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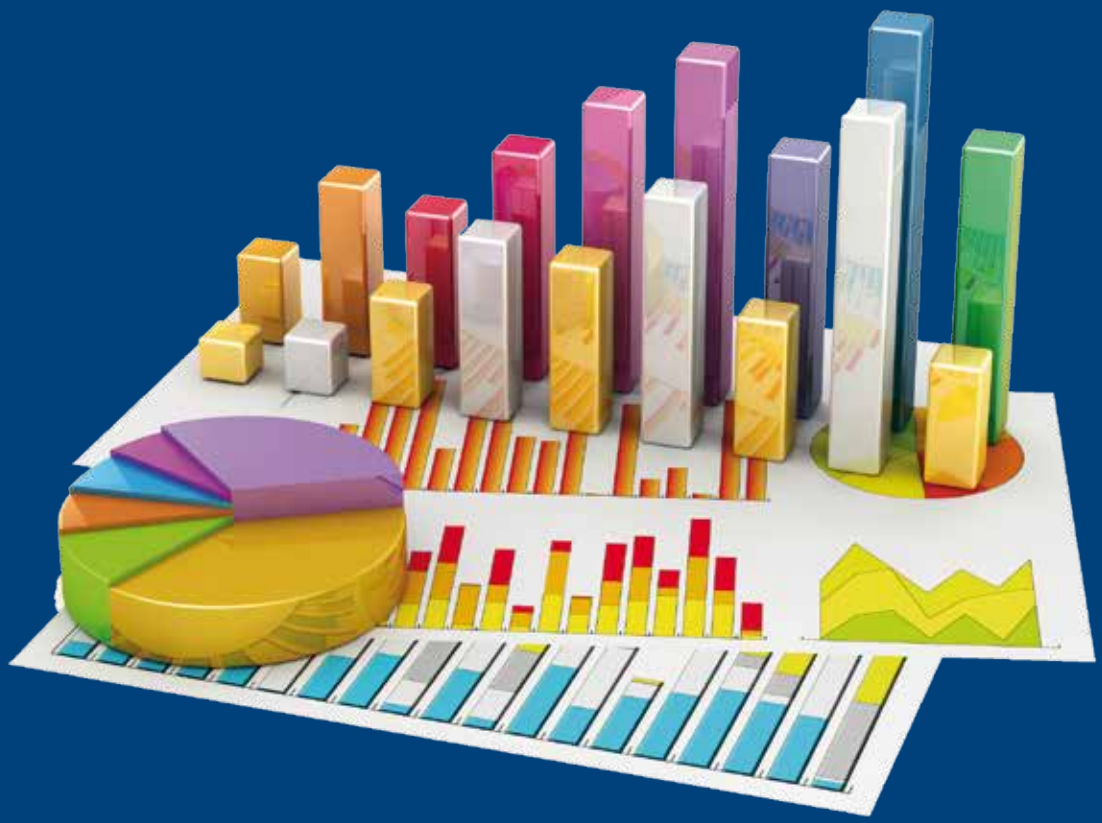
Report on the assessment results of a unified system to monitor and evaluate the effectiveness of measures aimed at preventing the HIV epidemic spread in Ukraine: national and regional levels



