–W of 4.6.2000 “On Protection of the Population against Infectious Diseases”**

- *Article 19.* Individuals, who are sick with infectious diseases or are bacteria carriers, have the right to free treatment at the state owned and communal healthcare facilities and state research institutions; reliable information about the results of medical examination, tests, and treatment, as well as recommendations on the prevention of infectious diseases; and a court suit for indemnification for harm caused to their health and/or property due to the violation of the law on protection of population against infectious diseases.

**CMU Resolution #264 of 3.4.2004 “On Approval of the Concept of the Government Strategy of Actions Aimed at Prevention of HIV Infection/AIDS for the Period till 2011 and of the National Program for the Prevention of HIV Infection, Support and Treatment for HIV Infected People and AIDS Patients for 2004-2008”**

- The goal of this Concept is to establish control and to curb the spread of HIV in Ukraine through
  - The improvement of the system for social and legal protection of vulnerable population groups, HIV-infected people and AIDS patients, as well as of other people affected by HIV (members of families left without their breadwinner, orphaned children).
  - Ensuring of the guaranteed level of free, high-quality and multi-aspect health and social care to HIV-infected people and AIDS patients to the extent established by the legislation.

**3. All people living with HIV have the right to the confidence of their HIV status; however, the regulations about HIV/AIDS specify only that healthcare workers and managers of government institutions for HIV-infected orphaned children should maintain confidentiality about an HIV-positive diagnosis of their clients**

**• Law #1972–XII of 12.12.1991 “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Legal and Social Protection of the Population”**

- *Section III. Article 13.*
  - 3. The information about HIV testing results and the presence or absence of HIV infection in the person is confidential and subject to medical secret.
  - 5. Disclosure of HIV-positive status by a healthcare worker to a partner (partners) of the

patients is allowed if

- (1) A person living with HIV makes the request to the healthcare worker in writing.
- (2) A person, living with HIV, died, lost his or her consciousness, or is unlikely to come back to consciousness and will not have the ability to give a conscious, informed consent.

**Law #2801–XII of 11.19.1992 (in the edition of 10.13.2010) “On the Basic Principles of Ukrainian Legislation on Health Care”**

- *Article 39-1.* The patient has the right to secrecy about their health status, the fact that they sought medical care, their diagnosis, and the information obtained in the course of their medical examination.

**Criminal Code of Ukraine: Law #2341–III of 5.04.2001**

- *Article 132.* Disclosure—by a medical officer, an auxiliary employee who obtained the information without authorization, or a member of medical profession—of information on medical examination for HIV or any other incurable contagious disease dangerous to the person’s life or AIDS and its results that became known to them in connection with their official or professional duties shall be punishable by a fine of 50 to 100 tax-free minimum incomes, or community service for a term up to 240 hours, or correctional labor for a term up to two years, or restraint of liberty for a term up to three years, with or without deprivation of the right to occupy certain positions or engage in certain activities for a term up to three years.

**Law #966–IV of 6.19.2003 (in the edition 12.30.2009)“On Social Services”**

- *Article 10.* Citizens, who receive social services, have the right to confidentiality of personal information that has become known to the entity that provides social services.

**Joint Order #740/1030/4154/321/614 of MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Committee on Enforcement of Sentences of 11.23.2007 “On Measures to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”**

- *1.4.* Healthcare is provided in observance of the principle of confidentiality and legal provisions on the criminal responsibility for the disclosure of secrecy of an HIV-infection diagnosis.

**Joint MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Penitentiary Department Instruction #740/1030/4154/321/614a of 11.23.2007 “On the Procedures to Provide Health and Social Care to HIV-infected children”**

- *6.4.* In order to organize high-quality healthcare for children in organized children’s groups, pre-schools, secondary schools, specialized schools, and higher educational institutions of the I-IV level of accreditation, a healthcare specialist should be informed about HIV status of the children.
- *7.2.* Managers of governmental institutions that provide care to HI- infected orphaned children do not have the right to disclose information about HIV status of children to the employees of their institution.

**4. The government guarantees all children the right to education irrespective of their health status or other characteristics**

**UN Convention on the Rights of the Child**

- *Article 28.* State Parties recognize the right of the child to education.

**Law #1060–XII of 5.23.1991 “On Education”**

- *Article 6.* Basic principles of education in Ukraine are to ensure access for every citizen to all forms and types of educational services provided by the state.

**Law #1972–XII of 12.12.1991 “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Legal and Social Protection of the Population”**

- *Section III. Article 16.1.* Refusal to admit people living with HIV to educational institutions and healthcare facilities or social protection and care services; refusal to provide healthcare and social services; and limitation of other rights of people living with HIV on the basis of their HIV status, as well as rights of their relatives and close ones on this basis are prohibited.

**CMU Resolution #226 of 4.5.1994 “On Improvement of Rearing, Education, Social Protection and Material Security of Orphaned Children and Children Deprived of Parental Care”**

- 2. Applicants from among orphaned children and children deprived of parental care and individuals from among them should be admitted to the educational institutions out of competition.

**Constitution of Ukraine, Law #254k/96–BP of 6.28.1996**

- *Article 53.* Everyone has the right to education.

**CMU Resolution #1072 of 9.6.1996 “On Approval of Standard Provisions on Center for Medical and Social Rehabilitation of the Minors”**

- 23. The minors, who are on treatment, receive their education according to the general secondary education or individual curriculum on the basis of the Center.

**Law #1841–III of 6.22.2000 “On Out-of-school Education”**

- *Article 2.* The State guarantees protection of the rights of foster children, pupils, and trainees of the out-of-school education facilities and ensures the organization of education and rearing of the minors from low-income families and families with many children, children with disabilities, orphaned children, and children deprived of parental care, in accordance with the legislation of Ukraine.

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 19.* Every child has the right to education.
  - Orphaned children and children deprived of parental care (except those who have physical and mental disabilities and cannot be educated at regular educational facilities) shall be educated at secondary general education schools.

**Law #2628–III of 7.11.2001 “On Pre-school Education”**

- Principles of pre-school education are to ensure access for every citizen to educational services provided by the system of pre-school education.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 248.1.* Orphaned children and children deprived of parental care, who live in a child care center, health institution, or an adoptive family, have the right to comprehensive development, education, and training.

**CMU Resolution #264 of 3.4.2004 “On Approval of the Concept of the Government Strategy of Actions Aimed at Prevention of HIV Infection/AIDS for the Period till 2011 and of the National Program for the Prevention of HIV Infection, Support and Treatment for HIV Infected People and AIDS Patients for 2004–2008”**

- Efforts to strengthen the activities of central and local executive power bodies with the participation of local self-governments, as well as enterprises, institutions, organizations, and associations of citizens to prevent HIV infection and AIDS should envisage creation of conditions to rear and educate HIV-infected children (including orphaned children) at pre-school facilities, secondary schools, vocational training schools, and higher educational institutions.

**MOES and MFYS Order #747/460 of 9.21.2004 “On Approval of Provisions on Children’s Homes and General Educational Boarding Schools for the Orphaned Children and Children, Deprived of Parental Care”**

- 6.4. The trainees have the right to equal access to a high-quality pre-school, basic and complete general secondary education, and out-of-school training.

**CMU Resolution #1291 of 12.17.2005 “On Approval of Standard Provisions on Social and Rehabilitation Center–Children’s Town”**

- 16. The Center ensures the education of children at general educational institutions of different types located near the Center.

**CMU Resolution #310 of 3.15.2006 “On Approval of Standard Provisions on SOS–Children’s Town”**

- 11. Education for children placed in the Town shall be provided on the basis of pre-school, general secondary school, vocational training school, and out-of-school and higher educational institutions located near the Town, taking into consideration the interests and abilities of the children.

**Presidential Decree #411/2008 of 05.05.2008 “On Additional Measures to Ensure Protection of Rights and Legal Interests of Children”**

- 4. To MOES:
  - (4) Within three months, to introduce the system of measures to overcome and prevent stigmatization (asocialization) of children living with HIV and AIDS and to ensure realization of their right to education.

**5. It is specified that the registration of HIV-positive patients should be performed by oblast (city) sanitary and epidemiological stations and oblast (city) AIDS Prevention Centers**

**CMU Resolution #2026 of 12.18.1998 “Issues of HIV/AIDS Prevention and Public Protection”**

- 10. HIV-infected people and AIDS patients should be registered by healthcare facilities after medical examination and establishment of HIV diagnosis and clinical stage of HIV infection.
- 11. Registration of citizens of Ukraine, foreign citizens, and stateless individuals living with HIV and AIDS, who are residing or temporarily staying in Ukraine on a legal basis, should be performed by the oblast (city) sanitary and epidemiological stations and oblast (city) AIDS Prevention Centers designated by the MOH.



## **6. The state guarantees involvement of NGOs in the provision of social services to children with HIV and children vulnerable to HIV**

### **Law #1972–XII of 12.12.1991 “On Response to the Spread of Diseases Related to Human Immune Deficiency Virus (HIV) and Legal and Social Protection of People, Living with HIV”**

- *Section I. Article 4.1.* The State guarantees that it will ensure
  - (18) The participation of organizations of different forms of ownership—including civil society organizations; charitable, faith-based organizations; and trade unions in information activities to respond to the spread of HIV—in providing charitable support; medical and social services aimed at ensuring treatment and prevention of HIV infection; and care, support, and social protection to people living with HIV on a tender basis.

### **Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 5.* In accordance with legally established procedures, working collectives, charitable and other civil society organizations, and physical entities can participate in the implementation of activities aimed at child protection, improvement of children’s situation, creation of the developed system of patronage over the orphaned children and children deprived of parental care, provision of support to parents or individuals who replace them, activities aimed at creation of adequate conditions for rearing, and the education and comprehensive cultural and physical development of children.

### **Law #2558–III of 6.21.2001 “On Social Work with Families, Children and Youth”**

- *Article 3.* Associations of citizens and charitable and faith-based organizations are subjects of social work with families, children, and youth.

### **CMU Resolution #1062 of 7/25/2002 “On Approval of Procedures of Tender on the Draft Programs, Developed by Youth and Children’s Civil Organizations and their Unions for Children, Youth, Women and Families”**

- *1.* These Procedures establish the mechanism to conduct the tender of draft programs—developed by youth and children’s civil organizations and their unions for children, youth, women, and families—which are to be implemented using budget funds.

### **Law #966–IV of 6.19.2003 “On Social Services” (in the edition of 12.30.2009).**

- *Article 13.* In case when budget funds are allocated to finance the social services, which are provided in accordance with the established procedures by NGOs or physical entities, the local executive power bodies and local self-governments should organize a tender to sign an agreement with the entities that provide social services, specifying the terms of financing and the requirements for the scope, procedure, and quality of social services that they provide.

### **CMU Resolution #264 of 3.4.2004 “On Approval of Concept of Government Actions to Prevent the Spread of HIV Infection and AIDS till 2011, and of the National Program to Prevent HIV Infection and Ensure Support and Treatment to HIV-Infected People and AIDS Patients for 2004–2008”**

- HIV and AIDS response activities, such as treatment, care, and support, envisage the involvement of NGO representatives (in particular, the All-Ukrainian Network of People, Living with HIV/AIDS) in the provision of care and support services to people living with HIV/AIDS.

**Law #2623–IV of 6.2.2005 “On Basics of the Social Protection of Homeless Individuals and Homeless Children”**

- *Article 29. 2.* Local self-government bodies and local executive power bodies can provide budget funds, on a tender basis, to the associations of citizens, enterprises, and NGOs to implement activities aimed at social protection of homeless individuals and homeless children.

**Presidential Decree #1086/2005 of 7.11.2005 “On Priority Measures to Protect the Rights of Children”**

- 7. The Council of Ministers of the Autonomous Republic of Crimea, oblast, Kyiv city, and Sevastopol city public administrations should facilitate the activities of civil society and charitable and faith-based organizations working to protect the interests of children, especially homeless children, including the implementation of charity events to raise funds to ensure material security of orphaned children and children deprived of parental care.

**Joint Order #740/1030/4154/321/614a of MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Penitentiary Department of 11.23.2007 “On Measures to Organize Prevention of Mother-to-child Transmission of HIV, Health Care and Social Support to HIV-Infected Children and Their Families”**

- 4.7. Specialists from CSSFCY and NGOs that provide social support to HIV-infected children, can, in agreement with the head of a healthcare facility, provide social services during the in-patient treatment of a child.

**MFYS Order of #4414 of 04.11.08 “On Approval of the Strategy to Develop the System of Social Services for Families, Children and Youth for 2009–2014”**

- *Strategy Materials: 5.5.1.* To work out the mechanism for social order of services by other service providers (until 2014).

**Sample Sectoral Standard for the Provision of Social Services to Families with Children in Hard Living Conditions (approved by MFYS Order #4569 of 12.29.2009)**

- 3.2.6.2. A service provider cooperates with governmental and nongovernmental organizations, and it helps to extend the range of services available for family members and strengthen the capacity of the service provider to resolve the problems of the families.

**Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- Organizational activities include development and introduction of the mechanism to involve civil society organizations in the provision of such services.

**7. Payment of state assistance is guaranteed to children with HIV under age 16 years. Monthly assistance should be paid by the Crimean Republican and oblast (city) AIDS Prevention Centers. Assistance should be paid on the basis of the lists of HIV-infected children prepared by the MOH for each administrative and territorial unit on the basis of information from Ukrainian AIDS Prevention Centers. In the event that a disability status is assigned to HIV-infected children, the government disability allowance is granted to them, and their parents will receive a rise in wages to care for a disabled child aged under 18 years (it is granted to one of the parents,**

adoptive parents, a tutor or guardian, who do not work and give actual care for a disabled child. Such rise in wage to care for a child is granted to a single mother/single father regardless of their employment status. The reason and term for which disability status is assigned to disabled children is to be determined by the treatment and consultation commissions of the children's healthcare facilities.

**Law #1972–XII of 12.12.1991 “On Response to the Spread of Diseases Related to Human Immune Deficiency Virus (HIV) and Legal and Social Protection of People, Living with HIV”**

- *Section III. Article 19. 1.* HIV-infected children and children with HIV-related diseases are entitled to a monthly state allowance in the amount established by the Cabinet of Ministers of Ukraine.

**CMU Resolution #1051 of 7.10.1998 “On the Amount of a Monthly State Allowance to Children Aged under 16 Years, Living with HIV or AIDS”**

- Children under 16 years of age infected with HIV or living with AIDS are entitled to the monthly state allowance in the amount of two tax-free minimum incomes of citizens.

**MOH Order #265 of 8.31.98 “On Procedures to Pay the Monthly State Allowance to Children Aged under 16 Years, Living with HIV or AIDS”**

- Children under 16 years of age infected with HIV or living with AIDS are entitled to the monthly state allowance.

**Law #2109–III of 11.16.2000 “On State Social Allowance to the Persons Disabled from Childhood and to the Disabled Children”**

- *Article 1.* A disabled child is entitled to pension due to the loss of a breadwinner and to the state social allowance. These payments are assigned simultaneously.
- *Article 3.* Supplement to care for a disabled child under age 18 years is provided to one of the parents, adoptive parents, guardians, or trustees who are not employed and provide actual care for a disabled child. A single mother (single father) is entitled to a supplement to care for a disabled child regardless of employment. Payment of the state social allowance is provided on a monthly basis.

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 29.* Children affected by HIV (HIV-infected children and AIDS patients) are entitled to the guaranteed state assistance according to the procedures and in the amount established by the Law of Ukraine “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population.”

**Joint Order # 454/471/516 of MOH, Ministry of Labor and Social Policy, and MOF of 11.8.2001 “On Approval of the List of Medical Indications That Entitle to Receive State Social Benefits for Disabled Children Aged under 16 Years”**

- *Section III.*
  - Diseases and pathological conditions that entitle patients to receive the state social benefits for the term of 2 years—Z – 21, an asymptomatic HIV carriage.
  - Diseases and pathological conditions that entitle patients to receive the state social benefits for the term up to 16 years—B 20-24, an HIV-related disease.

**8. An HIV-positive orphaned child can be adopted (no legal restrictions to it have been identified); information about the health status of such child should not be concealed from the potential adoptive parents**

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 209.1.* A child that has been abandoned in the maternity home or other health institution, or that the parents or other relatives have refused to take, may be adopted after he/she has attained the age of 2 months.

**CMU Resolution #905 of 10.8.2008 “On Approval of the Procedures to Implement Adoption and Supervise the Observance of Rights of Adopted Children”**

- *80.* Prospective adoptive parents have the right to review the personal file and medical card of a child.

**9. Children with HIV are guaranteed the right to get social support from the Centers for Social Services for Family, Children and Youth (CSSFCY); a social worker is included in the multidisciplinary team to provide health and social services to HIV-infected children and their families**

**Law #2558–III of 6.21.2001 “On Social Work with Families, Children and Youth”**

- Social support is a kind of social work aimed at the provision of social care, assistance, and patronage to the socially unprotected groups of children and youth to help them overcome hardships and to increase their social status.

**Joint Order #740/1030/4154/321/614 of MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Committee on Enforcement of Sentences of 11. 23. 2007 “On Measures to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV Infected Children and Their Families”: Instruction on the Procedures for the Provision of Health and Social Care to HIV-Infected Children**

- *9.2.* Social support should be provided to HIV-infected children and families incapable of overcoming the crisis or resolving their social and health issues independently.

**Joint MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Penitentiary Department Instruction #740/1030/4154/321/614a of 11.23.2007 “On the Procedures to Provide Health and Social Care to HIV-infected Children”**

- *4.7.* Specialists of CSSFCY and NGOs that provide social support to HIV-infected children can, on agreement with the head of a healthcare facility, provide social services during the in-patient treatment of a child.
- *9.1.* Social support to HIV-infected children is provided by the specialists of a respective CSSFCY.

**MOH, MOES, Ministry of Family, Youth and Sport, State Penitentiary Department of Ukraine, Ministry of Labor and Social Policy. Standard Provisions “On Multidisciplinary Team to Provide Health and Social Care to HIV Infected Children and Their Families.” (Approved by Joint Order #740/1030/4154/321/614a of 11.23.2007)**

- *5.* The MT includes a pediatrician (specialist on pediatric infections), a nurse, and a social worker.

**Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- To ensure provision of social support to orphaned children and children deprived of parental care, living with HIV or AIDS, as well as to children born to HIV-infected mothers.

**10. The standards of minimum package of social services for children living with HIV, children born to HIV-infected mothers, and members of their families DO NOT specify the procedures and tools to perform a needs assessment.**

The instruction on procedures to provide health and social services to HIV-infected children specifies the need to take into account different needs of children in the course of service provision. The needs assessment tool (assessment form) is not legally specified.

The CSSFCY procedures to perform social inspection of families, children, and young people, living in hard conditions, specify the form to which information about the situation and needs of the clients should be entered (social inspection certificate); the social inspection results are taken into account in making the decision to provide/not to provide social support to the family.

**Standards of Minimal Package of Social Services to Children, Living with HIV Infection, and Children, Born to HIV Infected Mothers, Members of their Family (approved by MFYS Order #4941 of 12.18.2008)**

**Law #2558–III of 6.21.2001 “On Social Work with Families, Children and Youth”**

- Needs assessment is the process of collection, generalization and analysis of information about the status and living conditions of the object of social services, performed by social workers in order to identify the types and scope of services and their impact on the process of overcoming hard living conditions.

**Joint MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Penitentiary Department Instruction #740/1030/4154/321/614a of 11.23.2007 “On the Procedures to Provide Health and Social Care to HIV-infected Children”**

- 8.6. Health issues are to be resolved taking into account social, psychological, and other needs.

**MFYS Order #1480 of 5.27.2010 “On Approval of Procedures for the Centers for Social Services for Families, Children and Youth to Perform Social Inspection of Families, Children and Youth in Hard Living Conditions”**

- 3.1. Social inspection included analysis of needs of people.
- *Annex I.* Social inspection certificate.

**11. The standards on the provision of services to children with HIV do NOT specify any planning of services.**

The instruction on procedures to provide health and social services to HIV-infected children specifies the need to plan services. The form of social support plan is recommended by the State Social Service to the Centers for Social Services for Family, Children and Youth, but it is not differentiated (it is the same for all clients of the centers,

except adoptive families and family-based children's homes).

**Joint MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Penitentiary Department Instruction #740/1030/4154/321/614a of 11.23.2007 “On the Procedures to Provide Health and Social Care to HIV-Infected Children”**

- 8.7. Plan of multidisciplinary care for the patient shall be developed on the basis of team discussion of the patient’s needs.
- 8.9. The plan of multidisciplinary care shall include the term of completion of key tasks, the stages of activities, if necessary, and designation of responsible individuals.
- 9.4. A specialist of a respective CSSFCY develops an individual social support plan with the specified term of completion. The individual social support plan shall be approved by the director of CSSFCY.

**Standards of Minimal Package of Social Services to Children, Living with HIV Infection, and Children, Born to HIV Infected Mothers, Members of their Family (approved by MFYS Order #4941 of 12.18.2008)**

**12. Providers of social services for HIV-positive children are identified; they include the Centers for Social Services for Family, Children and Youth and their specialized units, social service facilities (centers for HIV-infected children and young people), special facilities for children; and NGOs**

**CMU Resolution #148 of 2.15.2006 “On Approval of Standard Provision on the Center for HIV Infected Children and Young People”**

- 13. The Center shall provide social services to HIV-infected children and their parents or individuals who replace them (including children with unconfirmed status born to HIV-infected mothers) and to HIV-infected young people.
- 16. The Center operates in the mode of a daycare center.

**Joint MFYS/MOH Order #3925/760 of 11.17.2006 “On Approval of Procedures for Coordination of Social Services for Families, Children and Youth with Health Care Facilities on Different Aspects of HIV/AIDS Prevention”**

- 4. CSSFCY functions to provide social services related to different aspects of HIV/AIDS prevention: provision of social services to HIV-infected children, young people, and members of their families, including through the network of Centers for HIV-Infected Children and Youth.

**Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- Implementation of the Program activities will help to ensure the development of the network of specialized services and facilities that provide medical and social services to HIV-infected people.
- Standards of Minimal Package of Social Services to Children Living with HIV Infection, Children Born to HIV-Infected Mothers, and Members of Their Family (approved by the Order of the Ministry of Family, Youth and Sport of Ukraine as of 18.12.2008, № 4941).
- 1.3. Entities that provide the standardized services include

- Centers for Social Services for Families, Children and Youth and their specialized divisions.
- Social service facilities (Centers for HIV-Infected Children and Youth, etc.).
- Special institutions for children.
- NGOs that implement social programs and projects funded from the State or local budgets.

### **13. The list of free social services for children with HIV has been specified**

#### **CMU Resolution #264 of 3.4.2004 “On Approval of the Concept of the Government Strategy of Actions Aimed at Prevention of HIV/AIDS till 2011, and of the National Program to Ensure Prevention of HIV Infection, Care and Treatment for HIV-Infected and AIDS Patients for 2004–2008.”**

- Two strategic areas in the HIV/AIDS response were identified: prevention of HIV and ensuring of treatment, care, and support for HIV-infected people.

#### **CMU Resolution #1126 of 8.27.2004 “On Measures to Improve the Social Work with Families, Children and Youth” (On CSSCY, in the edition of 11.20.2009)**

- 14. Social services provided by the Center are state-owned and shall be provided for free.

#### **CMU Resolution #148 of 2.15.2006 “On Approval of Standard Provision on the Center for HIV Infected Children and Young People”**

- 6. Pursuant to the designated tasks, the Center shall provide different kinds of social services (social welfare, psychological, social and pedagogical, social and medical, legal and informational services) to HI- infected children and young people.
- 16. The Center operates in the mode of a daycare center. The term of individual stay at the Center shall not exceed six hours per day.

#### **Standards of Minimal Package of Social Services to Children, Living with HIV Infection, and Children, Born to HIV Infected Mothers, Members of their Family (approved by MFYS Order #4941 of 12.18.2008)**

- 2.3. The content of services to be provided.
  - 2.3.2. Social and medical services include counseling on prevention of occurrence and development of possible organic disorders of a personality, on support and protection of one’s health, and on implementation of prevention, treatment, and healthcare activities.
  - 2.3.3. Psychological services include provision of counseling on mental health issues and improvement of relations with the social environment, implementation of mental diagnostics to study social and psychological characteristics of the personality with the aim of its psychological correction or rehabilitation, and provision of methodological advice.
  - 2.3.4. Social and economic services are aimed to meet the financial needs of people living in hard living conditions related to their HIV status.
  - 2.3.5. Social and pedagogical services are aimed to identify and facilitate different interests and needs of children living with HIV and children born to HIV-infected mothers; to support them through the organization of individual educational, upbringing and correctional, recreation, sport, health, technical, art and other activities; as well as to promote the involvement of interested individuals in the activities of various facilities and civil society organizations.
  - 2.3.6. Legal services include counseling on applicable legislation and protection of rights and interests of clients and support to enforce government decisions and to bring violators to

justice (execution of legal documents, advocacy, protection of human rights and interests, etc.).

- 2.3.7. Social welfare services are provided to meet the needs of people who need them, including food products, household goods, hot meals, transportation services, small-scale mechanization, social welfare services, assistance in calling the doctor, assistance with the purchase and delivery of medicines, and so on.
- 2.3.8. Information services include provision of information needed to resolve the hard living situations (reference services); dissemination of educational and cultural knowledge (educational services); dissemination of reliable information about properties and kinds of social services; and development of adequate perceptions and general public attitudes toward the social problems (advertising and promotional services).

**Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- Care and support activities include organization of palliative care for people living with HIV and AIDS; provision of social services, as well as of social and psychological support and non-medical care to HIV-infected people and AIDS patients; and provision of legal support to HIV-infected people and AIDS patients.

**14. The standards of minimum package of social services for children living with HIV, children born to HIV-infected mothers, and members of their families is officially regulated**

**Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- Organizational activities include the development and approval of standards for social services that are provided to the most-at-risk populations.

**Standards of Minimal Package of Social Services to Children, Living with HIV Infection, and Children, Born to HIV-Infected Mothers, Members of their Family (approved by MFYS Order #4941 of 12.18.2008)**

- 1.2. Target population is children living with HIV (including HIV-infected orphaned children who stay at children’s institutions); children born to HIV-infected mothers; and their parents (or legal representatives) and their close environment.

**15. The laws define the terms “orphaned children” and “children deprived of parental care.”**

**The right to full public welfare and legally envisaged privileges is granted to children with the established status of “orphaned children” or “children deprived of parental care.”**

**To assign this status, the service on the affairs of children located at the place of origin of a child should within two months collect all necessary documents (the birth certificate or documents confirming the obstacles, due to which the child was deprived of parental care).**

**A decision to assign the status is to be made by a raion, a district in the cities of Kyiv**



and Sevastopol, public administration, or an executive body of a local council at the place of origin of such child on the basis of application submitted by the service on the affairs of children.

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 1.* Definition of terminology: Orphaned children are those whose parents died or perished. Children deprived of parental care are those who were left without care of their parents due to annulment or being taken from their parents without annulment; due to recognition of their parents as being missing or incapable, announced as deceased, at a penitentiary facility, in detention for the time of investigation, or searched by police because of their evasion of alimony payment and lack of information about their whereabouts; and due to long-term sickness of parents that hinders their ability to perform parental duties—as well as those children who are foundlings, whose parents are unknown, abandoned by parents, and homeless.

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphaned Children and Children Deprived of Parental Care”**

- *Article 1.* Status of an orphaned child or a child deprived of parental care is the legally established status of a child, which entitles him or her to full public welfare and benefits envisaged by the legislation and should be supported by a set of documents that confirm the obstacles due to which such child is deprived of parental care.

**CMU Resolution #866 of 9.24.2008 “On Activities of Guardianship and Trusteeship Bodies for the Protection of Children’s Rights”**

- 21. In order to assign the status to a child, the Service on Children’s Affairs at the place of residence of a child shall during two months collect all necessary documents (birth certificate and documents that confirm the obstacles due to which such child is deprived of parental care).
- 22. The decision on assignment of status is made by a raion, district in the cities of Kyiv and Sevastopol, public administration, or an executive body of local or district council at the place of residence of such child by the application of the Service on Children’s Affairs.
- 26. The child forfeits the status of an orphaned child in case of (1) adoption of this child, which is confirmed by the decision of the court.

**16. It has been determined that parents are responsible for the rearing and support of their children**

According to the Law of Ukraine “On the Protection of Childhood,” the deprivation of parental rights or taking a child from the parents without deprivation of such rights does not free the parents from the obligation to support children; and according to the Family Code of Ukraine, a person deprived of parental rights is released from responsibility to rear the child.

**UN Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally. International document, [995 131](#) of 12.3.1986.**

- *Article 3.* The first priority for a child is to be cared for by his or her own parents.

**UN Convention on the Rights of the Child. International Document, [995 021](#) as of 20.11.1989.**

- *Article 18.* Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

**Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children. International document as of 10.19.1996.**

- *Article 1.2.* For the purposes of this Convention, the term “parental responsibility” includes parental authority or any analogous relationship of authority determining the rights, powers, and responsibilities of parents, guardians, or other legal representatives in relation to the person or the property of the child.

**Constitution of Ukraine: Law #254k/96–BP of 6.28/1996**

- *Article 51.* Parents must care for their children until they attain their age of majority.

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 8.* Parents or people who replace them shall bear responsibility for creating conditions for the comprehensive development of children in accordance with the laws of Ukraine.
- *Article 12.*
  - Deprivation of parental rights or the fact that the child was taken from the parents without deprivation of their rights do not relieve the parents from their responsibility to care for children.
  - In case of refusal to provide the necessary healthcare to the child, if it poses a threat to his or her health, the parents or people who replace them shall bear responsibility in accordance with the law.

**Criminal Code of Ukraine: Law #2341–III of 5.04.2001**

- *Article 135.*
  - 1. Willful leaving of a person without help—if the person remains in a condition dangerous to life and is unable to ensure his/her self-preservation due to young age, old age, illness, or a helpless condition—and where the one who left this person without help was obliged to care after this person and was able to provide help to him or her or put the victim in a condition dangerous to life shall be punishable by restraint of liberty for a term up to two years or imprisonment for the same term.
  - 2. The same actions committed by a mother in respect of her newborn child, unless this mother was bed-ridden, shall be punishable by restraint of liberty for a term up to three years or imprisonment for the same term.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 143.4.* If the parents failed to abandon a child at a maternity home or any other health institution, the child’s grandmother, grandfather, or other relatives may take him/her away upon permission of the Custody and Care Authority.
- *Article 155.3.* Abandonment of the child by parents shall be unlawful and breaks down morals of the society. 4. Avoiding discharging parental responsibilities constitutes the ground for bringing parents to responsibility prescribed by law.
- *Article 166. 1.* The person deprived of the parental rights: (1) loses his/her personal non-property rights in respect of the child and is released from responsibilities to educate the child.

**Verkhovna Rada Resolution #1428–IV of 02.03.2004 “On Recommendations of the Parliamentary Hearing of the Problem of Homeless Citizens and Homeless Children and on Approaches to Overcome It”**

- 2. Related to the problems of neglected children—make respective changes in the legislation to increase responsibility of parents (or people who replace them) and officials for inappropriate upbringing of children, violation of their rights, abuse, involvement in beggary, sex business, and porno business.

**CMU Resolution #244 of 2.19.2007 “On Approval of the State Program to Support Families for the Period till 2010”**

- 12. To ensure provision of information to the parents and provision of counseling services to improve their childcare knowledge and skills.

**17. Parents can be deprived of parental rights; parents have an opportunity to restore parental rights**

**UN Convention on the Rights of the Child**

- *Article 9. 1.* States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities, subject to judicial review, determine in accordance with applicable law and procedures that such separation is necessary for the best interests of the child.

**MOH Order #123 of 5.18.1998 “On Approval of Standard Provisions about a Children’s Home”**

- To protect the rights and interests of the child in case of unmotivated refusal of parents (or people who replace them) to take the child home upon the completion of the term specified in the application, representatives of the children’s home have the right to bring an action against them to deprive them of parental rights.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 164.1.* The court may deprive the mother or father of parental rights if he/she
  - (1) Has not taken the child away from the maternity home or any other health institution without valid reasons and within six months did not care about the child.
  - (2) Avoids discharging his/her responsibilities to educate the child.
  - (3) Treats the child in a brutal manner.
  - (4) Is a chronic alcoholic or drug addict.
  - (5) Has recourse to the child’s exploitation, or involves him/her in begging and vagrancy.
  - (6) Has been convicted for committing an intentional crime against the child.
- *Article 164.3* The mother or father may be deprived of the parental rights in respect of all of their children or some of them.
- *Article 169.1.* The mother or father deprived of parental rights may take legal action for resuming parental rights.

**Ministry of Justice. Letter #19-50-556 of 7.25.2006 “On Obtaining Consent of Guardianship and Trusteeship Bodies”**

- According to the statistics, unfortunately, there are far fewer cases of restoration of parental rights than there are cases on termination of parental rights.

**18. The state guardianship is guaranteed to the orphaned children and children deprived of parental care (OC, CDPC) and the following forms of government support are envisaged: guardianship or trusteeship; adoption; placement in the adoptive families, family-based children's homes, or state institutions for OC,CDPC**

**The UN Convention on the Rights of the Child**

- *Article 20.1.* A child temporarily or permanently deprived of his or her family environment or in whose own best interests cannot be allowed to remain in that environment shall be entitled to special protection and assistance provided by the State.

**Constitution of Ukraine: Law #254k/96–BP of 6.28/1996**

- *Article 52.* Provision of support and rearing of the orphaned children and children deprived of parental care is the responsibility of the State.

**MOH Order #123 of 5.18.1998 “On Approval of the Standard Provisions about a Children’s Home”**

- *1.1.* A children’s home is a communal healthcare facility for the medical and social protection of orphaned children, children deprived of parental care, and children with physical and mental disorders.
- *1.2.* Basic types of children’s homes are
  - (a) General type orphanage—for medical and social protection of healthy orphaned children (of the I–II health groups), who were left without parental care, from ages birth to three years.
  - (b) Specialized children’s home—for medical and social protection of orphaned children and children deprived of parental care with physical and mental disabilities (of the III - V health groups) from ages birth to four years.

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 24.* Maintenance and upbringing of the orphaned children and children deprived of parental care is ensured by the state. Orphaned children and children deprived of parental care shall be placed in guardianship or trusteeship; adopted; or placed with adoptive families, children’s houses, orphanages, boarding schools, and family-type children’s homes with a full government allowance.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 245. 1.* If a child permanently lives in a childcare center or health institution, functions of the custodian and caretaker in respect of the child are performed by the administration of these institutions.

**Joint MOES/MFYS Order #747/460 of 9.21.2004 “On Approval of Provisions about Children’s Homes and Secondary Education Boarding Schools for Orphaned Children and Children Deprived of Parental Care”**

- *1.1.* Orphanages and general secondary boarding schools of all types and forms of ownership for orphaned children and children deprived of parental care ... educate children for an independent life.
- *3.4.* Boarding schools shall admit
  - Orphaned children
  - Children taken from their parents by the decision of a court

- Children whose parents have been deprived of parental rights

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphaned Children and Children Deprived of Parental Care”**

- *Article 1.* The public welfare is the full support in accordance with the state social standards, with material and financial resources and creation of conditions for a normal vital activity.

**19. Orphaned children and children deprived of parental care (OC, CDPC) have the right to continue relations with their biological parents or relatives, if it is not against their interests and is not prohibited by the court decision**

**The UN Convention on the Rights of the Child**

- *Article 8.1.* States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name, and family relations, as recognized by law without unlawful interference.

**UN Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally, A/RES/41/85, International document 995\_131 as of 03.12.1986**

- *Article 11.* Foster family care, though temporary in nature, may continue, if necessary, until adulthood but should not preclude either prior return to the child's own parents or adoption.

**Convention On Contacts Concerning Children. International Document as of 15.05.2003 #ETS192**

- *Article 4.* Contact between a child and his or her parents
  - 1. A child and his or her parents shall have the right to obtain and maintain regular contact with each other.
  - 2. Such contact may be restricted or excluded only when necessary in the best interests of the child.

**Law #2628–III of 7.11.2001 “On Pre-school Education”**

- *Article 12.* In order to ensure realization of the right of the child for family relations, the general education boarding schools for orphaned children and children deprived of parental care can create pre-school branches.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 256-3. 5.* Adopted children have the right to communicate with their parents and other relatives, except when such communication can pose a threat to their life, health, and moral education.
- *Article 256-7. 5.* Children placed in government institutions have the right to communicate with their parents and other relatives, except when such communication can pose a threat to their life, health, and moral education.

**CMU Resolution #564 of 4.26.2002 “On Approval of the Provisions on a Family-Type Children’s Home”**

- 16. Children placed in government institutions have the right to have personal contacts with their parents and other relatives, if this does not contradict their interests and is not prohibited by the

decision of the court.

**CMU Resolution #565 of 4.26.2002 “On Approval of the Provisions on Adoptive Family”**

- 13. Adopted children have the right to have personal contact with their parents and other relatives, if this does not contradict their interests and is not prohibited by the decision of the court.

**CMU Resolution #1291 of 12.27.2005 “On Approval of the Standard Provisions about a Rehabilitation Center – Children’s Town”**

- 17. Parents or people who replace them and relatives can visit children admitted to the Center upon authorization by the director.

**CMU Resolution #310 of 3.15.2006 “On Approval of Standard Provisions on SOS–Children’s Town”**

- Children have the right to have personal contact with their parents and other relatives, if this does not contradict their interests and is not prohibited by the decision of the court.

**CMU Resolution #787 of 5.30.2007 “On Conducting an Experiment in Kyiv to Introduce an Innovative form of Placement of Children”**

- 8. Children who stay at the center have the right to have personal contact with their parents and other relatives, if this does not contradict their interests and is not prohibited by the decision of the court.

**Presidential Decree #411/2008 of 05.05.2008 “On Additional Measures to Ensure Protection of Rights and Legal Interests of Children”**

- 9. To the Council of Ministers of the Autonomous Republic of Crimea, to oblast, and to Kyiv and Sevastopol city public administrations:
  - (7) To undertake measures to ensure that brothers and sisters were living and reared together when orphaned children and children deprived of parental care are placed in adoptive families and children’s institutions.

**20. It is declared that a child’s wish should be taken into account while a child guardianship and custody body is making a decision about placement of such child on the basis of information submitted by the service and children affairs. However, the age in which a child’s opinion should be taken into account, as well as the procedures of how to take this wish into account, are not specified. The court has the right make a decision that would contradict the opinion of a child, if it is in the best interests of the child.**

**UN Convention on the Rights of the Child. Article 12**

- 1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child—the views of the child being given due weight in accordance with the age and maturity of the child.

**European Convention on the Exercise of Children's Rights. International document as of 1.25.1996**

- A child considered by internal law as having sufficient understanding, in the case of proceedings before a judicial authority affecting him or her, shall be granted and be entitled to request the following rights:

- To receive all relevant information
- To be consulted and express his or her views
- To be informed of the possible consequences of compliance with these views and the possible consequences of any decision

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 14.* During proceedings related to the separation of a child from one or both parents, as well as other proceedings related to the child, the court should hear the opinion and wish of the child according to the legally established procedures.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 171.*
  - 1. Child has the right to be heard by his/her parents, other members of the family, and officials in matters that relate to him/her personally and to the family.
  - 3. The court has the right to pronounce a decision without taking into account views of the child if the child’s interests so require.

**Convention On Contact Concerning Children. International Document as of 5.15.2003 #ETS192**

- *Article 6.1.* The right of a child to be informed, consulted, and to express his or her views.
  - 1. A child considered by internal law as having sufficient understanding shall have the right, unless this would be manifestly contrary to his or her best interests
    - To receive all relevant information
    - To be consulted
    - To express his or her views

**Ministry of Justice. Letter #19-50-556 of 7.25.2006 “On Obtaining Consent of Guardianship and Trusteeship Bodies”**

- The legislation, in particular the Family Code, does not contain clear indication of age, starting from which the opinion of a child should be taken into consideration.

**CMU Resolution #866 of 9.24.2008 “On Activities of Guardianship and Trusteeship Bodies for the Protection of Children’s Rights”**

- During the resolution of the issue of returning a child to his/her parents, to people who replace them, or to an institution that he/she left without permission, the opinion of the child is taken into consideration, if he/she reached the age and development level to express such opinion.

**21. The need to run the Single Computer Data Base about orphaned children and children deprived of parental care and potential adoptive families, guardians, trustees, foster parents, and educators has been legally established; the form of an electronic registration and statistical card of a child has been approved**

**MOH Order #123 of 5.18.1998 “On Approval of Standard Provisions about a Children’s Home”**

- 3.1.9. The registration card and child development history card (Φ-112-0) shall be drawn up for each adopted child. All data about children shall be entered in the registration log on children admitted to the children’s home (Φ-121-0).

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 24.* Anyone who becomes aware that a child has been left without parental care should immediately inform the guardianship and trusteeship authorities of the child’s whereabouts.

**Presidential Decree #1086/2005 of 7.11.2005 “On Priority Measures to Protect the Rights of Children”**

- 5. The MFYS shall approve procedures to run the database of orphaned children and children deprived of parental care by August 1, 2005.

**CMU Resolution #905 of 10.8.2008 “On Approval of Procedures to Implement Adoption and Supervise the Observance of Rights of the Adopted Children”**

- 3. Registration of children that can be adopted shall be performed by the Services on Children’s Affairs.

**MFYS Order #4580 of 11.18.2008 “On Single Computer System to Register Orphaned Children, Children Deprived of Parental Care, and Children in Hard Living Conditions, and People, Who Want to Take them Into Care”**

- 1. To approve the attached
  - Procedures to run the Single Computer Database of orphaned children and children deprived of parental care and of potential adoptive families, guardians, caretakers, and foster parents.
  - Procedures to run the Single Computer Database of children in hard living conditions.

**22. The state support and benefits are guaranteed to the orphaned children and children deprived of parental care irrespective of the form of their placement. Assignment of guardianship or trusteeship, placement of a child to a children’s institution, adoptive family or family-based children’s home, does not suspend the child’s right to receive pension, alimony, compensation of the losses due to the loss of bread-winner and other social benefits assigned to the child. The adoptive parents are eligible to the receipt of a one-time benefit.**

**CMU Resolution #226 of 4.5.1994 “On Improvement of Upbringing, Education, Social Protection and Financial Security of Orphaned Children and Children Deprived of Parental Care”**

- Orphaned children and children deprived of parental care are exempt from payment for education at state children’s and youth sports schools, aesthetic education schools and groups, studios and groups at the pre-school, and out-of-school and cultural and education facilities.
- The single ticket gives the right to go to the cinema, exhibitions, museums, and sports facilities and gives a free pass in the communal city (suburban) transport (except taxi).
- Orphaned children and children deprived of parental care who stay in trusteeship (guardianship) shall be provided with free school uniforms, sports uniforms, and lunch during their study at secondary school.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 234.* An adopted child retains the right to the pensions, other social payments, as well as survivor’s benefit he/she had before the adoption.
- *Article 247, 248.2.* Custody and care and placement of a child in the institution referred to in



paragraph 1 of the present Article do not terminate the right of a child to maintenance, pension, and other social allowances, as well as the right to a survivor's benefit.

- *Article 256-3, 256-7.* Adopted children and children reared in family-type children's homes retain the right to the alimony, pensions, and other social payments, as well as to the indemnification for damage due to the loss of a breadwinner—for which they were eligible to before the placement in the above institutions.

**CMU Resolution #565 of 4.26.2002 “On Approval of Provisions on Adoptive Family” (in the edition of 1.22.2010)**

- *11.* Funds that belong to adopted children, such as pensions, alimony, and other forms of government allowance, shall be at the disposal of adoptive parents and shall be spent by them to care for the adopted children.

**Joint MOES and MFYS Order #747/460 of 9.21.2004 “On Approval of Provisions on Children's Homes and General Education Boarding Schools for Orphaned Children and Children Deprived of Parental Care”**

- Placement of a child in an institution does not suspend the child's right to alimony, pensions, and other social benefits, as well as to compensation of harm due to the loss of a breadwinner.

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphaned Children and Children Deprived of Parental Care”**

- *Article 39-1.* Orphaned children and children deprived of parental care, as well as individuals from among them, are exempt from payment for education at the state-run and communal educational facilities of all levels.

**CMU Resolution #787 of 5.30.2007 “On Conducting an Experiment in Kyiv to Introduce an Innovative form of Placement of Children”**

- *7.* Children placed in the center retain the right to alimony, pensions, and other social benefits envisaged by the law.

**Presidential Decree #1205/2007 of 12.11.2007 “On Announcement 2008 as the Year of National Child Adoption and Other forms of Family Upbringing of Orphaned Children and Children Deprived of Parental Care”**

- To CMU: within the three-month term, to introduce the payment of one-time allowance to the citizens of Ukraine who adopt a child.

**Joint Order of the Ministry of Labor and Social Policy, MoF, MOH, MOES, and MFYS #254/704/260/427/2014 of 5.19.2008 “On Approval of Procedures to Pay Government Allowance at Childbirth in Case the Child is Placed in the Children's Institutions (Children's Home) for the Full Public Welfare”**

- *1.4.* Government allowance at childbirth in case the child is placed in the children's home for the full public welfare shall be paid through wire transfer to the deposit account of the child opened at a branch of the authorized bank.

**23. The state guarantees the protection of children's property rights. Parents of an infant do not have the right to enter into agreements on the division or change of their house or apartment; sign any written obligations on behalf of the child; or refuse the child's**

property rights without the permission of the body for guardianship and trusteeship. The child whose parents are deprived of parental rights does not forfeit his or her right to inherit their property. Trusteeship over the property is established by the body for guardianship and trusteeship at the location of the property. A person designated by the body for guardianship and trusteeship as the guardian of the child's property shall receive a decision about the establishment of guardianship over the property, a copy of the inventory of the child's property, and copies of documents confirming the child's right of ownership of the property from the service on children's affairs, which ensures the transfer of the child's property to such person on the basis of acceptance certificate.

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 17.* A child, whose parents are deprived of parental rights, does not lose the right to inherit their property.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- Article 174.1. Property acquired by one or both of the parents to ensure the development, training, and education of the child (clothes, other articles for personal use, toys, books, musical instruments, sport equipment, etc) shall be the child's property.
- *Article 177.2.* Parents of a small child do not have the right, without the consent of the Custody and Care Authority, to conduct any legal acts related to the child's property rights, such as, to sign agreements that are subject to notary certification and/or state registration, including agreements about division or exchange of a house or apartment; to issue written obligations on behalf of the child; or to refuse the child's property rights.

**CMU Resolution #564 of 4.26.2002 “On Approval of the Provisions on a Family-Type Children's Home”**

- 15. For children placed in government institutions, guardianship and trusteeship bodies shall ensure the preservation of property at its location, including housing, and exercise control over its use.

**Civil Code of Ukraine: Law #435–IV of 01.16.2003**

- *Article 72.*
  - 1. Trustee is obliged to care about preservation and use of property of the child in ward in his interest.
  - 4. If the child in ward owns real estate or property that requires constant management, the trustee may, with the permission of guardianship and trusteeship authority, manage this property or pass it on in an agreement to the stewardship of another person.
- *Article 74.1.* If a person, over whom guardianship or custody is established, has property in another location, the care of this property shall be established by the guardianship and trusteeship body at the location of this property.

**Law #2623–IV of 6.2.2005 “On Basic Principles of Social Protection for Homeless Individuals and Neglected Children”**

- *Article 12. 1.* The state secures and protects the rights and interests of children during the legal proceedings related to the real estate.

**Decision #769-38-05 “Provisions on Adoptive Family for Temporary Placement”  
(approved by Brovary City Council on 6.26.2008)**

- 13. The Service on Children’s Affairs of Brovary City Council ensures retention of housing and property of adopted children and exercises control over its use.

**CMU Resolution #866 of 9.24.2008 “On Activities of Guardianship and Trusteeship Bodies for the Protection of Children’s Rights”**

- 55. Individuals who become aware of property owned by an orphaned child or child deprived of parental care, should inform the Service on Children’s Affairs at the location of such property about it.
- 59. The Service on Children’s Affairs at the location of such property provides an individual, who is assigned to be the guardian of the child’s property, with the decision about establishment of guardianship over property, a copy of inventory of the child’s property, and copies of the documents that confirm the child’s property right; and ensures transfer of the child’s property to such person on the basis of acceptance certificate.

**CMU Instruction #1263-p of 10.21.2009 “On Approval of Action Plan to Implement in 2010 the National Program ‘National Plan of Actions to Implement the UN Convention on the Rights of the Child for the Period till 2016’”**

- 17. To improve the mechanism for the retention of housing and property rights of orphaned children and children deprived of parental care.

**24. The right of children, especially of orphaned children and children deprived of parental care (OC, CDPC) to housing has been established. OC and CDPC have the right to reside in the living place where he or she resided before placement in the children’s institution or adoptive family of family-based children’s house. In case of the lack of housing, such child has the right to obtain it in accordance with the law.**

**UN Convention on the Rights of the Child. International Document, [995 021](#) as of 20.11.1989.**

- *Article 16. 1.* No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home, or correspondence, nor to unlawful attacks on his or her honor and reputation.

**CMU Resolution #226 of 4.5.1994 “On Improvement of Rearing, Education, Social Protection and Material Security of Orphaned Children and Children Deprived of Parental Care”**

- 9. Orphaned children and children deprived of parental care shall be provided with established housing out of turn.

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 18.* Guardianship and trusteeship authorities shall exercise control over the observance by parents, or people who replace them, of property and housing rights of children in case of alienation of housing premises and purchase of a new housing.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 167.6.* A child who has been placed under the care of relatives, stepmother, stepfather, or

the Custody and Care Authority retains the right to live in the living premises he/she stayed before and may return therein at any time.

