Summary of civil society analysis

The last year has seen encouraging progress for HIV prevention in Ukraine. The gradual transition from donor to domestic funding is securing the sustainability of the HIV response. The adoption of social contracting mechanisms is expanding the role of civil society organisations in the provision of stigma-free services to marginalised people. However, significant barriers remain in the legal environment. The criminalisation of sex work and drug use still act as barriers to HIV services for some, and the government has not announced concrete plans to decriminalise them. Civil society is also worried that the country does not have a clear plan to address capacity gaps and weak accountability systems.

Source: Global AID Monitoring Data 2019, hivpreventioncoalition.unaids.org
Source: lawsandpolicies.unaids.org
In 2019, the government of Ukraine collected up-to-date data on the status of the HIV response and connected with the new prevention needs. In 2018, the Ministry of Health and AFEW International published a report on the progress of some interventions. The government must determine how these targets will be achieved. The government must also ensure that young people are included in the targets for use of pre-exposure prophylaxis (PrEP) still not being used. The government is in the process of transitioning to an HIV response that is fully funded with domestic resources by 2022. In 2018, most prevention spending was related to the total cost of OST medications and has held the first. The state system for monitoring prevention programmes is still new, so it's too early to assess the importance of involving communities in monitoring and evaluation processes.
In order to meet the global and national targets, we believe Ukraine should prioritise the following actions:

1. Conduct an in-depth assessment to understand and address the prevention needs of adolescents and young people in all their diversity, and especially adolescents who use drugs. This should include carrying out accurate size estimation studies.

2. Identify capacity gaps and implement technical assistance plans quickly, to enable the scale up of combination prevention programmes for all key populations. This should include provision of OST and other services for people in prisons, as well as tailored HIV prevention services for transgender people.

3. Create a more enabling environment for marginalised people. This should include amending laws that criminalise people who use drugs and sex workers, implementing programmes that decrease stigma and discrimination especially among healthcare providers and law enforcers, and promoting policies and interventions that protect the human rights of key populations.

4. Continue working to increase the accountability of the national HIV prevention response by involving communities in monitoring and evaluation processes.

**METHODODOLOGY**

As a member of the Global HIV Prevention Coalition, Frontline AIDS plays a key role convening civil society and community organisations. After the launch of the Global Prevention Coalition in October 2017, Frontline AIDS supported activists from 22 countries to participate in workshops to learn, share and agree prevention advocacy priorities. In 2018 as part of this process, activists from different community-based organisations worked in country teams to analyse their nation’s progress on HIV prevention. In six countries this collaboration led to the development of prevention shadow reports. The reports are based on responses to a standard questionnaire developed by Frontline AIDS. In 2019 prevention activists in five of the six original countries, plus two additional countries, completed new shadow reports with the latest achievements. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments.

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For national progress reports see: www.frontlineaids.org/prevention

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