- *Article 248. 1.* A child without parental care that lives in a childcare center or health institution or adoptive family has the right to retain the right for housing where he/she lived previously. In cases where such housing does not exist, a child has the right to obtain one in accordance with the law.

**CMU Resolution #564 of 4.26.2002 “On Approval of the Provisions on a Family-Type Children’s Home”**

- *12.* Bodies of guardianship and trusteeship shall ensure the retention of housing and property of adopted children at its location and exercise control over its use.
- *30.* After expiration of the term of stay of residents in the family-type children’s home, in case of absence of housing rights, the guardianship and trusteeship authorities shall provide the graduating residents of the family-type children’s home with an established social housing within a month.

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 32.* The right to housing in which they resided with their parents or relatives shall be retained.
- *Article 33.* Orphaned children and children deprived of parental care, who reach the age of 16 years, in case of absence of housing, have the right to be registered in the housing waiting list and social housing waiting list at the place of their birth or residence. Their registration in the social housing waiting list shall not be viewed as grounds to refuse them from registration in the housing waiting list or to remove them from the list of individuals who need improvement of their housing conditions, or from the list of individuals who have the right to obtain housing (beneficial loans for construction and purchase of housing) through the government housing programs for specific categories of citizens.

**Law #2623–IV of 6.2.2005 “On Basic Principles of Social Protection for Homeless Individuals and Neglected Children”**

- *Article 11.* In cases where it is impossible to return housing to a child, the respective local self-government authorities shall provide the child with similar housing or compensate the child for the cost of the lost property within one month, if this property was not taken by the child or individuals from among them.

**Presidential Decree #1086/2005 of 7.11.2005 “On Priority Measures to Protect the Rights of Children”**

- *7.* Public administrations shall take urgent measures to retain the housing in which orphaned children and children deprived of parental care resided before placement in respective institutions and guarantees the return of such housing.

**CMU Resolution #310 of 3.15.2006 “On Approval of Standard Provisions on SOS – Children’s Town”**

- *10.* The guardianship and trusteeship authority that referred the child to Children’s Town ensures the retention of his or her property, including housing, and exercises control over its use.

**Law #1065–VI of 05.03.2009 “On the National Program National Action Plan to Implement the UN Convention on the Rights of the Child for the Period till 2016”**

- *4.3. Key objectives:* to ensure the protection of rights of residents of institutions for orphaned children and children deprived of parental care, for which purpose to
  - Approve decisions about retention of housing and other property rights no later than one month after assigning status to a child.
  - Provide graduates of boarding schools in need of housing with a social hostel.

**25. Legal documents envisage the right of people living in hard conditions to social housing**

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 1.* Social housing is the premises provided according to the state social standards and the legislation at the expense of the state and/or communal housing stock.

**CMU Instruction #384-p of 9.3.2005 “On Approval of the Concept of the State Program “Social Housing”**

- *1.* The issue of provision of unprotected categories of citizens with the social housing shall be resolved through
  - Development and approval of state standards for social housing, taking into consideration optimal architectural and planning solutions and sanitary and hygienic requirements.
  - Identification of grounds and preconditions for provision of free or affordable social housing.
  - Development of social housing stock.
  - Establishment of norms for the provision of social housing.
  - Development of regional programs for provision of social housing.

**CMU Resolution #783 of 5.30.2007 “On Approval of Standard Provisions on Social Hostel for Individuals, Who Need Social Protection”**

- *2.* Housing at a hostel is provided to citizens of Ukraine and members of their families for the term of registration in the social housing list, provided that such housing is the only place of residence of such individuals.

**CMU Resolution #219 of 3.19.2008 “On Establishment of Temporary Minimal Norms for the Provision with Social Housing”**

- To establish the following temporary minimal norms for the provision of social housing: 6 square meters of living space per person in social hostels for families and single citizens; and 22 square meters for a family of two persons and an additional 9.3 meters of total living space for every additional family member in apartments or living (one apartment) houses from the social housing stock.

**26. OC and CDPC with an HIV-positive status are kept at the children’s institutions in accordance with general practices but are provided with high-calorie nutrition**

**Joint MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Penitentiary Department Instruction #740/1030/4154/321/614a of 11.23.2007 “On the Procedures to Provide Health and Social Care to HIV-infected Children”**

- *7.1. HIV-infected children:* children deprived of parental care who stay at the children’s houses, orphanages, boarding schools, and nursing homes are kept in these institutions on general conditions. Separation of the HIV-positive orphaned children in separate groups, branches, or classes contributes to the development of isolation violations, deprivation, and self-stigmatization.
- *7.5.* HIV-infected orphaned children shall be provided with improved nutrition.

**27. The term “graduates from institutions for OC and CDPC” is defined; curriculum to prepare the orphanage graduates for independent living has been established. The curriculum includes HIV-prevention topics.**

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 1.* Graduates of institutions for orphaned children and children deprived of parental care—individuals who stayed on full public welfare at institutions for orphaned children and children deprived of parental care and completed their stay at these institutions due to the completion of education.
- *Article 21.* Institutions for orphaned children and children deprived of parental care shall provide curricula for psychological and practical training for future work and professional self-determination of the students, taking into account the abilities and interests of children and needs of the regions.

**State Social Service Order #31 of 6.4.2008 “On Approval of Program for Centers of Social Services for Families, Children and Youth for Social Adaptation of Orphaned Children and Children Deprived of Parental Care from among Students of Senior and Graduate Classes of Boarding Schools, Social Rehabilitation Schools and Individuals from among Orphaned Children and Children Deprived of Parental Care”**

- The *Program Goal* is to train orphaned children and children deprived of parental care, and individuals from among them, for independent life through the development of needed theoretical and practical knowledge and skills. *Topic 2.4. HIV/AIDS and society.* Time: 1 hour 20 minutes.

**28. The legislation envisages provision of social support to OC and CDPC by the Centers for Social Services for Family, Children and Youth (CSSFCY). Employees of CSSFCY shall provide social follow-up to children in guardianship and trusteeship.**

**A possibility of social support to adopted children has been indicated. Social support to adoptive families and family-based children’s homes is clearly envisaged in the regulations about social support.**

**The content and procedures for the provision of services aimed at social adaptation of students and graduates of institutions for OC and CDPC have been specified.**

**CMU Resolution #565 of 4.26.2002 “On Approval of the Provisions on Adoptive Family”**

Social support to family-type children’s homes is provided by the Center for Social Services for Family, Children and Youth.

- *8.6.* One employee of the Center can provide support to no more than 30 adopted children and educatees.

- 9.1. Social support to adoptive families shall be performed by the Centers for Social Services for Families, Children and Youth (CSSFCY).

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 1.* Social support is the work aimed at provision of social care, support, and patronage to socially unprotected children and young people in order to overcome living hardships and to preserve and increase their social status.
- *Article 15.* Social support is provided to children—who stay in the families of guardians, trustees, adoptive families, family-type children’s homes—and to individuals from among orphaned children and children deprived of parental care.
  - Social support can be provided to an adopted child if this does not violate the secrecy of adoption and is performed with the consent or by the request of an adoptive parent or a child.
  - Social support is provided under a special plan that should be adjusted once a year.

**CMU Resolution #866 of 9.24.2008 “On Activities of Guardianship and Trusteeship Bodies for the Protection of Children’s Rights”**

- 48. Social support to children, who stay under guardianship, trusteeship, or live in hard conditions, shall be provided by the CSSFCY at the place of residence of the child with the guardian or trustee.

**MFYS/Ministry of Internal Affairs (MIA) Order #3131/386 of 9.7.2009 “On Approval of Instruction on the Cooperation of Departments on the Affairs of Families, Children and Youth, Services on Children’s Affairs, Centers for Social Services for Families, Children and Youth, and Respective subdivision of the Organs of Internal Affairs to Implement Activities to Prevent Violence in the Families” (in the edition of [07.09.2009](#))**

- 2.6. CSSFCY shall provide social support to the families with the identified occurrence of family violence or with the risk of its occurrence.

**MFYS Order #3357 of 9.23.2009 “On Approval of Procedures to Provide Social Support to Adoptive Families and Family Type Children’s Homes”**

- 2.1. Key entities to provide social support are Centers for Social Services for Family, Children and Youth.

**MFYS Order #3385 of 9.25.2009 “On Approval of Procedures for Cooperation between the Centers for Social Services for Families, Children and Youth, and Services on Children’s Affairs in the Process of Establishment of Guardianship and Trusteeship, and Development and Ensuring the Activities of Adoptive Families and Family Type Children’s Homes”**

- 6.1. Social support to the families that educate children under the guardianship or trusteeship shall be provided by the application of the rayon, city, district in the city, and Service on Children’s Affairs at the place of residence of the families.

**MFYS Order #4389 of 12.21.2009 “Sample Sectoral Standards for the Provision of Social Services for Social Adaptation of Educatees and Graduates of Institutions for Orphaned Children and Children Deprived of Parental Care, and Individuals from among Them”**

- Determine the content and procedures for provision of social adaptation services.

**29. The regulations about adoptive families indicate that OC and CDPC living with HIV can be reared in adoptive families, while the regulations about the family-based children's homes do not contain such provision**

**Family Code of Ukraine: Law #2947-III of 1.10.2002**

- *Article 5.* The State protects the family, childhood, motherhood, and fatherhood and creates conditions for strengthening of the family. The State ensures the priority of family care of children.

**CMU Resolution #565 of 4.26.2002 "On Approval of the Provisions on Adoptive Family"**

- 2. Children affected by HIV can be placed for upbringing and living in adoptive families on the basis of the respective conclusions of the guardianship and trusteeship authorities and healthcare facilities, and their total number shall not exceed four persons.

**Joint MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Penitentiary Department Instruction #740/1030/4154/321/614a of 11.23.2007 "On the Procedures to Provide Health and Social Care to HIV-infected Children"**

- 7.3. Heads of governmental institutions that provide care to HIV-infected orphaned children shall comprehensively contribute to the access of children to family-type care/upbringing.

**30. MFYS Order #2668 of 7.25.2007 approved the Program to Train Candidates for Adoptive Parents and Foster Parents to rear HIV infected children.**

**CMU Resolution #564 of 4.26.2002 "On Approval of the Provisions on a Family-Type Children's Home"**

- 9. Oblast CSSFCY shall at least twice a year organize training for adoptive parents in order to improve their upbringing capacity.
- Training on care for HIV-infected children shall be organized for the adoptive parents of such children by the departments of CSSFCY, together with healthcare facilities at least once a year on the basis of curriculum approved by the MFYS and MOH.

**Presidential Decree #411/2008 of 05.05.2008 "On Additional Measures to Ensure Protection of Rights and Legal Interests of Children"**

- 9. To improve the work to train potential adoptive parents, guardians, trustees, tutors, and respective social workers.

**MFYS Order #3385 of 9.25.2009 "On Approval of Procedures for Cooperation between the Centers for Social Services for Families, Children and Youth, and Services on Children's Affairs in the Process of Establishment of Guardianship and Trusteeship, and Development and Ensuring the Activities of Adoptive Families and Family Type Children's Homes"**

- 2.2. The Autonomous Republic of Crimea, oblast, and Kyiv and Sevastopol city center shall within two weeks after the completion of training provide a recommendation to the Services on Children's Affairs on the inclusion of data about orphaned children and children deprived of parental care into the Single Database (or a recommendation not to include the data).

**CMU Resolution #905 of 10.8.2008 "On Approval of the Procedures to Implement**



**Adoption and Supervise the Observance of Rights of Adopted Children”**

- 25. Citizens of Ukraine who want to adopt a child can, at their wish or by a recommendation of the Service on Children’ Affairs, take the training course on upbringing of orphaned children and children deprived of parental care.

**MFYS Order #2668 of 7.25.2007 “On Approval of the Training Curriculum for Candidate Adoptive Parents and Tutors to Upbring HIV Infected Children”**

- The training module “Care and Support to Children, Living with HIV/AIDS” is intended for the training of people who provide care and upbringing to HIV-infected children: parents and adoptive parents. The curriculum includes a brief overview of the global HIV epidemic and characteristics of its development in Ukraine; a description and life cycle of HIV; HIV diagnostics in children; signs of HIV progression in children; medical check-up of children living with HIV; prevention of infectious diseases among HIV-infected children; highly active antiretroviral therapy (HAART) for children; nutrition for HIV-infected children; first aid to children living with HIV; prophylaxis of injuries, contact with blood, biological liquids, and tissues of a person living with HIV; how to disclose HIV status to a child; creation of self-support and self-help groups; psychosocial support to children and families; and legislation and regulations.

**31. The standards for the provision of social services for social adaptation of students and graduates from the institutions for orphaned children and children deprived of parental care establish that the needs assessment shall have three stages: primary, intermediary, and final. Methods for data collection are specified. Any tools for a needs assessment have been specified.**

**MFYS Order #4389 of 12.21.2009 “Sample Sectoral Standards for the Provision of Social Services for Social Adaptation of Educatees and Graduates of Institutions for Orphaned Children and Children Deprived of Parental Care, and Individuals from among Them”**

- 3.3. A comprehensive analysis/evaluation of the situation of each representative of the target group, who received services, should be performed. The evaluation results are taken into consideration while developing an individual plan of service provision with the service recipients. Needs evaluation is performed in three stages: primary, intermediate, and final evaluation.

**32. Procedures and tools for the assessment of needs of children in guardianship or trusteeship are not defined**

The specialists have an idea to create the single assessment of needs of children irrespective of the form of their placement.

**33. The procedures for provision of social support to adoptive families (AF) and family-base children’s homes (FBCH) determine the rules and tools to assess the needs of children in AF or FBCH**

**MFYS Order #3357 of 9.23.2009 “On Approval of Procedures to Provide Social Support to Adoptive Families and Family-Type Children’s Homes”**

- 4.6. Collection of additional information about a child should be performed within 1 month, during which the first evaluation of needs of an adopted child or a child placed in a government

institution is made according to the established form (Annex 1).

- 4.7. In an adoptive family or family-type children's home, the evaluation of needs of an adopted child is made once a year.

**34. The form for the services and children affairs (SCA) to develop an individual plan for social protection of a child living in hard conditions, orphaned children, or children deprived of parental care or social protection has been established. The uniform sectoral standard for the provision of social services for social adaptation of students and graduates of the institutions for orphaned children and children deprived of parental care establishes the procedures and plan for the provision of social support.**

**CMU Resolution #866 of 9.24.2008 "On Activities of Guardianship and Trusteeship Bodies for the Protection of Children's Rights" (in the edition of 11.19.2010)**

- 4. Commission on the Protection of Children's Rights should, within its authority, review and submit proposals on the individual plan for social protection of a child living in hard living conditions, an orphaned child, or a child deprived of parental care.

**MFYS Order #4591 of 11.18.2008 "On Approval of Procedures to Run a Personal File of an Orphaned Child and a Child Deprived of Parental Care, and of Forms of Individual Plan for Social Protection of Children in Hard Living Conditions, Orphaned Children and Children Deprived of Parental Care"**

- Service on Children's Affairs at the place of origin of a child shall draw a personal file of an orphaned child or child deprived of parental care for each of such children.
- The personal file consists of two parts—each of which is kept in a separate folder.
- The second part of the personal file shall contain an individual plan for social protection of a child in hard living conditions, an orphaned child, and child deprived of parental care, which should be reviewed when needed but at least once a year.

**MFYS Order #4389 of 12.21.2009 "Sample Sectoral Standards for the Provision of Social Services for Social Adaptation of Educatees and Graduates of Institutions for Orphaned Children and Children Deprived of Parental Care, and Individuals from among Them"**

- Development of the social support plan.
  - Services shall be provided on the basis of the social support plan that is to be developed for each service recipient (or his/her official representative) and shall be based on the primary evaluation results.
  - The social support plan shall be developed together with the service recipient no later than 10 days after the primary needs evaluation.
  - The plan is executed in written form in the language understandable to the service recipient and is agreed upon and signed by the service recipient or his/her official representative.

**35. It is envisaged that the services on children affairs should develop an individual plan for social support to children in hard living conditions, orphaned children, and children deprived of parental care. Procedures and tools for the planning of social services (social support plan) to children in guardianship or trusteeship have not been developed.**

**MFYS Order #4591 of 11.18.2008 “On Approval of Procedures to Run a Personal File of an Orphaned Child and a Child Deprived of Parental Care, and of Forms of Individual Plan for Social Protection of Children in Hard Living Conditions, Orphaned Children and Children Deprived of Parental Care”**

The individual plan for social protection of a child in hard living conditions, an orphaned child, or a child deprived of parental care. (See Statement 34 of this form.)

**36. It is envisaged that the services on children affairs should develop an individual plan for social protection of children in hard living conditions, orphaned children, and children deprived of parental care.**

**It is regulated by the Procedures to Provide Social Support to Adoptive Families and Family-based Children’s Homes that envisage the rules and tools to plan the services (social support plan) to the children in AF and FBCH.**

**Order of the Ministry of Family, Youth and Sport as of 18.11.2008, № 4591 «On Approval of Procedures to Run a Personal File of an Orphaned Child and a Child Deprived of Parental Care, and of Forms of Individual Plan for Social Protection of Children in Hard Living Conditions, Orphaned Children and Children Deprived of Parental Care.”**

- See Statement 34 of this form.

**MFYS Order #3357 of 9.23.2009 “On Approval of Procedures to Provide Social Support to Adoptive Families and Family Type Children’s Homes”**

- 4.8. On the basis of evaluation of needs of an adopted child or child placed in a government institution, as well as information about the child and the individual plan, the social support plan is to be developed to provide support to adoptive families or family-type children’s homes (Annex 3), which contains two parts: namely, the plan to meet the development and education needs of a child and the plan to create conditions for development and raising of the child in an adoptive family or family-type children’s home.

**37. Providers of social services to OC and CDPC have been identified. The forms of placement of orphaned children and children deprived of parental care are clearly defined. It is envisaged that the target group representatives can receive services at a social hostel for orphaned children and children deprived of parental care, in the child protection center “Our Children,” in social and rehabilitation centers “Children’s Town,” and in “SOS Kinderdorf” centers.**

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 1.* Forms of placement of the orphaned children and children deprived of parental care include adoption; establishment of guardianship or trusteeship; and placement to the adoptive families, family-type children’s homes, or institutions for orphaned children and children deprived of parental care.

**CMU Resolution #878 of 9.5.2005 “On Approval of Standard Provisions on Social Hostel for Orphaned Children and Children Deprived of Parental Care”**

- 1. A Social Hostel for OC and CDPC is a facility for the temporary residence of OC and CDPC ages 15–18 years, as well as of individuals from among OC and CDPC ages 18–23 years. Its aim

is to create conditions for social adaptation of people residing in it and their training for an independent life.

- 3. The hostel shall be established by the local executive power or local self-government authority.
- 9. Operations of the hostels are performed in cooperation with the SSSFCY.
- 13. No more than 30 persons can reside in the hostel. The ultimate term of stay in the hostel is three years.

**CMU Resolution #4121 of 12.29.2009 “On Approval of the Standard Provisions on the Child Protection Center “Our Children”**

- 1. The Child Protection Center “Our Children” is the facility for social protection of children intended to house children up to 18 years of age and for the provision of comprehensive social, psychological, pedagogical, health, and other kinds of support.
- 4. The center shall be established, reorganized, and liquidated by a structural division of the German-Polish Association in Ukraine.

**CMU Resolution #1291 of 12.17.2005 “On Approval of Standard Provisions on Social and Rehabilitation Center–Children’s Town”**

- Social and Rehabilitation Center (“Children’s Town”) is a facility for social protection and residence of OC and CDPC, children living in hard living conditions, and homeless children ages 3–18 years—for the provision of comprehensive social, psychological, pedagogical, health, and other kinds of support and further placement of children.
- 3. The center shall be established, reorganized, and liquidated by a city public administration and is reporting to the Service on Children’s Affairs.

**CMU Resolution #310 of 3.15.2006 “On Approval of Standard Provisions on SOS–Children’s Town”**

- SOS (“Children’s Town”) is a specialized institution for residence, maintenance, and upbringing of OC and CDPC until they reach the age of 18 years, and—in the case of continued education at general secondary, vocational training schools, or higher educational institutions of accreditation levels I–IV— until the age of 23 years.

*SOS (“Children’s Town”) is functioning within the agreement between the CCMU and the association SOS Kinderdorf International on the creation of SOS Children’s Towns.*

**38. The list of social services for OC and CDPC to be provided in an adoptive family or family-based children’s home has been developed. HIV-related problems in social and medical services have been specified.**

**The standards for provision of social services identify the list of social services for the students and graduates of institutions for OC and CDPC. HIV-related problems are NOT mentioned.**

**The curriculum to prepare orphanage graduates for independent life has been established. The curriculum includes HIV-prevention topics.**

**Social services are indicated in the provisions on the social hostel for OC and CDPC. HIV**

is NOT specified.

The list of services for children in guardianship and trusteeship is not regulated.

**CMU Resolution #878 of 9.5.2005 “On Approval of Standard Provisions on Social Hostel for Orphaned Children and Children Deprived of Parental Care”**

- Key objectives of the hostel are to provide children with housing, psychological, social and pedagogical, legal, social and economic, and information services.

**MFYS Order #3357 of 9.23.2009 “On Approval of Procedures to Provide Social Support to Adoptive Families and Family Type Children’s Homes”**

- 3.3. Social support is ensured through the provision of comprehensive social services, in particular:
  - 3.3.5. Social and medical services (assistance to adoptive parents and tutors to preserve, maintain, and protect health of adopted children or children placed in government institutions, especially HIV-infected children and children with functional disabilities; provision of information about health life styles and prevention of TB, STDs, and HIV, etc.).

**MFYS Order #4389 of 12.21.2009 “Sample Sectoral Standards for the Provision of Social Services for Social Adaptation of Educatees and Graduates of Institutions for Orphaned Children and Children Deprived of Parental Care, and Individuals from among Them”**

- 2.1. Social adaptation includes social and psychological support; social and legal support; employment or requalification or refresher training assistance; support to continue education; support to resolve housing issues; support to develop self-servicing skills; or support to work with a biological family.

**39. There is no document that would establish standards for the provision of social services for children placed in adoptive families or family-based children’s homes. There is no document that would establish the quality standards for social services for children placed in AF of FBCH.**

**CMU Instruction #178-r of 4.13.2007 “On Approving Conceptual Approaches to Reform the System of Social Services”**

- The legislation establishes social standards as the set of norms and rules that primarily regulate the distribution of resources for the provision of social services but does not provide an opportunity to evaluate the effectiveness and impact of services on the life of a recipient.

**CMU Instruction #1052-p of 7.30.2008 “On Approval of Action Plan to Implement the Concept to Reform the System of Social Services for the Period till 2012” (in the edition of 7.30.2008)**

- 3. To establish procedures for the development and approval of the state minimal standards of quality of social services.

**40. There is no document that would establish the standards for the provision of social services for children in guardianship or trusteeship. There is no document that would establish the quality standards for social services for children in guardianship or trusteeship.**

**MFYS Order of 11.4.2008 “On Approval of the Strategy to Develop the System of Social Services for Families, Children and Youth for 2009–2014”**

- Strategy materials:
  - 1.3. Till 2014 to introduce the standards for the provision of social services to different categories of clients.

**41. The standards for the provision of social services to students or graduates from the boarding schools for OC and CDPC have been established. There is no document that would establish the quality standards for social services for students or graduates from the boarding schools for OC and CDPC.**

**Law #1065–VI of 05.03.2009 “On the National Program National Action Plan to Implement the UN Convention on the Rights of the Child for the Period till 2016”**

- 4.3. *Key objectives:* to develop standards for the functioning of the system of institutions for orphaned children and children deprived of parental care.

**MFYS Order #4389 of 12.21.2009 “Sample Sectoral Standards for the Provision of Social Services for Social Adaptation of Educatees and Graduates of Institutions for Orphaned Children and Children Deprived of Parental Care, and Individuals from among Them”**

- 1.1. Sample sectoral standards for the provision of social services for the social adaptation of children placed in government institutions and graduates of institutions for orphaned children and children deprived of parental care and individuals from among them determine the basic requirements to the level of quality, process of provision, and content and scope of services; and determine the facilities and institutions that can provide such services for social adaptation.

**42. It is determined that the subject of social work with families, children, and youth shall be maintained at the expense of funds allocated by the state and local budgets, charity funds (donations), and other sources according to the procedures established by law. Specialized institutions for victims of domestic violence have the right to bring a suit against the violators to compensate their losses in order to care for the victims of domestic violence.**

**CMU Resolution #1072 of 9.6.1996 “On Approval of Provisions on the Center for Medical and Social Rehabilitation of the Minors”**

- 33. Financial and economic activities shall be implemented at the expense of the state and local budgets, extrabudgetary and other funds established on the basis of voluntary contributions of enterprises, institutions and organizations irrespective their ownership forms, and civil society organizations and individuals.
- 34. Partial compensation for the expenses to maintain the minors in the centers is made at the expense of parents (adoptive parents) or guardians (trustees).

**Presidential Decree #253/97 of 3.19.1997 “On the National Fund for Social Protection of Mothers and Children ‘Ukraine to Children’”**

- The National Fund for Social Protection of Mothers and Children “Ukraine to Children” has been created with the aim to improve the social protection of mothers, children, and families.

**Law #1768–III of 6.1.2000 “On State Support to Low-Income Families”**

- *Article 11.* Expenses to pay the state social benefits to the low-income families are covered from the state budget subventions to the local budgets.

**Law #2558–III of 6.21.2001 “On Social Work with Families, Children and Youth”**

- *Article 19.* Entities that perform social work with families, children, and youth are maintained at the expense of funds allocated in the state and local budgets, charitable donations, and other sources according to the procedures established by the law.

**Law #2789–III of 11.15.2001 “On Prevention of Violence in the Families” (in the edition of 01.01.2009)**

- *Article 16*
  - 1. Funding of the bodies and institutions to prevent violence in the families—that belong to the executive power or local self-government bodies, shall be provided from the budgets of respective levels.
  - 2. Funding of the specialized institutions for the victims of family violence—created by the enterprises, institutions, organizations, charity funds, citizens’ associations, and individuals—shall be provided at the expense of their own funds.
  - 3. The specialized institutions for the victims of family violence have the right to file a regressive lawsuit to indemnify the cost of maintenance of victims of family violence against the persons who perpetrated the act of family violence.

**CMU Resolution #564 of 4.26.2002 “On Approval of the Provisions on a Family-Type Children’s Home”**

- 24. Funding of the family-type children’s home is allocated from the expenses of the state budgets. The state social assistance and allowance are paid on a monthly basis at the place of residence of a child in the family-type children’s home to the foster parents through the state postal enterprises or are wire-transferred to the personal accounts of both foster parents at the banks of their choice.
- 36. Financial and economic activities of the shelter are performed at the expense of the local budget funds; extrabudgetary and other funds established from the voluntary contributions of enterprises, institutions, and organizations irrespective of their ownership forms; as well as civil society organizations and individuals.

**Law #966–IV of 6.19.2003 (in the edition 12.30.2009)“On Social Services”**

- *Article 14.* Financing of social services is provided through state and local budgets; social funds; funding from enterprises, institutions, and organizations; social service fees; charitable donations; out-of-pocket expenses of service recipients; and other sources envisaged by the law. Funding of the territorial programs for the development of social services is provided at the expense of targeted subventions allocated to the local budgets or through the cooperation of funds of the local budgets to implement joint projects.

**CMU Resolution #608 of 5.12.2004 “On Approval of Standard Provisions on the Center for Social and Psychological Care” (in the edition of 6.12.2009)**

- Expenses to maintain the Center are covered from the local budget funds for the implementation of programs for children, youth, women, and families, as well as from other sources.

**CMU Resolution #1125 of 8.27.2004 “On Establishment of the State Social Service for Families, Children and Youth” (in the edition of 11.20.2009)**

- 4. Pursuant to the task commissioned to it, the State Social Service shall (17) provide funding to activities aimed at implementation of the national and other programs for families, children, and youth.

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 9.* Expenditures to care for orphaned children and children deprived of parental care, as well as individuals from among them, in the families of guardians, adoptive families, family-type children’s homes, and state-run institutions shall be financed from the state and oblast budgets, the budget of Autonomous Republic of Crimea, and other sources that are not prohibited by law.

**Law #2623–IV of 6.2.2005 “On Basic Principles of Social Protection for Homeless Individuals and Neglected Children”**

- *Article 29.* Funding of activities aimed at social protection of homeless individuals and children is provided at the expense of the state and local budgets funds. Additional funding is provided through the involvement of funds of citizens’ associations, enterprises, institutions, organizations, charity funds, and individuals.

**Presidential Decree #1086/2005 of 7.11.2005 “On Priority Measures to Protect the Rights of Children”**

- 6. To develop the mechanism to finance expenditures to maintain OC and CDPC irrespective of the forms of their placement on the basis of the principle “money follows the child.”

**CMU Instruction #384-p of 9.3.2005 “On Approval of the Concept of the State Program “Social Housing”**

- 4. Financial provision for the Program shall be implemented at the expense of the state and local budgets, as well as of funds of investors and other sources.

**CMU Resolution #878 of 9.5.2005 “On Approval of Standard Provisions on Social Hostel for Orphaned Children and Children Deprived of Parental Care”**

- 4. Maintenance of the hostel is funded at the expense of the local budget funds for the implementation of programs aimed at the solution of problems of children, women, and families.

**CMU Resolution #879 of 9.8.2005 “On Approval of Standard Provisions on Social Center for Mothers and Children”**

- 4. The center shall be maintained at the expense of local budget funds envisaged for the implementation of programs aimed at the solution of problems of children, women, and families.

**CMU Resolution #1291 of 12.17.2005 “On Approval of Standard Provisions on Social and Rehabilitation Center–Children’s Town”**

- The Center shall be maintained at the expense of local budget funds and other sources.

**CMU Resolution #148 of 2.15.2006 “On Approval of Standard Provisions on the Center for HIV Infected Children and Youth”**

- 4. The Center shall be funded at the expense of local budget funds envisaged for the programs to resolve the issues of children, youth, women, and families; and at the expense of other sources.

**CMU Instruction #229-p of 4.22.2006 “On Approval of Concept of the National Action**



**Plan to Implement the UN Convention on the Rights of the Child for the Period for 2006–2016”**

- Beginning from 2006, expenses related to implementation of the National Action Plan shall be covered at the expense of the state and local budgets, as well as of other sources.

**CMU Resolution #310 of 3.15.2006 “On Approval of Standard Provisions on SOS – Children’s Town”**

- 31. Financial and material and technical support to the Children’s Town is provided at the expense of the founders; care of children is at the expense of the local budgets in accordance with the state social standards.

**CMU Resolution #623 of 5.11.2006 “On Approval of the State Program to Overcome Children’s Homelessness and Neglect for 2006–2010”**

- Funding for implementation of the Program is provided within expenditures envisaged by the central and local executive power bodies, the Council of Ministers of the Autonomous Republic of Crimea, the state and local budgets for the respective purposes, and at the expense of other sources.

**CMU Resolution #1242 of 10.17.2007 “On Approval of the State Targeted Social Program to Reform the System of Institutions for Orphaned Children and Children Deprived of Parental Care”**

- Funding for the program shall be provided from the funds allocated in the state and local budgets and from other sources.

**Joint Order of the Ministry of Labor and Social Policy, MoF, MoH, MoES, and MFYS #254/704/260/427/2014 of 5.19.2008 “On Approval of Procedures to Pay Government Allowance at Childbirth in Case the Child is Placed in the Children’s Institutions (Children’s House) for the Full Government Welfare”**

- 1.4. Allowance at childbirth, when the child is placed in the children’s institutions for the full government welfare, shall be paid through wire transfer to the child’s deposit account opened at an authorized bank.
- 3.13. Funding of the childbirth allowance is made at the expense of the State Budget of Ukraine.

**Decision #769-38-05 of Brovary City Council of 6.26.2008 “Provisions on Adoptive Family for Temporary Placement”**

- 24. Funding of adoptive families for temporary placement is made at the expense of the city budget and includes labor remuneration of one of adoptive parents and social allowance to care for children, who are temporarily placed in the adoptive family.

**Law #1065–VI of 05.03.2009 “On the National Program National Action Plan to Implement the UN Convention on the Rights of the Child for the Period till 2016”**

- 4.3. *Key objectives:* to develop standards for the functioning of the system of institutions for orphaned children and children deprived of parental care.

**CMU Resolution #170 of 3.5.2009 “On Approval of Procedures to Use in 2009 the Funds Envisaged in the State Budget for the Activities to Implement the Government Policy on Children and Activities to Overcome Children’s Homelessness and Neglect”**

- 2. The budget funds shall be allocated to implement activities envisaged by the State Program to Overcome Children’s Homelessness and Neglect for 2006–2010 and by the state targeted social program to reform the system of institutions for orphaned children and children deprived of parental care.

**Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV Infected People and Those Suffering from AIDS for 2009–2013”**

- It is planned to fund the Program at the expense of the state and local budgets and other sources.

**CMU Instruction #2056-p of 11.3.2010 “On Approval of Concept of the State Targeted Social Program of Health Care and Recreation for Children for 2011–2015”**

- It is planned to fund the Program at the expense of the state and local budgets and other sources.

**43. The term “homeless child” has been defined. The term “uncared-for child” has not been defined**

**Law #2402–III of 4.26.2001 “On Childhood Protection” and Law #2623-IV of 6.2.2005 “On the Fundamentals of Social Protection of Homeless Children and Street Children”**

- Homeless children are children who were voluntarily abandoned by their parents or who voluntarily left their families or residential facilities to be street children and children of no fixed abode.
- *Article 6.* The Juvenile Service under the local executive authority and local authority of self-government shall register homeless children.

**44. Registration of homeless children shall be performed by the services on children affairs; the registration log should be maintained, and the child registration and statistics card should be filled**

**CMU Resolution #565 of 6.9.1997 “On the Model Regulations on Shelter Care Facilities”**

- All children placed in the system of shelter care facilities shall be registered, and their details shall be placed on the register of newly arrived children by completing the registration cards of the established form.

**CMU Resolution of 1.28.2004 “On Approving the Model Regulations on the Center for Social and Psychological Rehabilitation of Children”**

- 15. All children admitted to the Center shall be registered, and their personal data shall be placed on the register by completing the registration cards according to the form established by the Ministry for Family, Youth, and Sports.

**Joint Order #162/802 (z0340-01) of 3.27.2001 of the State Statistics Committee and the State Committee on Youth, Sports and Tourism, “Guidelines for Completing State Statistical Report Form No. 162/802, dated March 27, 2001 “Summary Report on the Stream of Minors in Children’s Homes”**

- Summary Report on the Stream of Minors in the Children’s Home for the period \_\_\_\_\_
- Section VI. Characteristics of Minors in Children’s Homes by Health Status
- Disease caused by human immunodeficiency virus (HIV)

**Law #2342-IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 39.10.* The Cabinet of Ministers of Ukraine is authorized to establish a relevant coordinating agency for registration of orphaned children and children deprived of parental care and other children who might not otherwise have completed secondary education, neither study, nor work.

**CMU Resolution #1291 of 12.27.2005 “On Approving the Model Regulations on the Social Rehabilitation Center—Children’s Village”**

- 12. The Center shall carry out mandatory registration of children admitted to the Center, and their personal data shall be placed on the register; in addition, such children’s personal data shall be presented according to the form established by the Ministry for Family, Youth, and Sports.

**Joint Ministry of Labor and Social Policy, MFYS, MOH, MIA, State Committee for Nationalities and Religion, and State Department for Enforcement of Sentences Order #70/411/101/65/19/32 of 2.19.2009 “On Approving The Information Exchange Procedure for Entities Providing Social Services for Homeless People” (as amended on February 19,2009)**

- 2.1.1. Identifying homeless people and street children shall be for the purpose of their registration, TB and other infectious diseases prevention, and their provision with social services by registration centers, other agencies, organizations, facilities, and institutions.

**CMU Resolution #1263-r of 10.21.2009 “On Approving the Action Plan to Implement Measures in 2010 under the National Program ‘The National Plan of Action to Implement the U.N. Convention on the Rights of the Child’ until 2016”**

- Improving the system of registration of homeless children and street children.

**45. Provision of social support to homeless children has not been regulated**

**CMU Resolution of 1.28.2004 “On Approving the Model Regulations on the Center for Social and Psychological Rehabilitation of Children”**

- 23. Upon child’s leaving the Center, the relevant Juvenile Service, within one month, shall notify the center for social services for family, children, and youth of further placement of the child and that state financial assistance shall be assigned to such child and the child’s family.

**46. There is no tool to assess the needs of homeless children**

**47. No procedures and tools to plan the services (social support plan) for homeless children have been defined**

**48. Providers of social services for homeless children have been identified. The governmental institutions to provide social protection for homeless children include shelter for children at the service on children affairs; center for social and psychological rehabilitation of children; social and rehabilitation center (Children’s Town). No limitations for HIV-positive children to stay at the institutions for homeless children have**

been specified.

Homeless children can be also admitted to a child protection center, "Our Children." As to the governmental service providers, the children with substance addictions can be admitted only to the Centers for Medical and Social Rehabilitation for Minors.

**Law #20/95-VR of 1.24.1995 "On Juvenile Agencies and Juvenile Services and Special Institutions for Children"**

- *Article 7.* Reception centers are special institutions under law enforcement agencies established for an interim custody of children over age 11 years. Children are placed in reception centers under the court decision.

**CMU Resolution #1072 of 9.6.1996 "On Approval of Standard Provisions on Center for Medical and Social Rehabilitation of the Minors"**

- The Center for Medico-Social Rehabilitation of Adolescents is an institution providing treatment and rehabilitation services for adolescents who use alcohol, drugs, and psychotropic substances.

**Law #2402-III of 4.26.2001 "On Protection of Childhood"**

- *Article 24.* Street children, according to the established procedure, shall be placed on a short-term basis in the shelter care facility operated by the Juvenile Service.

**CMU Resolution #565 of 4.26.2002 "On Approval of the Provisions on Adoptive Family"**

- *1.* A shelter care for children operated by the Juvenile Service of the relevant local State Administration is an institution of social protection established for a short-term placement of children between ages 3 and 18 years.
- *15.* Children may be placed in such shelter care until a comprehensive decision on their further placement is made; however, such period shall not exceed 90 days.

**CMU Resolution of 1.28.2004 "On Approving the Model Regulations on the Center for Social and Psychological Rehabilitation of Children"**

- *1.* The Center for Social and Psychological Rehabilitation of Children is an institution of social protection established for a long-term (permanent) placement or a daycare of children between ages 3 and 18 years in difficult circumstances.
- *17.* The Center can admit the child for a period required for the child's rehabilitation; however, such period shall not exceed nine months in the event of child's short-term placement and 12 months in the event of placement of the child for a daycare.

**Law #2623-IV of 6.2.2005 "On Basic Principles of Social Protection for Homeless Individuals and Neglected Children"**

- *Article 2. 3.* The institutions of social protection for street children include
  - Children's homes
  - Center for social and psychological rehabilitation of children
  - Social and psychological rehabilitation center (children's village)
- *Article 23. 1.* The children's home is an institution of social protection established for a short-term placement of children between ages 3 and 18 years.
- *Article 24. 1.* The Center for Social and Psychological Rehabilitation of Children (children's village) is an institution of social protection established for a long-term (permanent) placement or a daycare for children between ages 3 and 18 years.

- *Article 25. 1.* The Center for Social and Psychological Rehabilitation of Children (children’s village) is an institution of social protection for orphaned children and children deprived of parental care, those who experience difficult circumstances, and street children between ages 3 and 18 years.

**CMU Resolution #1291 of 12.17.2005 “On Approval of Standard Provisions on Social and Rehabilitation Center–Children’s Town”**

- *1.* The Social Rehabilitation Center (children’s village) is an institution of social protection for accommodation of orphaned children and children deprived of parental care, children in difficult circumstances, and street children between ages 3 and 18 years.
- *3.* The Center shall be established, reorganized, and liquidated by the local State Administration and shall be under the Juvenile Service.

**CMU Resolution #1421 of 12.29.2009 “On Approving the Model Regulations on the Center for Social Protection of Children ‘Our Children’”**

- *1.* The Center for Social Protection of Children “Our Children” is an institution of social protection of children established for placement of children younger than 18 years and which provides integral social, psychological, educational, medical and other types of services for them.
- *4.* The Center shall be established, reorganized or liquidated by the structural unit of the German-Polish- Ukrainian Association in Ukraine.
- *19.* The children voluntarily abandoned by their parents; who are on the road or involved in begging; whose parents’ place of residence is unknown; who voluntarily left their families or educational institutions; who lost ties with their parents during the time of act of nature, technogenic accidents, and disasters; and whose lives and health are at risk of domestic violence.

**49. Provision of support to homeless children has been mentioned.**

**HIV is NOT mentioned in the National Program to Overcome Children’s Homelessness and Neglect for 2006–2010.**

**HIV is NOT mentioned in the provisions about shelters for children of the service on children affairs.**

**The list of services for children to be provided in the social and rehabilitation centers “Children’s Town” has been specified. HIV is NOT mentioned.**

**Law #2402–III of 4.26.2001 “On Protection of Childhood” and Law #2623–IV of 6.2.2005 “On Basic Principles of Social Protection for Homeless Individuals and Neglected Children”**

- *Article 2.* Social patrol is a form of activity that occurs outside the institution for homeless people and street children settings—consisting of a team of qualified specialists providing social services for homeless people and street children.

**CMU Resolution #565 of 4.26.2002 “On Approval of the Provisions on Adoptive Family”**

- *21.* Workers of shelter care facilities conduct psychological and educational inspections among children and assess the level of their mental development, living conditions, and education in their families; and individual features of their development, personality, interests, and reasons for voluntarily leaving educational institutions or workplaces and their homes.

**Verkhovna Rada Resolution #1428-IV of 2.3.2004 “On the Recommendations of the Parliament Hearings “On the Problem of Homeless People and Street Children and Ways of Overcoming the Problem”**

- *I.* The Cabinet of Ministers of Ukraine shall (1) consider providing sanitary and hygienic services and the issue of establishment of the First Aid Station (special medical ambulances) to undertake a patrol, on a regular basis, across the most crowded places where homeless people and street children get together (railway stations, market places).

**Joint Ministry of Labor and Social Policy, MFYS, MOH, MIA, State Committee for Nationalities and Religion, and State Department for Enforcement of Sentences Order #70/411/101/65/19/32 of 2.19.2009 “On Approving The Information Exchange Procedure for Entities Providing Social Services for Homeless People” (as amended on February [19, 2009](#))**

- A social worker of the institution for street children shall accompany such children to the shelter care facility under the Juvenile Service.

**MFYS Order #4568 of 12.29.2009 “On Approving of the Model Regulations on the Multidisciplinary Street Social Work Team Providing Social Services for Risk Groups among Children and Youth”**

- A multidisciplinary street social work team providing social services for risk groups among children and youth is a form of social and prevention activities conducted by a group of specialists in various disciplines, who ensure the provision of social services for street children on the street and youth among high-risk groups for HIV.

**CMU Resolution of 1.28.2004 “On Approving the Model Regulations on the Center for Social and Psychological Rehabilitation of Children”**

- The division of social, psychological, and educational diagnosis and rehabilitation services shall assess the level of children’s education, provide social and psychological services, render assistance to the custody and care authorities in further accommodation of children, and take measures to identify the place of residence of parents, other relatives, guardians (caregivers) of children, etc. Placing children in the Center shall be based on the decision of the psychological, medical, and educational counseling and guidance commission upon receipt of a referral from the relevant Juvenile Service.

**50. There is no document that would specify the standards for the provision of social services to homeless children; there is no document that would specify the quality standards for social services for homeless children**

**51. The term “child in hard living conditions” has been defined**

**MFYS Order #4580 of 11.18.2008 “The Procedure for Maintaining the Unified Electronic Database on Children in Difficult Circumstances”**

- *I.4.* Children in difficult circumstances are children of families in which parents or persons acting on their behalf fail to fulfill their parental duties; children who voluntarily leave their places of residence (accommodation) on a regular basis; and children against whom physical, psychological, sexual abuse, or economic violence has been committed.

**Statement 52. Families with children are guaranteed to receive government support: maternity allowance, childbirth benefit; child adoption allowance; support to care for a child till the age of three years; allowance for children in guardianship or trusteeship; benefit for single mothers to care for children. The monthly governmental social assistance to low-income families is also guaranteed.**

**UN Convention on the Rights of the Child. International Document, [995 021](#) as of 20.11.1989.**

- *Article 27*
  - 3. States Parties... shall in case of need provide material assistance and support programs, particularly with regard to nutrition, clothing, and housing.

**Law #2811–XII of 11.21.1992 “On State Material Assistance to Families with Children” and CMU Resolution #1751 of 12.27.2001 “On Approving the Procedure for the Assignment and Payment of State Material Assistance to Families with Children” (as amended on 10.9.2009)**

- The types of state material assistance to families with children include
  - (1) maternity pay and maternity allowance during pregnancy and childbirth
  - (2) single payments for maternity clothes and baby’s needs
  - (2-1) adoption allowance
  - (3) childcare allowance for children younger than three years of age
  - (4) childcare allowance for children under guardianship and tutorship
  - (5) allowance for children raised by single mothers
- Childcare allowance for children under guardianship and tutorship shall not be assigned if such children receive a state pension.
- *Article 4.* Coverage of expenses for payment of State material assistance to families with children shall be via the State Budget of Ukraine as subventions to local budgets.
- *Article 5.* All types of State assistance to families with children, except a maternity pay and maternity allowance during pregnancy and childbirth, shall be assigned and paid by department of labor and social protection of population located at the place of residence of parents (adopters, guardians, caregivers).
- Maternity pay and maternity allowance during pregnancy and childbirth referred to in *paragraph 2, Article 4* hereof, shall be assigned and paid at the place of primary employment (service).
- 53. Departments of labor and social protection of population shall transfer such funds through the state postal service “Ukrposhta” and authorized banks to ensure that payments of state material assistance to families with children are made.

**Law #1768–III of 6.1.2000 “On State Material Assistance to Low-Income Families”; and CMU Resolution #250 of 2.24.2003 “On Approving the Assignment and Procedures for Assignment and Payment of State Material Assistance to Low-Income Families” (as amended on 3. 23.2009)**

- ... state material assistance to low-income families is a monthly material assistance assigned to low-income families in monetary form—what amount depends on the size of the average total monthly family income. State material assistance shall be assigned for a period of six months. State material assistance shall be paid on a monthly basis at the place of residence of and through the authorized person acting on behalf of the family, the state postal services, or by way of transfer of funds into the personal account of the authorized person acting on behalf of the family

in the banking institution.

**CMU Resolution #189 of 2.22.2006 “On Approving the Procedure for Assignment and Payment of Temporary State Material Assistance to Children Whose Parents Evade Paying Child Support, Are Unable to Care for a Child or Whose Place of Residence is Unknown” (as amended on March 13, 2008)**

- 4. Temporary State material assistance to children shall not be assigned if such children are under guardianship and tutorship or receive a state pension.

**CMU Resolution #259-r of 5.11.2006 “On Approving the Strategy of the National Family Support Program For the Period of 2006 Through 2010”**

- Means of addressing the challenges include providing State material assistance to families with children—first of all, childcare allowance for children younger than three years of age at the subsistence level established by the legislation for children younger than three years of age.

**Law #142–V of 9.14.2006 “On Baby Food” (as amended on 1.6.2011)**

- *Article 4.* Infants and babies under age two years in low-income families shall be provided with baby food free of charge.

**CMU Resolution #160 of 3.5.2009 “On Approving the Procedure for Using the State Budget Funds to Conduct Social Work Among Families, Children and Youth” (as amended on 6.29.2010)**

- 3. The allocation of funds to be used during the corresponding year shall be the responsibility of the State Department of Social Services in accordance with the calendar plan of implementing national programs and conducting social activities among families, children, and youth.

**CMU Resolution #170 of 3.5.2009 “On Approving the Procedure for Using the State Budget Funds in 2009 to Conduct Measures to Implement the Government Policy on Children and Measures To Address Child Neglect and Homelessness”**

- The controller of the budget funds at a lower level shall be the State Department for Adoptions and Protection of the Rights of the Child.

**53. The need to detect and manage children in hard living conditions by the services on children affairs has been regulated. The form of computer child registration and statistics card has been approved.**

**The need to detect and register families in hard living conditions by the Social Services for Family, Children and Youth services on children affairs has been regulated. The Registration log for families in hard living conditions has been approved.**

**The need to register children and young people sentenced to some form of punishment but not imprisonment, or released on probation, or on parole has been regulated.**

**Joint Order of 6.14.2006 of the MFYS, MOH, MOES, Ministry of Labor and Social Policy, Ministry of Transports and Communications, MIA, and the State Department for Enforcement of Sentences “On Approving the Information Exchange Procedure for Entities Providing Social Services for Families In Difficult Circumstances”**

- 4. Any entity involved in providing social services may receive a written notification of families in difficult circumstances ... sent to the address of centers for social services for families,



children, and youth.

- The *REGISTER* of Families in Difficult Circumstances.

**MIA Order #384 of 7.13.1996 “On Approving the Regulations on Juvenile Reception Centers Operated by Law Enforcement Agencies”**

- 3.8. Personal data of all persons in the juvenile reception centers shall be placed on the register of adolescents and their record cards (the form of which is approved by the Ministry of Internal Affairs) shall be completed.

**MFYS and Ministry of Labor and Social Policy Joint Order #2778/416 of 8.6.2007 “On Approving the Information Exchange Procedure for Centers for Social Services for Families, Children and Youth and Departments of Labor and Social Protection of Population On Providing Social Services for Families in Difficult Circumstances”**

- 4.1. Centers for social services for families, children, and youth shall maintain the Unified Database on families in difficult circumstances, including services provided for them, and entities providing social services.

**CMU Resolution #866 of 9.24.2008 “Matters Pertaining to the Activities of Custody and Care Authorities to Protect the Rights of the Child”**

- 4. The Juvenile Service or the executive authority of the village, small town Radas (Councils), after receiving a notification of the child deprived of parental care, shall find out the habitual place of residence of such child, child’s age, details of the child’s parents or persons acting on their behalf, and the reason why the child has been separated from his/her parents.
  - Based on the results of inspections on the child’s living conditions, a statement shall be prepared containing the date, place of inspection, personal details of the child, details of the child’s parents, other persons with whom the child lives, the child’s maintenance conditions and the child’s health status, circumstances and the reason why the child has been deprived of parental care, as well as which measures have been taken to protect the rights of the child.
  - On the basis of the information obtained about the child, the Juvenile Service shall make its decision to be filed as the order on the initial registration of children without parental care, orphaned children, and children deprived of parental care; and shall enter records of such children in the Book for Initial Registration of Children without Parental Care.
- 15. The files with personal data on the child initially registered shall be entered into the Unified Electronic Database on orphaned children and children deprived of parental care; children’s family members; and candidates for adoptive parents, guardians, caregivers, foster parents, and parent-teachers. In the Unified Database, all files with personal data of each child are stored in the electronic record card of the child.

**Joint Order #288/4322 of 10.28.2008 of the State Department on Enforcement of Sentences and the MFYS “On Approving the Information Exchange Procedure for the Criminal-Executive Service of Ukraine and Social Services Centers for Families, Children and Youth to Ensure Social Support and Control Over the Behavior of Children and Youth Found Guilty of Offences Carrying Non-Custodial Sentences, Being Released From Serving Sentences on Probation or On Parole”**

- 6. Information exchange between the parties on the registration of children and youth found guilty of minor offenses and progress reports.
  - The Criminal-Executive Service of Ukraine, on a quarterly basis, shall provide information to the centers on the number of children and youth, the criminal situation and social and

demographic statistics on children and youth, their compliance with the terms and conditions of non-custodial sentences, and progress reports on control over the behavior of persons being released from serving sentences on probation or on parole.

- The Centers for Social Services for Families, Children and Youth, on a quarterly basis, by the fifth date following the reporting period, shall provide the Criminal-Executive Service with information on work with each child and characteristic features of the child, general information on the number of convicts among young people registered with the Juvenile Service, as well as social services rendered.

**MFYS Order #4580 of 11.18.2008 “The Procedure for Implementing the Unified Electronic Database on Children in Difficult Circumstances”**

- 1.2. The Database on Children in Difficult Circumstances is a unified electronic information and analytical registration system for children in difficult circumstances.
- 1.5. The following levels are responsible for operating and administering the Unified Database:
  - *Unified Database Administrator at the local level*—the Juvenile Service at the district level and at the urban district level in the Kyiv City and Sevastopol State Administrations and the executive authority of the City Council within cities.
  - *Unified Database Administrator at the regional level*—the Ministry of Youth, Family, and Gender Policy of the Autonomous Republic of Crimea, the Juvenile Services of regional administrations, and the Juvenile Services of the Kyiv City and Sevastopol City State Administrations.
  - *Unified Database Administrator at the national level*—State Department of Adoption and Protection of the Rights of the Child.

**MFYS Order #2669 of 7. 29.2009 “On the Procedure for Keeping Records on Children in Difficult Circumstances by Juvenile Services”**

- 2. Record keeping on children in difficult circumstances shall be maintained by the Juvenile Service.

**54. Centers for Social Services for Family, Children, and Youth guarantee provision of social support to children in hard living conditions**

**MFYS and Ministry of Labor and Social Policy Order #2778/416 of 8.6.2007 “On Approving the Information Exchange Procedure for Social Services Centers for Families, Children and Youth and Departments of Labor and Social Protection of Population Related to Social Services for Families in Difficult Circumstances”**

- 4.1. Social services centers for families, children, and youth shall provide social services to care for families if such families submit their own applications (or there are applications submitted by other citizens, facilities, and institutions in relation to such families) to the center.

**MFYS Order #1795 of 4.25.2008 “On Approving the Procedure for Providing Social Services by Centers of Social Services for Families, Children, and Youth and Persons in Difficult Circumstances”**

- 1.2. A social services network targets families with children in difficult circumstances and those who are unable to cope with such circumstances on their own due to the child’s or his/her parents’ incapacity, forced displacement and migration, drug or alcohol dependence of one or both members of the family, sentences in correctional facilities, HIV infection, domestic violence, complex interpersonal relationships within the family, etc.

- Families with the risk of placement of a child in institutions for orphaned children and children deprived of parental care.
  - Single mothers or parents (including adolescents) in need.
  - Families which include graduates of boarding schools.
  - Families which include members that stayed in educational, correctional facilities, and pretrial detention facilities; returned or were found guilty of offenses carrying non-custodial sentences; or returned from centers for alternative sentencing.
  - Orphaned children and children deprived of parental care (if appropriate), as well as those among orphaned children and children deprived of parental care who are graduates of boarding schools.
  - Mothers (including those among adolescents), who have voluntarily abandoned or are going to abandon their infants.
  - Young people who stayed in educational, correctional facilities, and pretrial detention facilities; returned or were found guilty of offenses carrying non-custodial sentences; or returned from centers for alternative sentencing.
- 3.1. Social services shall be provided based on the results and information obtained during the comprehensive family assessment, which confirms the existence of difficult circumstances after the decision to provide social services to the family or a member of the family has been made by the advisory agency.

**MFYS Order #4569 of 12.29.2009 “Model Industry Standards for the Practice of Social Work with Families With Children In Difficult Circumstances”**

- 2.2.3. Social work involves defining the major problems of ill-being—the solution of which will make it possible to improve the situation in the future.
- The period for providing social services shall be established for each separate family and such period may not exceed six months. When appropriate, such period may be extended for a period of one year.
- One specialist (a family coordinator) shall work with 5–10 families in difficult circumstances.

**55. The procedures of the Centers for Social Services for Family, Children, and Youth for the provision of social support to families or individuals in hard living conditions envisage the need to perform a comprehensive examination of such families/individuals.**

The following tools were tested but not yet institutionalized: assessment of needs of a child and its family; assessment of needs and resources of a family.

The procedures of CSSFCY for the provision of social inspection of families, children, and young people in hard living conditions specify the form to enter the data about the situation and the client’s needs (social inspection certificate); on the basis of the social assessment results, a decision is made to assign the social support to such family.

Order of the State Social Service has established the Evaluation Card to register the cases of refusal or risk of refusal of a newborn child.

**MFYS Order #1795 of 5.25.2008 “On Approving the Procedure for Social Services Provided by the State Social Services for Family, Children, and Youth for Families and Persons in Difficult Circumstances”**

- During the comprehensive assessment, a social worker shall focus on the health status, social conditions of development, and education of the child and treatment of the child in the family;

ideas of the family members or the person on the family's concerns and needs; and ways of addressing such concerns. In addition, the worker, in cooperation with the members of the family or the person and close relatives of the child (relatives), shall consider the resources and social and other opportunities to address the challenges, etc.

- Based on the results of such comprehensive assessment, a record card of the family or a member of the family eligible for social services shall be completed.

**MFYS Order #4414 of 11.4.2008 “On Approving the Strategy of Development of the System of Social Services for Families, Children and Youth for the Period of 2009 Through 2014”**

The Strategy contains the following:

- 1.1 By 2014, introducing the needs comprehensive assessment procedure in the process of planning of social services at the community level.
  - 1.1.1. Developing the procedure for comprehensive assessment of the needs of children and their families.
  - 1.1.2. Providing training for specialists from pilot areas.
  - 1.1.3. Conducting the approbation of the needs assessment procedure.
  - 1.1.4. Ensuring training for specialists on the needs assessment procedure.
  - 1.1.5. Ensuring the implementation of the needs assessment process in territorial communities.

**CMU Resolution #608 of 5.12.2005 “On Approving the Model Regulations on the Center for Social and Psychological Services” (as amended on June 12, 2009)**

- 5. The Center, according to the tasks assigned, shall
  - (4) Assess the needs of persons who submitted their applications to the Center, and in cooperation with them, develop an individual plan for intervention with the family to address difficult circumstances specifying the performance deadlines.

**SSFCY Order #54 of 9.21.2009 “On the Pilot Project to Conduct Assessments of the Needs of the Child and the Child's Family and the Project to Conduct Assessments of the Needs and Resources of the Family”**

**MFYS Order #4569 of 12.29.2009 “Model Industry Standards for the Practice of Social Work with Families With Children In Difficult Circumstances”**

- 3.2.3. The decision on the content and scope of services shall be approved after the comprehensive assessment and evaluation of the needs of the family during the inspections conducted by the social worker has been made. Such comprehensive assessment and evaluation shall be mandatory if there is a need to provide social services to the family.

**SSFCY Order No#61 of 11.29.2010 “On Approving the Guidelines for Social Work of the State Social Services for Family, Children, and Youth to Prevent Early Child Abandonment in Maternity Hospitals”**

- *Annex to the Guidelines:* The Report Card for Instances of Infant Abandonment or a Risk of Infant Abandonment.

**56. The need for the Services on Children's Affairs to develop an individual plan for social protection of children in hard living conditions, orphaned children, or children deprived of parental care (on the basis of a special form) has been regulated.**

The procedures of the Centers for Social Services for Family, Children, and Youth for the provision of social support to families or individuals in hard living conditions envisage the need to develop a plan for social support for the family or an individual. A specific format for the plan for social support has been recommended by the State Social Service to the Centers for Social Services for Family, Children, and Youth but has not yet been institutionalized (it is a unified format for all clients of the centers except adoptive families and family-based children's homes).

**MFYS Order #1795 of 4.25.2008 "On Approving the Procedure for Providing Social Services by Centers of Social Services for Families, Children and Youth and Persons in Difficult Circumstances"**

- 3.2. A service plan shall be developed after the needs assessment process has been completed. The plan shall contain specific interventions with the family to address difficult circumstances.
- The plan shall be agreed and signed by all adult members of the family who will participate in its implementation and the social worker responsible for providing social services.

**MFYS Order #4569 of 12.29.2009 "Model Industry Standards for the Practice of Social Work with Families With Children In Difficult Circumstances"**

- 3.2.4.2. The service plan shall be developed in cooperation with the family members (after signing the agreement) on the basis of information obtained during the comprehensive assessment and evaluation of the family's needs.
- The plan shall contain specific measures that suggest the participation of members of the family engaged in implementation of the plan, as well as members of the family receiving social services.
- The plan shall be reviewed by a social worker at least once a month and adjusted accordingly, if applicable. Achieving the objectives shall be considered the completion of activities under the plan.

**57. Providers of social services to children in hard living conditions have been specified**

**CMU Resolution #879 of 9.8.2005 "On Approval of Standard Provisions on Social Center for Mothers and Children"**

- 1. The Social Center for Mother and Child Health Care is an institution for temporal management of women who are 7–9 months pregnant and mothers with infants between ages 1 month and 18 months facing difficulties that impede the abilities of mothers to fulfill their duties of motherhood.

**CMU Resolution #1291 of 12.17.2005 "On Approval of Standard Provisions on Social and Rehabilitation Center – Children's Town"**

- 1. (See Box 48 of this form.)

**CMU Resolution #787 of 5.30.2007 "On Conducting an Experiment in Kyiv to Introduce an Innovative Form of Placement of Children"**

- 1. The Center for Children Protection, "Our Children," is an institution of social protection for placing children younger than 18 years and providing comprehensive social, psychological, educational, medical, and other types of services for them.
- 4. The Center shall be established, reorganized, and liquidated by the structural unit of the

German-Polish- Ukrainian Association in Ukraine.

- 17. Children in difficult circumstances shall be placed in the family group.

**Decision #769-38-05 “Provisions on Adoptive Family for Temporary Placement”  
(approved by Brovary City Council on 6.26.2008)**

- 2. A foster family for emergency placement of a child is a family working under the agreement (social contract) with the local executive authorities that admits, for a short term, 1–4 children in difficult circumstances and who need care and protection; and such family provides a package of services depending on the needs of such children and assists in their return to a family childcare setting.
  - Children shall be placed in such foster family for a period not exceeding three months.
  - Sometimes, based on the needs assessment of the child and family, the period of placement of the child may be extended for two months.
- 3. If foster parents ensure adequate sanitary requirements and living conditions, they are allowed to admit foster children in their own living area.

**58. The list of social services for families and individuals in hard living conditions has been developed. The procedures of the Centers for Social Services for Family, Children, and Youth for the provision of social support to families or individuals in hard living conditions mention HIV issues related to social and medical services. The Sectoral Standards for the provision of social services to families with children in hard living conditions mention the need to deal with HIV to protect or restore health.**

**The Provisions on Social Center for Mother and Child specify the list of services for women. HIV is not mentioned.**

**HIV is not mentioned in the Standard Provisions on the Child Protection Center “Our Children.”**

**The list of social services for children, who are clients of a center for medical and social rehabilitation for minors, is specified. HIV is not mentioned in the Standard Provisions.**

**The list of social services for families, who are clients of a center for social and psychological support, is specified. HIV is not mentioned in the Standard Provisions. It is established that CSSFCY should provide services to children and young people discharged from penitentiary facilities. HIV is not mentioned.**

**HIV problems related to the provision of social support and to the control of behavior of children and young people sentenced to punishments that do not involve imprisonment, or released on probation, or on parole have been identified.**

**Provisions of the Ministry of Internal Affairs on the remand prisons for juvenile offenders do not mention HIV.**

**MIA Order #384 of 7.13.1996 “On Approving the Regulations on Juvenile Reception Centers Operated by Law Enforcement Agencies”**

- 5. Prevention and educational activities in juvenile reception centers shall be conducted, taking into account the age of children, assessments of the presence and extent of educational neglect, and the degree of social danger of offenses committed.

**CMU Resolution #1072 of 9.6.1996 “On Approval of Standard Provisions on Center for Medical and Social Rehabilitation of the Minors”**

- 22. ... workers of the Center shall conduct psychological and educational assessments among

adolescents; individual and group educational measures; and various counseling services (psychological, educational, medical, legal) for adolescents.

**CMU Resolution #879 of 9.8.2005 “On Approval of Standard Provisions on Social Center for Mothers and Children”**

- 7. According to the tasks assigned, for those persons placed in the Center for a short term, the Center shall conduct individual and group correction measures; provide psychological services and adequate counseling services (psychological, educational, medical, and legal); and if appropriate, organize their hospitalization and clinical examination.

**CMU Resolution #229-p of 4.22.2006 “On Approval of the Concept of the National Program ‘National Action Plan to Implement the UN Convention on the Rights of the Child for 2006–2016’”**

- The National Action Plan shall contain the following: organizing activities to provide psychological, socio-educational, socio-medical, socio-economic, legal, information, and other services for children regardless of their places of residence.

**MFYS Order #1795 of 4.25.2008 “On Approving the Procedure for Providing Social Services by Centers of Social Services for Families, Children and Youth and Persons in Difficult Circumstances”**

- 2.4. While providing social services, the Centers shall provide medical services: conducting mediation in prevention, treatment, and healthcare measures; counseling on health-related and health-promotion measures; promoting the principle of a healthy lifestyle and coping with “bad habits”; and promoting sexual culture and safe sex practices and prevention of tuberculosis, sexually transmitted diseases, and HIV.

**CMU Resolution #1052-r of 6.30.2008 “On Approving the Action Plan to Implement the Conceptual Approaches to the Reform of the System of Social Services until 2012” (as amended on July 30, 2008)**

- 2. Developing a list, scope, and types of social services that the State guarantees for persons in difficult circumstances free of charge, as well as the category of citizens who have the right to such services.

**Joint Order #288/4322 of 10.28.2008 of the State Department on Enforcement of Sentences and the MFYS “On Approving the Information Exchange Procedure for the Criminal-Executive Service of Ukraine and Social Services Centers for Families, Children and Youth to Ensure Social Support and Control Over the Behavior of Children and Youth Found Guilty of Offences Carrying Non-Custodial Sentences, Being Released From Serving Sentences on Probation or On Parole”**

- The Centers shall implement measures to develop and maintain healthy lifestyles and prevent drug, alcohol use, and socially dangerous diseases, including HIV.

**MFYS Order #4569 of 12.29.2009 “Model Industry Standards for the Practice of Social Work with Families With Children In Difficult Circumstances”**

- 2.1. Social work with families with children shall include health maintenance and rehabilitation—promoting a healthy lifestyle and coping with dependencies, safe sex practices, prevention of HIV and other infectious diseases; maintaining reproductive health; providing assistance in maintaining a healthy lifestyle and healthcare; and conducting the mediation in prevention,

treatment, and health-improving measures.

**Order #3368/359 of 9.28.2010 of the State Department for Enforcement of Sentences and MFYS “On Approving the Information Exchange Procedure for the Social Services Centers for Families, Children and Youth and Correctional Facilities to Ensure Social Services for Children and Youth Being Released from Correctional Facilities” (as amended on September 28, 2010)**

- The Center’s functions include assessing the needs of and providing socio-educational, socio-medical, psychological, legal, and information services for children and youth being released from correctional facilities.

**CMU Instruction #2056-p of 11.3.2010 “On Approval of Concept of the State Targeted Social Program of Health Care and Recreation for Children for 2011-2015”**

- Improving the health status of children, keeping them vital, as well as preventing homelessness shall be ensured through rehabilitation and recreation programs for children, including those programs during vacation time.

**59. Standards for the provision of social services to children in hard living conditions have been established.**

**There is no document that would establish the quality standards for social services for families with children in hard living conditions.**

**MFYS Order #4569 of 12.29.2009 “Model Industry Standards for the Practice of Social Work with Families With Children In Difficult Circumstances”**

- *1.1.* The Model Industry Standards for the Practice of Social Work with Families With Children In Difficult Circumstances specify the basic requirements for quality and the process of delivery and content and scope of services, as well as establish a list of institutions and agencies that may provide services to families with children.

**Statement 60. It is envisaged that the following governmental institutions and services should be involved in the response to violence against children: criminal militia on children affairs; guardianship and trusteeship bodies; service on children affairs; Center for Social Services for Family, Children, and Youth.**

**A guardianship and trusteeship body that has learned about the cases of violence against children should make a decision about immediately taking a child from parents or people who replace them.**

**Criminal militia on children affairs has the right to take children from families in urgent situations, if the stay of children in such families poses a threat to the life or health of children, or to place such children in the shelters for children.**

**The procedures to review the applications and notices about child abuse or the real threat of such abuse have been approved.**

**Procedures to review the claims of children on the violation of their rights and freedoms, child abuse, violence, and humiliation in and beyond the family have been declared.**

**UN Convention on the Rights of the Child**

- *Article 19.1.* States Parties shall take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence; injury or



abuse; neglect or negligent treatment; or maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has the care of the child.

**Law #20/95-VR of 1.24.1995 “On Juvenile Agencies and Juvenile Services and Special Institutions for Children”**

- *Article 5.* The Criminal Juvenile Police is a structural unit of the criminal police service under law enforcement agencies.

**CMU Resolution #502 of 7.8.1995 “On Establishment of the Criminal Juvenile Police”**

- 4. The Criminal Juvenile Police shall have the right, in an emergency, to remove a child from a family when a threat to the health or life of the child is perceived and also deliver such child to the shelter care facilities until a decision has been rendered by the court.

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 10.* Every child shall have the right to apply for the protection of the rights, freedoms, and legitimate interests of the child to the custody and care authorities, the Juvenile Service, and social service centers for families, children, and youth, as well as other authorized agencies.
- The procedure for processing children’s complaints related to the violation of their rights and freedoms, abuse, domestic violence, and so on beyond the family settings shall be established by the legislation.

**Law #2789–III of 11.15.2001 “On Prevention of Violence in the Families” (in the edition of 01.01.2009)**

- *Article 3.1.* Agencies and departments authorized to implement measures to prevent domestic violence are
  - (1) A specially authorized executive authority dealing with the problems of domestic violence
  - (2) Relevant law enforcement agencies
  - (3) Custody and care authorities
- *Article 3.1.3.* If a person has committed domestic violence, such person shall be officially notified in writing of the unacceptability of domestic violence and such person shall be delivered to the crisis monitoring center to participate in a correctional program. The participation of such a person in the correctional program shall be mandatory.

**CMU Resolution #616, of 4.26.2003 “On Approving the Procedure for Processing Applications and Notifications Filed by Children on Incidents of Domestic Violence or a Real Threat of Committing Domestic Violence”**

- 10. If the abused adolescent’s application is received, representatives of the custody and care authorities, the criminal juvenile police department, and the Juvenile Service shall visit the victim of domestic violence.

**Order #5/34/24/11 of 1.16.2004 of MFYS, MIA, and MOES “On Approving the Procedure for Processing Applications and Notifications of Incidents of Domestic Violence Against Children or a Real Threat to Commit Domestic Violence”**

- 3.7. Social Service Centers for Youth shall
  - 3.7.1. Accept applications and notifications of incidents of domestic violence committed against a child.
  - 3.7.2. Immediately (within one day) forward a written notification to the Juvenile Service and law enforcement agencies of the domestic violence committed against a child or a

- real threat to commit domestic violence.
  - 3.7.3. If applicable, provide initial (during the submission of an application) social and psychological services for victims of violence.
  - 3.7.4. Provide legal, psychological, socio-medical, and social and psychological services.
- 3.9.3. A National “Hot Line” for Children (8-800-500-21-80) and the system of trust line services shall notify a relevant Juvenile Service of instances of violence committed against a child (if such child agrees to provide the address of the place of residence) to take immediate actions and provide assistance.

**MOES and MFYS Order #747/460 of 9.21.2004 “On Approval of Provisions on Children’s Homes and General Educational Boarding Schools for the Orphaned Children and Children, Deprived of Parental Care”**

- The pupils of such institutions shall have the right to be protected against any forms of mental, physical, and other exploitation on the part of workers, guardians, or tutors who violate their rights, honor, and dignity.

**Presidential Decree #411/2008 of 05.05.2008 “On Additional Measures to Ensure Protection of Rights and Legal Interests of Children”**

- 7. The Ministry of Internal Affairs of Ukraine shall analyze the efficiency of activities of administrations and departments of juvenile criminal police associated with child protection against violence, abuse, and exploitation.

**CMU Resolution #866 of 9.24.2008 “On Activities of Guardianship and Trusteeship Bodies for the Protection of Children’s Rights”**

- 8. If there exists an immediate or serious threat to the health and life of the child and the custody and care authority has been notified of such threat, such authority shall make a decision to remove a child from the parents or persons acting on their behalf. The authority shall file a court action for depriving both parents or one of them of parental rights or removing the child from the child’s mother or father without depriving them of parental rights. If there is a court decision to remove a child from the parents without depriving the child’s parents of their parental rights, the Juvenile Service, within one week, shall notify the social service center for families, children, and youth at the place of residence of the family. On the basis of the court decision, the Center shall provide services and social support to members of the child.

**CMU Resolution #1263-r of 10.21.2009 “On Approving the Action Plan to Implement Measures in 2010 under the National Program ‘The National Plan of Action to Implement the U.N. Convention on the Rights of the Child’ until 2016”**

- 25. Improving the procedure for the identification of child victims of sexual exploitation and other forms of maltreatment.
- 26. Ensuring the system of protection of children against sexual exploitation and abuse.

**MFYS Order #4569 of 12.29.2009 “Model Industry Standards for the Practice of Social Work with Families With Children In Difficult Circumstances”**

- 2.2.3. Immediate actions shall be undertaken if there are suspicions or allegations of domestic violence or there exists an immediate or serious threat of committing domestic violence. The immediate actions shall not last more than two weeks, after which, in order to address difficult circumstances, the family shall be provided with needed support or social services.

**MFYS Order #1480 of 5.27.2010 “On Approval of Procedures for the Centers for Social Services for Families, Children and Youth to Perform Social Inspection of Families, Children and Youth in Hard Living Conditions”**

- 3.3. If a notification of threats to a person’s health and life, expressions of violence against the person, or actual instances of violence against a person are revealed during social welfare inspections, the Center shall immediately notify a relative law enforcement agency to take adequate measures.

**61. Providers of social services for children (families) that are facing violence have been identified**

**Law #2789–III of 11.15.2001 “On Prevention of Violence in the Families” (in the edition of 01.01.2009)**

- (4) Special institutions for persons who committed domestic violence and victims of such domestic violence are
  - Crisis monitoring centers for members of families against whom domestic violence has been committed or there exists a real threat to commit domestic violence against them.
  - Centers for medico-social rehabilitation of victims of domestic violence.

**CMU Resolution #616 of 4.26.2003 “On Approving the Procedure for Processing Applications and Notifications Filed by Children on Incidents of Domestic Violence or a Real Threat of Committing Domestic Violence” (as amended on September 19, 2007)**

- 11. The department or unit of social services for families and youth of the relevant State Administration shall organize psychological, legal, socio-educational, socio-medical, information, and other services—for children and family members against whom there exists is a real threat to commit domestic violence—which they may receive via the network of social service centers for families, children, and youth and their special services; and, if appropriate, such persons may be referred to institutions for those against whom domestic violence has been committed (crisis monitoring centers, shelter care institutions, centers for medico-social rehabilitation).

**Order #5/34/24/11 of 1.16.2004 of MFYS, MIA, and MOES “On Approving the Procedure for Processing Applications and Notifications of Incidents of Domestic Violence Against Children or a Real Threat to Commit Domestic Violence”**

- 3.8.1. Children who are victims of domestic violence, as well as children of families staying with which is viewed as a threat to their health and lives shall have the opportunity to apply to the shelter care facility or the center for social and psychological rehabilitation of adolescents.
- 3.8.2. A child’s application (verbal or written), which shall be duly registered and immediately considered by the administration of the facility, shall be grounds for the child’s admittance to such facility.
- 3.9. A National “Hot Line” for Children (8-800-500-21-80) and the system of trust line services shall
  - 3.9.1. Provide free counseling and psychological services to the child against whom domestic violence has been committed according to the principles of confidentiality and anonymity.
  - 3.9.2. Provide information on the services offered by the Juvenile Service; units of social service centers for families and youth; social services for youth; custody and care authority; departments for education and science; healthcare institutions; criminal juvenile police; and NGOs that work in the best interests of children.

**62. Procedures to involve service recipients to the social work process have been established**

**Declaration of Commitment on HIV/AIDS. International document, dated June 27, 2001**

- Reducing vulnerability
  - ... involving families and young people in planning, implementing, and evaluating HIV/AIDS prevention and care programs, to the extent possible.

**CMU Resolution #310 of 3.15.2003 “On Approving the Model Regulations on SOS-Children’s Village”**

- 25. Children shall have the right to participate in the decisionmaking process affecting them.

**CMU Resolution #264 of 3.4.2004 “On Approval of the Concept of the Government Strategy of Actions Aimed at Prevention of HIV Infection/AIDS for the Period till 2011 and of the National Program for the Prevention of HIV Infection, Support, and Treatment for HIV-Infected People and AIDS Patients for 2004–2008”**

- *Reducing the Rate of Transmission of HIV Among Vulnerable Populations:* To solve the task, the following shall be considered: implementing the “peer-to-peer” principle while conducting prevention measures among vulnerable populations.

**MFYS Order #4389 of 12.21.2009 “Sample Sectoral Standards for the Provision of Social Services for Social Adaptation of Educatees and Graduates of Institutions for Orphaned Children and Children Deprived of Parental Care, and Individuals from among Them”**

- *Engaging the Service Receiver.* Services shall be provided if the service receiver takes an active part in implementation of the adaptation plan. The service provider shall create conditions and encourage the service receiver to adhere to making sound decisions.
- *Decisionmaking.* All decisions in relation to work with the service receiver shall be made by the service provider independently, in cooperation with the service receiver, if appropriate, or which may be placed before the meeting of the Commission on the Child’s Rights Protection.

**MFYS Order #4569 of 12.29.2009 “Model Industry Standards for the Practice of Social Work with Families With Children In Difficult Circumstances”**

- Services provided will involve the entities of social work with families, children, and youth, depending on the needs of family members in difficult circumstances.

**63. It has been established that the State Social Service and oblast Centers for Social Services for Family, Children, and Youth shall perform monitoring of social support to adoptive families, family-based children’s homes, and families in hard living conditions. The need to review the plan for social support to students and graduates of the institutions for OC and CDPC has been indicated. No tool to monitor the provision of social services has been specified.**

**The standards for the provision of services to children with HIV only specify the need to perform the monitoring of activities. No tool to monitor the provision of social services has been specified.**

**The standard provisions approved the activities of the center for monitoring and evaluation of implementation of HIV/AIDS response program activities.**

**CMU Resolution #1072 of 9.6.1996 “On Approval of Standard Provisions on Center for Medical and Social Rehabilitation of the Minors”**

- 40. Control over compliance with the current standards of training, education, treatment, and rehabilitation of adolescents shall be exercised by relevant local executive authorities and authorities of local self-government.

**MOH Order #123 of 5.18.1998 “On Approval of Standard Provisions about a Children’s Home”**

- 6. Control over medico-social service quality for pupils in children’s homes and compliance with sanitary and epidemic control shall be exercised by the Ministry of Health of the Autonomous Republic of Crimea, regional Departments of Health of the Sevastopol City State Administration and the Departments of Health of the Kyiv City State Administration, and the Ministry of Health of Ukraine.

**Law #1768–III of 6.1.2000 “On State Support to Low-Income Families”**

- *Article 13.* A specially authorized central executive authority in the area of labor and social policy shall control, directly or through social inspectors, the legitimate provision of social welfare benefits and use of funds of the State Budget of Ukraine earmarked for purposes of social welfare benefits.

**Law #966–IV of 6.19.2003 (in the edition 12.30.2009) “On Social Services”**

- *Article 18.* The central and local executive authority and local self-government authority shall exercise control over the activities of entities providing social services.

**CMU Resolution #264 of 3.4.2004 “On Approval of the Concept of the Government Strategy of Actions Aimed at Prevention of HIV Infection/AIDS for the Period till 2011 and of the National Program for the Prevention of HIV Infection, Support and Treatment for HIV Infected People and AIDS Patients for 2004–2008”**

- Guidance and coordination of activities to prevent the transmission of HIV shall be performed by the Ministry of Health of Ukraine with the engagement of other central and local executive authorities, authorities of local self-government, as well as enterprises, institutions, organizations, and public associations.
- Implementation of the monitoring and evaluation mechanism for determining the efficiency of measures to prevent HIV shall include
  - Establishing the uniform system of monitoring and evaluation of measures to prevent HIV and ensuring that the system functions efficiently.
  - Improving the accounting and reporting system for HIV/AIDS according to international standards.
  - Ensuring timely information exchange on the progress of implementation of action plans to prevent HIV and identifying ways to increase the efficiency of measures.

**CMU Resolution #1125 of 8.27.2004 “On Establishment of the State Social Service for Families, Children and Youth” (in the edition of 11.20.2009)**

- 3. The key task of the State Social Service shall be organizing information exchange between centers providing social and psychological services, public welfare homes for orphaned children and children without parental care, social centers for mothers and children healthcare, and centers for children with HIV and young people.

**CMU Resolution #878 of 9.5.2005 “On Approval of Standard Provisions on Social Hostel for Orphaned Children and Children Deprived of Parental Care”**

- The State Department of Social Services shall coordinate the activities of the social housing system.

**CMU Resolution #879 of 9.8.2005 “On Approval of Standard Provisions on Social Center for Mothers and Children”**

- The State Department of Social Services shall be responsible for information exchange between the centers.

**CMU Resolution #1291 of 12.17.2005 “On Approval of Standard Provisions on Social and Rehabilitation Center–Children’s Town”**

- 38. Control over the establishment of adequate living conditions and training of foster children shall be the responsibility of the Juvenile Service and healthcare authorities.

**CMU Resolution #244 of 2.19.2007 “On Approval of the State Program to Support Families for the Period till 2010”**

- 36. Improving the system of departmental statistics reports on prevention of domestic violence and child abuse.

**CMU Instruction #178-r of 4.13.2007 “On Approving Conceptual Approaches to Reform the System of Social Services”**

- Mechanisms of monitoring service quality and enforceable sanctions in the event of failure to maintain a certain level of service quality, as well as the mechanism of public and independent monitoring and evaluation of the efficiency of activities of social services and their workers, are not in place.

**CMU Resolution #787 of 5.30.2007 “On Conducting an Experiment in Kyiv to Introduce an Innovative form of Placement of Children”**

- 43. Control over the activities of the center to protect the rights and interests of the child and use of funds shall be exercised by the founder of the Center according to established procedures.
- 44. Control over the establishment of adequate conditions for education and training shall be exercised by the Juvenile Service.

**MFYS and Ministry of Labor and Social Policy Joint Order #2778/416 of 8.6.2007 “On Approving the Information Exchange Procedure for Centers for Social Services for Families, Children and Youth and Departments of Labor and Social Protection of Population On Providing Social Services for Families in Difficult Circumstances”**

- 4.1. Social services centers for families, children, and youth shall control the process of delivery of social services for families in difficult circumstances.

**Joint Order #740/1030/4154/321/614 of MOH, MOES, MFYS, Ministry of Labor and Social Policy, and State Committee on Enforcement of Sentences of 11.23.2007 “On Measures to Prevent Mother-to-Child Transmission of HIV, Medical Care and Social Services for HIV-Infected Children and Their Families”**

- 8.10. Contains: performance indicators for the multidisciplinary team.

**MFYS Order of #4414 of 04.11.08 “On Approval of the Strategy to Develop the System of Social Services for Families, Children and Youth for 2009 –2014”**

- Strategy Materials
  - 1.4. By 2014, the monitoring and evaluation system shall be implemented.
  - 1.4.1. Developing the monitoring and implementation system that includes engaging the service receiver in the process of evaluation of service quality.

**Presidential Decree #411/2008 of 05.05.2008 “On Additional Measures to Ensure Protection of Rights and Legal Interests of Children”**

- 2. The Cabinet of Ministers of Ukraine shall:
- 3. Within two months, take measures to implement the monitoring system for service quality for children.

**Joint Order of the Ministry of Labor and Social Policy, MoF, MOH, MOES, and MFYS #254/704/260/427/2014 of 5.19.2008 “On Approving the Standards for Providing Social Services to Representatives of Vulnerable Groups”**

- Assessments are conducted regularly to update the scheduled activities under individual plans to meet the changes that occurred within the family of the service receiver.

**“The Regulations on the Emergency Placement of a Child in Foster Care” (approved by Decision #769-38-05 of 6.26.2008 of the Brovary City Council)**

- 6. The administrative supervision of the foster family’s compliance with the agreement, as well as the living conditions and process of education of foster children, shall be exercised by the Juvenile Service of the Brovary City Council.

**CMU Instruction #1052-p of 7.30.2008 “On Approval of Action Plan to Implement the Concept to Reform the System of Social Services for the Period till 2012” (in the edition of 7.30.2008)**

- 15. Implementing a scientific and methodological approach to the basic principles of performance standards (indicators) of the delivery of high-quality social services.
- 17. Preparing and submitting proposals to identify the mechanism of public control, monitoring, and evaluation of the efficiency of social program implementation.
- 18. Exploring the matter pertaining to the need for exercising public control over the activities of entities providing social services.

**Standards of Minimal Package of Social Services to Children, Living with HIV Infection, and Children, Born to HIV-Infected Mothers, Members of their Family (approved by MFYS Order #4941 of 12.18.2008)**

- 6.2. Monitoring and evaluation of service quality rendered shall be conducted during the whole of the eligible service period.

**MOH Order #214 of 4.3.2009 “On Approving the Regulations on the Center for Monitoring and Evaluation of Program Measures to Prevent HIV/AIDS”**

- 1. The Center for Monitoring and Evaluation of Program Measures to Prevent HIV/AIDS shall be established under the AIDS Centers.
- 2. The Center shall be established to conduct monitoring and evaluation of program measures to prevent HIV.

**Law #1065–VI of 05.03.2009 “On the National Program National Action Plan to Implement the UN Convention on the Rights of the Child for the Period till 2016”**

- The responsibility for information exchange of the executive authority and local authority of self-government regarding monitoring and evaluation of program implementation to ensure the rights and freedoms of children shall be with the Interagency Child Care Commission. Information on measures taken and the results achieved shall be included in the Progress Reports of Ukraine for the [United Nations Committee on the Rights of the Child](#).
- Comprehensive monitoring of program implementation shall be conducted yearly, beginning in 2010.
- Representatives of interested central and local executive authorities, authorities of local self-government, NGOs, and charity organizations shall be engaged in the monitoring and evaluation process.

**CMU Resolution #608 of 5.12.2004 “On Approval of Standard Provisions on the Center for Social and Psychological Care” (in the edition of 6.12.2009)**

- The State Department of Social Services shall be responsible for information exchange between the centers.

**MFYS Order #3357 of 9.23.2009 “On Approval of Procedures to Provide Social Support to Adoptive Families and Family Type Children’s Homes”**

- 10.4. Monitoring of social services shall be conducted annually by oblast Centers and the State Department of Social Services.
- 10.5. Routine reports, operational documentation, and the information delivered to the regional centers and the State Department of Social Services shall be grounds for monitoring. The form “DATA on the Efficiency of Activities of Foster Families, Family-Type Homes in Ensuring the Development and Education of Children Placed in Foster Care” is attached to the Order.

**MFYS Order #3385 of 9.25.2009 “On Approval of Procedures for Cooperation between the Centers for Social Services for Families, Children and Youth, and Services on Children’s Affairs in the Process of Establishment of Guardianship and Trusteeship, and Development and Ensuring the Activities of Adoptive Families and Family Type Children’s Homes”**

- 7.1. Rural and urban district Juvenile Services shall exercise control over the living and educational conditions, training, and development of the child placed in foster care, a wardship, a foster family, or family-type homes; and, annually, shall prepare a summary progress report on the level of education, training, and development of the foster child based on information from the specialist responsible for social work with the family, home-room teacher of the pre-school educational institution or classroom teacher of the institution of secondary education where the child learns, the sector pediatrician, and the district police officer.

**CMU Resolution #1263-r of 10.21.2009 “On Approving the Action Plan to Implement Measures in 2010 under the National Program ‘The National Plan of Action to Implement the U.N. Convention on the Rights of the Child’ until 2016”**

- 1. Finalizing activities on the development of the data management system “DevInfo,” intended for monitoring and evaluation of social programs for children.



**MFYS Order #4569 of 12.29.2009 “Model Industry Standards for the Practice of Social Work with Families With Children In Difficult Circumstances”**

- 3.2.4.3. The interim case assessment conference (during the monitoring inspection) shall be conducted to assess changes that occurred within the family and to evaluate the efficiency of specialists.
- The interim case assessment conference results shall be registered according to a special form approved by Order No. 35, dated June 18, 2008, of the State Department of Social Services.
- A service plan, if applicable, shall be reviewed with the engagement of the service receiver or the authorized representative acting on his/her behalf at least once a month; and at the same, results of supervision of the center’s specialist and situations encountered during work with the service receiver shall be considered.

**64. The representatives of the interests of HIV-positive children, orphaned children, or children deprived of parental care can include adoptive parents, foster parents, directors of institutions, guardians, and trustees**

**MOH Order #123 of 5.18.1998 “On Approval of Standard Provisions about a Children’s Home”**

- 3.1.12. The Administration of the children’s home shall act as guardian for children over whom no guardian (adoptive parents) has been appointed.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 154–2.* Parents have the right to approach the court, public authorities, local authorities, and public organizations to protect the rights and interests of their child, as well as the son and daughter who are unable to work, as their legal representatives that do not require having special powers thereto.
- *Article 256-2.4.* The foster parents as legal representatives of the foster child do not require having special powers thereto as tutors or guardians.

**CMU Resolution #565 of 4.26.2002 “On Approval of the Provisions on Adoptive Family”**

- 17. Foster parents shall be legal representatives of foster children at enterprises, institutions, and organizations that do not require having special powers thereto; they shall be personally responsible for the children’s lives, health status, and physical and mental development and for being compliant with the principle of confidentiality regarding a child’s HIV status.

**CMU Resolution #564 of 4.26.2002 “On Approval of the Provisions on a Family Type Children’s Home”**

- 20. Foster parents shall be legal representatives of foster children; protect their rights and interests in all agencies, institutions, and organizations; and do not require special powers thereto.

**Civil Code of Ukraine: Law #435–IV of 01.16.2003**

- *Article 63.1.* Tutors and guardians are appointed by the custody and care authority.

**CMU Resolution # 310 of 3.15.2003 “On Approving the Model Regulations on SOS-Children’s Village”**

- 28. The head of the children’s village shall represent the interests of the children and ensure

protection of their rights.

**MoES and MFYS Order #747/460 of 9.21.2004 “On Approval of Provisions on Children’s Homes and General Educational Boarding Schools for the Orphaned Children and Children, Deprived of Parental Care”**

- 6.2. Ensuring the protection of the rights and interests of the pupils of boarding schools, provision of hands-on assistance in solving legal issues shall be the responsibility of a lawyer; and such a legal adviser position is included in the personnel list of the institution according to Resolution No. 433, dated June 16, 1995, of the Cabinet of Ministers of Ukraine.

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 31.* Foster parents shall have the right to participate in the meeting of the custody and care authority, during which a decision on the management of a child’s property is made. Foster parents shall protect the rights and interests of the child and be their legal representatives in institutions and organizations.

**Presidential Decree #1086/2005 of 7.11.2005 “On Priority Measures to Protect the Rights of Children”**

- (9) By October 1, 2005, ensure that the ministries and other central executive authorities harmonize their regulations with the Law of Ukraine “On Ensuring the Development of Adequate Condition and Legal Frameworks for Social Protection of Orphaned Children and Children Deprived of Parental Care,” including the recognition of foster parents’ rights in family-type homes as legal representatives of their pupils and their rights and interests in the executive authorities, including courts, as guardians or tutors that do not require having special powers thereto.

**CMU Resolution #866 of 9.24.2008 “On Activities of Guardianship and Trusteeship Bodies for the Protection of Children’s Rights”**

- 46. Guardians and tutors shall have the right, at their sole discretion, to make expenditures required to meet the needs of the child in ward, using the assigned amount of State material assistance, allowances, child support, and income from the property of the child in ward; as well as the right to represent the child’s interests in institutions, organizations, and agencies.

**65. Authorities of the guardianship and trusteeship body and the service on children affairs have been established**

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 11.* The custody and care authorities are the regional, district State Administrations in the city of Kyiv and Sevastopol, the executive authorities in rural district, urban district Councils. The custody and care authorities shall ensure that the following issues are resolved:
  - Establishing the status of orphaned children and children deprived of parental care.
  - Appointing tutorship and guardianship over orphaned children and children deprived of parental care, as well as other forms of placement of orphaned children and children deprived of parental care.
  - Bringing to justice those who violate the rights of children.
- The participation of representative of the custody and care authority in any administrative

proceedings shall be relevant if the decisionmaking process affects the child or the rights of the child.

- *Article 12.* The Juvenile Service shall be responsible for direct solicitations and coordination of activities to protect orphaned children and children without parental care.

**Law #2623–IV of 6.2.2005 “On Basic Principles of Social Protection for Homeless Individuals and Neglected Children”**

- *Article 12.3.* The custody and care authorities shall exercise control over the adherence to the housing entitlements of children by their parents or persons acting on their behalf.

**Presidential Decree #1086/2005 of 7.11.2005 “On Priority Measures to Protect the Rights of Children”**

- (3) The responsibility for supervision over the law enforcement in the field of tutorship and guardianship shall be with the Juvenile Service; such Juvenile Service shall be renamed as Service for Children.

**CMU Resolution #1068 of 8.30.2007 “On Approving the Model Regulations on Juvenile Services”**

- The Juvenile Service at the oblast level and within the Kyiv and Sevastopol City Administrations were established by and report to the Head of the Oblast Administration and the Head of the Kyiv and Sevastopol City Administrations, respectively.
- The Juvenile Service at the district level and within the districts of the cities of Kyiv and Sevastopol were established by and report to the Head of the District and the Head of the Kyiv and Sevastopol City Administrations, respectively.

**66. The need to implement administrative reform of ministry and governmental services that determine and implement policies for socially vulnerable children and families has been established**

**Presidential Decree #1085/2010 of 12.9.2010 “On Optimizing the System of Central Executive Authorities”**

- To optimize the system of central executive authorities, redistribute their functions, ensure the reduction of the number of the administrative personnel and management expenditures, and increase the efficiency in public management, I hereby order:
  - To create
    - The Ministry of Education, Youth, and Sports of Ukraine and the State Service for Youth and Sports of Ukraine by dissolving the Ministry of Education and Science of Ukraine and the Ministry of Ukraine of Family, Youth, and Sports.
    - The State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases.
  - 5. To establish that the ministries and other central executive authorities created through reorganizing other executive authorities shall be assigned to the reorganized authorities.

**Presidential Decree #1203/2010-r of 12.23.2010 “Certain Matters Pertaining to the Organization of Activities to Implement Measures to Optimize the System of Central Executive Authorities”**

- 5. The ministers shall establish working groups for preparing proposals related to the distribution of powers among such ministers and central executive authorities.

- 6. The heads of the working groups established according to paragraph 5 hereof shall ensure the preparation and submission of proposals related to the distribution of powers among the ministries and central executive authorities by January 18, 2011, and those related to the structures of the ministries and central executive authorities; as well as draft regulations on such authorities by January 31, 2011.
- 7. The Head of the Administration of the President of Ukraine shall be responsible for the implementation of this Decree.

**67. Supervision over the observance of the rights of orphaned children and children deprived of parental care shall be performed by the service on children affairs. Responsibility for the violation of the children's rights is specified, but the system for monitoring procedures and mechanisms to protect the rights of children living with HIV or vulnerable to HIV in case of violation of such rights have NOT been specified. It is envisaged that people, who receive social services, have the right to protect their rights and lawful interests, including in court. It is declared that people in violation of the legislation on child protection shall bear civil and legal, administrative, or criminal responsibility according to the laws of Ukraine. The need to introduce juvenile justice has been declared.**

**UN Declaration on Social and Legal Principles Relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally.” International document #955 131 of 12.3.1986**

- *Article 7.* Governments should assess the adequacy of their national child welfare services and consider appropriate actions.

**UN Declaration on Commitment to HIV/AIDS. International document dated June 27, 2000:**

- At the national level
- 96. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS.

**UN Convention on the Rights of the Child. International Document, [995 021](#) as of 20.11.1989.**

- *Article 44.*
  - 1. States Parties undertake to submit to the Committee, through the Secretary-General of the United Nations, reports on the measures adopted to give effect to the rights recognized herein and on the progress made on the enjoyment of those rights.

**Law #1060–XII of 5.23.1991 “On Education”**

- *Article 5.* Government control shall be performed by central and local authorities managing the education sector and the State Inspectorate of Educational Institutions of the Ministry of Education of Ukraine.

**Law #1768–III of 6.1.2000 “On State Support to Low Income Families”**

- *Article 10.* Complaints regarding decisions of a social security authority to grant or deny social welfare benefits may be filed with a higher executive authority or in court.

**CMU Resolution #1200 of 8.3.2000 “On Establishment of the Interagency Commission on Childhood Protection”**

- 1. The Interagency Commission on Childhood Protection ensures information exchange on protection and development of children.
- The Annual Report of the government on the status of children in Ukraine is an official document—will aim to provide the central and local executive authorities and the general population of Ukraine with unbiased, structured, and analytical information on the status of children and trends in socio-economic transformations and will contain data on economic, legal, social, and other measures undertaken by Ukraine to ensure the survival, protection, and development of children.
- 6. Upon approval of the Annual Report at the meeting of the Interagency Commission on Childhood Protection in October, the Annual Report shall be submitted to the President of Ukraine according to the procedure established by the legislation. The proposals on improving the status of children prepared according to established procedures shall be attached to the Annual Report.

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 35.* Persons found guilty of violation of the legislation on childhood protection shall bear civil, legal, and administrative and criminal responsibility in accordance with the legislation of Ukraine.

**Law #2558–III of 6.21.2001 “On Social Work with Families, Children and Youth”**

- Based on the results of social inspections, centers of social services for families, children, and youth shall submit requests to the relevant authorities to impose sanctions stipulated by the legislation on enterprises, institutions, and organizations of all forms of ownership; disciplinary sanctions on individuals; and administrative sanctions on officials if they violate the legislation on families, children, and youth.

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 235.1.* The Custody and Care Authority exercises control over respect for the rights of the adopted children residing in Ukraine.
- *Article 246.1.* The Custody and Care Authority monitors conditions of maintenance, training, and education of the child over whom tutorship and guardianship was established.
- *Article 256-4.3.* The Custody and Care Authority that made a decision to establish a foster family monitors the fulfillment of obligations by foster families with respect to maintenance, education, and training of children.
- *Article 256-8.3.* The Custody and Care Authority that made a decision to establish a family-type home monitors the fulfillment of obligations by parents-teachers with respect to training and maintenance of children.

**CMU Resolution #565 of 4.26.2002 “On Approval of the Provisions on Adoptive Family”**

- 7. On a yearly basis, the local Juvenile Service shall prepare a report on conditions of education, maintenance, and development of children placed in home-based care based on the information obtained from the social worker who provides social services to the foster family.

**CMU Resolution #564 of 4.26.2002 “On Approval of the Provisions on a Family-Type**

### **Children's Home"**

- 7. On a yearly basis, the local Juvenile Service shall prepare a report on conditions of education, maintenance, and development of children placed in the family-type homes based on the information obtained from the social worker who is responsible for social services to the foster family.

### **Law #966-IV of 6.19.2003 (in the edition 12.30.2009) "On Social Services"**

- *Article 19.* The decision to deny or limit the amount or terminate the provision social services provided by the public and community-based agencies may be appealed to the central or local executive authority or authority of local self-government that issued the license to provide social services ... or court.

### **Main Department for the Civil Service Order #122 of 10.31.2003 "On Approving the General Annual Assessment Procedure for Official Performance of Civil Servants:"**

- 1. For the purpose of the annual assessment of the performance of civil servants in carrying out their duties and responsibilities, while summarizing their performance in terms of their duties and responsibilities, regular monitoring of the civil service and professional skills of civil servants—to verify that civil servants meet the requirements of the posts occupied—is conducted.

### **Verkhovna Rada Resolution #1428-IV of 2.3.2004 "On the Recommendations of the Parliament Hearings 'On the Problem of Homeless People and Street Children and Ways of Overcoming the Problem'"**

- 2. Problems of street children: resolving the issue of implementation of juvenile court proceedings (for children.)

### **CMU Resolution #264 of 3.4.2004 "On Approval of the Concept of the Government Strategy of Actions Aimed at Prevention of HIV Infection/AIDS for the Period till 2011 and of the National Program for the Prevention of HIV Infection, Support and Treatment for HIV-Infected People and AIDS Patients for 2004-2008"**

- Establishing control over the compliance with the legislation and its further improvement in relation to the HIV/AIDS response and prevention activities among vulnerable populations.

### **CMU Resolution #1126 of 8.27.2004 "On Measures to Improve the Social Work with Families, Children and Youth" (On CSSCY, in the edition of 11.20.2009)**

- 7. Conducting analysis, expertise, and control and supervision over the performance of social programs and projects; living conditions; and moral, psychological, and physical condition of families, children, and youth—taking measures to ensure the protection of their rights, freedoms, and legitimate interests.

### **MOES and MFYS Order #747/460 of 9.21.2004 "On Approval of Provisions on Children's Homes and General Educational Boarding Schools for the Orphaned Children and Children, Deprived of Parental Care"**

- 9.1. Public control and supervision over the residential facilities of all types and forms of ownership shall be exercised by the Ministry of Education and Science of Ukraine, other central executive authorities controlling the boarding schools, the State Inspection of Educational Institutions of Ukraine, the Council of Ministers of the Autonomous Republic of Crimea, the Kyiv and Sevastopol City State Administrations, district State Administrations and the supervisory authorities for education within their jurisdiction, and local self-government

authorities.

- 9.2. The principle tool of public control over the activities of residential facilities shall be the governmental certification of such facilities.

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 18.* The Juvenile Service shall monitor the compliance by institutions with the legislation on social protection of the rights and interests of children.
- *Article 40.* Persons found guilty of violation of the legislation on social protection of orphaned children and children without parental care and other such children shall be liable in accordance with the legislation.

**Law #2623–IV of 6.2.2005 “On Basic Principles of Social Protection for Homeless Individuals and Neglected Children”**

- *Article 28.1.* Any decision, act, or omission of central and local executive authorities, authorities of local self-government, and entities involved in the process of reintegration of homeless people and street children may be appealed according to the procedure established by the legislation.

**CMU Resolution #367 of 3.25.2006 “On Establishing the State Department for Adoption and Protection of the Rights of Children” (as amended on May 25, 2009)**

- 1. The State Department for Adoption and Protection of the Rights of Children shall be a public executive authority under the Ministry of Family, Youth, and Sports and shall report to the ministry.
- 3. The main tasks of the Department include measures to protect the rights, freedoms, and legitimate interests of children.

**CMU Resolution #229-p of 4.22.2006 “On Approval of the Concept of the National Program ‘National Action Plan to Implement the UN Convention on the Rights of the Child for 2006-2016’”**

- The National Action Plan shall incorporate the provisions on improving the system of monitoring of the compliance by institutions with the legislation that guarantees the rights of children.

**Law #393/96-VR of 10.2.1996 “On Public Appeals” (as amended on June 11, 2006)**

- Citizens of Ukraine shall have the right to appeal to any executive authorities and authorities of local self-government regarding implementation of their social and economic, political, and human rights and legitimate interests, as well as file a complaint about a violation thereof.

**Presidential Decree #411/2008 of 05.05.2008 “On Additional Measures to Ensure Protection of Rights and Legal Interests of Children”**

- 12. The General Prosecutor’s Office of Ukraine shall (1) ensure the comprehensive supervision over the observance of human and civil rights and legitimate interests of children by the prosecutor’s office, increase control over the observance of children’s property (housing) rights, ensure the prevention of the violation of children’s rights and that adequate measures are taken by the prosecutor’s office, and ensure that children have the right to have restored to them any housing or inherited property.

**CMU Resolution #866 of 9.24.2008 “On Activities of Guardianship and Trusteeship Bodies**

### **for the Protection of Children's Rights”**

- The Juvenile Service shall be solely responsible for monitoring and information exchange on the issues of the protection of the rights of children, including the rights of orphaned children and children deprived of parental care.
- 52. The Juvenile Service, in cooperation with workers of educational and healthcare institutions, at the place of residence of the child, shall exercise supervision over the family through supervisory visits. The frequency of supervisory visits shall be according to the established schedule and at least once a year.

### **CMU Resolution #905 of 10.8.2008 “On Approval of the Procedures to Implement Adoption and Supervise the Observance of Rights of Adopted Children”**

- 103. Supervision over the living conditions and education of adopted children who reside within Ukraine shall be the responsibility of the Juvenile Service at the place of residence of the adoptive family until such children attain the age of 18 years.
- 105. In the event that any child's rights violation is revealed, the Juvenile Service shall take adequate measures to correct the situation within one month.

### **CMU Resolution #976 of 11.5.2008 “On Approving the Procedure for Promoting Public Expertise of Executive Authorities” (as amended on October [26, 2009](#))**

- 2. Public expertise of executive authorities is a component of the mechanism of democratic state building that suggests assessments of performance of executive authorities, outcomes of the implementation of decisions of such authorities conducted by the institutions of civil society, and the preparation of proposals to address the issues of social importance so that the executive authorities consider them while fulfilling their duties and responsibilities.

### **CMU Resolution #448-r of 4.22.2009 “On Approving the Strategic Approach Contained in the Draft Law of Ukraine ‘On the Impact of Public Opinion on Public Regulatory Policy’”**

- Lobbyists and lobbying associations perform important functions of intermediaries among citizens, civil society, economic operators, and public authorities—informing the public authorities on the interests of different social groups and the situation in various spheres of public life.

### **Law #1065–VI of 05.03.2009 “On the National Program National Action Plan to Implement the UN Convention on the Rights of the Child for the Period till 2016”**

- 4.3. Ensuring operation of the system that monitors compliance by institutions with the legislation on social protection of the rights of orphaned children and children without parental care.

### **MFYS Order #1480 of 5.27.2010 “On Approving the Procedure for Conducting Welfare Inspection of Families, Children and Youth In Difficult Circumstances by Social Services Centers for Families, Children and Youth”**

- 5.2. If the existence of difficult circumstances of the family with children is confirmed, the Center shall notify the relevant Juvenile Service to take measures to protect the child’s rights and interests.

### **MFYS and Ministry of Labor and Social Policy Order #2778/416 of 8.6.2007 “On Approving the Information Exchange Procedure for Social Services Centers for Families, Children and Youth and Departments of Labor and Social Protection of Population Related to Social Services for Families in Difficult Circumstances”**



- 4.2. The departments of labor and social protection of population shall conduct monitoring of the process of assignment and payment of State material assistance and analyze the reasons for violation of the legislation on State material assistance.

**68. The need to reform the system of institutions for orphaned children and children deprived of parental care in 2007–2017 has been declared**

**MOES and MFYS Order #747/460 of 9.21.2004 “On Approval of Provisions on Children’s Homes and General Educational Boarding Schools for the Orphaned Children and Children, Deprived of Parental Care”**

- 2.6. In each individual instance, this type of educational institution may admit children of single-parent families and families functionally incapable.

**Presidential Decree #1086/2005 of 7.11.2005 “On Priority Measures to Protect the Rights of Children”**

- 4. By September 1, 2005, developing and approving the strategic approach to reforming the system of institutions for orphaned children and children deprived of parental care.

**CMU Instruction #178-r of 4.13.2007 “On Approving Conceptual Approaches to Reform the System of Social Services”**

- The existing national system of social services is more focused on care services provided by residential care facilities, which does not promote strengthening family relations and complicates the integration of vulnerable populations.

**CMU Resolution #1242 of 10.17.2007 “On Approval of the State Targeted Social Program to Reform the System of Institutions for Orphaned Children and Children Deprived of Parental Care”**

- The implementation of the Program suggests reforming the system of facilities for orphaned children and children deprived of parental care.

**Presidential Decree #411/2008 of 05.05.2008 “On Additional Measures to Ensure Protection of Rights and Legal Interests of Children”**

- 4. The Ministry of Education and Science of Ukraine shall
  - (3) Take urgent measures to accelerate the reform and fragmentation of facilities for orphaned children and children deprived of parental care, resolve the issue on retaining the property complexes of facilities for orphaned children and children deprived of parental care, as well as their further use to meet the social needs of regions.

**CMU Instruction #1052-p of 7.30.2008 “On Approval of Action Plan to Implement the Concept to Reform the System of Social Services for the Period till 2012” (in the edition of 7.30.2008)**

- 20. Take measures to deinstitutionalize the system of social services.

**Law #1065–VI of 05.03.2009 “On the National Program National Action Plan to Implement the UN Convention on the Rights of the Child for the Period till 2016”**

- 4.3. Main objectives: reforming the system of institutions for orphaned children and children deprived of parental care.

**CMU Resolution #1263-r of 10.21.2009 “On Approving the Action Plan to Implement Measures in 2010 under the National Program ‘The National Plan of Action to Implement the U.N. Convention on the Rights of the Child’ until 2016”**

- Reforming the system of institutions for orphaned children.
- The duration of intensive measures to reform the system of such facilities is the period 2007–2017.
- The reform suggests that facilities of a new type be established and that the number of children will not be more than 50 children below age 18 years.

**69. Family forms of guardianship over the orphaned children and children deprived of parental care have been identified as priority ones**

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 6.* If the child is deprived of parental care, the relative tutorship and guardianship agency shall take all measures to place the child for adoption, under tutorship or guardianship, or in foster families or family-type children’s homes.

**Presidential Decree No. 376/2007 of 5.4.2005 “On Additional Measures to Protect the Rights and Legitimate Interests of Children”**

- 5. The Council of Ministers of the Autonomous Republic of Crimea, of regional, in the city of Kyiv and Sevastopol State Administrations shall
  - (1) Ensure the priority of the development of forms of family-type homes.

**CMU Resolution #623 of 5.11.2006 “On Approval of the State Program to Overcome Children’s Homelessness and Neglect for 2006–2010”**

- One way to overcome child abandonment is establishing and extending the forms of family education of orphaned children and children deprived of parental care.

**CMU Resolution #1242 of 10.17.2007 “On Approval of the State Targeted Social Program to Reform the System of Institutions for Orphaned Children and Children Deprived of Parental Care”**

- Implementation of the Program suggests prioritizing the issue of placement of the child in the family of citizens.

**MFYS Order of #4414 of 04.11.08 “On Approval of the Strategy to Develop the System of Social Services for Families, Children and Youth for 2009–2014”**

- *Strategy Materials*
  - 4.1. By 2014, specialized care services shall operate in each district and city center.

**Presidential Decree #411/2008 of 05.05.2008 “On Additional Measures to Ensure Protection of Rights and Legal Interests of Children”**

- 9. Via mass media, accelerate activities to promote adoption and other forms of placement of children in families.

**CMU Instruction #1263-p of 10.21.2009 “On Approval of Action Plan to Implement in 2010 the National Program {National Plan of Actions to Implement the UN Convention on**

**the Rights of the Child for the Period till 2016}”**

- 12. Developing the forms of family-type homes.

**70. The possibility to return students from the institutions for orphaned children and children deprived of parental care back to their biological parents has been declared. However, the mechanisms (procedures for the respective organs and services) in case of return of children to their biological parents have NOT been regulated. Only the procedures for the transfer of children from the state institutions to the family forms of care have been approved.**

**MFYS/MOH Order #302/80/49 of 2.2.2007 “On Approving the Procedure for Moving Children from Facilities for Orphaned Children and Children Deprived of Parental Care, as well as Programs of Social Protection of Children, to Family-Type Child Care Facilities” (as amended on 9.6.2010)**

**CMU Resolution #1242 of 10.17.2007 “On Approval of the State Targeted Social Program to Reform the System of Institutions for Orphaned Children and Children Deprived of Parental Care”**

- Implementation of the Program will make it possible to increase the number of children returned to their biological families.

**71. Children have the guaranteed right to be reared in the family. The documents indicate the need to prevent social orphanhood. The order of the State Social Service for Family, Children, and Youth regulates the aspects of social work performed by the CSSFCY to prevent early social orphanhood at the maternity homes.**

**Law #2402–III of 4.26.2001 “On Protection of Childhood”**

- *Article 11.* Every child has a right to live in a family with parents and a family of one parent and the right to prenatal care.

**Law #2558–III of 6.21.2001 “On Social Work with Families, Children and Youth”**

- *Article 9.* Social prevention measures in the family, children, and youth natural environment suggests taking comprehensive measures to prevent family problems and social abandonment.

**Presidential Decree #1086/2005 of 7.11.2005 “On Priority Measures to Protect the Rights of Children”**

- (11) During 2005, resolve the issue regarding implementation of new effective forms of prevention of social child abandonment and ensure the establishment of the network of social centers for mother and child healthcare, boarding schools, and centers for children with HIV.

**CMU Resolution #879 of 9.8.2005 “On Approval of Standard Provisions on Social Center for Mothers and Children”**

- 5. The purpose of the Center’s activity is social work to prevent child abandonment.

**Joint MFYS/MOH Order #2643/420 of 7.24.2007 “On Approving the Information Exchange Procedure for Social Services Centers of Families, Children and Youth and Health Care**

### **Institutions to Prevent Early Child Abandonment”**

- 5. The functions of such centers in taking measures to prevent child abandonment include providing social services (if applicable) to pregnant women and women with infants born to them in difficult circumstances and to women who intend to abandon their infants.

### **CMU Resolution #1242 of 10.17.2007 “On Approval of the State Targeted Social Program to Reform the System of Institutions for Orphaned Children and Children Deprived of Parental Care”**

- Implementation of the Program will make it possible to reduce the number of children removed from the family environment.

### **MFYS Order of #4414 of 04.11.08 “On Approval of the Strategy to Develop the System of Social Services for Families, Children and Youth for 2009–2014”**

- *Strategy Materials: 5.4* . By 2014, ensuring early intervention.
  - 5.4.3. Establishing counseling points at each maternity hospital or center for family planning.
  - 5.4.4. Elaborating the model of emergency placement in foster families.

### **Law #1065–VI of 05.03.2009 “On the National Program National Action Plan to Implement the UN Convention on the Rights of the Child for the Period till 2016”**

- 4.2. Major tasks include prevention of early child abandonment.

### **CMU Resolution #1263-r of 10.21.2009 “On Approving the Action Plan to Implement Measures in 2010 under the National Program “The National Plan of Action to Implement the U.N. Convention on the Rights of the Child” until 2016”**

- Prevention of early child abandonment.

### **SSSFCY Order No#61 of 11.29.2010 “On Approving the Guidelines for Social Work of the State Social Services for Family, Children, and Youth to Prevent Early Child Abandonment in Maternity Hospitals”**

- The Guidelines provide the content and stages of work with women who intend to abandon their infants or women who are at risk of abandoning their infants.
- Such services are provided during the period of stay of women in maternity hospitals.
- A specialist of the center who conducts social work in the maternity hospital submits reports on the outcomes of the activities completed to the Center on the basis of which a decision is made regarding further social work with the woman at her place of residence.
- If there is a need to conduct measures to protect the rights and interests of the child, the Center notifies the relevant Juvenile Service.

**72. Forms of temporary placement of orphaned children and children deprived of parental care have been specified: shelters of children of the service on children affairs; centers of social and psychological rehabilitation of children; social and rehabilitation center “Children’s Town”; institutions for orphaned children and children deprived of parental care; and families.**

**The Family Code determines the foster families. There are NO provisions about foster families as the ones for temporary placement of children without the status of “orphaned children” or “children deprived of parental care.”**

**A decision of Brovary City Council № 769-38-05 as of June 26, 2008, approved the “Provisions on a Foster Family for Temporary Placement of Children.”**

**MOH Order #123 of 5.18.1998 “On Approval of Standard Provisions about a Children’s Home”**

- **3.1.1.** Children’s homes admit children whose parents are unable to care for them (because of their health status; long distance trips; serving sentences and being taken in custody during the period of investigation; living under difficult circumstances).

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *1.* Under a foster agreement, the Custody and Care Authority places a child that is an orphan or otherwise deprived of parental care in the family of another person (foster parent) until the child attains the full age, for remuneration.

**Law #2342–IV of 1.13.2005 “On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care”**

- *Article 29.* If the absence of parental care is reported, the custody and care authority, within one day, shall ensure that the child is placed in short-term foster care until further arrangements for the form of child’s placement can be made.

**CMU Resolution #866 of 9.24.2008 “On Activities of Guardianship and Trusteeship Bodies for the Protection of Children’s Rights”**

- *31.* The child without parental care may be placed in short-term care in the following:
  - The shelter care operated by the Juvenile Service
  - Center for social and psychological rehabilitation of children
  - Center for social and psychological rehabilitation (children’s village)
  - Institutions for orphaned children and children deprived of parental care
  - Citizens’ families

**“The Regulations on the Emergency Placement of a Child in Foster Care” (approved by Decision #769-38-05 of 6.26.2008 of the Brovary City Council)**

- The purpose of creating emergency placement in foster families is to immediately ensure the right of the child in difficult circumstances to family education until a family crisis is overcome or the child’s preparation to long-term placement in family-type foster care forms, as well as to avoid placing children in residential care.

## Annex 8. HIV Counseling and Testing

### 1.1 The State ensures access to HIV counseling and testing services at the legislative level

Laws related to access to VCT services in Ukraine have furthered the process of standardization for HIV pre-test and post-test counseling services. However, many barriers exist to efficient operation of the VCT system, particularly the absence of a strategy to develop a system aimed at improving access to and quality of VCT services for MARPs, especially IDUs, SWs, MSM, prisoners, and people with STIs and TB. The existing regulatory and legal framework for VCT services provides a uniform approach to counseling services, and in particular, client-initiated counseling. The lack of provider-initiated counseling interferes to a certain extent with healthcare workers' ability to provide services. Implementation of additional specific regulations would help improve the quality of VCT services (e.g., regulations on provider-initiated counseling and mobile VCT units, as well as procedures to ensure the quality of HIV tests).

#### **MOH Order #415 of 8/19/2005 "On the Procedure for Voluntary HIV Counseling and Testing (Protocol)"**

##### *1. General Provisions*

Developed in accordance with

Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of Population."

Cabinet of Ministers of Ukraine Resolution #264 of 3/4/2004 "On Approving the National Program to Ensure HIV Prevention, Care and Treatment of People with HIV/AIDS for the Period 2004–2008."

Intended to establish consistent procedures for VCT.

Applies to state and municipal healthcare facilities, healthcare facilities of other forms of ownership, public associations (hereinafter referred to as PAs), including international associations, other agencies, organizations, and institutions engaged in HIV/AIDS prevention, care, and support for PLHIV.

##### *2. Major Purpose and Objectives of Voluntary Counseling and Testing (VCT)*

Purpose: to provide voluntary HIV counseling services to the population in response to infection transmission, enhancing adherence to voluntary and informed consent to HIV testing, determine the HIV status of an individual, maintain HIV-safe behavior, and ensure timely medical care

Tests for TB, STIs, opportunistic infections and their treatment, timely initiation of ART, prevention of vertical transmission of HIV, family planning services and extensive support (including the "equal-to-equal" principle).

##### *5.6. Pre- and Post-Test Counseling in Health Care Facilities, Organizations, and Institutions, Except State and Municipal Health Care Facilities and Public Associations*

Pre- and post-test counseling services may be provided by counselors of both state and municipal healthcare facilities and state non-healthcare facilities (social service centers for family, children and youth, educators, etc.), healthcare facilities of other forms of ownership, representatives of religious associations and PAs providing HIV prevention services, religious associations providing support to PLHIV, and self-help groups for PLHIV (by consent).

Pre- and post-test counseling shall be delivered only by those counselors who received specialized training according to the requirements outline in this procedure.

#### **MOH Order # 236 of 4/19/2006 "On Preparations to Introduce the Procedures for Voluntary HIV Counseling and Testing (Protocol) in Healthcare Facilities Providing TB, STI**

### **and Drug Addiction Treatment Services”**

Make arrangements to organize the development of methodology to measure the level of preparedness and needs of the regions in Ukraine for a large-scale implementation of VCT according to international practice.

Measure the level of preparedness of regions for a large-scale implementation of VCT services; define priority tasks to satisfy the needs for VCT services of the population.

Ensure continuous monitoring of the process of implementation of VCT services, in particular among MARPs (IDUs, SWs, and youth), with a view to further improving and scaling up VCT services.

Develop instructions for practical implementation of the VCT protocol in specialized medical and preventive treatment facilities (healthcare facilities providing TB, STI, and drug addiction treatment services).

Ensure training and advanced training for medical personnel, psychologists, and sociologists on VCT by integrating a relevant course in the curricula and training schedules of medical schools of all levels of accreditation.

Intensify the process of engaging psychologists, social workers, workers of NGOs and charity organizations, and religious organizations in delivering pre- and post-test counseling. Ensure access to adequate training for them.

### **Order No. 446, dated July 6, 2006 of the Ministry of Health of Ukraine "Instructions on Introducing the Procedures for Voluntary HIV Counseling and Testing (Protocol) for Healthcare Facilities Providing TB, STI and Drug Addiction Treatment Services”**

The purpose of introducing the instructions is to scale up access to ensure high-quality voluntary HIV counseling and testing services (hereinafter–VCT) for people most at risk of HIV infection in healthcare facilities providing TB, STI, and drug addiction treatment services.

#### *2. Arrangements for Introducing VCT*

##### *Organizational Activities*

The head of a healthcare facility shall approve the key activities to ensure high-quality VCT services according to the VCT protocol by his/her order.

##### *Ensuring Conditions for VCT Services*

The head of the healthcare facility shall ensure working conditions for specialists who deliver VCT services.

##### *Providing Training and Advanced Training on VCT to Specialists of the Health Care Facility*

The head of the healthcare facility shall ensure conditions for continuous training and advanced training on VCT for each specialist providing said services.

##### *Providing Information on the Procedure for VCT to the Population*

Specialists of the healthcare facility shall inform the population about the opportunity, purpose, and procedure for VCT services through print media, radio, and TV during the awareness-raising activities both among groups and individuals.

### **Law of Ukraine #1026-VI, of 2/19/2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

#### *Program Principal Objectives*

Ensuring free access to VCT services for the population, in first of all, youth and representatives of most at-risk groups.

#### *Expectations*

Improving the system of VCT to diagnose the disease in its early stage.

Ensuring the development of the network of specialized services and facilities providing medical and

social services for HIV-positive people.

Establishing the system of education and advanced training courses for specialists engaged in the HIV/AIDS prevention activities according to international standards.

*Program Objectives and Measures*

Conducting specific HIV prevention measures ensuring free access to HIV counseling and testing for various categories of the population.

**MOH Order #452 of 6/25/2009 “On Approving the Action Plan to Implement the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

*9. Specific HIV Prevention Measures*

9.1. Ensuring free access to HIV counseling and testing for various categories of the population.

**MOH Order #509 of 7/14/2009 “On Approving the Strategy of Improvement of the System of HIV Counseling and Testing, Standardized Laboratory Diagnostics for 2009–2013 and the Plan of Its Implementation”**

*Strategy Purpose*

The overall goal of the strategy is to define the perspectives for further development and structuring of VCT services and the standardized laboratory diagnostics for ensuring free access to high-quality VCT services for the population and 60 percent of most-at-risk groups by 2013.

*1. Improving VCT Services in Ukraine*

The key tasks to achieve the objective include

1.1. Improving the legal framework for VCT services.

1.2. Coordinating activities and developing partnership relations.

1.3. Developing the infrastructure of organizations and facilities providing quality VCT services.

1.4. Organizing training and adequate staffing of relevant structures providing VCT services.

1.5. Implementing and improving supervision, monitoring, and evaluation of VCT services.

**MOH Order #388 of 5/11/2010 “On Improving the Diagnosis of HIV Infection”**

5.1. Conducting HIV tests for individuals according to the core principles of VCT upon their referral to VCT centers.

**MOH Order #461 of 6/4/2010 “On Approving the Comprehensive Plan of Scale Up Access of the Population to HIV Prevention, Diagnosis, Treatment, Care and Support to People With HIV/AIDS in Ukraine in the Second–Fourth Quarter of 2010 and the First Quarter of 2011”**

*1. Measures to Conduct VCT*

1.1. Organizing supervision, monitoring, and evaluation of performance of VCT services at the regional level through monitoring on site, interagency meetings and training workshops on VCT with the engagement of specialists from healthcare facilities (in particular, obstetrics and gynecology, skin and venereal diseases, drug addiction treatment), social services for family planning and human reproduction, blood transfusion stations, youth-friendly rooms and clinics, institutions of the State Social Service for Family, Children and Youth (by consent), and NGOs (by consent.)

1.2. Ensuring the implementation of report forms for VCT upon their approval by the MOH.

**Decision #1266/4704, of 7/15/2010 of the Fifth Session of the Kyiv City Council of the Sixth Convocation “On Approving the City Target Program on HIV Prevention Among the Population and Response to the Epidemic for 2010–2013”**

“...Over the last three years, the activities targeted at raising awareness have been intensified in Kyiv,



which made it possible to significantly increase the number of referrals to Trust Rooms for VCT, which can be regarded as a positive step forward in response to the current serious epidemic situation. The reform in the healthcare system of the capital city has made it possible to address the acute issue of extension of the network of Trust Rooms—six of which operate in the city today, including four Trust Rooms of the HIV/AIDS Center in Kyiv.

The trust room-to-population ratio is 1:1,450,000. There has been a gradual increase in the number of referrals to Trust Rooms, and today, this figure amounts to 4,000 referrals per month as compared with 1,500 per month in 2005; consequently, it made it possible to increase the number of PLHIV who were identified and registered. Ensuring access to counseling and testing services for the population remains one of the priorities until 2013.

#### *Program Purpose and Objectives*

Implementing specific HIV prevention measures through ensuring free access to VCT for various categories of the population, ensuring the prevention of hospital acquired and occupational HIV infection, and prevention of risks of infection in people during medical interventions, including those associated with receiving donated blood and its components.

#### *System of Program Objectives, Measures and Performance Indicators*

*3. Conducting Prevention Activities Among Population Groups Most At-Risk of HIV Infection.* The measures include the following:

Selecting medical workers from city healthcare facilities to conduct express diagnosis of HIV infection and other STIs, counseling services and basic medical care services to representatives of most at-risk population groups in hospitals, mobile units that provide services, NGOs, and, in particular, mobile clinics for women.

Conducting prevention activities among IDUs, including the “harm reduction” principle, and mainly, ensuring activities associated with exchange and disposal of syringes in all administrative districts of the city through ensuring the operation of syringe exchange points; developing rehabilitation programs; extending the sphere of application of the method of substitution therapy to reduce the risk of HIV infection among IDUs; ensuring the provision of integrated HIV prevention services to IDUs, which includes: HIV and STIs counselling and testing, provision of sterile disposable medical products and personal protection devices, information materials, etc.;

Conducting prevention activities among homeless and neglected children and adolescents (adolescent risk groups or ARGs) through organizing the activities of the City Advisory Council on HIV Prevention Among Children and Adolescent Risk Groups, introducing permanent certified training workshops for members of multidisciplinary teams, including representatives of NGOs; ensuring training for VCT specialists for work with ARGs; engaging and providing training for volunteers to work according to the “peer-to-peer” principle; and implementing social projects with respect to conducting cultural and HIV/AIDS awareness-raising campaigns in educational institutions for children and youth in Kyiv. Conducting HIV prevention activities among homeless people through the free distribution of social advertising and print information materials, free access to VCT services, and free distribution of free personal means of protection and hygiene products.

#### *4. Ensuring Specific HIV Prevention Activities*

The focus is on such areas of work as the following:

Ensuring free access to VCT for various groups of the population through extending the network of Trust Rooms providing voluntary HIV counseling and testing services; conducting tests used for the express diagnosis of HIV infection among MARPs; ensuring access to VCT services and HIV testing for convicts and persons taken into custody; and ensuring timely identification of people with HIV in healthcare facilities of all forms of ownership and people with clinical manifestations of AIDS as a result of a progressing HIV infection.

#### *5. Conducting Prevention Activities Among HIV Infected People and People with AIDS*

To this effect, the focus is on following activities: Conducting measures to prevent mother-to-child transmission of HIV, and mainly:

Ensuring free access of pregnant women to HIV counseling and testing.

Providing healthcare facilities with test kits and consumables for conducting routine and urgent screening of pregnant women for HIV infection, including early termination of pregnancy.

Providing healthcare facilities with antiretroviral drugs to prevent mother-to-child transmission of HIV.

Providing adaptive milk formula for infants born to HIV-positive mothers.

Ensuring access to substitution therapy for HIV-positive pregnant female IDUs.

Conducting prevention activities for timely treatment and support for HIV-positive pregnant women who temporarily reside in Kyiv, as well as implementing assisted reproductive technology to reduce the risk of transmission of HIV in discordant couples.

### **Order #419-L of 7/30/2010, of the Mykolaiv Oblast State Administration “On Improving the Diagnosis of HIV Infection”**

*1.1.* Provide a list of diseases, symptoms, and syndromes when individuals are offered HIV counseling and testing upon their referral to oblast healthcare facilities and ensure the provision of HIV testing when at least one of the listed diseases, symptoms, or syndromes is detected

*1.3.* Ensure HIV testing of individuals according to the principle of voluntary HIV counseling and testing upon their referral to healthcare facilities.

### **Law Of Ukraine #2861–VI of 12/23/2010 “On Amendments to the Law of Ukraine “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of Population”**

*Article 6.* The Right of an Individual to HIV Testing, Conditions and Procedures for HIV Testing  
Citizens of Ukraine, foreigners, and stateless persons permanently residing in Ukraine; persons who applied for a refugee status and who were granted a refugee status in Ukraine; other foreigners; stateless persons who are recognized as such according to the legislation and who have the right to stay temporarily within Ukraine shall have the right to testing for HIV (hereinafter – testing) and be provided with quality pre- or post-test counseling services according to the HIV testing protocol approved by a special authorized central executive healthcare authority.

Individuals have a right to free HIV testing and adequate pre-and post-test counseling. Preparing and providing conclusions on the results of such testing may be carried out by healthcare facilities, regardless of ownership and affiliation (i.e., government, NGO, etc.); social support services; and other organizations involved in responding to the transmission of diseases caused by HIV, as long as the organizations possess the relevant license to be involved in such activities and have a medical laboratory accredited according to procedures established by legislation.

### **Decision #1496 of 3/23/2010 of the Kherson City State Administration “The City Program to Ensure HIV Prevention, Treatment, Care and Support for HIV-Infected People and People with AIDS for 2010–2013”**

#### *3. Program Principal Objectives*

Ensuring free access to HIV counseling and testing for the population, in particular, youth and representatives of most at-risk groups.

#### *6. Expectations*

Improving the system of VCT to diagnose the disease in its early stages.

#### *7. Program Activities*

Extending opportunities for various categories of the population to access the system of voluntary HIV/AIDS counseling and testing.

#### *IV. Donor Safety*

Delivering pre-donation counseling for donors and conducting tests of donated blood and its components for HIV to exclude risk donors of groups at high-risk for AIDS.  
Ensuring HIV/AIDS counseling services for pregnant women and full access to voluntary HIV testing services.

**Decision #298-33/09 of 12/3/2009 of the 33<sup>rd</sup> Session of the Chernivtsi Oblast Council of the 5<sup>th</sup> Convocation, “The Comprehensive Program to Ensure HIV Prevention, Treatment, Care and Support for HIV-Infected People and People with AIDS in Chernivtsi Oblast for 2009–2013”**

*II. Purpose and Principal Objectives*

The purpose of the program is to achieve the objectives set by the Law of Ukraine “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support for HIV Infected People and People with AIDS for 2009 – 2013,” which include the stabilization of the epidemic situation, reduction in the rate of infection and number of deaths caused by HIV/AIDS in Chernivtsi oblast through the implementation of the national policy of ensuring access of the population to large-scale prevention measures, HIV counseling and testing, and treatment, care, and support services for HIV-positive people and people living with AIDS.

*III. Verification of the Ways and Means of Implementation of the Program and Deadlines*

Improving the methods of detecting HIV infection by ensuring access to voluntary HIV counseling and testing services for high-risk groups and the general population.

*IV. The Overall Goal of the Oblast Program*

To scale up HIV counseling and testing services for various groups of population, in first of all, youth and representatives of high-risk groups.

*V. Expectations*

Improving the system of VCT to diagnose the disease in its early stages.

## **1.2 VCT services in the country are brought under regulation**

Providing VCT services is stipulated by the Law of Ukraine and is brought under regulation by a number of regulations and methodological documents at the national and regional levels. Such documents contain provisions on testing services provided, in particular, in healthcare facilities, which should be accompanied by counseling services. In practice, it is quite often that such counseling is formal, since, during a medical appointment, counselors cannot devote enough time to motivate the client to undergo medical examination as specified in the protocol. Developing the network of *Kabinets Dovira* is brought under regulation to improve the situation with access to counseling and testing services as Lviv and Kyiv experience shows.

**MOH Order #415 of 8/19/2005 “On the Procedure for Voluntary HIV Counseling and Testing (Protocol)”**

See Box 1.1 of this form.

**MOH Order # 236 of 4/19/2006 “On Preparations to Introduce the Procedures for Voluntary HIV Counseling and Testing (Protocol) in Healthcare Facilities Providing TB, STI and Drug Addiction Treatment Services”**

See Box 1.1 of this form.

**Order No. 446, dated July 6, 2006 of the Ministry of Health of Ukraine “Instructions on Introducing the Procedures for Voluntary HIV Counseling and Testing (Protocol) for**

## **Healthcare Facilities Providing TB, STI and Drug Addiction Treatment Services”**

See Box 1.1 of this form.

### **Annex to Order #740/1030/4154/321/614a, of 11/23/2007 “On Measures to Organize Prevention of Mother-to-Child Transmission of HIV Activities, Medical Care and Social Support for HIV-Infected Children and Their Families”**

4.1. Organizing outpatient medical care services for HIV-infected pregnant women.

4.1.1. All pregnant women shall be provided with pre-test counseling as needed, and it is essential to ensure timely HIV testing to prevent transmission of HIV to the fetus or newborn in the event of an HIV-positive test result.

Pre-test counseling for pregnant women shall be delivered by doctors or obstetric nurse/nurses of outpatient clinics for women regardless of the form of ownership.

HIV counseling services may be provided by qualified specialists of social service centers for family, children, and youth; their specialized units; and NGOs.

The procedure for VCT shall be according to the principle of confidentiality and other VCT principles according to the current clinical protocol.

### **MOH Order #102, of 2/25/2008 “On Operation of *Kabinet Dovira*,” “The Model Regulations on *Kabinet Dovira*”**

#### *I. General Provisions*

1.1. *Kabinet Dovira* is a specialized structural unit of the HIV/AIDS healthcare institution established by the MOH of the Autonomous Republic of Crimea, the Main Health Care Department in Dnipropetrovsk, Lviv, Cherkasy and oblast state administrations, the Department of Health and Disaster Medicine Department of Odessa oblast, the departments of health of Oblast State Administrations, the Main Health Care and Medical Supply Department of Kyiv City State Administration and the Main Health Care Department of Sevastopol City State Administration (hereinafter – regional healthcare departments) under the AIDS centers or other healthcare institutions (hereinafter – HCIs) shall have 1 *Kabinet Dovira* per 100,000 population. In the district centers and towns of oblast subordination, *Kabinet Dovira* shall be established irrespective of the number of population.

The operation of a *Kabinet Dovira* as a structural unit of HCIs makes it possible to deliver counseling and conduct testing for people with referrals for voluntary HIV/AIDS counseling and testing, giving a blood sample for a HIV test directly in such a healthcare facility with informed consent from the person to whom counselling services are provided. To make a *Kabinet Dovira* closer to the place of residence of PLHIV and ensure access to follow-up care for such people, providing special medical care services in the regions where AIDS centers are not established, the functions of a *Kabinet Dovira* may be expanded. Additional functions may be assigned to *Kabinets Dovira*, including organizational, methodological, counseling, treatment, and diagnostic.

In its activity, a *Kabinet Dovira* is guided by the Constitution of Ukraine, other laws of Ukraine, regulations of the Ministry of Health of Ukraine, regional departments of health, orders of HCIs, and these Model Regulations.

1.6. To improve VCT service quality, a *Kabinet Dovira* may be located both within and outside healthcare facility settings, ensuring safe storage and transportation conditions for blood samples collected from people for HIV tests to the laboratory.

#### *II. Principal Objectives of Kabinets Dovira*

2.1. The principal objectives and key functions of *Kabinets Dovira* include the following:

2.1.1. Conducting HIV/AIDS prevention activities within the administrative territory where HIV-related services are provided, including VCT services.

2.1.2. Delivering HIV counseling during each meeting with a client, including testing.

2.1.11. Ensuring interaction with other state, municipal institutions, organizations and facilities of all

forms of ownership, public associations (charity and nongovernmental organizations) providing outpatient care services for HIV-positive people and people living with AIDS within the area.

2.1.12. Engaging charity and nongovernmental organizations, in particular, units of the All-Ukrainian Network of People Living With HIV, facilitating the establishment of self-help and peer support groups (by consent).

2.1.13. Cooperating with social service centers for family, children, and youth; juvenile services; employment and social protection centers; health centers; family planning centers; units of Red Cross centers of Ukraine; religious communities and other interested organizations; and institutions of various forms of ownership and public associations to ensure the provision of integrated care services for PLHIV and social and psychological support for people with high risk of HIV infection.

**Law of Ukraine #1026-VI, of 2/19/2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

See Box 1.1 of this form.

**MOH Order #388 of 5/11/2010 “On Improving the Diagnosis of HIV Infection”**

See Box 1.1 of this form.

**MOH Order #461 of 6/4/2010 “On Approving the Comprehensive Plan of Scale Up Access of the Population to HIV Prevention, Diagnosis, Treatment, Care and Support to People With HIV/AIDS in Ukraine in the Second–Fourth Quarter of 2010 and the First Quarter of 2011”**

See Box 1.1 of this form.

**Decision #1266/4704, of 7/15/2010 of the Fifth Session of the Kyiv City Council of the Sixth Convocation “On Approving the City Target Program on HIV Prevention Among the Population and Response to the Epidemic for 2010–2013”**

See Box 1.1 of this form.

**Order #419-L of 7/30/2010, of the Mykolaiv Oblast State Administration “On Improving the Diagnosis of HIV Infection”**

See Box 1.1 of this form.

**Law Of Ukraine #2861–VI of 12/23/2010 “On Amendments to the Law of Ukraine ‘On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of Population’”**

*Article 6.* See Box 1.1 of this form.

**The Decision of the Panel of Experts of the Lviv Oblast State Administration, dated June 22, 2010, (Minutes No. 5) “On Providing Voluntary HIV Counseling and Testing Services to Population, Extensive Medical Examination of the General Population and High-Risk Groups in Mostysk, Pustomyty Central Hospital and Drohobych District Territorial Community-Based Medical Organization”**

3.2. Intensifying the activities of 10 *Kabinets Dovira* operating in the region and 6 *Kabinet Doviras* ‘“Youth Friendly Clinics” to ensure free access to HIV counseling and testing services for people. Special emphasis shall be on testing most at-risk groups for HIV infection according to MOH Order #446

of 7/6/2006 “On Approving the Instruction for Introducing the Procedures for VCT (Protocol) in Healthcare Facilities Providing TB, STI, and Drug Addiction Treatment Services,” as well as according to clinical indications (both outpatient and inpatient treatment) according to Annex 5 to MOH Order #658 of 10/4/2006 “On Approving the Clinical Protocol on Prevention and Treatment of HIV Infection in Adults and Adolescents.”

3.3. Lviv oblast AIDS Center (at the Central City Hospital, out-patient clinics in Lviv – infectious disease Kabinets Dovira) shall be assigned coordination functions to ensure access to high-quality counseling and testing services.

3.7. To assess the potential and efficiency of doctors’ activities in various disciplines, introduce (approve) VCT services quantitative performance indicators for healthcare facilities and each specialist.

On an annual basis, coverage of not less than 5 percent of the general population of the administrative territory.

Special emphasis shall be on testing of people most at-risk of HIV infection (see section 3.2 above in this form).

### **“Organizational Models of STI Diagnosis and Treatment Services for Representatives of Vulnerable Population Groups” (Manual) (Kyiv–2009)**

#### *HIV Counseling and Testing in the System of STI Diagnosis and Treatment Services for Representatives of Vulnerable Groups*

VCT for representatives of vulnerable groups is a key component of HIV prevention, treatment, care, and support in the programs for PLHIV. VCT services shall be delivered through close partnership between public sector organizations and NGOs, which have more open contacts with vulnerable populations. This helps ensure access to VCT services and makes such services more efficient.

Pre- and post-test counseling can be delivered in fixed VCT units in healthcare facilities, provided that the core principles specified in the procedures for HIV counseling and testing (protocol) are observed.

Good results can be achieved by providing VCT services through NGOs that engage medical workers in testing services, according to the protocol in accordance with the Ukrainian legislation.

All units providing pre-and post-test counseling services should offer and provide clients with print information materials containing accurate and current information for clients about the opportunity for receiving additional counseling, testing, and other services. Such materials should be provided to the client attending a counseling session, taking into account the client’s individual needs.

Provider should tell the client whether such services are free or there will be a charge for such services, and explain confidentiality and anonymity.

There is a need to ensure that information is regularly given about organizations and their scope of services for the population.

Only those medical workers (doctors and nurses), psychologists, social workers, and representatives of NGOs involved in HIV/AIDS prevention activities (including groups of PLHIV) who received specialized training may deliver pre- and post-test counseling.

To ensure monitoring of the efficiency of counseling in all institutions or organizations providing VCT services, it is considered useful to review follow-up referrals to medical and preventive treatment facilities for HIV testing, as well as social, psychological, legal support services for medical care and support.

To ensure monitoring of the efficiency of the system of interaction, there is a need to maintain the Voluntary HIV Pre-and Post-Test Counseling Logbook (Form No. 503/o of the initial record documents) where the details of client’s participation in counseling sessions and outcomes of previous sessions are recorded.

HIV/AIDS counseling sessions may take place outside medical and preventive treatment facility settings.

*The main objectives of counseling and testing services provided to representatives of vulnerable groups include the following:*

Providing individual information on the ways of transmission of HIV infection and risks of infection associated with each of them.  
Providing individual information on measures and means designed to mitigate the risk of HIV infection.  
Assessing the client's risk of HIV infection and promoting the client's own assessment of personal risk of HIV infection.  
Providing information on the procedure for testing and the meaning of the test results.  
Explaining to the client the procedure for HIV testing.  
Providing psychological and social support.  
Providing information about the existing state and municipal medical and preventive treatment facilities, organizations and institutions, medical institutions of other forms of ownership, public associations providing medical care, psychological, legal, social and other types of support services for people in need.  
Promoting the client's own voluntary and informed consent to undertake an HIV test.  
Providing information about HIV/AIDS-related legal issues.

### **1.3 In Ukraine, information about VCT services is provided to the general population, including the target groups**

The regulations of the MOH point out the necessity of the provision of information about VCT services and their promotion to the public, including vulnerable groups. However, the level of provision of such information to the general population is quite low—such information is generally distributed among the vulnerable groups by NGOs in partnership with international organizations and agencies.

#### **MOH Order # 236 of 4/19/2006 “On Preparations to Introduce the Procedures for Voluntary HIV Counseling and Testing (Protocol) in Healthcare Facilities Providing TB, STI and Drug Addiction Treatment Services”**

##### *System of Interaction*

To ensure full access of the population to VCT services, including representatives of high-risk groups of HIV infection, relevant cooperation agreements among the regional AIDS centers, other state-owned or municipal healthcare facilities and PA, other agencies, and organizations and institutions working in the field HIV prevention and which have qualified specialists to deliver counseling shall be concluded. Relationships between state and municipal healthcare facilities and organizations, PAs, and religious and other associations working in the field of HIV/AIDS prevention and providing services for people living with HIV will ensure the rational use of current resources for providing VCT services. There is a need to ensure the delivery of information to the public about such organizations and their scope of services. Regional AIDS centers shall be responsible for collecting and distributing such information.

#### **MOH Order #446, of 7/6/2006 "Instructions on Introducing the Procedures for VCT (Protocol) for Healthcare Facilities Providing TB, STI and Drug Addiction Treatment Services”**

See Box 1.1 of this form.

#### **The Decision of the Panel of Experts of the Lviv Oblast State Administration, dated June 22, 2010, (Minutes No. 5) “On Providing Voluntary HIV Counseling and Testing Services to Population, Extensive Medical Examination of the General Population and High-Risk Groups in Mostysk, Pustomyty Central Hospital and Drohobych District Territorial Community-Based Medical Organization”**

3.11. Continue cooperation with mass media (print mass media, radio, TV) to provide more detailed information to the public about HIV/AIDS issues and procedures for VCT in any healthcare facility

promoting voluntary HIV counseling and testing with informed consent and the principles of confidentiality.

**“Organizational Models of STI Diagnosis and Treatment Services for Representatives of Vulnerable Population Groups” (Manual) (Kyiv–2009)**

*HIV Counseling and Testing in the System of STI Diagnosis and Treatment Services for Representatives of Vulnerable Groups*

See Box 1.2 of this form.

**1.4 Mobile VCT services provided by medical and preventive treatment facilities or NGOs are brought under regulation**

The regulations and guidance documents stipulate the opportunity for delivering VCT in mobile units or mobile ambulatories established under medical and preventive treatment facilities (MTFs) and outside health facility settings. The Regulations on Mobile VCT Unit have been submitted to the MOH for approval. Mobile VCT units or mobile ambulatories, in particular, operate under NGOs guidance (International HIV/AIDS Alliance, regional NGOs, etc.).

**MOH Order #415 of 8/19/2005 “On the Procedure for Voluntary HIV Counseling and Testing (Protocol)”**

*5.2. Operational Requirements for VCT Units*

Pre- and post-test counseling services may be provided both in mobile VCT unit settings and in fixed VCT unit settings (trust rooms, public associations, syringe exchange points, mobile VCT units that provide services to hard-to-reach vulnerable groups and in rural and remote areas, etc.); and in healthcare facilities (clinics for women, skin and STI facilities, drug addiction treatment facilities, TB dispensaries, AIDS centers, blood transfusion stations, etc.), provided that the principles of VCT are observed.

*Equipment of Mobile VCT Units*

To ensure access to VCT services for hard-to-reach vulnerable groups (IDUs, SWs, rural communities, etc.), mobile VCT units may be established. Pre- and post-test counseling services in such units can be provided in any settings safe for both the counselor and the client, considering the conditions of confidentiality. Mobile VCT units may be established by both medical and non-medical state and community agencies, organizations, institutions, and healthcare facilities of other forms of ownership and PAs. When the activities of mobile VCT units are established, the conditions of confidentiality shall be ensured so that counseling services do not stigmatize people who are referred for such services. A mobile laboratory travels directly to the areas of residence of clients, syringe exchange points, sites of SWs, etc., to collect blood samples for HIV tests or conduct testing with rapid test kits. Mobile laboratories may only be established within the structure of a mobile VCT unit of a state or municipal medical and preventive treatment facility (MPTF) or within counseling units operating under PAs or other agencies, organizations, and institutions that deliver pre- and post-test counseling services.

**“Organizational Models of STI Diagnosis and Treatment Services for Representatives of Vulnerable Population Groups” (Manual) (Kyiv–2009)**

*Section 1.2.1. Providing Services through Mobile Ambulatories*

Providing STI diagnosis and treatment services to representatives of vulnerable groups through mobile ambulatories ensures high coverage levels among representatives of the target group.

Key tasks of mobile laboratories include

Ensuring high coverage levels among representatives of target groups with a minimum package of STI prevention, diagnosis, and treatment services within the area of activities.



Ensuring early diagnosis and early initiation of STI therapy for representatives of target groups through Screening tests and rapid methods of the diagnosis of most common STIs “on site”;  
Ensuring the collection of biological material for testing and verification tests to establish the final diagnosis;  
Ensuring early initiation of therapy, which is part of treatment services for HIV prevention based on the half exterior-half interior type of syndrome approaches; and  
An initial HIV/STI risk reduction counseling session.

The aforesaid tasks help to prevent further transmission of HIV and other STIs among vulnerable groups, to the bridge-groups and, finally, the general population.

### **Information on the Performance of the Program to Ensure HIV Prevention, Treatment, Care and Support for HIV-Infected People and People with AIDS in the First Half of 2010 in Cherkasy Oblast**

As many as 638 rapid tests for HIV (87 positive results) have been conducted by the mobile ambulatory of the charity organization “From Heart to Heart” for PLHIV in Cherkasy. The mobile ambulatory of the charity organization “From Heart to Heart” for PLHIV in Cherkasy has also conducted 223 rapid tests for HIV (16 positive results) and 292 rapid tests for other STIs. The charity fund “Insight” conducted 67 and 728, respectively. In the oblast-level NGO “Dialogue,” a mobile unit has provided such services to 93 sex worker clients (2 routine routes and 1 outreach route).

### **1.5 In Ukraine, training on the core principles of VCT is provided to specialists of medical and preventive treatment facilities and workers of NGOs**

The current legislation and regulations stipulate the opportunity for training on the core principles of VCT for both specialists of medical and preventive treatment facilities and representatives of NGOs (Law #1026–VI, 2/19/2009 “On Approving the National Programme to Ensure HIV Prevention, Treatment, Care, and Support to HIV-infected People and People with AIDS for 2009–2013; MOH Order #415, 8/19/2005 “On the Procedure for VCT (Protocol)”). However, educational capacities are extremely insufficient since only one state organization—L.P.Shupik National Medical Academy of Post-Graduate Training, Department of Virology—has been providing training on VCT through two issue-related courses per year for medical workers. Training sessions for social workers have been conducted by NGOs or experts of international projects.

#### **MOH Order #415 of 8/19/2005 “On the Procedure for Voluntary HIV Counseling and Testing (Protocol)”**

##### *Requirements for Counselors*

5.3.1. Only those medical workers (doctors and nurses), psychologists, social workers, representatives of NGOs involved in HIV/AIDS prevention activities (including PLHIV groups) who received specialized training may deliver pre- and post-test counseling. During the period allowed for specialized training of the required number of counselors, counseling may be delivered by persons who have adequate knowledge of the procedure and can ensure that all the requirements specified are observed.

##### *5.3.2. Training Courses for Counselors Shall Be Provided*

According to the procedure (Annex 2 to the procedure).

By educational institutions with qualified teachers, a VCT skills training curriculum, and training courses for medical workers, psychologists, and social workers—provided that a course on HIV with the basics of VCT is included in the training curriculum.

Through international technical assistance projects implemented via memoranda of understanding and cooperation in the field of healthcare—entered into

by and between the governments of two countries; and  
by and between certain international and national organizations or those implemented under the international technical assistance projects and the Ministry of Health of Ukraine.  
Under the overall methodological guidance and direct supervision, on a regular basis, of counselors' services by experienced specialists.

**Law of Ukraine #1026-VI, of 2/19/2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

*Expectations.* See Box 1.1 of this form.

**MOH Order #509 of 7/14/2009 “On Approving the Strategy of Improvement of the System of HIV Counseling and Testing, Standardized Laboratory Diagnostics for 2009–2013 and the Plan of Its Implementation”**

*1.4. Organizing Training and Staffing*

Developing plans of pre- and postgraduate training on VCT for doctors, medical psychologists, and paramedical personnel in medical schools of the 3<sup>rd</sup>–4<sup>th</sup> levels of accreditation.

Approving and introducing aforementioned pre- and postgraduate training programs.

Planning joint curriculum and training courses for workers of AIDS centers, *Kabinets Dovira*, and public associations providing VCT services on site using rapid test kits and further referrals of HIV-positive people.

**Decision #1266/4704, of 7/15/2010 of the Fifth Session of the Kyiv City Council of the Sixth Convocation “On Approving the City Target Program on HIV Prevention Among the Population and Response to the Epidemic for 2010–2013”**

*3. Conducting Prevention Activities Among Groups Most At Risk of HIV Infection*

... introducing permanent certified training workshops for members of multidisciplinary teams, including representatives of NGOs; ensuring training for VCT specialists for work with ARGs; ensuring engagement and training for volunteers to work according to the “peer-to-peer” principle; implementing social projects on conducting cultural and HIV/AIDS awareness-raising campaigns in educational institutions for children and youth in the city of Kyiv...

*Work Areas and Measures of the City Target Program on HIV Prevention Among the Population and Response to the Epidemic for 2010–2013*

3.5. Ensuring training for medical workers of medical and preventive treatment facilities on appropriate pre- and post-test counseling clinical application.

3.10. Ensuring training for specialists of the State Department of Ukraine for Enforcement of Sentences; the healthcare system; social service centers for family, children, and youth; and NGOs working with vulnerable groups (including training on pre- and post-test counseling).

**1.6 In Ukraine, medical worker-initiated VCT is not brought under regulation**

The protocol on provider-initiated VCT, after it has been discussed during the meeting of the Permanent Working Group for VCT and Laboratory Diagnosis, was submitted to the Ministry of Health of Ukraine for approval. The absence of such document significantly interferes with medical workers' ability to prescribe VCT.

**1.7 Use and distribution of rapid (express) test kits to medical and preventive treatment facilities is regulated in Ukraine**

Rapid tests kits for screening of pregnant women whose HIV status is unknown—which are used directly in maternity hospitals and for screening donated blood in an emergency—are procured via the state budget. For screening of other population categories, such test kits should be procured via local budgets; however, this does not happen in practice. Frequently, representatives of local authorities do not even realize the advantages of using rapid HIV test kits for screening members of vulnerable population groups. It was not until recently (November 2009), that matters pertaining to the use of rapid test kits in medical and preventive treatment facilities that provide TB, drug addiction, and skin and venereal disease treatment services were brought under regulation (MOH Order #639 of 8/27/2009 “On Approving the Interim Procedure for HIV Testing Using Rapid Test Kits, Their Use, Storage and Record of Test Results”). Such rapid test kits were purchased under the program of the William J. Clinton Foundation and ICF International HIV/AIDS Alliance in Ukraine, and they are used in some regions of Ukraine. The provisions of the Interim Procedure remained in effect for only one year (until November 2010) and are no longer in effect. Since a new version of the guidelines on laboratory diagnosis of HIV infection, “The Procedure to Detect Serological Markers Associated with HIV Infection and Ensure Quality of Tests,” has been approved by the MOH but not yet registered with the Ministry of Justice, medical and preventive treatment facilities are not formally allowed to use such rapid test kits.

### **The Methodology Best Practice Guidelines for the Use of Rapid Test Kits for Laboratory Diagnosis of Infectious Diseases**

...the implementation of rapid diagnosis based on rapid immunochromatographic tests (ICTs) is supported by the WHO and Global Fund and recommended for use under international STI prevention programs, HIV/AIDS prevention programs, etc.

### **MOH Order #255 of 6/9/2003 “On Approving the Methodology Best Practice Guidelines for the Use of Rapid Test Kits for Screening Donated Blood For Antibodies to HIV, Registration Form No.498 and the Instructions on Its Completion”**

#### *General Provisions and Requirements for the Use of Rapid Test Kits*

Medical and preventive treatment facilities shall be provided with rapid test kits for screening donated blood for antibodies to HIV1/2 according to a quota system controlled by the chief doctor (chief transfusiologist) of the oblast blood transfusion station, and for pregnant women’s blood, according a quota system controlled by the chief obstetrician-gynecologist.

To conduct HIV antibody tests, only the rapid test kits registered in Ukraine shall be used. A copy of the Certificate of State Registration shall be kept by the laboratory conducting such tests.

Prior to using rapid test kits in a laboratory setting or other department settings of the medical and preventive treatment facility, specialists who are expected to conduct and evaluate the test results shall receive adequate training on screening donated blood using rapid test kits in the diagnostic HIV laboratory. Furthermore, specialists involved in such activity shall receive adequate training on pre- and post-test counseling.

HIV antibody tests using rapid test kits may be conducted by lab assistants of medical and preventive treatment facilities under the guidance of doctors responsible for the performance of HIV tests in an emergency and who received adequate training.

Screening more than 3–4 blood samples at a time by one specialist is not allowed.

### **MOH Order #639 of 8/27/2009 “On Approving the Interim Procedure for HIV Testing Using Rapid Test Kits, Their Use, Storage and Record of Test Results”**

#### *1. General Provisions*

The Interim Procedure for HIV Testing Using Rapid Test Kits, Their Use, Storage and Record of Test Results (hereinafter, the procedure) shall apply to the medical and preventive treatment facilities (hereinafter, PTFs) of state and municipal form of ownership providing TB, drug addiction, and skin and

venereal disease treatment services.

## *2. Requirements for Storage and Use of Rapid Test Kits*

HIV tests with the use of rapid test kits may be conducted by a medical worker who received specialized advanced cycle training “Conventional/Rapid Test Kits for the Diagnosis of HIV Infection” in the system of postgraduate training, at work places in laboratories of regional AIDS centers (hereinafter, the AIDS Center), and during topical training workshops on the use of rapid HIV test kits.

### **MOH Order #316 of 4/8/2010 “On Distributing Rapid Test Kits for Diagnosis of HIV Among Vulnerable Population Groups Procured Using Funds of the Global Fund to Fight AIDS, TB and Malaria in 2010”**

#### *1. Approve:*

*1.1* The Schedule of Distribution of Rapid Test Kits for Diagnosis of HIV Among Vulnerable Population Groups Procured Using Funds of the Global Fund to Fight AIDS, TB and Malaria in 2010 (hereinafter referred to as “rapid test kits”) as attached.

*3.1* The delivery of rapid test kits shall be distributed to oblast and city healthcare facilities providing TB, drug addiction, and skin and venereal diseases treatment services.

*3.2* The provisions that regulate the intended use of rapid test kits contained in the Interim Procedure for HIV Testing Using Rapid Test Kits, Their Use, Storage and Record of Test Results adopted by order No. 639, dated August 27, 2009, of the MOH of Ukraine.

### **MOH Order #898 of 10/20/2010 “On Distributing Rapid (Express) Test Kits to Conduct Rapid Tests for HIV1 and HIV2 Antibodies Procured Via the State Budget of Ukraine for 2010”**

To implement the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013...

#### *1. Approve*

*1.1.* The Schedule of Distribution of Rapid (Express) Test Kits to conduct rapid tests for HIV1 and HIV2 antibodies in pregnant women to healthcare facilities for 2010 (hereinafter referred to as “rapid (express) test kits”) as attached.

*3.* The Department of Economics, Finance and Accounting shall ensure, for the purposes of the budget-funded program “Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of Cancer Patients”, (CECEL 2301370), to implement measures under the National Program to Ensure HIV Prevention, Treatment, Care and Support for HIV Infected People and People With AIDS for 2009–2013, the transfer of funds to the account of the Supplier according to the terms and conditions of the Agreement.

### **Law Of Ukraine #2861–VI of 12/23/2010 “On Amendments to the Law of Ukraine ‘On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of Population’”**

#### *Article 8. Laboratory Test for Donated Blood and Its Components*

*3.* If the instant danger to the person occurs and when there is a sudden need for blood transfusion as the only way to save the person’s life, and properly tested donated blood is not readily available, with informed consent obtained from the person or the person acting on the person’s behalf, the transfusion of blood tested for HIV—using the rapid test kits tested by the laboratories accredited according to the legislation and with clear documentary evidence of quality of such rapid test kits—shall be allowed.

### **Information on the Performance of the Program to Ensure HIV Prevention, Treatment, Care and Support for HIV Infected People and People with AIDS in the First Half of 2010**

**in Cherkasy Oblast:**

... HIV pre-test counseling and testing using rapid test kits is conducted by NGOs providing HIV prevention services in fixed syringe exchange points in cooperation with the oblast AIDS Center.

... As many as 638 rapid tests for HIV infection (87 positive results for HIV) have been conducted by the mobile ambulatory of the charity organization "From Heart to Heart" for PLHIV in Cherkasy. The charity fund "Insight" conducted 67.

... Rapid test kits are procured via the state and local budgets without budget restrictions. Fifty-seven rapid test kits for testing of pregnant women who were not screened for HIV as part of regular prenatal care have been used so far.

## Annex 9. Access to High-Quality, Low-Cost Medications

### 1.1 Legal relations, linked with creation, registration, production, and quality control of AIDS medications, are nationally regulated

In Ukraine, universal access to free ARV medications, medications for treating opportunist infections, and the means of preventing HIV is guaranteed at the legislative level. Specifically, at the national level, the state guarantees meeting medication needs through nationwide programs, including the “National Program for HIV Prevention, Treatment, Care and Support to HIV-positive People and People with AIDS for 2009–2013” (National AIDS Program 2009–2013).” The government also guarantees protection for citizens whose health is damaged as a result of using prescribed medications and provides benefits and guaranteed access to medication for certain groups and categories of citizens. Certain laws guarantee free provision of ARV and OI medications, as well as the accessibility and quality of HIV testing services, including anonymous testing and pre- and post-test counseling services, as well as ensuring the safety of the client and the service provider conducting the test. Law of Ukraine # 123/96-BP of 04/04/1996 “On medications” is the main law regulating state policy in the sphere of development, production, quality control, and distribution of medications. In contradiction with these legislative guarantees to universal access, the National AIDS Program 2009–2013 states that implementation of the plan will lead to the provision of ART to only 80 percent of HIV-positive individuals in need of ART.

#### **Law of Ukraine # 1972-XII of 12/12/1991 “On the response to the transmission of diseases, caused by the human immunodeficiency virus (HIV), as well as legal and social security of people living with HIV” (in the edition of Law # 2861-VI of 12/23/2010)**

- *Article 4.* State guarantees regarding the response to the spread of diseases caused by HIV
  - (7) Ensuring access for the population to the means of preventing sexual transmission of HIV.
  
- *Article 15.* Other rights of PLHIV: Besides the general human and citizens’ rights and freedoms, PLHIV also have the right to
  - (2) Free ARV and OI medications in accordance with the procedure established by the central body of executive authority in the health sector.

#### **Law of Ukraine # 2801-XII of 11/19/1992, “Fundamental principles of healthcare legislation of Ukraine”**

- *Article 19.* Material and technical provision of healthcare.
  - The state organizes material and technical provision of healthcare in the scope necessary for providing the population with the guaranteed level of healthcare. All healthcare facilities have the right to independently decide on issues of material and technical provision. The state promotes the production of medical appliances, tools, equipment, laboratory reagents, medications, prosthetic and hygienic commodities, and other products necessary for healthcare, as well as the development and distribution of these products.
  - Implementation of targeted state programs on priority development of medical, biological, and pharmaceutical industries is increased; businesses and international cooperation are encouraged in the sector of material and technical provision of healthcare; and the system of corresponding tax, price, duty and other benefits and regulations is being established.
  - The state can limit the export of goods necessary for healthcare and raw materials for the production of such goods if it contradicts the interests of healthcare for the population of

Ukraine.

- To ensure the proper quality of products necessary for healthcare, their usage is permitted only after obligatory approval, in accordance with the established procedure, agreed upon by the Ministry of Health (MOH).

**Order # 436 of the MOH of Ukraine of 10/30/ 2001 “On the approval of the Instruction on the regulations for quality control of medications in retail and wholesale distribution” (registered at the Ministry of Justice of Ukraine of 02/05/2002 as # 107/6395)**

- *Article 1.* Approves the regulations for quality control of medications in retail and wholesale distribution.
  - 1.2. Establishes regulations for conducting input quality control of medications by economic entities, which are licensed for wholesale and retail distributing of medications, as well as the state control over medication quality during wholesale and retail distribution.
  - 1.4. State control over medication quality during wholesale and retail distribution is executed by the State Inspectorate on Medication Quality Control of the MOH, state inspectorates on medication quality control in the Autonomous Restate of Crimea, oblasts, cities of Kyiv and Sevastopol, their subordinate laboratories, and laboratories accredited by the State Inspectorate on Medication Quality Control.
  - 1.6. Bans the distribution of expired, low-quality, or counterfeit medications; and medications without quality certificates issued by the manufacturers that are unregistered in Ukraine.

**Order # 584 of the MOH of Ukraine of 12/16/2003 “On the approval of the Regulations for storage and quality control of medications in healthcare facilities” (registered at the Ministry of Justice as # 275/8874 of 03/03/2004)**

- Approves “Regulations for storage and quality control of medications in healthcare facilities.”

**Decree # 1419 of the Cabinet of Ministers of Ukraine of 10/28/2004 “Selected measures for ensuring the quality of medications”**

- *Paragraph 1.* The MOH is to ensure, starting from 01/01/2009, that the circulation of medications is in accordance with the requirements of best practices for manufacturing, distribution, laboratory and clinical activities, and is harmonized with corresponding European Union (EU) and World Health Organization (WHO) directives.

**Decree # 1674/2005 of the President of Ukraine of 11/30/2005 “On the improvement of state management in the sphere of response to HIV/AIDS and TB in Ukraine”**

- The Cabinet of Ministers introduces measures to eliminate distribution of low-quality medical products in Ukraine.

**Edict # 1247-p of the Cabinet of Ministers of Ukraine of 09/10/2008 “On the approval of the Action Plan for measures aimed at the improvement of state control over the circulation of medications and medical commodities”**

- Improvement in control over the circulation of medications and medical commodities consists of ensuring that the MOH takes “measures aimed at improving the quality control system for medications and medical commodities in circulation, as well as ensuring efficient functioning of the control system for all kinds of medications and medical commodities;” and “elaboration and approval of standards for ensuring the quality of medications, harmonized with the EU directives,

in particular those regarding good manufacturing practice, good distributional practice, good laboratory practice, good clinical practice.”

**Law of Ukraine # 1026-VI of 02/19/2009 “On the approval of National Program for HIV prevention, treatment, care and support to HIV-positive and people with AIDS for 2009-2013”** Main objectives:

- Prevention measures:
  - Compliance with the requirements regarding the safety of medical-diagnostic process in medical-diagnostic facilities through complete transition to the usage of single-use medical products of domestic manufacturing.
- Medical measures:
  - Providing ART to PLHIV in accordance with MOH-approved standards and clinical protocols.
- Organizational measures:
  - Promoting the production of ARVs by domestic manufacturers and single-use medical products.
  - Ensuring quality control of test systems for HIV diagnostics and ARVs.
- Expected results:
  - Providing ART to no less than 80 percent of PLHIV.
  - Preventing the development of resistant HIV strains.

**Order # 690 of the MOH of Ukraine of 09/23/2009 “On the approval of the Procedure for conducting clinical trials of medications and for expert assessment of clinical trials’ materials, as well as Standard provisions on the Ethical Issues Commissions” (registered at the Ministry of Justice of Ukraine of 10/29/2009 as # 1010/17026)**

- To achieve harmonization with international regulations for conducting clinical trials of medications, the order approves the procedure for conducting clinical trials of medications and for expert assessment of clinical trials’ materials, in compliance with the Directive of European Parliament and Council 2001/20/EU of 04/04/2001 “On the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use” (with amendments).
- Outlines general principles of conducting clinical trials:
  - All clinical trials are conducted in accordance with international ethical principles—ensuring the protection of rights, safety, and well-being of trial participants.
  - Clinical trials can be conducted only if expected benefits outweigh risks.
  - Clinical trials are conducted in healthcare facilities, which are licensed and accredited by the MOH or by the body authorized by it.
  - All individuals involved in a clinical trial must have appropriate education, professional training, and experience to carry out their functions and responsibilities.
- Planning, conducting, and reporting of all phases of a clinical trial—including bioavailability and bioequivalence studies—are done in compliance with the requirements of the Directive “Medications. Good clinical practice. ST-D MOHU 42-7.0:2008”, approved by the Order #95 of the MOH of 02/16/2009.

**Decree # 260 of the Cabinet of Ministers of Ukraine of 02/03/2010 (amended according to the Decree #902 of the CoM of 10/04/2010) “Selected issues of state control over the medications quality”**



- *Paragraph 1.* The procedure for executing state control over medication quality determines the mechanism of realizing state control over medication quality, with the aim of eliminating the circulation of counterfeit, low-quality, and non-registered medical products.

**Law of Ukraine # 123/96-BP of 04/04/1996 “On medications” (latest edition of 06/05/2010 on the basis of the Law of Ukraine #2165-VI of 05/11/2010)** Enacting clause: This law regulates development, registration, production, quality control and distribution of medications and defines the rights and responsibilities of enterprises, institutions, organizations, and citizens, as well as the authority of state executive bodies and officials in this sphere.

- *Article 3.* State policy in the sphere of development, registration, production, quality control and distribution of medications is aimed at supporting scientific research, developing and implementing new technologies, developing highly efficient and safe medications, and satisfying the needs of the population for high-quality medications in sufficient quantities by implementing corresponding national programs, providing priority financing and concessional loans, establishing tax benefits, etc.

To realize the Ukrainian citizens’ right to healthcare, the state ensures the accessibility of essential medications and the protection of citizens whose health is damaged as the result of prescribed medication treatment, and establishes benefits and guarantees for certain groups and categories of citizens by providing them with medications in the case of illness.

- *Articles 5–7.* Regulate the issues of developing medications, approaches to pre-clinical research and clinical trials, and patient (volunteer) rights protection.
- *Article 9.* State registration of medications
  - Medications are approved for usage in Ukraine after registration with the state, except in cases foreseen by this law. State registration of medications is achieved through application to the MOH of Ukraine or to a body authorized by it to handle such applications.
- *Article 13.* Concept and tasks of the state control over the quality of medications
  - State control over the quality of medications is the aggregate of organizational and legal actions aimed at the compliance of business entities, irrespective of their ownership and subordination, with the legislation requirements for ensuring the quality of medications.
  - State control over the quality of medications is done by the bodies of state executive power within the ambit of authority defined by the legislation of Ukraine.
- *Article 25.* Material and technical provision
  - The state organizes material and technical provision of development, production, quality control, and distribution of medications in the scope necessary for providing the population with the guaranteed level of healthcare.
  - Standards for minimal provision of the population with state healthcare facilities, which distribute medications, are defined by the CMU.

**Decree # 411 of the Cabinet of Ministers of Ukraine of 03/31/2004 (amended according to the Decree # 1122 of the COM of 12/20/2008 and Decree # 645 of 07/28/2010) “On the approval of the Provisions on the National Medications Register”** Regulates establishment of a national medications register and the information entered into it on medications approved for manufacturing and usage in Ukraine:

- The Register contains information on trade, international non-patented, and synonymous names of the medication; its manufacturer; chemical name and composition; pharmacological effect and

pharmacotherapeutic group; indications, contraindications, precautions, interaction with other medications and side-effects; output form, dosage, and administration; conditions and terms of storage; as well as dispensing conditions; date and number of the MOH registration (or re-registration) order, including validity period, total (temporary) ban on usage, and exclusion from the Register.

- The MOH enters information on a medication into the Register on the basis of the MOH order on its state registration.

**Order # 769 of the MOH of Ukraine of 09/13/2010 “On the approval of the Development concept of the pharmaceutical sector of healthcare industry of Ukraine for 2011-2020”**

- Aimed at transferring all relations ensuing from pharmaceutical activities into a dimension that is controlled, targeted, with a clearly defined subject structure and clear delimitation of rights, obligations, and responsibilities of the participants. This can be achieved within the ambit of transferring these relations into the system of economic-legal regulation, the sphere of operation for economic-legal means of state regulation, while taking into consideration effectively functioning economic relations and social specifics of its realization.
- Determines the principles for ensuring efficiency and effectiveness of standards, formulating requirements for every section of medications circulation—chemical-pharmaceutical, technological, experimental—their authorization with the aim of implementation; and requirements to ensure replicability and stability during development and testing, their shelf life, and their delivery to the patient.
- Designed to organize stable activity in the pharmaceutical sector, which ensures the quality and efficiency of pharmacotherapy to reduce disease and improve population health. They are realized in the following directions:
  - Accessibility of medications—equal physical and economic access to high-quality medication.
  - Quality of medications—aggregate of qualities that allow the medication to satisfy consumers in accordance with its prescription and are determined in the process of development according to established standards (as well as proving their efficiency with proper methods, safety, and stability of these qualities during production, distribution, and usage).
  - Rational usage of medications—creating the conditions for appropriate medication usage (i.e., when patients receive medication in accordance with their clinical needs and in dosages corresponding to their individual needs).
- One of the mechanisms of creating conditions for rational usage of medications is the introduction of the service list system, enabling complex management in the healthcare sector, which ensures the implementation of rational and efficient methods of provision and usage of medications.

**Order # 809 of the MOH of Ukraine of 09/24/2010 “On the amendments to the Order # 95 of the Ministry of Health of Ukraine of 02/16/2009 “On the approval of documents on the issues of ensuring the quality of medications”**

- Approved documents on the issue of ensuring medication quality, in particular the directive on “Medications. Good clinical practice. ST-D MOHU 42-4.0:2010.”
- Outlines main requirements for good production of medications, in particular the issue of quality management/quality assurance.
- Includes all issues, which influence the quality of the product.

**Law of Ukraine # 2861-VI of 12/23/2010 “On the amendments to the Law of Ukraine “On the prevention of acquired immune deficiency syndrome (AIDS) and social security of population”**

Chapter I. General Provisions

- *Article 4.* State guarantees regarding the response to the spread of diseases caused by HIV
  - (4) Ensuring accessibility and appropriate quality of HIV testing, including anonymous testing, with the provision of pre- and post-test counseling services, as well as ensuring the safety of the client and the healthcare provider conducting the test.
  - (7) Ensuring access of the population to the means of preventing sexual transmission of HIV.

Chapter II. Conditions and Procedure for Detecting HIV; Provision of Medical Care to HIV-positive Individuals; Registration, Calculation of HIV-positive Individuals and their Medical Monitoring

- *Article 6.* Citizen’s right to be tested for HIV; conditions and procedures for conducting the test.
  - Tests to be conducted using systems that have passed trials in accredited laboratories and have documented proof of their quality.
- *Article 15.* Other rights of PLHIV: Besides the general human and citizens’ rights and freedoms, PLHIV also have the right to
  - (2) Free ARV and OI medications in accordance with the procedure established by the central body of executive authority in the health sector.

**1.2 Compulsory licensing is used in Ukraine**

Compulsory licensing is regulated in Ukraine—protection of effective models was first introduced in 1993 and stipulated a formal logic definition of an effective model (i.e., new and industrially applicable constructional design of a device). Further on, in the Civil Code of Ukraine, which came into effect on 01/01/2004, a list of objects were stipulated, which are granted legal protection as effective models. This list coincides with the list of invention objects.

Final price for the medication is determined by taking into account many factors (objective and subjective) but is considerably influenced by the presence or absence of patent protection. Obtaining monopoly rights for the invention gives patent owners an ability to effectively control the creation of other medications on the basis of their invention. The patent owner can, for the period of time established by law, limit opponents’ ability to use this innovation, which encumbers patients’ access to cheaper generic drugs. The issue of legal protection for pre-clinical and clinical trial data also threatens to prevent lowering of medication prices in the near future. Obstacles created by patent owners in response to attempts to register or manufacture inexpensive generic medications negatively influence efforts to prevent and treat infectious diseases, including HIV. Although the state did commit to fully provide ARV medications to HIV/AIDS patients, in reality the needs of all patients cannot be met due to the high price of ARVs.

It is necessary to find a way to use all mechanisms stipulated by law that would allow for the lowering of these medications’ prices. There is a need to improve the legislation that regulates registration of medications and protection of intellectual property rights. For that reason, a working group on intellectual property rights and access to medications was tasked with improving legislation in this area.

**Law of Ukraine # 3687-XII of 12/15/1993 “On the protection of rights for inventions and effective models”**

- License is the permission of the patent owner (licenser), which is issued to the other person (licensee), to use the invention (effective model) under certain conditions.
- *Article 30.* Procedure for obligatory licensing regarding the inventions and effective model
  - If the invention (effective model), excluding a secret invention (effective model), is not used or not fully used in Ukraine during three years from the date the patent issuance announcement was published or from the date that the invention's (effective model's) usage was stopped, any person willing and showing readiness to use the invention (effective model), in case the owner of rights refuses to draw a licensing agreement, can turn to the court of justice with the statement of claim for obtaining the permit to use the invention (effective model) under the conditions of non-exclusive license.
  - Unless the patent owner can prove that non-usage of the invention (effective model) has a reasonable excuse, the court of justice passes a resolution on granting the permit to the willing person for using the invention (effective model) under the conditions of non-exclusive license with the defined extent of its usage, permit expiration date, and amount and procedure of the remuneration payment to the patent owner.
  - The patent owner is obliged to give the permission (license) for the usage of the invention (effective model) to the owner of the later issued patent if the invention (effective model) of the latter is aimed at reaching other goal or has considerable technical-economic advantages and cannot be used without infringing the rights of the earlier issued patent owner. The permit is given to the extent needed for the usage of the invention (effective model) by the owner of the later issued patent. The owner of the earlier issued patent has the right to get the license under the reasonable conditions for the usage of the invention (effective model), which is protected by the later issued patent.

**Civil Code of Ukraine of 01/16/2003 # 435-IV**

- *Article 459.* Invention's suitability for obtaining intellectual property rights: The object of invention can be a product (device, substance, etc.) or a process in any field of technology. Law can stipulate which products and processes are not suitable for obtaining the right of intellectual property to them according to this article.
- *Article 460.* Effective model's suitability for obtaining intellectual property rights: Effective model is considered suitable for obtaining the right of intellectual property to it, in case it, according to the law, is new and suitable for industrial usage. The object of effective model can be a product (device, substance, etc.) or a process in any field of technology. Law can stipulate which products and processes are not suitable for obtaining the right of intellectual property to them according to this article.

**Edict # 8 of the Cabinet of Ministers of Ukraine of 01/14/2004 "On the approval of the Procedure for obtaining from the Cabinet of Ministers of Ukraine a permit for the usage of patented invention (effective model) or registered topography of the integral microcircuit"** (Paragraph 1)

**Order # 190 of the MOH of Ukraine "On the approval of Regulations on conducting additional trials for medications during the expert assessment of registration materials" of 04/17/2007**

- Approve the regulations on conducting additional trials for medications during the expert assessment of registration materials.
- Stipulate that additional trials on pre-clinical and clinical research are conducted according to

regulations defined by effective legislation regarding pre-clinical, clinical trials of medications and requirements on registration materials, which are submitted for the registration (re-registration) of medications.

- Requirements to conduct research on proving the equivalency of generic medications.

**Law of Ukraine # 123/96-BP of 04/04/1996 “On medications” (latest edition of 06/05/2010 on the basis of the Law of Ukraine #2165-VI of 05/11/2010)**

- *Article 9.* If the medication is registered in Ukraine, for five years from the date of registration (irrespective of the validity term of any patent, related to the medication), it is prohibited to use the registration information in applying for registration of another medication, except in cases in which the right to refer to or use such information was obtained according to the established procedure. Divulging or illegal usage of information will be prosecuted in accordance with the disciplinary, administrative, civil and/or criminal legislation of Ukraine.

**Order # 78 of the MOH and National Academy of Legal Sciences of Ukraine of 09/16/2010 “On the establishment of a joint working group on issues of intellectual property and access to medications”**

- Establishes the Working Group with the intent of elaborating scientific and practical recommendations on issues of intellectual property and access to medications to ensure realization of state policy in the field of intellectual property, ensure access to necessary medications, improve the aspects of activities of programs on HIV/AIDS and TB, and determine ways to lower the price of medications. Defines direction of activities in the field of elaboration and improvement of effective legislation of Ukraine, while taking into consideration obligations under international agreements, which contain provisions on legal protection of intellectual property.

**1.3 In Ukraine, quality control is ensured for imported medications, including ARVs**

Quality control of medications, including ARVs, which are imported into Ukraine, is regulated at the legislative level. Control over importing medications into the customs territory of Ukraine is executed by the State Inspectorate on Medications Quality Control. Ukrainian regulations in the field of medications quality control differ from European and international regulations, in particular in provisions that concern the mechanisms for realizing state control over the quality of imported medications.

At the end of 2008, the government introduced a reform for the state-controlled system for pharmaceutical products. In particular, the reallocation of authority in the field of circulation of medications and medical commodities took place between two central organs of executive power: the MOH and the State Inspectorate on Medication Quality Control. The latter was allocated the authority to execute state control over the quality of medications imported into Ukraine. If imported medication has a GMP certificate, it passes only visual quality control—its compliance with the registration documents, description, labeling, etc. That is, by itself the GMP certificate already indicates a proper level of quality. If the certificate is absent, imported medications go through double control—visual and laboratory. This latter process of control is currently under development. Executing laboratory control for each consignment of medication requires considerable investment of resources—time, money, and specialists. At the same time, the efficiency of existing procedures for quality control of medications remains questionable.

**Law of Ukraine # 123/96-BP of 04/04/1996 “On medications” (latest edition of 06/05/2010 on the basis of the Law of Ukraine #2165-VI of 05/11/2010)**

- *Article 17.* Procedures for importing medications into Ukraine
  - Only medications registered in Ukraine can be imported into the territory of Ukraine if there is a quality certificate issued by the manufacturer.
  - Control over import of medications into the customs territory of Ukraine is carried out by the State Inspectorate on Medications Quality Control.
  - Unregistered medications can be imported to the customs territory of Ukraine for
    1. Conducting pre-clinical research and clinical trials
    2. Registration of medications in Ukraine (medication samples in official forms)
    3. Displaying at the exhibitions, fairs, conferences, etc., without the right to distribute
    4. Individual usage by the citizens
  - The procedure for importing medications in the indicated cases is determined by the MOH.
  - In cases of natural disasters, catastrophes, epidemics, etc., the MOH is permitted to import unregistered foreign medications, if there are documents proving their registration and usage in the country of origin.

**Decree # 902 of the Cabinet of Ministers of Ukraine of 09/14/2005 “On the approval of the Procedure for state quality control of medications imported to Ukraine”**

- Defines the procedure for state quality control of medications imported to Ukraine.

**Decree # 260 of the Cabinet of Ministers of Ukraine of 02/03/2010 “Selected issues on state quality control of medications” (with amendments introduced according to the Decree # 902 of the CoM of 10/04/2010)**

- Defines the execution and mechanism of state medications quality control with the aim of eliminating the possibility of falsified, low-quality and unregistered medications circulation.

**Decree # 261 of the Cabinet of Ministers of Ukraine of 03/01/2010 “On the amendments to the Decree # 902 of the Cabinet of Ministers of Ukraine of 09/14/2005”**

- Defines the procedure for executing state control over the quality of medications imported to Ukraine.

**Order # 436 of the MOH of Ukraine of 10/30/2001 “On the approval of the Instruction to the procedure for quality control of medications in retail and wholesale distribution” (registered at the Ministry of Justice of Ukraine 02/05/2002 as # 10/6395)**

- Regulates the procedure for conducting input control of the medication quality by business entities, which are licensed for wholesale and retail distribution of medications, as well as state control over the medications in wholesale and retail distribution.

**1.4 Procedure for quality control complies with international procedures**

International certificates are recognized (for the simplification and facilitation of the control procedure) while conducting the procedure for quality control of medications imported into Ukraine.

**Decree # 902 of the Cabinet of Ministers of Ukraine of 09/14/2005 “On the approval of the Procedure for state quality control of medications imported to Ukraine”**

- Laboratory analysis of medications is not conducted if international certificates are presented.
- Such documents are authorized by the country where the medications were manufactured and are

used to prove that the manufacturer was licensed for the production of medications and/or proves that the manufacturers of the medications were in compliance with the requirements of good production practice.

- A copy of this document is submitted by the business entity to the body of state control, which is then issued by the corresponding body of the country—member of the EU, the USA, Japan or other country, which is included in the international system of pharmaceutical inspectorates cooperation.
- Laboratory analysis can be done by the decision of the Derzhlikinspektsia/StMedInspectorate of the MOH.

### **1.5 There is a system for defining the need for AIDS treatment, in particular ART**

In Ukraine, methodological approaches for defining the need for treatment with continuous ART have been developed.

#### **Order # 936 of the MOH of Ukraine of 12/10/2009 “On the approval of the Methods of needs assessment for antiretroviral medications for the antiretroviral treatment”**

- Regulates methods for forecasting the amount of ARVs needed for continuous ART in the coming year in accordance with the procurement plan based on the clearly determined prognosticated number of patients (adults and children) who are anticipated to need continuous ART during the year in question, as well as expectations regarding each patient’s necessary combination of ARVs for ART.

### **1.6 Meeting the need for AIDS treatment and prevention**

In Ukraine, meeting the need for AIDS treatment and prevention is regulated by law. However, in practice, there are problems providing enough ARVs to all patients in need.

#### **Law of Ukraine # 1972-XII of 12/12/1991 “On the response to the transmission of diseases, caused by the human immunodeficiency virus (HIV), as well as legal and social security of people living with HIV” (in the edition of Law # 2861-VI of 12/23/2010)**

- See box 1.1 of this form for details.

#### **Law of Ukraine # 2861-VI of 12/23/2010 “On the amendments to the Law of Ukraine “On the prevention of acquired immune deficiency syndrome (AIDS) and social security of population”**

- See box 1.1 of this form for details.

### **1.7 Prevention of vertical transmission is fully realized and the state guarantees availability of pediatric forms of ARV medications**

In Ukraine, the need for prevention of vertical HIV transmission is regulated at the legislative level. The legislation determines the implementation of actions to prevent mother-to-child transmission through providing (at the expense of the state budget) healthcare facilities with (1) HIV tests for planned testing of pregnant women; (2) rapid test kits for testing women during delivery who were not tested earlier; (3) test-systems for determining viral load and CD4; (4) ARV medications for PMTCT; (5) test-systems and consumables for early diagnosis of HIV in children born to HIV-positive mothers, using the PCR method; (6) single-use medical commodities of domestic origin; and (7) adapted milk formulas for children in the

first year of life, who were born to HIV-positive mothers.

In Ukraine, the issue of meeting the need for pediatric ARV formulations is regulated at legislative level. Before being discharged from the healthcare center following the birth of her child, the procedure for medical care of the newborn is discussed with the woman. She is provided with ARV drugs for the child (enough for the whole course of prevention therapy) and is informed of the importance of her child's treatment adherence.

**Law of Ukraine # 1972-XII of 12/12/1991 “On the response to the transmission of diseases, caused by the human immunodeficiency virus (HIV), as well as legal and social security of people living with HIV” (in the edition of Law # 2861-VI of 12/23/2010)**

- See box 1.1 of this form for details.

**Law of Ukraine # 2861-VI of 12/23/2010 “On the amendments to the Law of Ukraine “On the prevention of acquired immune deficiency syndrome (AIDS) and social security of population”**

- See box 1.1 of this form for details.

**Law of Ukraine # 1026-VI of 02/19/2009 “On the approval of National Program for HIV prevention, treatment, care and support to HIV-positive and people with AIDS for 2009-2013”**

- Medical measures: providing ART to PLHIV in accordance with MOH standards and clinical protocols.
- Expected results: providing ART to no less than 80 percent of PLHIV in need of treatment.

**Order #740/1030/4154/321/614a of the MOH of Ukraine, the MOSE of Ukraine, the MOFYS of Ukraine, the State Department of Ukraine for Enforcement of Sentences, the MOL of Ukraine of 11/23/2007 “On actions regarding the organization of HIV mother-to-child transmission prevention, medical care and social assistance for HIV-positive children and their families” (registered at the MOJ of Ukraine of 12/26/2007 as #1405/14672)** Instructions on the procedure for PMTCT

- 4.1.17. In order to ensure continuous provision of AIDS prevention and treatment centers, as well as obstetric facilities, with ARV medications for preventing HIV transmission from mother to child, the territorial body of healthcare authority appoints an official responsible for rational distribution of ARV medications in healthcare facilities of the region, who is to gather weekly reports on the availability of such medications in the region from the rayon specialists on obstetrics and gynaecology and is to inform the Head of the territorial body of healthcare authority.
- To employ medicinal prevention with nevirapine, inter-rayon storage stations of ARV medications are established, as well as the healthcare facility's Head Doctor's order is issued to appoint a specialist responsible for the usage of the medication.
  - Necessary ARV medications, according to the clinical protocol for preventing HIV transmission from mother to child, must be permanently stored in obstetric healthcare facilities of all levels of health care provision.
- 4.2.16. Discharging mother and child from maternity daycare is done on general grounds.
  - Before the discharge, the procedure for medical care of the child is discussed with a woman, she is provided with enough ARV drugs for the child for the whole course of prevention therapy and is informed on the necessity of adherence to the treatment of her child.



## 1.8 Prisoners have access to ART

Access to ART for prisoners is regulated at the legislative level. Order # 186/607 of the MOH and the Department for Enforcement of Sentences regulates the transfer of ARVs from oblast (city) or national AIDS centers to the healthcare facilities of the State Penitentiary Service and creates a stock of ARV medications in the MOH's Ukrainian Centre for AIDS Treatment and Prevention for treating convicted and detained patients living with HIV/AIDS. ARVs are provided in response to requests from State Penitentiary Service health facilities. The requests are calculated for six months of treatment according to prescribed schemes. The Department for Enforcement of Sentences plans the needs, requests for, and receipt of ARVs from oblast (city) centers for AIDS treatment and prevention and monitors accounting and storage of ARVs at subordinate healthcare facilities that provide ART. The Department of Enforcement also ensures the continuity and adherence of AIDS patients to their prescribed ART regimen.

### **Law of Ukraine # 1026-VI of 02/19/2009 "On the approval of National Program for HIV prevention, treatment, care and support to HIV-positive and people with AIDS for 2009-2013"**

- See box 1.7 of this form for details.

### **Order # 186/607 of the MOH of Ukraine, the State Department of Ukraine for Enforcement of Sentences of 11/15/2005 "On the organization of the ARV therapy for HIV/AIDS-positive persons who are held in the penitentiary facilities and detention facilities" (registered at the Ministry of Justice of Ukraine of 11/22/2005 as # 1409/11689)**

The MOH of the Autonomous Restate of Crimea, heads of the Departments of Healthcare Management in oblast state administrations, and the Chief Department of Healthcare Management and Medical Provisions of the Kyiv State City Administration. The Ukrainian Centre for Prevention and Treatment of AIDS of the MOH of Ukraine should oblige the Head Doctors of the centers for AIDS treatment and prevention to ensure the following:

- 2.2. Transferring ARV medications from oblast (city) or Ukrainian (national) center for AIDS treatment and prevention of the MOH of Ukraine to the healthcare facilities of the State Penitentiary Service of Ukraine by their request, calculated for six months of treatment according to prescribed schemes.
- 2.3. Creating a stock of ARV medications in the Ukrainian Centre for AIDS Treatment and Prevention of the MOH of Ukraine for treating patients with HIV/AIDS among the convicted and detained.

State Department of Ukraine for Enforcement of Sentences:

- 3.2.2. Planning of needs and requests for and receipt of medications for conducting ARV therapy from oblast (city) centers for AIDS treatment and prevention.
- 3.2.3. Item-quantitative accounting and storage of targeted ARV medications directly on the subordinate healthcare facilities, which conduct ARV therapy for the HIV/AIDS patients, in the extent of current six-month need of mentioned medications in accordance to regulatory acts of the MOH of Ukraine.
- 3.2.4. Continuity of ARV therapy for HIV/AIDS patients and control over their timely taking of ARV medications in accordance with prescribed schemes of treatment.

Requirements to the storage conditions of the ARV medications in the healthcare facilities of the Penitentiary Service:

- 4.1. The room for ARV medications storage at the healthcare facility of the Penitentiary Service must be dry, ventilated, clean, equipped with shelves (dressers), refrigerators (if needed), with satisfactory level of security (metallic doors, window gratings). Walls and floor of the room are to be painted (for enabling their treatment with disinfectants).

Access to the room, where ARV medications are stored, must be granted only to the persons responsible, who were appointed by the order in the penitentiary facility (detention facility or hospital).

### **1.13 The side effects of ARV and other important drug therapies are monitored**

In Ukraine, main requirements for the monitoring of side effects of medications are established in the provisions of the Law of Ukraine # 123/96-BP. MOH Order # 898 stipulates the procedures for monitoring the side effects of medications approved for medical use. In organizing and executing the monitoring, international standards are to be used. Doctors of all healthcare facilities, irrespective of subordination and forms of ownership, as well as manufacturers/applicants (or their representatives), must submit accurate information on the occurrence of side effects in a timely manner.

#### **Law of Ukraine # 123/96-BP of 04/04/1996 “On medications” (latest edition of 06/05/2010 on the basis of the Law of Ukraine #2165-VI of 05/11/2010)**

- *Article 3.* “The state ensures accessibility of essential medications, protection of citizens in case their health was damaged as the result of prescribed medication treatment.”

#### **Order # 898 of the MOH of Ukraine of 12/27/2006 “On the approval of the Procedure for the side effects monitoring of the medications approved for medical use” (registered at the Ministry of Justice of Ukraine of 01/29/2007 as # 73/13340)**

- 1.2. Main requirements for monitoring the side effects of medications approved for medical use. International standards are to be used in organizing and executing the monitoring.
- 1.3. Execution of monitoring for medication side effects is the responsibility of the State Enterprise “State Pharmacological Center of the Ministry of Health of Ukraine.”
- 3. General principles of executing the side effects monitoring of medications, approved for medical use:
  - 3.5. Doctors of all healthcare facilities, irrespective of subordination and forms of ownership, as well as manufacturers/applicants (or their representatives), must submit to the Center accurate information on the occurrence of medication side effects in a timely manner.
  - 3.7. The Center executes control over compliance with this procedure and the authenticity of information on side effects:
    1. Information received from doctors—through the verification of primary medical documentation, mentioned in paragraph 5.6.
    2. Information received from manufacturers/applicants (or their representatives)—through verification of the proper functioning of the system of collection and submission of information on medication side effects.
- 6. Procedure for submitting information on medication side effects.

### **1.14 In Ukraine, the registration of ARV and other important medications and commodities is established**

The issue of registering medications used in the field of HIV/AIDS is regulated at the legislative level.

Medications are approved for use in Ukraine only after registration with the state.

**Law of Ukraine # 123/96-BP of 04/04/1996 "On medications" (latest edition of 06/05/2010 on the basis of the Law of Ukraine #2165-VI of 05/11/2010)**

- *Article 9.* Medications are approved for use in Ukraine only after state registration, except in cases foreseen by this Law
  - State registration of medications is done on the basis of an application, submitted to the MOH or the body authorized by it. The application must include name and address of the manufacturer; name of the medication and its trade name; its active ingredient (in Latin); synonyms; output form; full list of its ingredients; indications and contraindications; dosage; dispensing conditions; methods of administration; conditions and terms of storage; information on packaging; information regarding the medication's registration in other countries.
  - The application is submitted along with pre-clinical research materials, a clinical trial and expert assessment; pharmacopoeial monograph or materials on the methods for quality control; scheme of technological rules or information on production technology; medication samples; packaging; and a document confirming payment of the registration fee.
  - The MOH or authorized body makes a decision on registration within one month.
  - The decision on state registration approves the pharmacopoeial monograph, quality control methods, and technological rules or production technologies and assigns a registration number, which is entered into the National Medications Register. Medications can be used in Ukraine for five years after their state registration.
  - The National Medications Register of Ukraine contains information on the trade name of a medication; its manufacturer; international non-patented name; synonyms; chemical name or composition; pharmacological effect; pharmacotherapeutic group; indications; contraindications; precautions; interaction with other medications; dosage and administration; side effects; output forms; conditions and terms of storage; dispensing conditions.
  - Information, which is contained in the application for medication's state registration and in its addenda, in accordance with this law and other regulatory acts of Ukraine, is protected by the state from divulging and unfair commercial usage. The MOH, or the bodies authorized by it, is obliged to protect such information from divulging and prevent unfair commercial usage of such information.
  - If the medication is registered in Ukraine, it is prohibited for five years from the date of registration (irrespective of the validity term of any patent, related to the medication) to use the registration information in applying for registration of another medication, except in cases in which the right to refer to or use such information was obtained according to the established procedure.
  - Individuals guilty of divulging or illegal usage of the information will be prosecuted in accordance with the disciplinary, administrative, civil and/or criminal legislation of Ukraine.
  - For state registration of medications that are based on or related to the objects of intellectual property, with a patent issued according to the laws of Ukraine, the applicant submits a copy of patent or license, which permits production and distribution of the registered medication. Applicants submit a letter, in which they indicate that the rights of the third party, protected by the patent, are not infringed upon by registration of the medication.
  - Applicant receives a certificate of registration, which stipulates the time period during which the medication is approved for usage in Ukraine.
  - Medications can be used in Ukraine for the period of five years after their state registration.

- On request from the person who applied for registration of a medication, the period of time for its approved usage in Ukraine, by the decision of the registering body, can be shortened. In case of discovering some previously unknown dangerous side effects of the medication, the MOH, or authorized body, can decide to temporarily or permanently ban its usage.
- After the approved period, the medication can be re-registered.
  - The decision to refuse state registration is made on the basis of verified conclusions regarding its effectiveness and safety. State registration can be refused when registration would infringe effective patent-protected intellectual property rights.
  - Within 10 days of the decision to refuse state registration, the MOH or authorized body sends the applicant a written answer including the justification. The decision can be appealed in the manner stipulated by law.
  - Procedure for state registration (re-registration) of medications and the fee for state registration (re-registration) of medications are determined by the Cabinet of Ministers.
  - Unregistered medications can be imported into Ukraine only in the following cases: conducting pre-clinical research and clinical trials; registration of medications in Ukraine (medication samples in officinal forms); displaying at the exhibitions, fairs, conferences, etc. without the right to distribute; individual usage by the citizens; in cases of natural disasters, catastrophes, epidemics, etc. by the special decision of the MOH of Ukraine (in case there are documents proving their registration and usage in the country of origin).

**Decree # 376 of the Cabinet of Ministers of Ukraine of 05/26/2005 (with amendments introduced by the decree # 503 of the Cabinet of Ministers of Ukraine of 03/21/2007)**

Approves the procedure and fee for state registration (re-registration) of medications in accordance with which state registration of medications is done by the MOH on the basis of the results of expert assessment of registration materials (registration dossier) of medications and their quality control, conducted by the State Pharmacological Centre (SPC) of the MOH and the State Inspectorate for Medications Quality Control of the MOH (Derzhlikinspektsia/StMedInspectorate of the MOH).

- In accordance with the MOH Order # 426 of 08/26/2005, the document can be submitted in the form of a registration dossier and in the form of Common Technical Document (CTD).
- Information contained in the application and its addenda, in accordance with the edition of Law of Ukraine “On medications” # 362-V of 11/16/2006, is protected by the state from divulging and unfair commercial usage.
- For state registration of medications that are based on or related to the objects of intellectual property, with the patent issued according to the laws of Ukraine, the applicant submits a copy of patent and a letter, in which they indicate, that the rights of the third party, protected by the patent, are not infringed by the registration of the medication.
- Expert assessment of the materials on the medication is a verification, analysis, and specialized evaluation of the registration materials and additional medication’s expert assessments’ (trials’) materials with the aim of preparing justified conclusions for making a decision on its state registration (re-registration) or refusal to grant state registration (re-registration). The procedure for conducting the expert assessment of registration materials for medications, submitted for state registration (re-registration), as well as the expert assessment of materials regarding the amendments introduced to registration materials during the time of validity of the registration certificate is approved by the Order # 426 of the MOH of Ukraine of 08/26/2005 with amendments introduced in accordance with the Orders of the MOH of Ukraine # 95 of 03/01/2006, # 536 of 09/11/2007 and # 543 of 09/25/2008.
- Conducting the expert assessment of medication registration materials is done in the following

stages:

- Initial expert assessment of the application to make justified conclusions regarding the possibility of registering the medication from the point of view of it being among the medications banned for usage in Ukraine, as well as the correctness of application type definition.
  - Preliminary expert assessment—the aim of which is verification of registration materials' compliance with established requirements from the point of view of completeness and correctness.
  - Specialized evaluation of registration materials and results of additional expert assessments (trials) of the medication to make justified conclusions regarding effectiveness, safety, and quality.
  - If needed, the SPC conducts additional trial of the medication and/or additional expert assessment of registration materials in the manner established by the MOH.
  - According to the results of the expert assessment, the SPC prepares justified conclusions regarding the effectiveness, safety, and quality of the medication and recommends either granting state registration or refusing it. The conclusion of the SPC regarding the effectiveness, safety, and quality of the medication is the result of the expert assessment of medication registration materials with the provision of recommendations regarding its state registration (re-registration), the expert assessment of materials regarding the amendments introduced to registration materials during the time of validity of the registration certificate with the recommendations regarding the need of introducing amendments or addenda to the registration materials of the medication or its new registration.
- The decision to refuse to grant state registration is made if the conclusions regarding its effectiveness and safety were not proved. A medication cannot be recommended for state registration if the results of the expert assessment indicate that the medication is harmful for health under normal conditions of its usage; its therapeutic effectiveness is absent or insufficiently substantiated by the applicant; quality and quantity of ingredients of the medication do not correspond to those indicated in the documents; information and documentation, enclosed with the application, do not comply with the requirements of registration; registration materials do not correspond to the modern scientific-technical level or new data were received, which proved risks outweighing the expected benefit from the medication's usage.
  - If the decision is positive, the MOH order on the state registration of the medication approves pharmacopoeial monograph or the methods of medication's quality control, approves technological rules or production technologies, as well as assigns to the medication a registration number (code mark, which is assigned with the state registration and is kept unchanged for the whole period of its presence in the pharmaceutical market of Ukraine), which is entered into the National Medications Register of Ukraine regulatory document, which contains the information on medications, approved for production and usage in medical practice.
  - The Register contains the trade name of a medication; its manufacturer; international non-patented name; synonyms; chemical name or composition; pharmacological effect; pharmacotherapeutic group; indications; contraindications; precautions; interaction with other medications; dosage and administration; side effects; output forms; conditions and terms of storage; dispensing conditions.
  - For the registered medication, the applicant receives the registration certificate—which is the permit for its medical usage in Ukraine.
  - Medications can be used in Ukraine for five years after their registration, unless the MOH, or the body authorized by it, makes a decision on full or temporary ban of its usage.

- During the time of validity of the registration certificate, the applicant is responsible for the effectiveness, safety, and quality of the registered medication and for introducing measures aimed at enhancing the scientific-technical level of the production and quality guarantees, which are established in Ukraine. The applicant is obliged to inform the SPC about any changes in the production technology and equipment or in the manufacturer of active and auxiliary ingredients, with the provision of exhaustive information on the reasons for such changes and their possible influence on the effectiveness, safety, and quality of the medication and to introduce respective amendments to the registration materials.
- Changes, in accordance with the character, are divided into:
  - Type IA and IB — insignificant changes, which concern the introduction of corrections to the contents of documents on registration (re-registration) of the medication and do not require its new registration.
  - Type II — any changes in the registration documents, which also do not require new registration of the medication but cannot be regarded as changes of the type I. Type II changes are attributed to, in particular, urgent temporary limitations, which are related to the safety of the medication’s usage, which are introduced by the applicant in case risks for health were discovered in usage of the medication (about every reason, character and date of the planned introduction of temporary urgent limitations the applicant must inform the SPC, which in 24 hours makes a decision on their introduction)
  - All other changes, which are followed by considerable changes in the characteristics of the medication, require its new registration. Every change is due for expert assessment. A change expert assessment is the assessment of materials, submitted by the applicant, which substantiate proposed changes—the result of which is a recommendation from the MOH of Ukraine regarding the introduction of amendments or addenda to the registration materials of the medication or its new registration.
- After the period of time during which the medication is approved for usage in Ukraine, its further usage is possible under the condition of re-registration, which is done according to the procedure established by the MOH with taking into account the EU practice. The fee is paid for state registration (re-registration) of the medication. The registration fee does not include the cost of an expert assessment of the medication in the SPC, as well as the cost of additional expert assessments, which are paid for on the basis of the agreement between the applicant and the authorized expert institution.

**Decree # 376 of the Cabinet of Ministers of Ukraine of 05/26/2005 “On the approval of the Procedure for state registration (re-registration) of medications and the fee for their state registration (re-registration)”**

- The MOH is to ensure from 01/01/2009 the circulation of medications in compliance with the requirements for good production, distribution, and laboratory and clinical practice, harmonized with the corresponding directives of the EU and the WHO.

**Decree # 503 of the Cabinet of Ministers of Ukraine of 03/21/2007 “On the amendments to the Procedure for state registration (re-registration) of medications and the fee for their state registration (re-registration)”**

The procedure for state registration (re-registration) of medications.

- This procedure establishes the mechanism of conducting state registration (re-registration) of medications, stipulated by article 2 of the Law of Ukraine “On medications,” the usage of which is only allowed in Ukraine after such registration.
  - State registration (re-registration) of the medication is done by the MOH on the basis of the

results of expert assessment of registration materials (registration dossier) of such medication and the control of its quality, done by the State Pharmacological Centre of the MOH.

- 3.2. If the medication is registered in Ukraine, it is prohibited for the five years from the date of such registration (irrespective of the validity term of any patent, related to the medication) to use the registration information on safety and effectiveness, contained in the application and its addenda, of the registered medication in applying for the state registration of another medication, except for the cases when the right to refer to or use such information was obtained according to the established procedure from the individual or organization, which provided the information, or the information was prepared by the applicant or for the applicant.

**Order # 236 of the MOH of Ukraine of 03/17/03/2010 “On the approval of the Procedure for the inspection of production of medications submitted for state registration” (registered at the Ministry of Justice of Ukraine 05/13/2010 as # 323/17618)**

- *Paragraph 1.1.* Aims to make justified conclusions regarding the effectiveness, safety, and quality of medications during the expert assessment of registration materials, submitted for state registration, through the inspection of production of medications, indicated in the registration dossier materials, as well as the replicability of data, given in these materials.
- *Paragraph 2.2.* Pre-qualification of the medication—standard procedure for evaluating the quality of the medication by the WHO, with the aim of determining the acceptability of medications through conducting the expert assessment of the dossier materials for such medication and inspecting the production site.

**Order # 393 of the MOH of Ukraine of 05/12/2010 “On the approval of the Requirements to the qualification of experts regarding the registration of medications, the Procedure for their certification and the Provisions on the Expert Certification Commission” (registered at the Ministry of Justice of Ukraine as # 576/17871 of 07/30/2010)**

With the aim of creating a transparent certification system for experts, who help conduct assessments of the registration dossier materials submitted for state registration (re-registration), the order approved:

- 1.1. Requirements to the qualification of experts regarding the registration of medications.
- 1.2. Procedure for the certification of experts regarding the registration of medications.
- 1.3. Provisions on the Expert Certification Commission regarding the registration of medications.

**2.1 In Ukraine there are documented special provisions, which regulate the issues of medications’ pricing**

The procedure for pricing medications and medical commodities is regulated by the state. These are then distributed by the business entity in the domestic market, taking into account limiting supplying, selling, and distributing (retail) surcharges, as well as the algorithms of pricing.

**Law of Ukraine # 507-XII of 12/03/1990 “On prices and pricing”**

- *Article 2.* This law is applied to all enterprises and organizations irrespective of their ownership, subordination, and methods of organizing work and production.
- *Article 3.* Pricing policy is a constituent part of the general economical and social policy of Ukraine and is aimed at ensuring:
  - Well-balanced market of production means, goods, and services
  - Preventing monopoly trends of the product manufacturers, goods, and services
  - Extending the sphere of free prices implementation

- Improving the quality of products
- Social guarantees, firstly for low-paid and low-income citizens, including the system of compensatory payments linked to the rise of prices and tariffs
- Providing necessary economic guarantees for manufacturers
- Orientation of prices in the domestic market to the level of the global market
- *Article 4.* The ambit of authority of the Cabinet of Ministers of Ukraine in the field of pricing
  - Ensures the implementation of state pricing policy
  - Determines the list of products, goods, and services with state fixed and regulated prices and tariffs
  - Determines the ambit of authority of the state bodies on management in the field of establishing and implementing prices (tariffs), as well as control over prices (tariffs)
- *Article 8.* State regulation of prices and tariffs is done via establishing
  - State fixed prices (tariffs)
  - Limiting levels of prices (tariffs) or limiting deviations from state fixed prices and tariffs
  - The government of Ukraine can introduce other methods of state regulation of prices and tariffs
- *Article 11.* When engaging in export or import operations directly or through the foreign trade intermediary, contractual (foreign trade) prices are used in the settlements with foreign partners. Contractual (foreign trade) prices are formed in accordance with the prices and conditions of the global market.
  - Regulating internal pricing on export and import products is done by the Cabinet of Ministers of Ukraine.

**Decree # 955 of the Cabinet of Ministers of Ukraine of 10/17/2008 “On stabilizing measures for prices on medications and medical commodities”**

- On medications and medical commodities, included into the National Inventory of Essential Medications and Medical Commodities (with the exception of narcotic, psychotropic medications, precursors, and medical gases)
  - Limiting supplying-selling surcharges must not exceed 12 percent of wholesale price
  - Limiting distributing (retail) surcharges must not exceed 25 percent of the purchase price
- On medications and medical commodities (with the exception of narcotic, psychotropic medications, precursors, and medical gases), which are purchased partially or wholly with budget funds
  - Limiting supplying-selling surcharges must not exceed 10 percent of the wholesale price
  - Limiting distributing (retail) surcharges must not exceed 10 percent of the purchase price
- The State Inspectorate on Price Control, during the execution of its control over compliance with the state discipline of prices, is to introduce measures foreseen by the legislation, which make business entities bring their prices in accordance with this decree.
- The State Customs Service is to submit monthly before the 20<sup>th</sup> of the next period to the State Inspectorate for Medications Quality Control and to the State Inspectorate on Price Control the information on imported medications and medical commodities in the form, approved by the State Inspectorate for Medications Quality Control.

**Decree # 333 of the Cabinet of Ministers of Ukraine of 03/25/2009 “Selected issues regarding state regulation of prices on goods of medical purpose”**

- Determines the procedure and mechanism for pricing medications and medical commodities, which are regulated by the state, for distribution by the business entity in the domestic market,



taking into account limiting supplying-selling and distributing (retail) surcharges (paragraph 1), as well as the algorithms of pricing (paragraph 5).

#### **4.1 There are documented special provisions, which regulate the issues of ensuring timely access for patients to high-quality, low-cost medications**

In Ukraine, ensuring timely access to high-quality, low-cost medications is regulated at the legislative level. State policy in the sphere of distribution of medications is designed to meet the population's need for appropriate, high-quality medications, in sufficient quantities. Recommendations regarding rational prescription and usage of medications are made while taking into account the effectiveness, safety, and economic feasibility of their usage in medical treatment. To establish a service list system and ensure the most rational, highly effective, and economically feasible methods of pharmacotherapy, a methodology was developed for service list formation, as well as provisions on state, regional, and local service lists and on pharmacotherapeutic commission of the healthcare facility. The Action Plan of the MOH, under the chairmanship of the Prime Minister of Ukraine M.Y. Azarov, aimed at ensuring implementation of these goals.

**Law of Ukraine # 1972-XII of 12/12/1991 “On the response to the transmission of diseases, caused by the human immunodeficiency virus (HIV), as well as legal and social security of people living with HIV” (in the edition of Law # 2861-VI of 12/23/2010)**

- *Article 15.* Provision of free ARVs and OI medications.

**Law of Ukraine # 2861-VI of 12/23/2010 “On the amendments to the Law of Ukraine “On the prevention of acquired immune deficiency syndrome (AIDS) and social security of population”**

- *Article 15.* Provision of free ARVs and OI medications.

**Law of Ukraine # 1026-VI of 02/19/2009 “On the approval of National Program for HIV prevention, treatment, care and support to HIV-positive and people with AIDS for 2009-2013”**

- Provision of ART to 80 percent of PLHIV in need of treatment.

**Law of Ukraine # 123/96-BP of 04/04/1996 “On medications” (latest edition of 06/05/2010 on the basis of the Law of Ukraine # 2165-VI of 05/11/2010)**

- State policy in the sphere of development, registration, production, quality control, and distribution of medications is aimed at satisfying the population's need for appropriate, high-quality medications in the needed amounts through the implementation of corresponding national programs, priority financing, providing concessional loans, establishing tax benefits, etc.

**Order #740/1030/4154/321/614a of the MOH of Ukraine, the MOSE of Ukraine, the MOFYS of Ukraine, the State Department of Ukraine for Enforcement of Sentences, the MOL of Ukraine of 11/23/2007 “On actions regarding the organization of HIV mother-to-child transmission prevention, medical care and social assistance for HIV-positive children and their families” (registered at the MOJ of Ukraine of 12/26/2007 as #1405/14672) General provisions:**

- 3.6. Centers for AIDS prevention and treatment provide HIV-positive patients with free contraceptives in accordance with the effective legislation after providing consulting services

regarding the recommended method or means of contraception.

- 4.1.17. To ensure continuous provision of AIDS prevention and treatment centers, as well as obstetric facilities, with ARVs for PMTCT, the territorial body of healthcare authority appoints an official responsible for rational distribution of ARV medications in healthcare facilities of the region, who is to gather weekly reports on the availability of such medications in the region from the rayon specialists on obstetrics and gynaecology and is to inform the Head of the territorial body of healthcare authority.
- To employ medicinal prevention with nevirapine, inter-rayon storage stations of ARV medications are established, as well as the healthcare facility's Head Doctor's order is issued to appoint a specialist responsible for the usage of the medication.
  - Necessary ARV medications, according to the clinical protocol for preventing HIV transmission from mother to child, must be permanently stored in obstetric healthcare facilities of all levels of health care provision.
- 4.2.16. Before an HIV-positive woman is discharged following the birth of her child, the procedure for medical care of the child is discussed with her, she is provided with enough ARV drugs for the child for the whole course of prevention therapy, and is informed on the importance of treatment adherence to the health of her child.

**Order #59 of the MOH of Ukraine of 01/28/2010 “On the approval of the second edition of State Service List for medications and ensuring its accessibility”**

- Contains recommendations regarding rational prescription and usage of medications, taking into account the effectiveness, safety, and economic feasibility of their usage in treatment.
- 17.5. Antiviral medications: 17.5.3. ARVs

**Order # 529 of the MOH of Ukraine of 07/22/2009 “On the establishment of service list system for the provision of medications to healthcare facilities” (registered at the MOJ of Ukraine of 10/29/2009 as # 1003/17019)**

- To establish a service list system and ensure the most rational, highly effective, and economically feasible methods of pharmacotherapy, a methodology was developed for service list formation, as well as the provisions on state, regional, local service lists and on the pharmacotherapeutic commission of the healthcare facility.

**Order # 186/607 of the MOH of Ukraine, the State Department of Ukraine for Enforcement of Sentences of 11/15/2005 “On the organization of the ARV therapy for HIV/AIDS-positive persons who are held in the penitentiary facilities and detention facilities” (registered at the Ministry of Justice of Ukraine of 11/22/2005 as # 1409/11689)**

- 2.3. Creating a stock of ARVs in the Ukrainian Centre for AIDS Prevention and Treatment of the MOH of Ukraine for treating patients with HIV/AIDS among the convicted and detained.
- 3.2.4. Continuity of ART for HIV/AIDS patients and control over their timely taking of ARVs in accordance with prescribed schemes of treatment.

**Order # 550 of the MOH of Ukraine of 07/09/2010 “On the ensuring of accessibility for population of high-quality medications, medical commodities and medical equipment”**

- Approved the MOH Action Plan aimed at ensuring implementation of the Session Protocol under the chairmanship of the Prime Minister of Ukraine M.Y. Azarov of 06/16/2010 “On the ensuring of accessibility for population of high-quality medications, medical commodities, and medical equipment.”

## Annex 10. HIV/AIDS Drugs and Commodity Procurement and Supply Management

### 1.1 Relations in the sector of HIV/AIDS drugs and commodity procurement are brought under regulation

In Ukraine, matters pertaining to the procurement of HIV/AIDS drugs and commodities are regulated at the legislative level.

#### **Law #493/95-VR, 12/22/1995 “On Government Orders to Satisfy the Prioritized Public Needs”**

This Law establishes the basic legal and economic principles of formation, placement, and implementation on a contractual (agreed) basis of government orders placed for supply (procurement) of goods, performance of works, and provision of services to satisfy the prioritized public needs by economic entities in Ukraine of all forms of ownership.

- *Article 1. Commodity Supply for Public Needs*
  - 1. Prioritized public needs are the needs of Ukraine in goods, works, and services to address most significant social and economic challenges, maintaining the country’s defense capability and its security, and ensuring the implementation of national and international target programs, ...
  - 2. Supply of goods, works, and services for prioritized public needs shall be ensured via the State Budget of Ukraine and other sources of finance involved. The amount of funds needed to procure the said goods, works, and services shall be included in the State Budget of Ukraine for a current year and approved by relevant resolutions of the Cabinet of Ministers of Ukraine (CMU) on the use of non-budgetary sources of finance.

#### **CMU Resolution #1071 of 9/5//1996 “On the Procedure for Procurement of Medical Products by Healthcare Facilities and Institutions Via the State Budget”**

Approves a List of Drugs of Domestic and Foreign Manufacture, which healthcare facilities and institutions may procure via the State and local budgets in part or in full.

##### *II. Prevention Measures*

- *Section 3*
  - Conducting prevention measures for HIV-positive people and people living with AIDS
  - Conducting measures to prevent mother-to-child transmission of HIV by providing healthcare facilities with test kits for routine testing of pregnant women for HIV infection; rapid HIV test kits for testing of women who have not undergone tests in the prenatal stage; viral load test kits, and CD4 test kits.
  - Providing antiretroviral drugs to prevent mother-to-child transmission of HIV and test kits and consumables to conduct early diagnosis of HIV infection in infants born to HIV-positive mothers using the method of polymerase chain reaction.
  - Providing disposable medical products of domestic manufacture.
  - Providing adaptive milk formula for infants born to HIV-positive mothers.
- *Section 4*
  - Ensuring free access to counseling and free testing for HIV infection for different categories of the population.
  - Improving the safety of donorship by conducting HIV testing of donated blood and its components to prevent transmission of HIV through blood.

- Providing people who have had contact with biological fluids with medical products and antiretroviral drugs to prevent the risk of HIV infection, in particular, among medical and social workers.

*III. Treatment Measures*

- Ensuring laboratory monitoring of antiretroviral therapy and management of HIV infection in HIV-positive people and people living with AIDS.
- Ensuring prevention, diagnosis, and treatment of opportunistic infections, concomitant diseases, and side effects of antiretroviral drugs in HIV-positive people.
- Ensuring verification testing when HIV antibodies are detected.
- Ensuring laboratory monitoring of antiretroviral therapy, substitution therapy, and diagnosis and treatment of opportunistic infections in HIV-positive people and people with living AIDS who are in correctional facilities and pretrial detention centers.

*Annex, paragraph 1:*

- Approve a List of Drugs of Domestic and Foreign Manufacture Available for Procurement by Healthcare Facilities and Institutions Via the State or local Budgets in Part or in Full.
- The Ministry of Health of Ukraine shall be authorized to make amendments to the said list as agreed upon by the Ministry of Finance.

Serial number of nonsteroidal anti-inflammatory drugs (NSAIDs)	International nonproprietary name given to active substance (substances)
1.	Abakavir
20	Aciclovir
54.	Didanozine
70.	Efavirenz
72.	Zidovudine (mono agent and in combination with lamivudine and/or nevirapine)
78.	Indinavir
103.	Lamivudine (mono agent and in combination with stavudine nevirapin)
134.	Nevirapin
135.	Nelfinavir
163.	Ribavirin
165.	Ritonavir (mono agent and its combinations)
176.	stavidine (mono agent and its combinations)
184.	Tenofovir (mono agent and its combinations)

**Ministry of Finance (MOF) Order #1098 of 12/29/2002 "On Budget Program Passports"**

*I. General Provisions*

- A Budget Program Passport is a document that defines goals, objectives, the designation of budget funds, responsible officers, effective performance results, and other characteristics of a budget program according to the intended purpose of the budget funds established by the Law on the State Budget of Ukraine (decisions of local budget authorities) (as amended by MOF Order #1568, of 12/ 16/2010).
- A Budget Program Passport contains complete information on the budget-funded program and is

used to conduct monitoring and evaluation of the progress of implementation and control over the efficiency of performance of a budget-funded program, as well as the intended use of the budget funds (as amended by MOF Order #1568, of 12/ 16/2010).

- The designation of budget funds includes specific activities performed under the budget program, which help ensure achievement of goals and are focused on implementation of the objectives of the budget program.
- A Budget Program Passport is formed on the basis of use of the data provided in the budget request of the Chief Controller considering the intended purpose of budget appropriations established by the Law on the State Budget of Ukraine.
- The Public Treasury of Ukraine shall make payments according to controllers' instructions if the properly approved budget program passport is produced and if a special-purpose program is subject to financing via the budget (as amended by MOF Order #1568, of 12/ 16/2010).

**Presidential Decree #1674/2005, of 11/30/2005 “On Improving HIV/AIDS and TB Public Management in Ukraine”**

4. The Cabinet of Ministers of Ukraine shall...

4.3.1 take measures to improve control over compliance with the legislation on commodity procurement via the State budget.

**Law #230, of 4/17/2006 of the Ministry of Health of Ukraine “On Setting Up HIV/AIDS Reference Laboratories Under the National AIDS Center of the Ministry of Health of Ukraine”**

*Paragraph 7, Regulations on the HIV/AIDS Reference Laboratory Under the National AIDS Center of the Ministry of Health of Ukraine*

7. According to the objectives assigned, the Reference Laboratory shall
- Estimate the need for test kits and equipment for HIV/AIDS reference laboratories procured via the State budget and distribute such test kits; and
  - Assess the diagnostic value of the test kits procured via the State budget and submit its conclusions to the Tender Committee of the Ministry of Health of Ukraine.

**CMU Resolution #926 of 7/11/2007 “On Certain Matters Pertaining to TB and HIV/AIDS Prevention”**

Matters pertaining to the establishment of a collegial body under the National Council on TB and HIV/AIDS are brought under regulation, which objective is to prepare proposals for defining priorities and ensuring the implementation of the national strategy to prevent TB and HIV/AIDS, consolidated use of funds of the state and local budgets, funds of international and nongovernmental organizations used for measures and programs on TB and HIV/AIDS prevention for the purpose of their rational and efficient use.

**CMU Resolution #1247-p of 10/9/2008 “On Approving the Action Plan to Improve Public Control Over Circulation of Drugs and Medical products”**

Sets out that “the Ministry of Health, the Ministry of Finance, and the Ministry of Economy shall ensure the process of procurement of drugs and medical products by the Government considering the frequency of a disease among the population; and also, the Ministry of Health, the Ministry of Economy shall ensure the setting-up of the national pricing monitoring system for essential drugs and medical products.”

**MOH Order #732 of 10/8/2009 “On Ensuring Implementation of Programs Under Which Centralized Procurement of Drugs and Medical Products Is Carried Out in 2010”**

- “... *Paragraph 2.* Program managers and activity managers, according to the List approved by

this Order, paragraph 1, shall hold meetings with specialists involved, prepare a nomenclature of drugs, medical products, and equipment for centralized procurement in 2010 (hereinafter – the Nomenclature) by November 6, 2009...

- ... *Paragraph 3.2.* They shall submit the approved Nomenclature to the Ministry of Health of the Autonomous Republic of Crimea, the Main Departments (departments) of Health of oblast, Kyiv City and Sevastopol City State Administrations, as well as the expected outlays to implement programs and program activities associated with centralized procurement of drugs, medical products, and equipment in 2009 and for the purpose of formation of applications by November 20, 2009...
- ... *Paragraph 3.3.* Ensure summarizing the data (applications) on the volume of public procurement received from the Ministry of Health of the Autonomous Republic of Crimea, Main Departments (departments) of Health of oblast, Kyiv City and Sevastopol City State Administrations by December 26, 2009...
- ... *Paragraph 4.* The State Inspection for Quality Control of Drugs and the State Committee for Regulatory Policy in the sector of drugs and medical products circulation within the healthcare system of the Ministry of Health of Ukraine shall submit to the Department of Monitoring and Maintenance of National Programs a list of registered drugs, medical products, and equipment, including prices, according to the approved Nomenclature by November 15, 2009...
- ... *Paragraph 5.* The Minister of the Autonomous Republic of Crimea, Heads of the Main Departments (departments) of Health of oblast, the Kyiv City, and Sevastopol City State Administrations shall submit to the Ministry of Health their applications for centralized procurement of drugs, medical products, and equipment for 2010 according to the expected outlays and the approved Nomenclature by December 10, 2009...

**Decision #989-V, of 12/3/2009 of the Odesa Oblast Council “On Approving the Oblast Target Program on HIV Prevention, Treatment, Care and Support for HIV Infected People and People With AIDS for 2009–2013”**

- *Section 3. Conducting Prevention Measures Among HIV-Infected People and People With AIDS*
  - Conducting measures to prevent mother to-child transmission of HIV by providing the healthcare facilities with test kits for routine examination of HIV-positive pregnant women, rapid tests for examination of women during childbirth who have not taken tests in the prenatal stage, viral load test kits, and CD4 test kits.
  - Conducting repeat testing for diagnosis of HIV in infants born to HIV-positive mothers using the method of polymerase chain reaction within the time limits according to the Guidelines “System of Diagnosis of HIV in Infants.”
  - Providing adaptive milk formula for infants born to HIV-positive mothers.
  - Improving measures to enhance the safety of donorship by conducting a complete donated blood count and its components for HIV infection using ELISA techniques and technologies.
- *Section 4. Implementing Specific Prevention Measures*
  - Ensuring procurement of test kits for the diagnosis of HIV in people with TB.
  - Ensuring tests for verification of tests for HIV at the Central Hospital For Infectious Diseases as part of the State Sanitary and Epidemiological Station in Odesa blast with diagnostic tests for HIV.
- *III. Treatment Measures*
  - Ensuring treatment services for HIV-positive people and people living with AIDS.
  - Ensuring prevention, diagnosis, and treatment of opportunistic infections, concomitant diseases, and side effects of antiretroviral drugs in HIV-positive people.

- Ensuring diagnostic tests for TB in HIV-positive people (annual indicator–new instances).
- Ensuring laboratory monitoring in HIV management among the dispensary group of prisoners and convicts with active forms of the disease.

**MOH Order #94 of 2/2010 “On Amendments to MOH Order # 61, of 2/4/2009 “On Ensuring Field-Oriented Management of Public Procurement to Implement National Target Programs and Measures”**

To prevent and combat acts of corruption, detect officials who contribute or might contribute to such offences during the process of preparation of the technical specifications to procure drugs, medical products, equipment, and other goods, works, and services via the State budget: (1) The Regulations on the Permanent Working Group of the Ministry of Health of Ukraine for Field-Oriented Management of Public Procurement approved by Order No.61, dated February 4, 2009 of the Ministry of Health of Ukraine shall be amended as follows:

- *1.1. Paragraph 7* shall be hereby amended and restated in its entirety to read as follows: “The Permanent Working Group is composed of the Head (the Deputy Head) of the Department of the Ministry of Health of Ukraine by area of focus (the Head), a member of the Department of Monitoring and Maintenance of National Programs (the Deputy Chairman), representatives of government agencies and institutions (professionals with degree in the specialty that corresponds to the activity profile of the Permanent Working Group), chief freelance specialists of the Ministry of Health of Ukraine, employees of the Ministry of Health of Ukraine, including employees of the Anti-Corruption and Economic Crimes Unit of the Department for Personnel Policy, Education and Science of at least 6 people.”
- *1.2. Paragraph 11* of the Regulations shall be amended to read as follows: “Representatives of the Anti-Corruption and Crime Combat Unit of the Department for Personnel Policy, Education, and Science shall take measures to prevent and combat acts of corruption during the performance of tasks assigned to the Permanent Working Group.”

**MOH Order #73 of 2/4/2010 “On Eliminating the Shortcomings in Public Procurement of Drugs and Medical Products”**

- *Paragraphs 2.1–2.4, 4.* Sets out that in the tender documents, a contract price should not exceed the established ceiling prices for drugs and medical products.
- *2.1.* The Department of Economics, Finance, and Accounting shall perform a technical review of the draft technical specifications and make sure that the procured commodity codes are consistent with those contained in the Economic Classifications provided to the Ministry.
- *2.2.* Members of the Permanent Working Groups for field-specific management of public procurement (excluding the Head and secretary) shall be only those with medical degrees and who currently hold positions that correspond to the activity profile of the Permanent Working Group.
- *2.3.* A secretary to the Permanent Working Group shall be responsible for preparation and maintenance of documents (copies) related to the activities of the Permanent Working Group, and in particular, technical specifications, expert reports, decisions based on the results of consideration of successful tenderers’ applications, and minutes of meetings.
- *2.4.* The Head of the Permanent Working Groups shall make sure that the minutes of the meeting of the Permanent Working Groups are taken and contain the deadlines for the performance of the decisions made. In the event that such deadlines are violated, the Head shall submit a written report to the Minister of Health of Ukraine containing the reasons for such violation.
- *4.* In the tender documents, a contract price should not exceed the established ceiling prices for

drugs and medical products.

#### **Law #2289-IV of 6/1/2010 “On Public Procurement”**

- *Article 2. Scope of the Law*
  - 1. This law applies to all traders and procurement of goods, works, and services via the State budget in part or in full; however, provided that the value of the procured good (goods) and service (services) equals or exceeds UAH 100,000 and works – UAH 300,000, respectively.
- *Article 3. Principles of Procurement*
  - 1. The procurement process shall be based on the following principles: fair competition among participants; maximum economy and efficiency; openness and transparency at all stages of public procurement; non-discrimination toward participants; objective and impartial evaluation of offers; and prevention of acts of corruption and related offences.
  - 2. The principle of non-discrimination toward traders is included in the provisions of *Article 5* hereof, and, in particular, domestic and foreign participants shall participate in the procurement procedures on equal terms. Traders shall provide free access to information on the procurement stipulated by this law for all participants, traders shall not establish discriminatory conditions against participants.
- *Article 4. Procurement Planning and Other Procurement Terms and Conditions*
  - 1. The procurement process shall be carried out according to the annual plan. The annual plan, amendments to the annual plan shall be submitted to the Public Treasury of Ukraine, and the annual plan, the budget (provisional estimate), the financial plan (the allocation plan, the plan of use of budget (public) funds, and amendments to such plans shall be submitted to the authorized agency within 5 working days of the date of approval.
- *Article 5. Non-Discrimination Toward Participants*
  - 1. Domestic and foreign participants shall participate in the procurement procedure on equal terms.
  - 2. Traders shall provide free access to information on the procurement for all participants pursuant to this law.
  - 3. Trader shall not establish discriminatory conditions against participants.

#### **Decision of the Kyiv City Council #1266/4704 of 6/15/2010 “On Approving the City Target Program on HIV Prevention Among the Population and Measures in Response to the Epidemic for 2010-2013”**

*“HIV-Prevention Activities Among Injecting Drug Users (IDUs), Including Those Based on the Harm Reduction Strategy”*

- *Paragraph 2.5.* Ensuring integrated HIV prevention services among IDUs (HIV/STI counseling and testing), providing sterile disposable medical products and personal protective devices, and information materials), including the operation of a mobile dispensary.

*Prevention Activities Among Men Who Have Sex With Men (MSM)*

- *Paragraph 4.4.* Ensuring access to HIV prevention and diagnosis services for men who have sex with men. In the structure of the Kyiv City AIDS Center, establishing an MSM counseling room to provide counseling services to 600–1,400 persons per year.

*HIV Harm Reduction Among Convicts and Persons Taken into Custody*

- *Paragraph 6.2.* Conducting free laboratory blood tests for antibodies to HIV for convicts and persons taken into custody (on the basis of 300 persons per month).

*Ensuring Detection and Prevention Treatment of Sexually Transmitted Infections Among the Representatives of Risk Groups*



- *Paragraph 8.2.* Ensuring access to prevention, diagnosis, detection, and treatment of sexually transmitted infections for risk group representatives according to current clinical protocols.
- *Paragraph 8.3.* Conducting screening and diagnostic tests among risk group representatives using rapid STI tests with follow-up referrals for treatment to medical and preventive treatment facilities.

*Ensuring Free Access to HIV Counseling and Testing for All Categories of the Population*

- *Paragraph 1.2.* Procuring screening test kits to ensure HIV diagnostic tests using the enzyme-linked immuno-sorbent assay (ELISA) among the population, closed blood sampling test kits (vacutainers tubes), plastic tubes with caps.
- *Paragraph 1.3.* Procuring rapid test kits for HIV diagnosis among vulnerable groups of population (IDUs, MSM, sex workers, risk groups of adolescents, etc.).
- *Paragraph 1.4.* Ensuring access to voluntary HIV counselling and testing (VCT) for convicts and persons taken into custody.
- *Paragraph 1.5.* Ensuring HIV testing for persons in whom sexually transmitted diseases have been detected.

*Ensuring the Prevention of Hospital-Acquired and Occupational HIV Infections*

- *Paragraph 2.3.* Maintaining the safety of donorship by testing donated blood and its components for HIV to prevent HIV transmission through blood.

*Measures to Prevent Mother-to-Child Transmission of HIV*

- *Paragraph 2.2.* Providing medical and preventive treatment facilities with test kits and closed blood sampling test kits to collect blood for routine (repeat) screening of pregnant women for HIV infection, including pregnancy termination.
- *Paragraph 2.3.* Providing obstetric facilities with rapid tests to diagnose HIV infection in women during childbirth (in emergency and the absence of surveillance in the prenatal stage) and closed blood test kits for blood sampling from newborns.
- *Paragraph 2.4.* Providing the Kyiv City AIDS Center with test kits and closed blood sampling test kits to collect blood to measure viral loads in HIV-positive women.

**Joint Order #576/720, of 7/15/2010 of the MOH and the Ministry of Finance “On Approving Budget Program Passports for 2010” (as amended by MOH/MOF Order # 889/1246, of 10/19/2010)**

- Approves the passport of the budget-funded program for 2010 “On Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of People with Cancer” for the purposes of stabilizing the epidemic situation, reducing the rate of HIV infection and HIV-related deaths by implementing the national strategy targeted at ensuring access of the population to prevention measures and services for PLHIV.
- 4. The volume of budget appropriations—UAH 722,648,000.0, including the common funds, UAH 722,648,000.0 ...
- 6. *Budget Program Goal:* To stabilize the epidemic situation, reduce the rate of infection and death from HIV/AIDS by implementing the public policy on ensuring access of the population to HIV/AIDS prevention measures and services for HIV-positive people and people living with AIDS.
- 7.0 *Objectives targeted at achieving goals defined by the budget program passport include*
  - 7.4 Carrying out the procurement of ARV drugs for adults, children, and adolescents (UAH 132,483,500.0).
  - 7.5 Carrying out the procurement of test kits for a complete donor blood count and its components, test kits for repeat routine screening of pregnant women for HIV, test kits for

- diagnosis of HIV in infants born to HIV-positive mothers, and other test kits and reagents (UAH 83,000,300.0).
- 12. *Performance Indicators That Characterize the Budget Program Efficiency*
    - The number of healthcare facilities in diagnosis and treatment of HIV/AIDS provided with HIV/AIDS drugs and medical products—28
    - The number of blood transfusion stations provided with drugs and medical products for AIDS diagnosis—58
    - The average annual number of people reported with HIV/AIDS who receive antiretroviral therapy—15,871.0
    - The average annual number of training sessions on post-exposure prophylaxis for persons who have had contacts with biological fluids and are at risk of occupational exposure to HIV infection—800.0 persons
    - The level of provision of HIV-positive adults, adolescents, or people living with AIDS with antiretroviral drugs—100%
    - The level of provision of blood transfusion stations with AIDS test kits—100%
    - The ratio of instances of mother-to-child transmission of HIV—6.2%
    - The AIDS-related death rate reduction—by 5%

**MOH Order #704 of 8/19/2010 “On Certain Matters Pertaining to the Implementation of National Target Programs and Complex Measures in the Healthcare Sector”**

- State enterprises of the Ministry of Health of Ukraine engaged in the implementation of national target programs and complex measures in the healthcare sector, such as State Enterprise “Ukrvaktsyna,” State Enterprise “Ukrmedpostach,” State Association “Politechmed” shall ensure
  - 1.1. Control over the performance of contractual obligations by suppliers and participation in claim-related activities if suppliers fail to perform the terms and conditions of agreements.
  - 1.2. Supply, storage, assembly, and start-up programs or the delivery of drugs, medical products, and other commodities centrally procured by the Ministry of Health of Ukraine to healthcare facilities according to the Schedule of Distribution developed by of the Ministry of Health of Ukraine.
  - 1.3. The submission of reports to the Ministry of Health of Ukraine on the supply, use, and remaining stock of centrally supplied drugs and medical products.
- 2. The Competitive Bidding Committee of the Ministry of Health of Ukraine shall establish, in the competitive bidding documents, a mechanism of reimbursement to the state enterprises referred to in paragraph 1 for costs incurred in connection with the performance of procurement contracts, including the process of supply or arrangements for a supply chain, assembly, and start-up programs for commodities after such costs have been agreed with the Department of Economics, Finance, and Accounting.
- 3. The Department for Tender Procedures shall ensure the conclusion of procurement contracts between the Ministry of Health of Ukraine and suppliers with the engagement of the state enterprises referred to in paragraph 1.

**MOH Order #726, of 8/26/2010 “On Distributing Antiretroviral Drug Kaletra Provided as a Charity for Treatment of Children with HIV/AIDS, Prevention of HIV in 2010”**

- For the purpose of implementation of the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013 approved by Law of Ukraine No. 1026-VI, dated February 19, 2009, according to Letters No. 20100616-1, dated June 16, 2010 and No. 20100705-1, dated July 5, 2010, from the Representative Office of Abbott Laboratories C. A. with respect to the antiretroviral drug Kaletra

provided as a charity (lopinavir 80 mg/ritonavir 20 mg -1 ml) for treatment of children with HIV/AIDS and prevention of HIV,

- 1. Approve the Schedule of Distribution of the antiretroviral drug Kaletra provided as a charity in 2010 for treatment of children with HIV/AIDS and prevention of HIV to healthcare facilities.
- 3.2 Acknowledge receipt, at its address, of two vials of such antiretroviral drug for its further forwarding to the State Inspection for Quality Control of Drugs for quality control testing.

**MOH Order # 795 of 9/21/2010 “On Distributing Antiretroviral Drugs for Treatment of People with HIV/AIDS and Prevention of HIV Procured Via the State Budget for 2010” (as amended by MOH Order #997 of 11/17/2010 “On Amendments to Order No. 795, dated September 21, 2010”)**

- To implement the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013 approved by Law of Ukraine No. 1026-VI, dated February 19, 2009, according to the Decision of the Permanent Tender Committee of the Ministry of Health of Ukraine (Minutes No.36, dated August 30, 2010 and No.10) and for the purpose of rational and intended use of antiretroviral drugs for treatment of people with HIV/AIDS and prevention of HIV procured via the State Budget of Ukraine for 2010 which funds are allocated to finance the state-budgeted program (CECEL 2301370) “Ensuring Medical Measures to Fight TB, Prevention and Treatment of AIDS, Treatment of People With Cancer.”
- *Paragraph 1.* Approve the Schedule of Distribution of Antiretroviral Drugs for treatment of people with HIV/AIDS and prevention of HIV to healthcare facilities for 2010.

**MOH Order #893 of 10/20/2010 “On Distributing Test Kits to Conduct HIV1, HIV2 Antibodies Tests Using the ELISA Methods, the Method of Detecting and Verifying the Presence of HIV1 p24 Antigen”**

- To implement the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013 approved by Law of Ukraine No. 1026-VI, dated February 19, 2009, according to the Decision of the Permanent Tender Committee of the Ministry of Health of Ukraine (Minutes No. 39, dated September 15, 2010) and for the purpose of rational and intended use of rapid (express) test kits to conduct rapid tests for HIV1 and HIV2 antibodies procured via the State Budget of Ukraine for 2010 which funds are allocated to finance the budget-funded program (CECEL 2301370) “Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of Cancer Patients.”
- *Paragraph 1. Approve:*
  - 1.1. The Schedule of Distribution of Rapid (Express) Test Kits to conduct rapid tests for HIV1 and HIV2 antibodies in pregnant women to healthcare facilities for 2010.
  - 1.2. The Schedule of Distribution of Rapid (Express) Test Kits to conduct rapid tests for HIV1 and HIV2 antibodies in donated blood to healthcare facilities for 2010.
- *Paragraph 2.* The Audit Department in association with the Committee on HIV/AIDS and Other Socially Dangerous Diseases shall ensure control over the intended use of rapid (express) test kits in regions.
- *Paragraph 3.* The Department of Economics, Finance, and Accounting shall ensure, for the purposes of the budget-funded program “Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of Cancer Patients,” (CECEL 2301370), to implement measures under the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013, the transfer of funds to the account

of the Supplier according to the terms and conditions of the Agreement.

- *Paragraph 5.* The National AIDS Center shall be responsible for monitoring of the use of rapid (express) test kits.

**Order # 1002, of 11/17/2010 “On Distributing Test Kits for Screening Donated Blood and Pregnant Women Blood For HIV1/HIV2 Antibodies Using the ELISA Method Procured Via the State Budget for 2010”**

*Approve...*

- *1.1.* The distribution of test kits for Screening Donated Blood for HIV1/HIV2 using the ELISA method procured via the State Budget for 2010.
- *1.2.* The distribution of test kits for screening pregnant women blood for HIV1/HIV2 antibodies using the ELISA method to healthcare facilities for 2010.

**MOH Order #1008 of 11/18/2010 “On Distributing Antiretroviral Drugs for Treatment of People with HIV/AIDS and Prevention of HIV Procured Via the State Budget for 2010”**

- To implement the National Program to Ensure HIV Prevention, Treatment, Care and Support for HIV Infected People and People With AIDS for 2009-2013 approved by Law of Ukraine No. 1026-VI, dated February 19, 2009, according to the Decision of the Competitive Bidding Committee of the Ministry of Health of Ukraine (Minutes No. 9, dated September 29, 2010 and No.10, dated October 7, 2010) and for the purpose of rational and intended use of antiretroviral drugs for treatment of people with HIV/AIDS and prevention of HIV procured via the State Budget of Ukraine for 2010 which funds are allocated to finance the state-budgeted program (CECEL 2301370) “Ensuring Medical Measures to Fight Against TB, Prevention and Treatment of AIDS, Treatment of People With Cancer.”
- *Paragraph 1.* Approve the Schedule of Distribution of Antiretroviral Drugs for Treatment of People with HIV/AIDS and Prevention of HIV to Healthcare Facilities for 2010.
- *Paragraph 2.* The Audit Department in association with the Committee on HIV/AIDS and Other Socially Dangerous Diseases shall ensure control over the intended use of antiretroviral drugs in regions.
- *Paragraph 3.* The Department of Economics, Finance and Accounting shall ensure, for the purposes of the budget-funded program (CECEL 2301370) “Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of Cancer Patients” and to implement measures under the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013, the transfer of funds to the accounts of Suppliers according to the terms and conditions of the Agreement.
- *Paragraph 5.* The National AIDS Center shall be responsible for monitoring of the use of antiretroviral drugs in regions.

**MOH Order #1023 of 11/22/2010 “On Approving the Composition of the Commissions for Monitoring and Evaluation of the Efficiency of Performance of the National Program to Ensure HIV Prevention, Treatment, Care and Support for HIV Infected People and People With AIDS for 2009-2013 Using the Funds of the Global Fund to Fight AIDS, TB and Malaria”**

- To implement the National Program to Ensure HIV Prevention, Treatment, Care and Support for HIV-Infected People and People With AIDS for 2009–2013 approved by Law of Ukraine No. 1026-VI, dated February 19, 2009, for the purpose of, on a yearly basis, monitoring of progress of the performance of activities and measures under the program by executive authorities, local self-

government authorities with the support of the Charitable Organization “All-Ukrainian Network of People Living With HIV,” the funds of the Global Fund to Fight AIDS, TB and Malaria.

- Approve the composition of the commissions and the schedule of monitoring and evaluation of the efficiency of performance of the National Program to Ensure HIV Prevention, Treatment, Care and Support for HIV-Infected People and People With AIDS for 2009–2013 with the funds of the Global Fund to Fight AIDS, TB and Malaria in 2010 –2011.

**MOH Order #1050 of 11/30/2010 “On Distributing Reagents and Consumables to Determine CD4-Lymphocytes for Becton Dickinson and Becman Coulter Flow Cytofluorometers Procured via the State Budget of Ukraine for 2010”**

- “To implement the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013 approved by Law of Ukraine No. 1026-IV, dated February 19, 2009, according to the Decision of the Permanent Tender Committee under the Ministry of Health of Ukraine (Minutes No. 39, dated September 15, 2010), rational and intended use of reagents and consumables to determine the number of CD4-lymphocytes for Becton Dickinson and Becman Coulter flow cytofluorometers procured via the State Budget of Ukraine for 2010, to implement the budget-funded program (Code of Economic Classification of Expenditures and Lending – CECEL 2301370) “Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of People with Cancer.”
- *Approve:*
  - *1.1.* The Schedule of Distribution of Reagents and Consumables to Determine CD4-Lymphocytes for Becton Dickinson Flow Cytofluorometers to Healthcare Facilities and Institutions for 2010 (hereinafter – Reagents and Consumables).
  - *1.2.* The Schedule of Distribution of Reagents and Consumables to Determine CD4-Lymphocytes for Becman Coulter Flow Cytofluorometers” to Healthcare Facilities for 2010.
- *Paragraph 3.* The Department of Economics, Finance, and Accounting shall ensure, for the purposes of the budget-funded program, “Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of Cancer Patients”(CECEL 2301370) to implement measures under the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People With AIDS for 2009–2013, the transfer of funds to the account of the Supplier according to the terms and conditions of the Agreement.
- *Paragraph 4.* Kuznetsov O.V., CEO of “Ukrvaktsyna” State Enterprise shall
  - *4.1.* Ensure the supply and arrangements for the delivery of Reagents and Consumables to the healthcare facilities and healthcare institutions in regions according to the Schedule of Distribution approved by this Order.

**MOH Order #1057 of 12/2/2010 “On Ensuring the Implementation of Centralized Procurement Programs to Ensure a Reliable Supply of Drugs, Medical Products and Equipment in 2011,”**

- ...To monitor the efficiency of use of the budget funds and ensuring the timely implementation of budget-funded programs and program activities under which centralized procurement of drugs, medical products, and equipment and other commodities, works, services is carried out via the State budget for 2011...
- *1.* Approve the composition of ...*1.4.* The Commission of the Ministry of Health for drawing up the Nomenclature of drugs, test kits, reagents, and medical products to ensure HIV prevention, treatment, care, and support for HIV-infected people and people with AIDS to implement the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected

People and People with AIDS for 2009–2013...

- 2.2. The procedure for preparation and reconciliation of the Nomenclature of drugs, medical products, equipment, and other commodities, works, and services for centralized procurement in 2011 in accordance with activities and complex measures under a program.

**MOH Order #1104 of 12/13/2010 “On Distributing Test Kits for Screening High-Risk Population Groups for HIV Infection, Pregnant Women, and Infants for TORCH Infections and Other Sexually Transmitted Infections Centrally Procured Via the State Budget of Ukraine for 2010”**

Sets out that for the purpose of rational and intended use of test kits centrally procured via the State Budget of Ukraine for 2010 for testing the risk group population, pregnant women, and newborns for TORCH infections and other STIs—for which funds are allocated to implement the budget-funded program (CECEL 2301400) “Ensuring Medical Measures of Certain National Programs and Comprehensive Measures According to Plan,” to implement measures under the “National Program “Reproductive Health of the Nation” for a Period Until 2015”—such distribution shall be carried out according to Minutes No. 39, dated September 15, 2010, of the meeting of the Permanent Tender Committee of the MOH.

**MOH Order #1092 of 12/13/2010 “On Distributing Medical Products for Diagnosis of TB in HIV Infected People and People With AIDS Procured Using Funds of the Global Fund To Fight AIDS, TB and Malaria”**

- For the purpose of implementation of the National Program to Ensure HIV Prevention, Treatment, Care and Support for HIV-Infected People and People With AIDS for 2009–2013 approved by Law of Ukraine No. 1026-VI, dated February 19, 2009, and for the purpose of rational and intended use of medical products for diagnosis of TB in HIV-infected people and people with AIDS procured in 2010 through the program “Maintaining HIV/AIDS Prevention, Treatment and Care for Most Vulnerable Groups of Population of Ukraine,” which is being implemented using the grant funds of the Global Fund to Fight AIDS, TB, and Malaria (Round IV).
  - 1. Approve the Schedule of Distribution of Medical Products for diagnosis of TB in HIV-infected people and people with AIDS procured in 2010 using the grant funds of the Global Fund to fight AIDS, TB and Malaria (hereinafter – the Global Fund Grant Medical Products).
  - 2. The Crimean Republican, Vinnytsia, Volyn, Dnipropetrovsk, Zaporizhzhya, Lviv, Mykolaiv, Odesa, Poltava, Rivne, Kharkiv, Cherkasy, Chernivtsi Oblast, Kyiv and Sevastopol City AIDS Centers, Kyiv Regional TB Dispensary, National Children Specialized Hospital “Ohmatdyt”, and State Enterprise L.V Gromashevsky Institute of Epidemiology and Infectious Diseases under the Academy of Medical Sciences of Ukraine (by consent), shall be principal recipients of the medical products procured with the grant funds of the Global Fund.
  - 3. The National AIDS Center of the Ministry of Health of Ukraine (hereinafter – the National AIDS Center) shall be responsible for monitoring of the use of the medical products procured for the grant funds of the Global Fund.

**Law of Ukraine No. 2857-IV, dated December 23, 2010 “On the State Budget of Ukraine for 2011”**

- *Annex 5.* Allocation of expenses for centralized measures and healthcare programs for 2011 among administrative territorial units—“Ensuring the Implementation of Medical Measures to Fight TB, AIDS Prevention and Treatment, and Treatment of People With Cancer.”

**Law of Ukraine #2 of 1/6/2011 of the Ministry of Health of Ukraine “On Distributing Closed**

## **Blood Sampling Systems to Collect Blood From HIV Infected People Procured Via the State Budget of Ukraine For 2010”**

### **MOH Order #30 of 1/24/2011 “On Distributing Antiretroviral Drugs for Treatment of People With HIV/AIDS and HIV Prevention Procured Via the State Budget for 2010”**

- To implement the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013 approved by Law of Ukraine No. 1026-IV, dated February 19, 2009, according to the Decision of the Competitive Bidding Committee of the MOH (Minutes No.17, dated November 17, 2010 and No. 18, dated November 19, 2010) and for the purpose of rational and intended use of antiretroviral drugs for treatment of people with HIV/AIDS and HIV prevention procured via the State Budget for 2010 which funds are allocated to implement the budget-funded program (CECEL 2301370) “Ensuring Medical Measures to Fight TB, Prevention and Treatment of AIDS, Treatment of People With Cancer.”
- In the Schedule of Distribution of Antiretroviral Drugs for treatment of people with HIV/AIDS and prevention of HIV to healthcare facilities for 2010 includes (Tenvir (Tenofovir), Aluvia (Lopinavir/ritonavir), Virolam (Lamivudine), Abamune (Abacavir), Efcur (Efavirenz), Lazide (a combination of Zidovudine/Lamivudine), Truvada (a combination of Tenofovir/Emtricitabine), the number of tablets, price per unit, and total cost by region shall be shown.
- 5. The responsibility for monitoring of the use of ARVs in the regions shall be assigned to the National AIDS Center.

## **1.2 Mechanism for supply chain management of HIV/AIDS drugs and HIV/AIDS-related commodities is brought under regulation**

In Ukraine, supply chain management is brought under regulation, and, in particular, by the provisions of Law of Ukraine No. 2289-IV, dated June 1, 2010 “On Public Procurement” (Articles 2, 3, 4, 5).

According to Orders No. 893, dated October 20, 2010 of the Ministry of Health of Ukraine “On Distributing Test Kits to Conduct HIV1, HIV2 Antibodies Tests Using the ALISA Methods, the Method of Detecting and Verifying the Presence of HIV1 p24 Antigen,” No. 103, dated February 12, 2010 “On Amendments to Order No. 611, dated August 18, 2009, of the Ministry of Health of Ukraine,” the test kits are distributed to healthcare facilities.

According to Order No.230, dated April 17, 2006, of the Ministry of Health of Ukraine “On Setting Up a HIV/AIDS Reference Laboratory Under the National AIDS Center of the Ministry of Health of Ukraine,” the Reference Laboratory, according to the tasks assigned, shall distribute test kits and equipment procured via the state budget to HIV/AIDS reference laboratories.

### **MOF Order #1098 of 12/29/2002 “On Budget Program Passports”**

- See Box 1.1 of this form.

### **MOH Order #827 of 12/30/2008 “On Establishing the Interagency Working Group to Improve the System of Procurement of HIV/AIDS-Related Goods, Works and Services”**

- ... For the purpose of improvement of the legal framework for the system of procurement of goods, works, and services via the state budget and with private funds in Ukraine, according to paragraph 12 of the Regulations on the Ministry of Health of Ukraine approved by Resolution No. 1542 (1542-2006-p), dated November 2, 2006, of the Cabinet of Ministers of Ukraine, I give

the following order ... To establish the Interagency Working Group to Improve the System of Procurement of HIV/AIDS-Related Goods, Works, and Services.

**MOH Order #732 of 10/8/2009 “On Ensuring Implementation of Programs Under Which Centralized Procurement of Drugs and Medical Products Is Carried Out in 2010”**

- See Box 1.1 of this form.

**Law #2289-IV of 6/1/2010 “On Public Procurement”**

- See Box 1.1 of this form.

**MOH Order #893 of 10/20/2010 “On Distributing Test Kits to Conduct HIV1, HIV2 Antibodies Tests Using the ELISA Methods, the Method of Detecting and Verifying the Presence of HIV1 p24 Antigen”**

- *Paragraphs 1, 2, 3, and 5* (See Box 1.1 of this form).
- *Paragraph 4.* Kuznetsov O.V., CEO of the State Enterprise “Ukrvaktsyna” shall
  - *4.1.* Ensure the supply and arrangements for the delivery of test kits for verification tests to the healthcare facilities and institutions in regions according to the Schedule of Distribution approved by this Order.
  - *4.2.* Submit to the Department of Economics, Finance, and Accounting a report on the intended use of test kits for verifying tests.

**MOH Order #1057 of 12/2/2010 “On Ensuring Implementation of Programs Under Which Centralized Procurement of Drugs and Medical Products Is Carried Out in 2011”**

- See Box 1.1 of this form.

**MOH Order #103 of 2/12/2010 “On Amendments to Order No. 611, dated August 18, 2009 of the Ministry of Health of Ukraine”**

- ...For the purpose of rational and intended use of the Western Blot Test Kits procured via the State Budget of Ukraine for 2009, implementation of the budget-funded program “Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of Cancer Patients” (CECEL 2301370), and taking into consideration Letter No. 25/AIDS, dated January 12, 2010, from the Head of the Main Department of Health of the Lviv Oblast State Administration in terms of the need for test kits and Letter No. 44/01-19/05, dated January 20, 2010, from the Head of the Main Department of Health of the Ivano-Frankivsk Oblast State Administration in terms of the opportunity of procuring test kits, ... amendments to the Schedule of Distribution of the Western Blot Test Kits approved by Order No. 611, dated August 18, 2009, of the Ministry of Health of Ukraine shall be made considering the needs of the regions.

**MOH Order #102-Adm of 3/28/2008 “On Approving the Composition of the Working Group to Develop the Methodology for Estimating Needs and Collecting Applications From Regions for Centralized Procurement of Drugs, Medical Products (Including Test Kits), and Equipment to Provide Medical Care to HIV Infected People and People With AIDS”**

- In order to implement the National Program To Ensure HIV Prevention, Care, and Treatment of People with HIV/AIDS for a Period 2004 through 2008 approved by Resolution No. 264, dated March 4, 2004, of the Cabinet of Ministers of Ukraine as amended and approved by Resolution No. 1321, dated November 8, 2007 of the Cabinet of Ministers of Ukraine.
- *3.1* Develop the methodology for estimating the needs and collecting applications from regions



for centralized procurement of drugs, medical products (including test kits), and equipment to provide medical care to HIV-infected people and people with AIDS.

**Law of #230, of 4/17/2006 of the MOH “On Setting Up HIV/AIDS Reference Laboratories Under the National AIDS Center of the Ministry of Health of Ukraine”**

- See Box 1.1 of this form.

**1.3. Matters pertaining to equal access to information for tenderers during the procurement of HIV/AIDS drugs and to transparency and openness of the procurement procedures are brought under regulation**

In Ukraine, equal access to information for tenderers during the procurement of HIV/AIDS drugs and transparency and openness of procurement procedures are regulated at the national level. The procurement process shall be based on the following principles: fair competition among participants; maximum economy and efficiency; openness and transparency at all stages of procurement; nondiscrimination toward participants; objective and impartial evaluation of offers; and prevention of acts of corruption and offenses.

**MOH Order #110 of 4/6/2007 (as amended by MOH Order #366 of 4/27/2010)**

- *Paragraph 1. Approve the Regulations on the Permanent Tender Committee of the Ministry of Health of Ukraine.*
  - *1.2.* The purpose for setting up the Tender Committee is organizing and carrying out the procurement procedures based on the principals of collective leadership in decisionmaking, absence of conflict of interests among Tender Committee members, and their impartiality.
  - *1.5.* Officers and representatives of the participants and their close relatives and officials of business associations and their representatives and close relatives shall not be members of the Tender Committee. Only designated officers of the structural units of the ministry may be members of the Tender Committee.
    - Changes in the composition of the committee shall be made according to the recommendations of the Head of the Tender Committee and upon approval by the order of the Ministry.
- *Paragraph 3. Rights and Responsibilities of the Members of the Tender Committee. Powers of the Chairman, secretary and other members of the Tender Committee.*
  - *3.1.* The members of the Tender Committee shall have the right, in particular, to
    - Prepare and submit draft orders on the composition of the Tender Committee, changes in the composition, and other matters pertaining to the procurement procedures to the Minister of Health of Ukraine for approval.
    - Obtain information required to carry out the procurement procedures from structural units of the ministry.
    - If applicable, engage other employees of the ministry, without the right of vote, in the activities of the Tender Committee and, on a contractual basis, independent qualified (technical) experts and advisors, including those from NGOs (with their consent).
    - Bear all the costs required to carry out the procurement procedures.
    - Select successful tenderers participating in the procurement procedures, whose tenders, according to the results of the evaluation procedure, are considered to be most economically advantageous and technical compliant.
  - *3.2.* The Tender Committee shall, in particular,
    - On behalf of the ministry, within its scope and authority and functions assigned, carry out

- the procurement process (prequalification).
- Ensure equal competition conditions among all tenderers participating in the procurement process and fair selection of the successful tenderer.
- Support the efforts of law enforcement agencies involved in supervision (control) of public procurement procedures.
- According to the legislation, take appropriate measures to ensure information security during the procurement process.

**MOH Order #104 of 2/12/2010 “On Approving the Composition of Permanent Working Groups of the Ministry of Health of Ukraine for Field-Oriented Management of Public Procurement”**

- For the purpose of business needs and improving the activity of the Permanent Working Groups of the Ministry of Health of Ukraine for field-oriented management of public procurement,
  - 1. Approve the composition of the Permanent Working Groups of the Ministry of Health of Ukraine for field-oriented management of public procurement as follows:
    - The composition of the Permanent Working Groups of the Ministry of Health of Ukraine for field-oriented management of public procurement of test kits, reagents, and medical products to ensure HIV prevention, treatment, care, and support for HIV-infected people and people with AIDS.
    - The composition of the Permanent Working Groups of the Ministry of Health of Ukraine for field-oriented management of public procurement of drugs and medical products to ensure HIV prevention, treatment, care, and support for HIV-infected people and people with AIDS.

**Law #2289-IV of 6/1/2010 “On Public Procurement”**

- See Box 1.1 of this form.

**MOH Order #277 of 3/30/2010 “On Approving the Composition of the Expert Committee on Drawing Up, Making Changes In the List of Drugs of Domestic and Foreign Manufacturer Available for Procurement by Healthcare Facilities and Institutions Financed Via the State or Local Budgets In Part or In Full”**

- Provide composition of the Expert Committee on Drawing Up, Making Changes In the List of Drugs of Domestic and Foreign Manufacturers Available for Procurement by Healthcare Facilities and Institutions Financed Via the State or Local Budgets In Part or In Full.

**MOH Order #277 of 3/3/2010 “On Amendments to MOH Order #177 of 3/1/2010)”**

- The provision on the composition of the Expert Committee on Drawing Up, Making Changes In the List of Drugs of Domestic and Foreign Manufacturers Available for Procurement by Healthcare Facilities and Institutions Financed Via the State or Local Budgets In Part or In Full shall be amended.

**MOH Order #465 of 6/7/2010 “On Approving the Composition of the Permanent Tender Committee of the Ministry of Health of Ukraine”**

- The composition of the Permanent Tender Committee of the Ministry of Health of Ukraine is approved.

**MOH Order #631 of 7/29/2010 “On Approving Changes in the List of Drugs of Domestic and Foreign Manufacturers Available for Procurement by Healthcare Facilities and**

### **Institutions Financed Via the State or Local Budgets In Part or In Full”**

- Sets out that “According to Resolution No.1071, dated September 5, 1996, of the Cabinet of Ministers of Ukraine ‘On the Procedures for Procurement of Drugs by Healthcare Facilities and Institutions Financed Via the State Budget (as amended),’ for the purpose of improvement of the List of Drugs of Domestic and Foreign Manufacturers Available for Procurement by Healthcare Facilities and Institutions Financed Via the State or Local Budgets In Part or In Full approved by the aforesaid Resolution
  - *Paragraph 1.* Approve the changes in the List of Drugs of Domestic and Foreign Manufacturers Available for Procurement by Healthcare Facilities and Institutions Financed Via the State or Local Budgets In Part or In Full approved by Resolution No. 1071, dated September 5, 1996, of the Cabinet of Ministers of Ukraine as attached.
  - *Paragraph 2.* Update the List by inserting the international off patent or non-proprietary names given to active substance (substances) of the drug (ATC code) (according to the Annex to this Order) in alphabetical order.”

### **Order No. 922, dated July 26, 2010 of the Ministry of Economy of Ukraine**

#### **Ministry of Justice Order #624/17919, of 7/26/2010 “On Approving Forms of Public Procurement Documents”**

- *Paragraph 1, Annexes.* “Forms of Public Procurement Documents” are approved.

### **1.4 Drugs for treatment of STI, opportunistic infections, and antiretroviral therapy are included in the National List of Essential Drugs and Medical Products**

The National List of Essential Drugs and Medical Products is a list of effective (and cost-efficient) and safe drugs and medical products for prevention, diagnosis, and treatment of most common pathological conditions considering their current and emerging perspectives to help heal many maladies and opportunities to provide safe and effective (and cost-efficient) treatment services to people. Taking into consideration operational features of the healthcare system, essential drugs and medical products shall, at all times, be available in adequate amounts, have the appropriate dosage forms, have guaranteed quality, have adequate information on them, and be at a price affordable for any individual and society as a whole (MOH Order #226 of 5/24/2005 “On Approving the Regulations on the National List of Essential Drugs and Medical Products and the Regulations on the Expert Committee on Drawing Up, Making Changes In the List of essential Drugs and Medical Products”).

#### **Resolution # 1162 of 7/25/ 2003 “On Approving the National Program to Ensure the Provision of Population With Drugs for 2004 through 2010”**

- Sets out that access of the population to effective, safe, and high-quality drugs shall be ensured through determining the priorities of public commitments for financing procurement of drugs according to the National List of Essential Drugs for treatment of such diseases as TB, AIDS, etc., for which long-term continuous use of drugs is needed.
- In Ukraine, the National List of Essential Drugs and Medical Products includes drugs for treatment of STIs, opportunistic infections, and ARV drugs approved by CMU Resolution #333 of 3/25/2009 “On Certain Matters Pertaining to the State Price Adjustment Mechanism for Drugs and Medical Products.”
- The list of drugs is a basis for the following:
  - Concluding public procurement contracts, including those under the national target programs.
  - Establishing drug reimbursement schemes, including the state medical insurance system.

- Procuring commodities via the state budget.
- Providing equipment to healthcare facilities.
- Drawing up formularies.
- Establishing the Essential Drug Price Monitoring System.

**Presidential Decree # 91/2003 of 2/7/2003 “On Measures to Improve the Provision of the Population With Drugs and Medical Products, As Well As Performance in Public Management”**

- Sets out measures “... to ensure updating of the National List of Essential (necessary to maintain life) Drugs and Medical Products, as well as introduction of the state drug price registration system.

**Resolution # 1162 of 7/25/ 2003 “On Approving the national Program To Ensure the Provision of Population With Drugs for 2004 through 2010”**

- See Box 1.4 of this form.

**CMU Resolution No. 333, dated March 25, 2009, of the Cabinet of Ministers of Ukraine “On Certain Matters Pertaining to the State Price Adjustment Mechanism for Drugs and Medical Products”**

The National List of Essential Drugs and Medical Products is approved and contains drugs for treatment of STIs and OIs and ARV drugs. For example, in the list given below, ARVs are included as follows:

Serial number of nonsteroidal antiinflammatory drugs (NSAIDs)	International nonproprietary name given to active substance (substances)
1.	Abakavir
20	Aciclovir
54.	Didanosine
70.	Efavirenz
72.	Zivudine (mono-agent and in combination with lamivudine and/or nevirapin)
78.	Indinavir
103.	Lamivudine (mono-agent and in combination with stavudine, nevirapin)
134.	Nevirapin
135.	Nelfinavir
163.	Ribavirin
165.	Ritonavir (mono-agent and its combination )
176.	Stavudine (mono-agent and its combination)
184.	Tenofovir (mono-agent and its combinations)

**MOH Order #226 of 5/24/2005 “On Approving the Regulations on the National List of Essential Drugs and Medical Products and the Regulations on the Expert Committee on Drawing Up, Making Changes In the National List of Essential Drugs and Medical Products” (as amended by MOH Orders #28, 1/21/2009 “On Amendments to Order #226, of 5/24/2005,” and Order #523, 7/27/2006 “On Amendments to Order #226 of 5/24/2005”** The Regulations on the National List of Essential Drugs and Medical Products:

- *1. General*
  - *1.1.* The National List of Essential Drugs and Medical Products is a list of effective (and cost-

efficient) and safe drugs and medical products for prevention, diagnosis, and treatment of most common pathological conditions considering their current and emerging perspectives to help heal many maladies and opportunities to provide safe and effective (and cost-efficient) treatment services to people. Taking into consideration the operational features of the healthcare system, essential drugs and medical products shall, at all times, be available in adequate amounts; have appropriate dosage forms, with evidence of performance, sound, and adequate data on efficacy and safety; and be at a price affordable for any individual and society as a whole.

- 1.2. According to the definition given by the WHO, essential drugs are those that satisfy the healthcare needs of the majority of the population; the choice of such drugs shall be based on the pattern of prevalent diseases—for which sound and adequate data on efficacy and safety is available and for which evidence of performance has been obtained, as well as the ‘cost vs. effectiveness ratio.’
- 1.3. Drawing up and introducing the National List of Essential Drugs and Medical Products (hereinafter – the National List) is based on international best practices of rational pharmaceutical therapy and a pharmacoeconomic approach (in terms of drugs) to diagnosis and treatment of people with pathological conditions that carry a high risk of a disease.”
- 2. *Structure and Content of the National List*
  - 2.1. The Structure of the National List is based on the latest Anatomical Therapeutic Chemical (hereinafter – ATC) classification of drugs recommended by WHO (International Nonproprietary Names (INN) for pharmaceutical substances, WHO, Geneva, 2002, WHO Drug information, Recommended INN list, Proposed INN list). ATC codes of the classification of drugs shall be used when comparing the data of drug consumption researches in the pharmaceutical markets in the countries throughout the world. For each finished dosage, only one ATC code for each route administration shall be used in the classification of drugs. For medicinal products, the classifications defined in EU Directives 93/42, 90/385, 98/79 shall be used.
  - 2.2. The National List shall be drawn up according to the International Nonproprietary Names (in terms of drugs), and it applies to all finished dosage forms properly registered in Ukraine.
- 3. *Main Functions of the National list*
  - 3.1. The National List shall be targeted at the implementation of national programs to provide the population of Ukraine with the guaranteed level of healthcare in inpatient and outpatient (policlinic) settings within Ukraine.
  - 3.2. The National List is a basis for the following:
    - Concluding public procurement contracts, including those under the national target programs.
    - Establishing drug reimbursement schemes, including the state medical insurance system.
    - Procuring commodities via the state budget.
    - Providing equipment to healthcare facilities.
    - Drawing up formularies.
    - Establishing the Essential Drug Price Monitoring System.

## **2.1 Healthcare facilities and laboratory testing facilities are engaged in planning of ARV procurement and supply and treatment of STIs financed via the state and local budgets in part or in full**

The methodology of estimating the need for ARV drugs approved by Order No. 936, dated December 10,

2009, of the Ministry of Health of Ukraine “On Approving the Methodology of Estimating the Need for ARV Drugs” is in place, and according to the order, regional healthcare authorities and the National AIDS Center are authorized to make arrangements for implementing the methodology and ensure compliance of subordinate healthcare facilities with the methodology during the process of estimation of the need for antiretroviral drugs.

### **MOH Order #936 of 12/10/2009 “On Approving the Methodology of Estimating the Need for ARV Drugs”**

- *Paragraph 3.* “The Minister of Health of the Autonomous Republic of Crimea, Heads of the Main Departments of Health in Dnipropetrovsk, Donetsk, Ivano-Frankivsk, Kyiv, Lughansk, Lviv, Poltava, Ternopil, Kharkiv, Chernivtsi oblasts, the Department of Health and Sanatoria of Vinnytsia oblast, the Main Department of Health and Disaster Medicine in Odesa, the Main Department of Health and Disaster Medicine in Charkasy, departments of health of Oblast State Administrations, the Main Department of Health and Medical Provision of the Kyiv City, Sevastopol City State Administrations, and the CEO of the National AIDS Center shall make arrangements for implementing and ensure compliance of subordinate healthcare facilities with the Methodology during the process of estimation of the need for antiretroviral drugs.”

## **2.2 Need for antiretroviral drugs, CD4 test kits, and other laboratory testing kits required for monitoring of HIV antiretroviral therapy during the procurement planning process**

Laboratory monitoring of ART is brought under regulation in a number of enactments and regulations of Ukraine. The need for ARVs has been estimated according to a uniform methodology since 2010 (MOH Order #936 of 12/10/2009 “On Approving the Methodology of Estimating the Need for ARV Drugs”). Furthermore, such procedures are regulated by Section 3 of Law #1026–VI, of 3/16/2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013,” which sets out the procedures for implementation of PMTCT through providing healthcare facilities with the following:

- Test kits for routine screening of pregnant women for HIV infection
- Rapid tests for women who have not taken tests in a prenatal stage
- Test kits for HIV viral load tests and CD4 cell count testing
- ARVs for PMTCT drugs
- Test kits and consumables for conducting PCR testing for early diagnosis of HIV in infants born to HIV-positive mothers

Section 3 also sets out procedures for ensuring laboratory monitoring of ART and management of HIV infection in PLHIV and ensuring laboratory monitoring of ART substitution therapy, and diagnosis and treatment of OIs in PLHIV in correctional facilities and pretrial detention centers.

A similar decision is adopted at the regional level in some regions, notably Kyiv (Decision #1266/4704, of 7/15/2010 of the Kyiv City Council “On Approving the City Target Program to Prevent HIV Among the Population and Measures In Response to the Epidemic for 2010–2013”).

### **Law of Ukraine No. 1026–VI, dated March 16, 2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013”**

#### *II. Prevention Measures*

- *Section 3.* Implementing measures to prevent mother-to-child transmission of HIV through providing healthcare facilities with test kits for routine examination of pregnant women for HIV; rapid tests for women who have not taken tests in a prenatal stage, test kits for HIV viral load

tests and CD4 cell count testing; antiretroviral drugs to prevent mother-to-child transmission of HIV; and test kits and consumables for conducting early diagnosis of HIV in infants born to HIV-positive mothers using the method of polymerase chain reaction.

### *III. Treatment Measures*

- Ensuring laboratory monitoring of ART and management of HIV in PLHIV.
- Ensuring laboratory monitoring of ART, substitution therapy, and diagnosis and treatment of OIs in PLHIV in correctional facilities and pretrial detention centers.

### **Law #2857-IV of 12/23/2010 “On the State Budget of Ukraine for 2011”**

- *Annex 5.* Outlays for centrally-controlled measures and healthcare programs for 2011 to administrative territorial units—“Ensuring the implementation of medical measures to fight TB, AIDS prevention and treatment, and treatment of people with cancer.”

### **Decision #1266/4704, of 7/15/2010 of the Kyiv City Council “On Approving the City Target Program to Prevent HIV Infection Among the Population and Measures in Response to the Epidemic for 2010–2013”**

- *System of Program Objectives, Measures and Performance*
  - (6) Ensuring adequate specialized medical care for PLHIV; ensuring laboratory monitoring of ART and management of HIV infection in PLHIV; procuring test kits (including consumables) for CD4 cell count testing and diagnosis of OIs and concomitant diseases; ensuring access to diagnosis of side effects of ARVs in PLHIV; determining the level of a viral load in PLHIV and ensuring diagnosis of HIV infection and OIs using the method of PCR (procurement of test kits for diagnostic testing and consumables); ensuring diagnosis of TB in HIV-positive people; and monitoring the level of quality of laboratory testing conducted within and outside the laboratory.
- *Measures to Prevent Mother-to-Child Transmission of HIV*
  - *Paragraph 2.4.* Provide the Kyiv City AIDS Center with test kits and closed blood sampling systems to collect blood for viral load tests from pregnant women with HIV.
- *Ensuring HIV Diagnosis*
  - *1.2.* Ensure testing to determine the immune status of PLHIV (procurement of diagnostic test kits and consumables) .
- *Ensuring Laboratory Monitoring of Antiretroviral Therapy and Management of HIV Infection in People with HIV/AIDS*
  - *3.1* Procurement of test kits for CD4 cell count testing, closed blood sampling system to collect blood (vacutainers), and plastic tubes with caps.
  - *3.4.* Determination of the level of a viral load in PLHIV (procurement of diagnostic test kits, consumables, and vacutainers).
  - *3.5.* Provision of PCR diagnosis of HIV infection and OIs (procurement of diagnostic test kits and consumables).

### **MOH Order #1050 of 11/30/2010 “On Distributing Reagents and Consumables to Determine CD4-Lymphocytes for Becton Dickinson and Becman Coulter Flow Cytofluorometers Procured via the State Budget of Ukraine for 2010”**

- *Paragraph 3.* See Box 1.1 of this form.

### **MOH Order #615 of 8/18/2009 “On Distributing the Test Kits and Consumables to Determine the Level of Viral Loads Procured Via the State Budget for 2009”**

- *Paragraph 4.* Kuznetsov O.V., CEO of “Ukrvaktsyna” State Enterprise, the authorized person of the facility-recipient of the budget funds for centralized procurement of test kits and consumables to determine viral loads for healthcare facilities and institutions shall
  - 4.1. Ensure the procurement of test kits and consumables to determine the level of viral loads according to the Decision of the Tender Committee of the Ministry of Health of Ukraine (Minutes No.23, dated June 7, 2007) via the State Budget for 2009—for which funds are allocated to finance the budget-funded program (CECEL 2301370) “Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of People with Cancer.”
  - 4.2. Ensure the arrangements for the delivery of test kits and consumables to determine viral loads to healthcare facilities and institutions in regions according to the approved Schedule of Distribution.
- *Paragraph 5.* The National AIDS Center shall be responsible for monitoring the use of the aforesaid test kits and consumables to determine viral loads.

**MOH Order #936 of 12/10/2009 “On Approving the Methodology of Estimating the Need for ARV Drugs”**

- *Paragraphs 1,2, Annex:* To implement the Law of Ukraine “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013” and based on the results of the Working Group for drawing up the methodology of estimating the need and collecting applications from the regions for centralized procurement of drugs and medical products (including test kits) and equipment to ensure medical care for HIV-infected people and people with AIDS approved by MOH Order #102-Adm, of 3/28/2008:
  - (1) Approve the Methodology for Estimating the Need for Antiretroviral Drugs for ART.
  - (2) Establish that 2010 shall be a starting point for the introduction of the Methodology for Estimating the Need for Antiretroviral Drugs.

**2.3 System of distribution of antiretroviral drugs, CD4 test kits, and other laboratory testing kits required for monitoring of HIV antiretroviral therapy is implemented**

By MOH Order #704 of 8/19/2010 “On Certain Matters Pertaining to the Implementation of National Target Programs and Complex Measures in Healthcare,” a number of enterprises under the MOH engaged in the implementation of national target programs and complex measures in healthcare are designated: “Ukrvaktsyna” State Enterprise, “Ukrmedpostach” State Enterprise, and “Politechmed” State Association. These enterprises ensure the delivery, storage, assembly, and start-up programs or the delivery of drugs, medical products, and other commodities centrally procured by the MOH to healthcare facilities according to the Schedule of Distribution developed by the MOH. The mechanism of reimbursement to such enterprises for costs incurred in connection with the performance of procurement agreements, including the process of supply or arrangements for a supply chain, assembly, and start-up programs for commodities after such costs have been agreed shall be included in the documents of the competitive bidding after agreement with the Department of Economics, Finance, and Accounting. Supply, storage, and transportation of test kits and consumables shall be according to the Schedule of Distribution established by a number of MOH orders; and the Reference Laboratory of the National AIDS Center, within its assigned scope, authority, and functions, shall distribute such test kits directly to healthcare facilities (regional AIDS centers). “Ukrvaktsyna” State Enterprise shall be responsible for the delivery of test kits, and “Ukrmedpostach” State Enterprise shall be responsible for the delivery of ARV drugs”

**MOH Order #1050 of 11/30/2010 “On Distributing Reagents and Consumables to**



**Determine CD4-Lymphocytes for Becton Dickinson and Becman Coulter Flow Cytofluorometers Procured via the State Budget of Ukraine for 2010”**

- See Boxes 1.1 and 2.2 of this form.

**MOH Order #615 of 8/18/2009 “On Distributing the Test Kits and Consumables to Determine the Level of Viral Loads Procured Via the State Budget for 2009”**

- See 2.2 of this form.

**Law #230, of 4/17/2006 of the Ministry of Health of Ukraine “On Setting Up HIV/AIDS Reference Laboratories Under the National AIDS Center of the Ministry of Health of Ukraine”**

- See 1.1 of this form.

**MOH Order #1008 of 11/18/2010 “On Distributing Antiretroviral Drugs for Treatment of People with HIV/AIDS and Prevention of HIV Procured Via the State Budget for 2010”**

- See 1.1 of this form.

**MOH Order # 795 of 9/21/2010 “On Distributing Antiretroviral Drugs for Treatment of People with HIV/AIDS and Prevention of HIV Procured Via the State Budget for 2010” (as amended by MOH Order #997 of 11/17/2010 “On Amendments to Order No. 795, dated September 21, 2010”)**

- See 1.1 of this form.

**MOH Order #704 of 8/19/2010 “On Certain Matters Pertaining to the Implementation of National Target Programs and Complex Measures in the Healthcare Sector”**

- See 1.1 of this form.

**MOH Order #726, of 8/26/2010 “On Distributing Antiretroviral Drug Kaletra Provided as a Charity for Treatment of Children with HIV/AIDS, Prevention of HIV in 2010”**

- See 1.1 of this form.

**MOH Order #666 of 8/12/2010 “On Distribution of Antiretroviral Drug for Treatment of Children with HIV/AIDS and Prevention of HIV Procured via the State Budget for 2010”**

To implement the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013 approved by Law of Ukraine No. 1026-IV, dated February 19, 2009, according to the Decision of the Competitive Bidding Committee of the Ministry of Health of Ukraine (Minutes No.17, dated November 17, 2010, and No. 18, dated November 19, 2010) and for the purpose of rational and intended use of antiretroviral drugs for treatment of people with HIV/AIDS and HIV prevention procured via the State Budget for 2010—for which funds are allocated to implement the budget-funded program, Code of Economic Classification of Expenditures and Lending (CECEL) 2301370 “Ensuring Medical Measures to Fight Against TB, Prevention and Treatment of AIDS, Treatment of People With Cancer”

- *Paragraph 1.* Approve the Schedule Distribution of the antiretroviral drug Kaletra, provided as a charity in 2010 for treatment of children with HIV/AIDS and prevention of HIV, to healthcare facilities.
- *Paragraph 2.* The Audit Department, in association with the Committee on HIV/AIDS and Other Socially Dangerous Diseases, shall ensure control over the intended use of antiretroviral

drugs procured via the State Budget for 2010.

- *Paragraph 3.* The Department of Economics, Finance and Accounting shall ensure, for the purposes of the budget-funded program “Ensuring Medical Measures to Fight TB, HIV Prevention and Treatment, Treatment of Cancer Patients”(CECEL 2301370), which implements measures under the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and People With AIDS for 2009–2013, the transfer of funds to the account of the Supplier according to the terms and conditions of the Agreement.

### **3.1 There are no regulations that stipulate the assessment of medical technologies during the procurement of HIV/AIDS drugs and medical products**

### **3.2 PLHIV are provided with free access to ARV drugs and laboratory monitoring according to the recommended treatment regimen**

In Ukraine, legislation provides for free access to ARVs and laboratory monitoring for PLHIV.

- Law #1972–XII of 12/12/1991 “On Prevention of the Transmission of Diseases Caused by Acquired Immunodeficiency Syndrome (AIDS), Legal and Social Protection of People Living With HIV”
- Law #2861-VI, of 12/23/2010 “On Amendments to the Law of Ukraine ‘On Prevention of the Transmission of Diseases Caused by Acquired Immunodeficiency Syndrome (AIDS), Legal and Social Protection of People Living With AIDS”
- Law # 123/96-VR, of 4/4/1996 “On Drugs”(as amended on June 5, 2010 by Law of Ukraine No. 2165-VI, dated May 11, 2010)
- Order #1026-VI, 2/19/2009 “On Approving the National Program To Ensure HIV Prevention, Treatment, Care and Support for HIV-Infected People and People with AIDS for 2009–2013”

Although the state has assumed the obligation to provide ARVs to everyone who needs them, not all PLHIV are being provided with such drugs.

#### **Law #1972-XII of 12/12/1991 “On Prevention of Acquired Immunodeficiency Syndrome (AIDS), Legal and Social Protection of the People Living With AIDS” (as amended by Law #2861-VI of 12/23/2010)**

*Section I. General Provisions, Article 4.4, 4.7, 6,15:*

- *Article 4.* The State’s Guarantees in the Field of Prevention of Diseases Caused by HIV: The State shall ensure
  - (4) Access and adequate quality of testing for HIV infection, including anonymous testing, pre-testing and post-testing counseling services, as well as safety of such testing for a person and personnel involved in such testing.
  - (7) Access of the population to services aimed at preventing STIs.
- *Article 6.* Rights of a Person for HIV Testing, Conditions, and Procedures for HIV Testing
  - (4) Test kits that pass quality control testing in reference laboratories accredited according to the procedures established by the legislation and having documentary evidence of their quality are used.
- *Article 15.* Other Rights of People Living With AIDS
  - (1) In addition to the basic citizen’s human rights and freedoms, people living with AIDS shall also have the right...
  - (2) ...to be provided with free antiretroviral drugs and other drugs for treatment of

opportunistic infections according to the procedures established by the central healthcare authority.

**Law #123/96-VR, of 4/4/1996 “On Drugs” (as amended on 6/5/2010 by Law #2165-VI, of 5/11/2010)**

- *Article 3.* The State Policy on Drug Creating, Manufacturing, Quality Control, and Realizing
  - To realize the rights of citizens of Ukraine to healthcare services, the State shall ensure access to most needed drugs, protection of citizens in the event that they receive injuries associated with the use of drugs prescribed, as well as provide benefits and guarantees to certain groups of the population and categories of citizens in terms of drugs provided to them in the event of their illness.

**Law #1026-VI, of 2/19/2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People With AIDS for 2009–2013”**

- *Treatment Measures, Expectations:*
  - “... providing antiretroviral therapy to people with HIV/AIDS according to the Guidelines and Clinical Protocols approved by the Ministry of Health of Ukraine.”
  - “... providing antiretroviral therapy to at least 80 percent of people with HIV/AIDS in need.”

**4.1. To a certain extent, the national regulations on registration of test kits meet the requirements of international standards**

The CMU, by its Resolution, approved Regulations on In Vitro Diagnostic Medical Devices for Test Laboratories developed in accordance with the European Parliament and European Council Directive 98/79/EC of October 27, 1998. The Resolution does not take effect until the appropriate law is passed. The current regulations do not contain the procedures and amount of clinical testing for such medical devices as provided in EU documents.

**Law #3164-IV, of 12/1/2005 “On Standards, Technical Regulations and Conformity Assessment Procedures” (as amended by Laws of Ukraine No. 1107-V (1107-16), dated May 31, 2007, VVR, 2007, No. 35, Article 488 No. 255-VI (255-17), dated April 10, 2008, VVR, 2008, No. 23, Article 218, No. 882-VI (882-17), dated January 15, 2009, VVR, 2009, No. 24, Article 297)**

- *Article 14.* Authorities of the CMU in Technical Regulations Policy:
  - ...coordinates and directs the activity of the central authorities to which the functions of technical regulations in defined types of activities are assigned, including the development of technical regulations (hereinafter – the relevant central authorities).
  - “... approves technical regulations ([1764-2006-p](#), [939-2007-p](#), [1103-2007-p](#), [1382-2007-p](#), [536-2008-p](#), [621-2008-p](#), [641-2008-p](#), [717-2008-p](#), [748-2008-p](#), [761-2008-p](#), [787-2008-p](#), [856-2008-p](#), [901-2008-p](#), [967-2008-p](#), [898-2008-p](#), [1057-2008-p](#), [1144-2008-p](#), [13-2009-p](#), [190-2009-p](#), [268-2009-p](#), [332-2009-p](#), [465-2009-p](#), [679-2009-p](#), [785-2009-p](#), [1076-2009-p](#), [1149-2009-p](#), [1262-2009-p](#), [5-2010-p](#), [193-2010-p](#), [933-2010-p](#), [35-2011-p](#)) if such technical regulations are not approved by law, as well as action plans on their use (paragraph 3, Article 14 as amended by Law of Ukraine No. 255-VI ( [255-17](#) ) dated April 10, 2008).
  - ... enters into international agreements of Ukraine with respect to mutual recognition of the

- results of conformity assessment and the equivalence of foreign and national regulations.
- ... exercises other authorities in the field established by law.

#### **CMU Resolution #641, of 7/16/2008 “Technical Regulations on In Vitro Diagnostic Medical Devices for Test Laboratories”**

- *General Provisions*
  - (1) These Technical Regulations specify general requirements to in vitro diagnostic medical devices for test laboratory, their safety, and the procedure for verification of the conformity with such requirements.
  - (2) These Technical Regulations have been developed in accordance with the European Parliament and European Council Directive 98/79/EC, dated October 27, 1998, with respect to in vitro diagnostic medical devices for test laboratories.
- *Conformity Assessment Procedures*
  - (50) To perform the Procedures for verifying conformity of in vitro diagnostic medical devices with the Technical Regulations, conformity modules for verifying conformity of such medical device or their combination stipulated by Resolution No. 1585, dated October 3, 2003, of the Cabinet of Ministers of Ukraine “On Approving the Technical Regulations on Conformity Assessment Modules and Requirements to National Conformity Marking Used in the Technical Regulations” (Ofitsiyny Visnyk Ukrainy, 2003, No. 41, Article 2175; 2007, No. 1, Article 31) are used considering the features of application.
  - (51) Internal production control is the conformity assessment procedure according to which the manufacturer, who performs the provisions of paragraphs 52–55 of these Technical Regulations and (in the event of placing the devices designed for self-control on the market) the provisions of paragraph 56 of these Technical Regulations as well, warrants and declares that such medical devices conform with the essential requirements of the Technical Regulations. The Manufacturer affixes national conformity marking on each device and declares conformity with the essential requirements.

#### **Order #56, of 5/14/2010 of the State Inspection for Quality Control of Drugs “Rules on Clinical Trials For Medical Devices and Medical Products”**

- *I. General Provisions*
  - *1.1.* These Rules are designed according to paragraph 9 of the Procedure for State Registration of Medical Devices and Medical Products approved by Resolution No. 1497, dated November 9, 2004, of the Cabinet of Ministers of Ukraine (497-2004-p, requirements of DSTU 4659-1:2006 (the Ukrainian National Standardization System) “Clinical Trials for Human Medical Products,” “Part 1. General Requirements” (ISO 14155-1:2003, MOD, DSTU 4659-1:2006 “Clinical Trials for Human Medical Products,” “Part 2. Clinical Trials Plans” (ISO 14155-2:2003, MOD), considering the norms on conducting clinical trials used in international practice, “Ethical Principles for Medical Research Involving Human Subjects” approved by WMA Declaration of Helsinki (1964) and Annex X to Directive 93/42/EU “On Medical Products.”

#### **4. 2. In Ukraine, post-marketing surveillance of the performance of diagnostic test kits is not conducted**

Before 2004, diagnostic test kits, including test kits for HIV diagnosis, were treated as medical immunobiological preparations and they were covered by the quality control procedures related to immunobiological preparations, and in particular, the requirement to conduct post-marketing surveillance.

However, routine post-marketing surveillance of the performance of test kits is not conducted.

#### **4.3. In Ukraine, the procedure for recalling substandard test kits from further manufacturing and sale is not brought under regulation**

##### **CMU Resolution #1497 of 11/9/2004 “On Approving the Procedure for State Registration of Medical Devices and Medical Products” (as amended by CMU Resolutions #1675, of 12/16/2004, #1099 of 12/17/2008, #1122 of 12/20/2008, #275, of 3/17/2010, and #902 of 10/4/2010)**

- (19) If the adverse event occurs or a notification of negative effects of drugs on human health detected in the process of manufacturing and/or their use, inconsistency in marking, risks to human health or life, absence or low quality and ineffectiveness of their action in comparison with those declared by the State Inspection for Quality Control of Medical Products is received, the Ministry of Health of Ukraine, according to the recommendations of the advisory council, shall make a decision to terminate or suspend the registration license for a certain period, which results in imposing a ban (temporary ban) on the use of such drugs, the responsible officer shall make a relevant entry in the Register, and notify the claimant in writing within ten days.

##### **CMU Resolution #641, of 7/16/2008 “Technical Regulations on In Vitro Diagnostic Medical Devices for Test Laboratories”**

- (16) Based on the results of monitoring, the Ministry of Health of Ukraine shall, on a regular basis, maintain records and evaluate any information on the performance of in vitro diagnostic medical devices put into services in terms of
  - Failure to operate or malfunction and/or the performance capability of in vitro diagnostic devices, any inconsistency in marking, and inadequate labeling or instructions for use, which can cause or have caused death or serious risks to the health of patients, users, and third parties; technical or medical reasons for malfunction and/or the performance capability of in vitro diagnostic devices, which led to the frequent recalls of the same type devices by the manufacturer.
- (17) If in vitro diagnostic medical devices correctly installed, maintained, and used for their intended purpose compromise the safety of property and the health and/or safety of patients, users, and third parties, the manufacturer or its authorized representative shall take all reasonable measures to withdraw such medical devices from circulation or prohibit or restrict putting such devices into service according to the legislation.

## Annex 11. TB/HIV Co-Infection

### 1. The importance of coordinating HIV and TB responses is recognized in legislation and measures to address TB/HIV co-infection are included in the national programs for HIV and TB

The significance of coordination of efforts against TB/HIV is recognized both by the Law on HIV prevention and the Law on fighting against TB, and there is a connective reference of them to each other as a component of the legislation that stipulates measures in each field of activities. Measures to control TB/HIV are stipulated by both the National Program on TB Counteraction for 2007–2011 and the National Program on HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013.

#### **Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV” (as revised December 2010)**

- *Article 3.1.* The legislation on prevention of HIV-related diseases transmission [...] and incorporates [...] Laws of Ukraine “On Sanitary and Epidemic Welfare of the Population” [...]

#### **Law #2586-III of 7.5.2001 “On Fighting Against TB”**

- *Article 2.* The legislation on fighting against TB: The legislation of Ukraine on fighting against TB incorporates [...], laws [...], “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of the Population” [...]

#### **Law #648-V of 2.8.2007 “On Approving the National Program on TB Counteraction for 2007–2011”**

- *Section 3.* Major Objectives of the Program, sub-paragraph “subordination of TB facilities to a single agency of State administration in the area of counteracting HIV/AIDS, other socially dangerous diseases,” and the sub-paragraph, “taking measures to prevent transmission of HIV-related diseases and drug-resistant TB”

#### **Presidential Decree #1674/2005 of 11.30.2005 “On Improving the State Management in the Sphere of Counteraction to HIV/AIDS and Tuberculosis in Ukraine”**

- *1.* To establish that the main agency for coordination of measures to implement the common policy on counteracting HIV/AIDS in Ukraine shall be the National Coordination Council on HIV/AIDS”

#### **CMU Resolution #795 of 5.31.2006 “On Establishing the Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases”**

- *Section 4*

#### **CMU Resolution #926 of 7.11.2007 “On Certain Issues of TB and HIV/AIDS Prevention”**

- *Article 1.* To establish the National Council for the Prevention of Tuberculosis and HIV/AIDS as a consultative and advisory agency under the Cabinet of Ministers of Ukraine (CMU).
- *Article 3.* The major objectives of the National Council shall include the following:
  - Preparing proposals to define the priorities and ensuring the implementation of the national policy on TB and HIV/AIDS prevention, [...].

- Promoting coordinated activities of ministries, other central and local executive agencies, agencies of local self-government, international organizations and NGOs, including those of people living with TB and HIV/AIDS, representatives of businesses, trade unions, and employers' associations and religious organizations implementing TB and HIV/AIDS prevention projects at the national level [...].
- Conducting monitoring of the performance of programs and measures to prevent TB and HIV/AIDS transmission.
- Participating in the process of development of draft regulations, programs, and measures to prevent the transmission of TB and HIV.
- Providing information to the Cabinet of Ministers of Ukraine and the community on the evaluation of impact of measures taken to prevent TB and HIV transmission.

## **2. National and regional coordination councils include both TB and HIV issues**

Since 2007, TB issues have been included in the mandate of the National Council on TB and HIV/AIDS. Later, according to the Model Regulations, regional coordination councils (at the regional and district levels) have been established, which working procedures also included the issues of TB and HIV prevention.

### **Presidential Decree #1674/2005 of 11.30.2005 “On Improving the State Management in the Sphere of Counteraction to HIV/AIDS and Tuberculosis in Ukraine”**

- The decree to effectively implement the national policy and establish the uniform coordinated system of management in the area of prevention of TB and HIV transmission, ensuring the established level of free highly-qualified medical and social support services to HIV-infected people and people with AIDS [...]
- 1. Designate the National Coordination Council on Tuberculosis and HIV/AIDS to be the senior coordination agency for the implementation of the common policy on HIV/AIDS prevention in Ukraine.
- 2. [...] under the Ministry of Health of Ukraine, the Committee on HIV/AIDS and Other Socially Dangerous Diseases as a government agency [...].

### **Presidential Decree #1208/2007 of 12.12.2007 “On Additional Measures to Counteract HIV/AIDS in Ukraine”**

- *Article 3, paragraph 5:* Ensuring the promotion of activities of the National Council for the Prevention of Tuberculosis and HIV/AIDS.

### **CMU Resolution #926 of 7.11.2007 “On Certain Issues of TB and HIV/AIDS Prevention”**

- *Article 1.* Establish the National Council for the Prevention of Tuberculosis and HIV/AIDS as a consultative and advisory agency under the Cabinet of Ministers of Ukraine.
- *Article 2.* Approve the Regulations on the National Council for the Prevention of TB and HIV/AIDS and its composition, as attached.
- *Article 5.* The Chairman of the Council of Ministers of the Autonomous Republic of Crimea and heads of regional Kyiv and Sevastopol City State Administrations shall establish regional councils for the prevention of TB and HIV/AIDS.

### 3. Joint planning of TB and HIV efforts is included in government action plans

At the national level, joint planning to combine efforts in response to TB/HIV between the national program on HIV prevention and the program on fighting against TB is, in general, defined through governing the activities of the National Council for the Prevention of TB and HIV/AIDS, as well as such planning is defined in the Government Action Plan to Prevent HIV/AIDS Transmission until 2011.

**CMU Resolution #264 of 3.4.2004 “On Approving the Government Action Plan Aimed at the Prevention of HIV/AIDS Transmission For the Period Until 2011” and the “National Program to Ensure HIV Prevention, Care, and Treatment of HIV-Infected People and People with AIDS for 2004–2008”**

- Stipulates taking measures to prevent the transmission of HIV and TB co-infection.

**CMU Resolution #926 of 7.11.2007 “On Certain Issues of TB and HIV/AIDS Prevention”**

- *Article 3* (See Box 1 of this form).

### 4. Multisectoral cooperation in providing TB/HIV services is stipulated by joint ministerial orders and CMU resolutions

Multisectoral cooperation of various partners in providing TB/HIV services is stipulated by a number of joint ministerial orders and resolutions of the CMU. For example, close cooperation of five ministries and agencies in TB case management upon return of people with TB from correctional facilities, pre-trial detention centers and their referrals for further treatment to specialized treatment facilities; standards of social services; standards of HIV-infection control and the Resolution of the Cabinet of Ministers of Ukraine “On Approving the Action Plan to Implement the Concept of Social Adaptation of Persons Who Served Custodian Sentences Until 2015,” as well as the measures under the national HIV and TB programs are stipulated; however, it is not easy to understand the extent and determine indicators to measure responsibilities of each ministry or agency.

**Joint MOH, Dept. for Enforcement of Sentences, MOIA, Ministry of Labor, and MOFYS Order #834/365/474/304/3466 of 10.4.2010 “On Approving the Procedure for Interaction Between the Health Care Institutions, Correctional Facilities and Pre-Trial Detention Centers, Territorial Agencies of the Ministry of Internal Affairs, Agencies for Labor and Social Protection of Population, Employment Centers, Social Service Centers for Families, Children and Youth on TB Case Management Upon Return of People With TB From Correctional Facilities, Pre-trial Detention Centers and Their Referrals for Further Treatment to Specialized Treatment Facilities”**

**Joint MOFYS, Ministry of Labor, MOH Order #3123/275/770 of 9.13.2010 “Standards of Social Services Provided to Persons with a Triple Diagnosis (HIV, TB, drug dependence)”**

- *Article 3.1.* In the course of social services provided to the receivers, a multidisciplinary approach shall be used [...].

**Joint MOFYS, Ministry of Labor, MOH Order #3123/275/770 of 9.13.2010 “Standards of Social Services Provided to People with TB/HIV Co-Infection”**

- *Section III. Terms and Conditions of Social Services, sub-paragraph 3.1.* Human Resourcing: In the course of social services provided to people with TB/HIV co-infection, a multidisciplinary



approach shall be used when specialists in different disciplines work in cooperation to provide a package of services to the receiver.

**MOH Order #684 of 8.18.2010 “On Approving the Standards of TB Infection Control in Medical and Preventive Treatment Institutions, Long-Stay Settings and Places of Residence of People with TB”**

- Agreed by the Minister of the Internal Affairs of Ukraine, the Head of the State Department of Ukraine for Enforcement of Sentences, the First Deputy Head of the Joint Representative Agency of the National Trade Union Organization and Trade Union Associations, the Head of the Joint Representative Agency of Employers’ Associations, and the Chairman of the Union of Leaseholders and Entrepreneurs.

**CMU Resolution #740-r of 7.1.2009 “On Approving the Action Plan to Implement the Concept of Social Adaptation of Persons Who Served Custodian Sentences Until 2015”**

- *Article 13.* Ensure the provision of medical services to persons with TB, HIV/AIDS, and other socially dangerous diseases who served custodian sentences in treatment facilities, including the referrals made by social adaptation centers and other facilities providing social services to persons who served custodian sentences.
- Parties responsible: the Ministry of Health of Ukraine, the Ministry of Labor of Ukraine, the Council of Ministers of the Autonomous republic of Crimea, and regional Kyiv and Sevastopol City State Administrations.

**5. Legislation includes information-sharing and awareness-raising activities**

Providing information services and conducting awareness-raising campaigns on TB/HIV is stipulated by the legislation. Such services include both a wide exchange of information with the population through the State Committee for Television and Radio Broadcasting of Ukraine, the Ministry of Health of Ukraine, the Ministry of Education and Science of Ukraine, and the Ministry of Ukraine for Family, Youth and Sports and the inclusion of information services in the social service standards.

**Presidential Decree #1674/2005 of 11.30.2005 “On Improving the State Management in the Sphere of Counteraction to HIV/AIDS and Tuberculosis in Ukraine”**

- 6. The State Committee for Television and Radio Broadcasting of Ukraine, the Ministry of Health of Ukraine, the Ministry of Education and Science of Ukraine, the Ministry of Ukraine for Family, Youth and Sports shall take measures to promote healthy lifestyles, prevent HIV and tuberculosis transmission in Ukraine, reduce stigma and discrimination by building tolerant attitudes toward people with HIV/AIDS, and provide information on consequences of such socially dangerous diseases.

**Joint MOFYS, Ministry of Labor, MOH Order #3123/275/770 of 9.13.2010 “Standards of Social Services Provided to Persons with a Triple Diagnosis (HIV, TB, drug dependence)” and “Standards of Social Services Provided to People with TB/HIV Co-Infection”**

- 2.5. Information services shall include the following:
  - Providing required information to service receivers on HIV, prevention of STIs, and complications because of drug use; providing information on government treatment institutions/facilities and NGOs providing services to the receiver in need.
  - Posting awareness-raising materials in places of possible residence of service receivers.
  - Providing print information to service receivers on the entities providing social services,

including their locations, telephone numbers, list of services, etc.

**Joint MOFYS, Ministry of Labor, MOH Order #3123/275/770 of 9.13.2010 “Standards of Social Services Provided to People with TB/HIV Co-Infection”**

- 2.6. Information services shall include the following:
  - Distributing awareness-raising materials on TB, HIV/AIDS, STIs, and antiretroviral therapy.
  - Providing information on TB, HIV/AIDS, STIs, antiretroviral therapy, and institutions/facilities and organizations providing services to receivers in need (to be provided by phthisiatrician, infectious disease doctor, or other specialists, including a specialist in social work and social worker).

**Joint MOFYS, Ministry of Labor, MOH Order #3123/275/770 of 9.13.2010 “Standards of Social Services Provided to Representatives of Most-at-Risk Groups”**

- 2.7. Information services shall include providing information on HIV/AIDS, STIs, TB, hepatitis, and other infectious diseases that may put the health of PLHIV at risk.

**6. Development and implementation of an integrated M&E system for joint TB/HIV activities is envisioned in national regulations**

Measures to develop and implement the integrated system of M&E for joint activities associated with HIV/AIDS in the State policy are stipulated by several regulations that include the provision on monitoring and evaluation of the efficiency of activities to control the status of the HIV epidemic by national indicators; a list of national monitoring and evaluation indicators is in place. Implementing the integrated system of monitoring and evaluation has become possible through the establishment of M&E centers in the majority of regions in Ukraine.

**CMU Resolution #890-r of 12.13.2004 “On Monitoring and Evaluation of the Efficiency of Activities to Control the Status of the HIV/AIDS Epidemic By National Indicators”**

**MOH Order #280 of 5.17.2006 “On Approving the List of National Indicators of Monitoring and Evaluation of Activities To Control the Status of the HIV/AIDS Epidemic and the Guidelines for Determining Such Indicators”**

**MOH Order #870 of 12.28.2007 “The List of National Indicators of Monitoring and Evaluation of Activities To Control the Status of the HIV/AIDS Epidemic”**

**MOH Order #214 of 4.3.2009 “On Approving the Model Regulations for the Monitoring and Evaluation Center for Program Activities on HIV/AIDS Prevention”**

**7. An epidemiological surveillance system for HIV and TB is in place and operates based on statistical data**

The present system of epidemiological surveillance used for HIV and TB is based on statistical data. The initial registration forms and report forms of the original medical records on TB and the guidelines for their completion are approved by Order No. 657, dated September 2, 2009, of the Ministry of Health of Ukraine. At the same time, Law of Ukraine No. 648-V, dated February 8, 2007 “On Approving the National Program on TB Counteraction for 2007–2011” stipulates the development of national and

regional computerized TB registries, which are yet to be developed.

**MOH Order #657 of 9.2.2009 “On Approving the Initial Registration Forms and Report Forms of the Original Medical Records on TB and the Guidelines for Their Completion”**

- The following forms on TB/HIV are approved by the order:

*Initial Registration Form No. 081-2/o “Factors that Influence the Course of the Disease and the Result of Treatment for TB 01-1”, which includes:*

1.  item 20 (the HIV status code)
  - 1.1.  VCT (date) \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 1.2.  Test (date) \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 1.3.  ARV (date) \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 1.4.  Treatment with co-trimoxazole (date) \_\_\_\_/\_\_\_\_/\_\_\_\_
2.  Alcohol abuse
3.  IDU
4.  Close contact with persons who have TB
5. Concomitant disease \_\_\_\_\_
6.  Homeless
7.  Between jobs
8. Medical worker: 8.1.  TB 8.2.  GHN (general health network)
9.  Migrant
10.  Refugee/Immigrant
11.  Returned from correctional facility or pre-trial detention/prison (during the last 2 years)
12.  Other, specify \_\_\_\_\_

*Initial Registration Form No. 060-1/o “Registry of the Number of Tuberculosis Instances in \_\_\_\_\_ district TB 03” contains a separate item for the HIV status (risk factor)*

*Report Form No. 4 “Report on the Total Number of People with Tuberculosis of Clinical Category I, II and III (according to the bacterioscopy and/or culture) TB 07” (on a quarterly basis) containing Table 4000. Total Number of People with Tuberculosis of Clinical Category I, II and III and Human Immunodeficiency Virus (AIDS) Co-Infection” (pulmonary/extra-pulmonary, new instances, recurrence, etc.)*

**8. The procedure for registering and reporting TB cases occurring in PLHIV is in place and formally regulated by ministerial order**

The procedure for registration and reporting on instances of TB among PLHIV is in place and is formally regulated by Joint Order No. 640/663, dated December 24, 2004, of the Ministry of Health of Ukraine and the State Statistics Committee of Ukraine.

- In *Initial Registration Form No. 502-1/o “HIV Registration Form,”* information on TB is to be provided in *item 26: HIV-Related Conditions and Diseases in HIV-Infected Person At Registration for Dispensary Supervision.*
- In *Form No. 502-2/o of the original medical records “Information on Changes,”* such changes are to be provided in *item 17: Changes in Conditions and Diseases Caused by HIV.*
- Reporting on the number of TB instances among PLHIV in
  - Report Form No. 1-HIV/AIDS “Report on the Number of People with Changes in Conditions and Diseases Caused by Human Immunodeficiency Virus (HIV) for \_\_\_\_ Quarter 20 \_\_\_\_ “

(on a quarterly basis)

- Report Form No. 2-HIV/AIDS “Report on the Number of People with Conditions and Diseases Caused by Human Immunodeficiency Virus (HIV),” “Report on the Number of People with Conditions and Diseases Caused by Human Immunodeficiency Virus (HIV) for 20\_\_\_\_” (on an annual basis) stipulates reporting on the registered number of instances of TB in Section 4. Conditions and Diseases Caused by HIV Among HIV Infected People in Ukraine (Table 4000)

## **9. Current indicators and M&E protocols include HIV and TB interaction to a limited extent**

The interaction between reports on HIV and TB instances is only observed to some extent, but to a far greater extent, such system is based on presenting the percentage of people who received TB treatment services during the year among people with HIV. Furthermore, for example, the Protocol for Medical Assistance to People with TB, among the indicators of the efficiency of program activities on TB control, includes indicators of the level of cooperation between the regional TB dispensaries and correctional facilities and regional AIDS centers.

### **MOH Order #870 of 12.28.2007 “A List of National Indicators for Monitoring and Evaluation of the Efficiency of Activities In Response to the HIV/AIDS Epidemic”**

- *National indicator 6.* The percentage of people during the year who received treatment for TB among HIV-infected people who received antiretroviral therapy as of the reporting year end and relative to estimated number of HIV-positive incident TB cases.

### **MOH Order #280 of 5.17.2006 “On Approving the List of National Indicators of Monitoring and Evaluation of Activities To Control the Status of the HIV/AIDS Epidemic and the Guidelines for Determining Such Indicators”**

- *National indicator No.6.* The percentage of people during the year who received treatment for TB, among HIV-infected people who received antiretroviral therapy as of the reporting year end and relative to estimated number of HIV-positive incident TB cases:
  - Method of calculation: using data of program monitoring and evaluation of the estimated number of TB instances among PLHIV.
  - The numerator is the number of people with progressing HIV infection who received treatment for TB during the reporting year and who received antiretroviral therapy as of the reporting year end. The denominator is the estimated number of TB instances among PLHIV.

### **MOH Order #384 of 6.9.2009 “The Protocol for Medical Assistance to People with TB”**

- *6.9.2 National Indicators of the Efficiency of Activities to Control TB:* Close cooperation between the regional TB dispensaries and correctional facilities and regional AIDS Centers; computerized TB registries have been developed in each region; the system of training and monitoring has been established in each region.

## **10. While financing for joint HIV and TB activities is stipulated in both the national HIV program and the national TB program, these activities have been underfinanced**

Financing for TB/HIV activities at the national and regional levels is stipulated by the national programs to counteract to TB (2007–2011) and HIV/AIDS prevention (2009–2013). However, every year, the program activities have been underfinanced.

**Law #1026-VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

	UAH, thousand					
	Total	2009	2010	2011	2012	2013
Overall for the Program	3,651, 847.7	510,893.3	632,708.1	720,065.8	809,958.3	978,222.2
State budget	2,905,938.4	345,472.0	443,114.1	519,107.6	675,321.4	922,923.3
Amount of funding from :						
Ministry of Health of Ukraine	2,536,310.1	287,765.1	362,911.5	436,176.8	602,647.8	846,808.9
State Department of Ukraine for Enforcement of Sentences	154,601.2	23,602.3	36, 901.4	37,739.2	27,649.8	28,708.5
Academy of Medical Sciences of Ukraine	153,221.8	23,500.8	30,324.2	31,812.2	33,695.2	33,889.4
Ministry of Education	28,793.7	5,471.□	5,637.5	5,637.5	5,637.5	6,409.5
Ministry for Family, Youth and Sports	13,810.0	3,470.0	1,970.0	3,390.0	1,790.0	3,190.0
National Academy of Sciences of Ukraine	10,000.0		2,500.0	2,500.0	2,500.0	2,500.□
Ministry of Defense	4,867.5	776.0	2,007.5	990.0	539.0	555.0
State Committee for TV and Radio Broadcast	4,310.0	862.0	862.0	862.0	862.0	862.0
Ministry of Labor	24.2	24.2				
Local budgets	267,336.4	59,251.1	49,688.9	51,748.0	51,349.5	55,298.9
Other sources (Global Fund grant)	478,572.9	106,170.2	139,905.1	149,210.2	83,287.4	
Including:						
ICF International HIV/AIDS Alliance in Ukraine	281,589.3	63,967.7	81, 714	86,002.7	49,904.9	
All-Ukrainian Network of People Living With HIV	196,983.6	42,202.5	58,191.1	63,207.5	33,382.5	

**Law #648-V of 2.8.2007 “On Approving the National Program on TB Counteraction for 2007–2011”**

Financing Program Activities	UAH, thousand					
	Total	2007	2008	2009	2010	2011
Overall for the Program	1,207,330.26	260,318.07	255,052.42	249,319.92	249,319.92	249,319.92
Including:						
State budget	1,158,404.14	211,391.95	255,052.42	249,319.92	249,319.92	249,319.92
out of which the amount of funding from						
Ministry of Health of Ukraine	994,337.54	200,181.8	216,838.31	211,105.81	201,105.81	201,105.81
State Department of Ukraine for Enforcement of Sentences	40,366.06	2,430.04	9,484	9,484	9,484	9,484
Academy of Medical Sciences of Ukraine	43,700.55	8,780.11	8,780.11	8,780.11	8,780.11	8,780.11
World Bank Loan	48,926.12	48,926.12				
Out of which the amount of funding from:						
Ministry of Health of Ukraine	26,326.12	26,326.12				
State Department of Ukraine for Enforcement of Sentences	22,600	22,600				

**11. Ukrainian legislation and regulatory policy stipulate detecting TB in PLHIV with the use of screening and diagnostic tests**

**Law #648-V of 2.8.2007 “On Approving the National Program on TB Counteraction for**

## **2007–2011”**

- *Program measures. Section 3. TB Detection and Diagnosis. Activity “TB Detection Through Tuberculin Diagnostic Tests Among Known Contacts and High-Risk Groups for TB and HIV-Infected People.”*
- *Section 8. Prevention of HIV-Associated and Drug-Resistant TB Transmission. Activity “Harmonization of Activities with the National HIV/AIDS Program to Prevent HIV-Associated TB Transmission and Improve Medical Assistance to Those in Need.”*
- *Section 8. Prevention of HIV-Associated and Drug-Resistant TB Transmission. Activity “Ensuring Access to Voluntary HIV Counseling and Testing for Persons Registered with TB Dispensaries.”*

## **MOH Order #254 of 5.17.2008 “On Approving the Guidelines for Chest X-Ray Examination Frequency of the Population of Ukraine”**

- 2.7. The following people shall be subject to annual X-ray examinations:
  - 2.7.2. People at high risk for TB: 2.7.2.1. Health care workers who are identified as high-risk groups for development of TB: [...] HIV-infected people; 2.7.2.2. Referrals for medical examination and preventive pulmonary tuberculosis chest X-ray examinations among high-risk groups for development of TB shall be made by relevant specialists (endocrinologists, pulmonologists, family doctors, district therapists, psychiatrists, narcologists, infectious disease doctors, phthisiatricians, and doctors of AIDS centers).

## **MOH Order #415 of 8.19.2005 “On Improving Voluntary HIV Counseling and Testing”**

- 2. *Goal and Objectives of Voluntary HIV Counseling and Testing (VCT):* The objectives of VCT are to provide voluntary counseling information services to the population on the ways of transmission of HIV and HIV prevention, promoting voluntary informed consent to HIV testing, establishing the HIV status, maintaining safe HIV behavior, timely receiving medical assistance: testing for TB, sexually transmitted infections (STIs), opportunistic infections, and treatment for them, timely start of antiretroviral therapy (ART), prevention of vertical mother-to-child transmission of HIV, family planning services and extensive support (including the “peer-to-peer” principle).
- VCT is a key component of HIV prevention, treatment, and care programs for people with HIV/AIDS.

## **Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- *Program Measures: Section I. Organizational Measures. Paragraph 1. Measures to improve the legislation and management. Activity: “At the national and regional level, developing and implementing the system of re-referral and diagnostic, treatment, and support services to people with a diagnosis of HIV/AIDS/TB and viral hepatitis.”*

## **MOH Order #551 of 7.12.2010 “On Approving the Clinical Protocol ‘Antiretroviral Therapy for HIV Infection in Adults and Adolescents’”**

- 2.5.1. Screening for TB: Initial X-ray examination of the organs of the chest cavity (hereinafter referred to as “OCC”) shall be done to all HIV-infected people during the initial medical examination if
  - Such examination was not performed during the last 12 months
  - Such examination was performed but there are signs of a disease of the respiratory system

- There has been recent contact with a TB patient
- Obvious symptoms exist that evoke suspicion of TB
- If there are manifestations of lung disease, TB symptoms (for example, cough, hemoptysis, loss of body weight) or if there has been recent contact with a TB patient, a thorough medical examination shall be conducted, including X-ray examination and smear microscopy of the sputum; if such is not practicable, bacteriological examination shall be required, as well as a tuberculin skin test (Mantoux test) with 2 TE (A-I).

## 12. Preventing treatment for TB in PLHIV is only stipulated in a single protocol on medical assistance to people with TB and in the MOH DOTS protocol

Preventive treatment for TB in HIV-infected people is only stipulated by the protocol on medical assistance to people with TB and Order No. 318, dated May 24, 2006, of the Ministry of Health of Ukraine “The Protocol on Implementing the DOTS Strategy in Ukraine.”

### MOH Order #384 of 6.9.2006 “The Protocol on Medical Assistance to People with TB”

- 6.8.5. *Secondary Prevention*: Secondary prevention shall be performed for people who had contact with people with TB using lysogenic phage and for treatment of latent TB infection among medical and social risk groups through the diagnosis of latent tuberculosis infection, which relies on the tuberculin skin test. The period of treatment is six months with isoniazide or a chemotherapy regimen including two components (isoniazide + etambutol) for a period of three months.
- Chemoprophylaxis with anti-tuberculosis drugs is administered to prevent the development of tuberculosis among the following population groups:
  - People who have regular contact with TB patients and [sputum smear-positive pulmonary tuberculosis](#).
  - HIV-infected people with the [conversion of tubercular tests](#), hyperergic reactions to tuberculin, or in whom growth of tuberculin-sensitive cells in tissue cultures is observed.
- The following drugs are used for chemoprophylaxis: isoniazide in dosages 0.3-0.45 g daily for at least six months for people who have never had TB and have face-to-face contact with patients with TB disease and mycobacterium tuberculosis (MBT) in the healthcare settings.
- Or the two-drug component chemoprophylaxis regimen, which duration is twice as less than that with a one-component chemoprophylaxis: 3HE or 3HZ.
- Chemoprophylaxis is not required for people with TB infection from the healthcare settings where there are patients with mycobacterium tuberculosis.

### MOH Order #318 of 5.24.2006 “The Protocol on Implementing the DOTS Strategy in Ukraine”

- The DOTS strategy adapted to local conditions in Ukraine includes the following:
  - VII. Measures to prevent TB shall be conducted through
    - Assigning chemoprophylaxis to people who have face-to-face contact with people with TB, children with mycobacterium tuberculosis, those in high-risk groups for TB, and people with HIV.
    - BCG vaccination and revaccination.
  - VIII. Measures to prevent HIV-associated tuberculosis transmission (TB and HIV co-infection) shall be conducted through coordination of national TB and HIV/AIDS programs.
  - Paragraph 5.4.3. Prevention of side-effects to TB drugs, including those used for treatment of

HIV-infected people.

**13. Infection control measures in healthcare facilities and public places are regulated and include separate provisions for ensuring TB infection control in various facilities, including AIDS centers**

The system of infection control in healthcare facilities and places frequented by general public is stipulated and brought under regulation by the relevant order of the Ministry of Health of Ukraine. The order contains separate provisions for ensuring TB infection control in TB clinics, AIDS centers, medical and preventive treatment facilities, correctional facilities, and places of residence of people with TB. Also, monitoring of TB infection control is stipulated.

**MOH Order #684 of 8.18.2010 “On Approving the Standards of TB Infection Control in Medical and Preventive Treatment Facilities, Long-Stay Settings, and Places of Residence of People with TB”**

- In the order, the term “long-stay settings” means correctional facilities under the State Department of Ukraine for Enforcement of Sentences and pre-trial detention centers under the agencies of the Ministry of Internal Affairs of Ukraine, in which there is a risk of TB infection transmission.
- *Section II. Infection Control Components*
  - 2.1. Organizational measures
  - 2.2. Administrative control
  - 2.3. Indoor air control
  - 2.4. Individual respiratory protection equipment and the principles of adherence to respiratory hygiene
- *Section III. TB Infection Control in TB Clinics*
- *Section IV. TB Infection Control in AIDS Centers*
- *Section V. TB Infection Control in Medical and Preventive Treatment Facilities*
- *Section VI. TB Infection Control in Long-Stay Settings*
- *Section VII. TB Infection Control in Places of Residence of People with TB*
- *Section VIII. TB Infection Control Monitoring*

**14. Measures to ensure access to voluntary HIV counseling and testing for patients in TB clinics are included in national legislation**

Law of Ukraine No. 648-V, dated February 8, 2007 “On Approving the National Program on TB Counteraction for 2007–2011” contains measures to ensure access to voluntary HIV counseling and testing for people in TB clinics. Moreover, it is scheduled that such services shall be provided to 99 percent of people registered with TB clinics (in year 3 after start of implementation).

**15. While Ukrainian law includes provision on the necessity of harmonization of TB and HIV activities, preventive treatment services with kotrimoksazol are not included in either the national TB program or the national HIV/AIDS program**

Law of Ukraine No. 648-V, dated February 8, 2007 “On Approving the National Program on TB Counteraction for 2007–2011” contains provisions only for the necessity of harmonization of activities with the National HIV/AIDS Program to prevent HIV-associated tuberculosis transmission and improve medical assistance to people in need (Objectives and Measures for 2007–2011 to overcome the TB



epidemic. *Section 8: Prevention of HIV-Associated and Drug-Resistant Tuberculosis Transmission.*)

As a separate measure, preventive treatment services with kotrimoksasol are not stipulated either by the National Program to counteract to TB for 2007–2011 or the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013. At the same time, the use of prevention treatment services with kotrimoksasol is stipulated by the Clinical Protocol “Medical Assistance to People with TB and HIV Co-Infection.”

**MOH Order #276 of 5.28.2008 “The Clinical Protocol “Medical Assistance to People with TB and HIV Co-Infection”**

- *4.4.5. Primary Prevention with Kotrimoksasol:* Persons with HIV infection in clinical stage III and IV and CD4 cell count <200/mm<sup>3</sup>, in addition to anti-mycobacterial therapy (if there are indications), kotrimoksasol [trimetoprim/sulfametoksasol] shall be assigned (TMP/SMK) to them until CD4 cell count is stabilized and is more than 200/mm<sup>3</sup> for a period not less than three months (4–6 months is considered even better).

Access to ARV therapy for persons with HIV and TB co-infection is stipulated by the National Program to Counteract to TB for 2007–2011. Also, clinical protocols on treatment for TB/HIV co-infection stipulate providing ART to persons with TB/HIV co-infection on weeks 2–8 after start of anti-mycobacterial treatment or after completion of the course of treatment for TB depending on CD4 cell counts or other indications.

**Law #648-V of 2.8.2007 “On Approving the National Program on TB Counteraction for 2007–2011”**

- *Section 8. Prevention of HIV-Associated and Drug-Resistant TB Transmission.* Measure “Ensuring Access to Antiretroviral Therapy and Treatment for Opportunistic Infections for Persons with HIV-Associated TB.”

**MOH Order #276 of 5.28.2008 “The Clinical Protocol “Medical Assistance to People with TB and HIV Co-Infection”**

*Table 7. Strategy of HAART Initiation in Persons with TB/HIV Co-Infection (Credibility of Evidence — Level B)*

<b>Criteria</b>	<b>AMBT</b>	<b>HAAPT</b>
<b>Extra-pulmonary tuberculosis</b> regardless of CD4 cell count; <b>Pulmonary tuberculosis</b> CD4 < 100 cells/mm <sup>3</sup>	To be initiated immediately	To be initiated after the satisfactory response of the person to anti-mycobacterial therapy; however, not earlier than 2 weeks after start of treatment for TB (duration is from 2 weeks to 2 months)
<b>Pulmonary tuberculosis</b> CD4 – 100- 200 cells/mm <sup>3</sup>	To be initiated immediately	After 2 months after start of anti-mycobacterial therapy (after completion of the intensive phase), determine CD4 cell count and if not increased 200 cells/mm <sup>3</sup> , HAART is to be assigned
<b>Pulmonary tuberculosis</b> CD4 cells > 200/mm <sup>3</sup>	To be initiated immediately	To be initiated after completion of the course of anti-mycobacterial therapy when CD4 <200 cells/mm <sup>3</sup> , or if there are any other indications for assigning HAART
<b>Pulmonary tuberculosis</b>	To be initiated	Conduct scheduled monitoring of CD4

CD4 cells > 350/mm <sup>3</sup>	immediately	cell count, make decision to initiate ART according to the ART Protocol
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**MOH Order #551 of 7.12.2010 “On Approving the Clinical Protocol ‘Antiretroviral Therapy for HIV Infection in Adults and Adolescents’”**

- *Specific Criteria for Initiation of ART for Different Opportunistic Infections Treatment:* In the event of TB/HIV co-infection, it is recommended to initiate ART 2–8 weeks after start of treatment for TB to achieve the satisfactory response of person to anti-mycobacterial therapy (hereinafter referred to as “AMBT”), define side-effects of anti-mycobacterial and ARV drugs, and reduce the risk of development of immune reconstitution inflammatory syndrome.

Even though Law of Ukraine No. 648-V, dated February 8, 2007 “On Approving the National Program on TB Counteraction for 2007–2011” stipulates improving the results of treatment of persons with TB and reducing the number of instances of treatment interruption, no measures to form adherence to treatment, care, and support to persons with TB are stipulated.

**Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- Stipulates measures to form adherence to antiretroviral therapy only for IDUs who are clients of the MAT program. Measures with respect to care and support are stipulated; however, without determining the indicators of coverage and such measures are expected to be financed by Global Fund grants.

**16. The state guarantees equality before the law and prohibits any discrimination against PLHIV and those in groups at high risk for HIV infection**

**Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV” (as revised December 2010)**

- *Article 14. Equality Before the Law and Prohibition of Discrimination Against People Living with HIV and Those in High Risk Groups for HIV Infection.*
  - 1. People living with HIV and persons in high-risk groups for HIV infection, citizens of Ukraine, foreigners, and stateless persons who reside in Ukraine permanently, persons who applied for the status of refugees in Ukraine and who have won the refugee status in Ukraine, seekers of shelter, and stateless foreigners and persons who legally arrived in Ukraine and sojourn Ukraine shall enjoy all rights and freedoms stipulated by the Constitution (254k/96-VR) and legislation of Ukraine and other regulations of Ukraine.
  - 2. The State guarantees all people living with HIV and persons in high-risk groups for HIV infection equal opportunities to exercise their rights, including the opportunity of administrative and judicial protection of their rights.
  - 3. Discrimination against persons because of their HIV status, as well as because they are assumed to belong to high-risk groups for HIV infection shall be prohibited. Discrimination shall mean an act or omission that has, or is likely to have, the direct or indirect effect of unfairly causing disadvantage to the inherited rights of the person or undermines human dignity on the basis of one or several signs in connection with actual or assumed HIV status of the person or provides grounds to assume that such person belongs to high-risk groups for HIV infection.

## **17. People with a dual diagnosis of TB/HIV coinfection have a legally guaranteed right to free treatment in addition to basic rights and confidentiality**

In addition to the basic rights specified by the Law of Ukraine, dated November 19, 1992, “Fundamentals of Health Legislation in Ukraine,” specific rights of PLHIV and people with TB are stipulated. Therefore, people with a diagnosis of TB/HIV co-infection may enjoy additional rights; according to the legislation, they have the right to undergo treatment for HIV and TB free of charge, as well as they have the legal right to confidentiality about their HIV status, preferences in improving their living conditions and nutritional status, protection against dismissal, etc. In addition, people with TB/HIV co-infection have certain responsibilities, as well. Even though the rights and responsibilities of people with TB/HIV co-infection are stipulated by the legislation, a clear strategy to adhere to them or established mechanisms to ensure the performance of such provisions of law are not in place.

### **Law of 11.19.1992 “Fundamentals of Health Legislation in Ukraine”**

- *Section II Rights and Responsibilities of Citizens in the Field of Health*
  - *Article 6. The Right to Health*
  - *Article 7. The Guarantee of the Right to Health*
  - *Article 8. State Protection of the Right to Health:* In the event of violation of legal rights and interests of citizens in the field of health, the responsible government, nongovernment, or any other agencies, enterprises, facilities and organizations, and their officials and workers shall take measures to [restore the right that has been infringed](#), protect citizen’s legal interests, and reimburse for damage caused.
  - *Article 9. Restrictions on The Rights of Citizens in Connection with Their State of Health*
  - *Article 10. Responsibilities of Citizens in the Field of Health*
- *Section V. Prevention and Treatment Services*
  - *Article 34. An Attending Doctor:* The patient shall have the right to choose his/her attending doctor or such attending doctor may be designated by the head the treatment facility or its unit. The duties of the attending doctor include providing timely and quality examination and treatment services to the patient. The patient shall have the right to request that the attending doctor be changed.
  - *Article 38. Choosing a Doctor and Health Care Facility*
  - *Article 39. The Duty to Provide Medical Information:* The patient who attained the age of 18 years shall have the right to request accurate and complete information on the state of his/her health, including the right to be acquainted with healthcare data relating to him/her.
  - *Article 39-1. The Right to Confidentiality of the State of Health:* The patient shall have the right to confidentiality of his/her state of health; an event of referral for medical assistance, diagnosis, as well as information obtained during his/her medical examination. Information on the diagnosis and methods of treatment of the patient shall not be allowed to be requested by or submitted to the patient’s place of employment or education.
  - *Article 40. Medical Secret*
  - *Article 41. Leave of Absence for Illness*
  - *Article 53. Special Measures to Prevent and Treat Socially Dangerous Diseases*

### **Law #1972–XII of 12.12.1991 “On Response to the Transmission of Diseases Caused by Human Immunodeficiency Virus (HIV) and Legal and Social Security of People Living with HIV” (as revised December 2010)**

- *Article 13. The Right of People Living with HIV to Information. Protection Against the Unwarranted Disclosure of Information About Their HIV-Positive Status to Third Parties.*
  - 1. All people living with HIV shall have the right to be freely acquainted with healthcare data

- relating to them and which is kept by healthcare facilities.
- 2. All people living with HIV shall have the right to be informed about psychological, social, and legal support services they need and, with their consent, to receive such services in the manner that ensures that their HIV-positive status is not disclosed.
  - 3. Information on the results of tests for HIV and the presence or absence of HIV infection in the person is confidential and shall be deemed to be a medical secret.
  - 4. Disclosing the information forth in paragraph three hereto by the medical worker shall only be allowed to: the person with respect of whom testing was conducted, and according to the terms and conditions set forth in the third paragraph of Article 6 hereof, parents or other legal representatives of the person concerned; other medical workers and healthcare facilities only for the purposes of treatment of the person concerned; and other third parties, only on the basis of court decision as established by the legislation.
    - o Disclosing the information set forth in paragraph three hereto by the medical worker to other medical workers and healthcare facilities shall only be allowed with the written informed consent of the person concerned to disclose such data and only for the purposes of treatment for HIV-related diseases and if the doctor's knowledge about the HIV-positive status of the person concerned is significant for the process of treatment of the person concerned.
  - 5. Disclosing information about the HIV-positive status of the person by the medical worker to his/her partner (partners) shall only be allowed if (1) the person concerned makes a relevant written request to the medical worker; or (2) the person concerned died, lost consciousness, or is unlikely to ever regain consciousness nor be able to give his/her informed consent.
    - o Disclosing the information set forth in paragraph three hereto by the medical worker to other medical workers and health care facilities shall only be allowed with the written consent of the person concerned and only for the purposes of treatment of HIV-related diseases and if the doctor's knowledge about the HIV-positive status of the person concerned is significant for the process of treatment of the person concerned.
- *Article 14. Equality Before the Law and Prohibition of Discrimination Against People Living with HIV and People Who Belong to High Risk Groups for HIV Infection*
  - *Article 15. Other Rights of People Living With HIV*
    - 1. In addition to common rights and human freedoms and those of citizens, people living with HIV also have the right to (1) reimbursement for damage incurred as a result of disclosure of their HIV-positive status and (2) be provided with free antiretroviral drugs and medical products for opportunistic infection treatment, according to the procedure established by the central health executive agency.
    - 2. The participation of people living with HIV in HIV-related scientific research studies, clinical trials of relevant medical products and methods of treatment, training processes, photography, video, and movie shooting sessions shall only be allowed with such person's written consent.
  - *Article 16. Protection of the Right to Employment and Other Social Rights of People Living With HIV and Their Families*
    - 1. Termination of employment, denial of their employment, applications to educational, medical institutions, custody and care agencies and social services, as well as denial of medical care and social support services, and restrictions of other rights of people living with HIV because of their HIV-positive status shall be prohibited.
    - 2. Wrongful acts of officials infringing the rights of people living with HIV, their parents, and relatives may be appealed to courts.
  - *Article 18. The Rights of Parents of HIV Infected Children and Children with HIV-Related*

**Law #4004-XII of 2.24.1994 “On Ensuring Sanitary and Epidemic Welfare of the Population”**

- *Article 4. Rights of Citizens:* Citizens shall have the right to
  - Food products safe for their health and life, drinking water, working conditions, education, upbringing, living conditions, recreation, and the natural environment.
  - Participation in the process of drafting, discussions, and public expertise of programs and plans to ensure sanitary and epidemic welfare of the population and submitting proposals on such issues to relevant agencies.
  - Be reimbursed for damage caused to their health as a result of violation of the sanitary legislation by enterprises, institutions, organizations, and citizens.
  - Accurate and timely information about their state of health, state of health of the population, as well as existing and possible risk factors for the degree of such risks.

**Law #2586-III of 6.5.2001 “On Fight Against Tuberculosis”**

- *Rights: Article 15. The State Guarantees the Provision of Anti-Tuberculosis Treatment Services to People in Need.* Treatment and prevention services to people with tuberculosis, medical (dispensary) supervision, as well as sanatorium-resort therapy services in specialized TB sanatoriums shall be provided free of charge and financed via the State Budget of Ukraine, local budgets, social security funds, and other sources according to the legislation. During the course of treatment, people with TB shall be provided with anti-TB drugs in the quantity and range established by the central health executive agency according to the Standards of Treatment of People with Tuberculosis.
- *Article 20.* For the entire period of treatment of people with TB, they shall have the right to retain their places of employment, and a certificate of authorized leave of absence due to sickness shall be issued with such people for a period of 10 days.
- *Article 21.* The owner or the body of the enterprise authorized by the owner of the enterprise, institution, and organization of all forms of ownership shall not have the right to dismiss the employee for the reason of TB unless such people with TB are recognized unfit to perform certain jobs temporary or permanently.
  - People with active tuberculosis who reside in dormitories and share a room with other family members or who are in overcrowded apartments shall have the right to priority with housing according to the procedure established by the legislation.
  - People with active tuberculosis and children and adolescents with mycobacterial tuberculosis, during their treatment in in-patient TB clinics or sanatoriums, shall be provided with improved nutrition delivery free of charge, and such nutritional norms shall be not less than those established by the Cabinet of Ministers of Ukraine.
  - People with TB in pre-trial detention centers shall receive treatment services in pre-trial detention centers.
  - People with TB in correctional facilities shall receive treatment services in correctional facilities under the State Department of Ukraine for Enforcement of Sentences.
- In addition, compulsory hospitalization is stipulated by the Law: Compulsory hospitalization, treatment, and medical (dispensary) surveillance of people with tuberculosis shall be arranged for people with infectious forms of TB (including those socially non-adapted, with concomitant diseases such as chronic alcohol abuse, drug dependence, or substance abuse). If such people avoid compulsory hospitalization, on the basis of a court decision, they shall be put on the wanted list and delivered for compulsory hospitalization to the TB clinics designated by agencies of local

self-government Compulsory hospitalization of people on the basis of court decision shall be for a period of not less than three months (if longer, an additional court decision shall be required). People with a mental disorder and pregnant women with children under age 3 years shall not be subject to compulsory hospitalization.

- *Article 13. Responsibilities of People with TB:* People with TB shall
  - Adhere to the treatment regimen
  - Follow the prescriptions of the doctor of the TB clinic
  - Timely undergo required medical examination and testing
  - Adhere to the requirements of sanitary and hygienic and sanitary and epidemic safety rules in medical and preventive treatment facilities, at work, and in everyday life
  - Take other measures to prevent transmission of TB

## **18. Ukrainian law guarantees equal rights and opportunities for men and women**

According to the Law of Ukraine No. 2866, dated September 8, 2005, women and men shall have equal opportunities for access to welfare services, and women's and men's interests shall be equally considered during the performance of measures to protect their rights to social security. In the event of violation of the legislation on ensuring equal rights and opportunities for women and men, persons found guilty of the violation shall bear administrative and criminal responsibility pursuant to law.

### **Law #2866-IV of 9.8.2005 "On Equal Rights and Opportunities for Women and Men"**

- *Article 6.* Gender-based discrimination shall be prohibited.
- *Article 12. Activities of Executive Agencies and Agencies of Local Self-Government to Secure Equal Rights and Opportunities for Women and Men:* Executive agencies and agencies of local self-government, within the limits of their duties, shall
  - Provide for equal rights and opportunities for women and men [...]
  - Create the environment for combining career and family for both women and men
  - Provide accessible social and household services [...]
  - Organize gender equality education campaigns
  - Cooperate with associations of citizens' in securing equal rights and opportunities for women and men [...]
  - In their activities, adhere to the principle of equal rights and opportunities
  - Perform positive action
- *Article 20. Securing Equal Rights and Opportunities for Women and Men in Social Protection:* Executive agencies, agencies of local self-government, enterprises, institutions, and organizations, when providing for social protection, shall take into consideration the interests of both women and men.
- *Article 24. Responsibility for Violation of Legislation on Equal Rights and Opportunities for Women and Men:* Persons found guilty of violating the legislation on equal rights and opportunities for women and men shall bear civil, administrative, and criminal responsibility pursuant to law.

## Annex 12. Men Who Have Sex With Men (MSM)

### 1. Recognition

#### 1.1 Currently, the national policy does not directly refer to MSM as a group most at risk of HIV

##### **Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

###### *Key Program Objectives*

- “To accomplish the goal delimited by the Program, there has to be a range of prevention, treatment, and facilitation efforts ensured, as well as the efforts of care and support to HIV infected people and people with AIDS...
- Prevention efforts are strengthening prevention efforts among representatives of the groups most at risk of HIV infection (injecting drug users; individuals under confinement in the penitentiary facilities; released from confinement in the penitentiary facilities; people involved in prostitution, migrants, homeless and neglected citizens, primarily children, including those from the families in life crisis situations, and other).

##### **MOH Order #415 of 8.19.2005 “On Improvement of Voluntary HIV Counseling and Testing”**

- *Section 7.* Specificity of counseling MSM: Rejection of MSM by society creates additional barriers to discussing individual risks associated with the sexual behavior. MSM have difficulty in admitting unprotected sex with other men. A subtle approach to the patient should be found to realistically assess his individual risks and provide the relevant support.

##### **MOH Order #280 of 5.17.2006 “On Adoption of the List of National Indicators on Monitoring and Evaluation of Efficiency of the Efforts Ensuring Control of the HIV Infection and AIDS Epidemic Situation and Instructions on Identification of Such Indicators”**

#### 1.2 The national policy indirectly indicates that MSM are a group most at risk of HIV

##### **Law #2861–VI of 12.23.2010 “On Amendments to the Law of Ukraine ‘On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Security of Population’”**

- “The groups at high risk of HIV infection—the groups of population that due to specificity of their behavior and behavior of their social environment are under the threat of contact with the HIV source. Definition and review of the list of such groups should be conducted by the specially authorized central executive government authority in the field of healthcare based on the recommendations and criteria of the World Health Organization.”

##### **Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- *Key Program Objectives:* See Box 1.1 of this form.
- *Annex to the Law:* Providing HIV infection prevention services to men having sexual relationship with men ...

### 1.3 There are central executive government authorities officially responsible for work with MSM

#### **Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- *Annex to the Law*: Responsible implementers: MOH, MFYS,...

## 2. Budget

The Ukrainian legal and regulatory framework does not include national or local budget funding for activities relevant to HIV/AIDS prevention, treatment, care, and support specifically for MSM. The source of funding, as delimited by the “National Program ...” to perform activities targeting MSM is the Global Fund grant exclusively.

#### **Law #1026–VI of 2.19.2009 “On Approval of the National Program for Prevention of HIV Infection, Treatment, Care and Support of HIV-Infected People and Those Suffering from AIDS for 2009–2013”**

- *Annex to the Law*

### 2.1 The Ukrainian legal and regulatory framework does not include national or local budget funding for activities relevant to HIV testing of MSM

In this context, it would be also relevant to analyze the acts of local self-governing authorities (which formally are not government authorities) and local executive government authorities (oblast level and two municipalities) in relation to the allocation of funds for testing different vulnerable groups of population, including MSM. The information available provides no evidence that such funds for testing MSM as a vulnerable group have ever been provided.

Thus, the newsletter “HIV Infection in Ukraine” does not publish any data on testing under the code 103 (“people having homosexual sexual contacts with HIV-infected people”). Nevertheless, based on interviews with epidemiologists of the Ukrainian AIDS Center, we learned that annually there are 200–300 HIV tests made under this code in Ukraine (for comparison, the total number of tests in 2009 was 3,358,335).

“In the recent years, the prevalent practice of HIV testing in Ukraine provides for procurement of test kits for donors and pregnant women with the funding provided by the national budget, the rest of population should be tested using the funds of local budgets ... it would be more relevant to analyze not just the total indicator of the number of tests made with the local budget funding but the relative value of tests made in the vulnerable groups of population ...”—“HIV Infection in Ukraine” # 33. Kyiv, 2010, page 4.

“Despite the scale up of HIV antibody testing in all categories of population with the local budget funding, the relative value of tests made in the groups of population that are most vulnerable to HIV infection (injecting drug users; people with sexually transmitted diseases; people having multiple unprotected sexual contacts) [in 2008] decreased basically in all regions of Ukraine”: ...”—“HIV Infection in Ukraine” # 29. Kyiv, 2010, page 4.



**2.2 In Ukraine, there is no consensus on the estimated number of MSM as a most-at-risk group; the majority of experts consider the current estimates inaccurate and understated**

**Source: National Assessment of the HIV/AIDS Situation in Ukraine as of the Start of 2009. September 2009. MOH, WHO, UNAIDS, ICF “International HIV/AIDS Alliance in Ukraine.”**

- The number of MSM was assessed as 92,000 people.
- Currently, there is no consensus on the estimated number of MSM. Some experts consider the current estimates substantially understated. In development of the Ukrainian National Application to the Round 10 of the GFATM funding, the experts used a number exceeding 150,000 MSM.
- International standards of MARP size estimation are set out in the document “Size estimates of most-at-risk populations.”<sup>8</sup> These recommendations were not adhered to in the full scope.

**2.3 In Ukraine, there are recognized national target indicators on the absolute number and percentage of MSM as the actual recipients or intended recipients of HIV prevention services**

**Law #1026-17 of 2.19.2009 “On Approving the National Program to Ensure HIV Prevention, Treatment, Care and Support to HIV-Infected People and People with AIDS for 2009–2013”**

- The National Operational Plan for the period 2011–2013 identifies the following target indicators for 2011 (28,680), 2012 (34–270), 2013 (38–590).
- In the annex to the National Program, the target indicators are set in the percentage values and comprise 20, 30, 40, 50, and 60 percent of the estimate number of MSM in 2009, 2010, 2011, 2012, and 2013, respectively.
- Although, these indicators are not accomplished in view of the lack of funding and low capacity of NGOs.

**3. Involvement**

There are no clear regulations that directly or indirectly encourage or exclude the active involvement of

- MSM in development of the documents that define the policy and/or legal and regulatory acts;
- MSM /LGBT civil society organizations in development of the documents that define the policy and/or legal and regulatory acts;
- MSM in development and/or implementation of the programs; and
- MSM /LGBT civil society organizations in development, implementation, and/or monitoring of the programs.

**4. Standards**

Ukrainian legal and regulatory framework establishes and ensures the standards of social services provided to MSM. Although, the documents do not provide any clear indicators to measure efficiency of such work and its compliance with the standards.

<sup>8</sup>[http://www.unaids.org/en/media/unaids/contentassets/documents/dataanalysis/Epi\\_SizeEstimatesAtRiskPopulations\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/dataanalysis/Epi_SizeEstimatesAtRiskPopulations_en.pdf),  
[http://data.unaids.org/pub/Manual/2010/guidelines\\_popnestimationsize\\_en.pdf](http://data.unaids.org/pub/Manual/2010/guidelines_popnestimationsize_en.pdf)

**MFYS, Ministry of Labor and Social Policy, and MOH Order #3123/275/770 of 9.13.2010  
"On Approval of Standards of Social Services Provision to Risk Group Representatives"**

- *Section 1.3.* Target groups covered by the effect of this Standard:
  - People providing sexual services for remuneration (people of sex business)
  - People providing sexual services for remuneration who are injecting drug users
  - Men having sex with men

**4.1 The Ukrainian legal and regulatory framework establishes the mandate for informed consent and a voluntary and confidential nature of the social services provided to MSM**

**MFYS, Ministry of Labor and Social Policy, and MOH Order #3123/275/770 of 9.13.2010  
"On Approval of Standards of Social Services Provision to Risk Group Representatives"**

- *Section 3.3.1.* The social services should be provided on the terms of informed consent (either verbal or written) and voluntary participation and confidentiality (and in individual cases, on the terms of preserved anonymity) and also reflect the cultural, ethnic, and religious features of the service recipients. The social services are based on applications of service recipients.

**4.2 The Ukrainian legal and regulatory framework does not call for any special training of social and other workers for work with MSM**

**MFYS, Ministry of Labor and Social Policy, and MOH Order #3123/275/770 of 9.13.2010  
"On Approval of Standards of Social Services Provision to Risk Group Representatives"**

**4.3 Are there any explicit regulations in these documents that allow or prohibit personal information collection about MSM by the law enforcement authorities?**

**Order of the State Statistic Committee of Ukraine #436 of 12.10.2002 "Unified Report on Crime in the Territory of Ukraine"**

- Report on the results of the interior authorities' performance in response to prostitution, identification of the risk groups, and results of their HIV testing.
- *Section 2.*

**5. Civil, Economic, and Cultural Rights of MSM**

- Ukrainian legislation does not have any provisions that directly prohibit discrimination based on the sexual orientation/gender identity.
- Ukrainian legislation does have provisions that indirectly prohibit discrimination based on the sexual orientation\gender identity.

**Constitution of Ukraine: Law #254k/96-BP of 6.28/1996**

- Citizens have equal constitutional rights and freedoms and are equal to the law.
- There shall be no privileges or restrictions based on race; color of skin; political, religious, and other beliefs; sex; ethnic and social origin; property status; place of residence; or linguistic or other characteristics.

**5.1 Ukrainian legislation does not have any provisions that establish terms for entering into a same sex marital partnership**

**Family Code of Ukraine: Law #2947–III of 1.10.2002**

- *Article 3*
  - 2. Family is constituted by individuals in common habitation, bound by the common household, and sharing mutual rights and responsibilities.
  - 4. Family is established based on the marriage, natural cognation, and other grounds allowable under the law and such that do not contradict the moral fundamentals of society.
- *Article 21. Definition of marriage.* Marriage is the family union of a woman and a man registered by the authority of the state registration of the civil status registration.

**5.2 The Ukrainian legal and regulatory framework has other restrictions related to MSM association, sexual orientation, and gender identity**

**MOH Order #60 of 2.3.2011 “On Improvement of the Medical Service Provided to Individuals Requiring the Change (correction) of the Sexual Identity”**

- Medical/biological and social/psychological indications for the change (correction) of the sexual identity.
- The above stated indications may be stated conditional to the following terms: ...Absence of psychic pathology, which may be demonstrated via the willingness to change the sex (based on results of at least one month examination in the inpatient setting of the mental health facility); Absence of homosexuality, transvestism, or sexual disorders as the leading motive for the change (correction) of the sexual identity...



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