Kyiv – 2018

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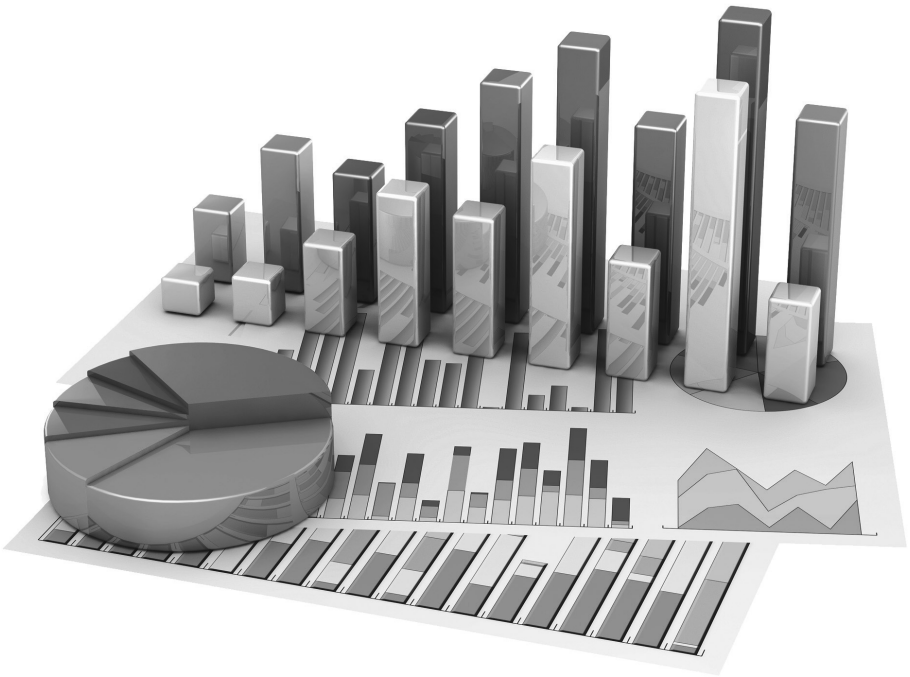

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The assessment was carried out with the technical financial support of the SILab project "Support for the Ministry of Health of Ukraine HIV Epidemiological Surveillance and Laboratory QM/QI systems, SI, and Public Health Capacity Building under the President's Emergency Plan for AIDS Relief (PEPFAR)".

Contents

EXECUTIVE SUMMARY

In order to improve and enhance the Monitoring and Evaluation (M&E) system potential in the field of HIV/AIDS in the context of health care reform, an assessment of a unified system for monitoring and evaluating the effectiveness of measures taken to prevent the HIV epidemic spread in Ukraine at national and regional levels was conducted.

The assessment was carried out with the technical financial support of the SILab project "Support for the Ministry of Health of Ukraine HIV Epidemiological Surveillance and Laboratory QM/QI systems, SI, and Public Health Capacity Building under the President's Emergency Plan for AIDS Relief (PEPFAR)".

The Evaluation Protocol is based on the main principles of the public health concept. The Protocol was approved at the meeting of the Interdepartmental Working Group (IWG) on monitoring and evaluating the effectiveness of Programmatic Measures to counteract HIV/AIDS, tuberculosis and other socially dangerous diseases, approved by the Order of the Ministry of Health of Ukraine No. 581 dated 15/06/2016. 12 components of M&E system assessment (UNAIDS)[12] were used as the main resource for the assessment development and conduction.

The assessment was carried out with the involvement of M&E specialists from the state, public and international organizations. A number of working meetings were held with stakeholders in order to finalize the assessment results. In particular, a set of minimal indicators were developed to be used in subsequent assessment of M&E system. Areas for improvement were found during the assessment and recommendations were made on planning both national and regional activities, primarily in the areas of public health development, improvement of M&E system and planning strategic information aimed at counteracting the HIV epidemic.

[1] 12 Components Monitoringand Evaluation System Strengthening Tool. Geneva: UNAIDS, March 2009.

ASSESSMENT METHODOLOGY

The purpose of current assessment was to evaluate the M&E system in order to increase the effectiveness of measures aimed at preventing the HIV epidemic spread in Ukraine, with an emphasis on building up local potential.

The assessment tasks were:

1. Evaluate the structure, completeness, regulatory support of the existing M&E system in Ukraine in accordance with the 12 key components of the M&E system.

2. Identify the weaknesses and strengths of the system in the context of the 12 components of the M&E system, and suggest the ways to improve them.

3. Propose the list of baseline indicators for assessing the M&E system progress during the following relevant assessments.

4. Assess the sustainability of M&E system at the national and regional levels and whether it has financial, human, organizational, legal and technical potential.

5. Determine the roles and responsibilities of stakeholders involved in the developement and strengthening of M&E system.

6. Identify external factors that may adversely affect the system and propose recommendations for their elimination.

The assessment was conducted in compliance with the UNAIDS Guidelines "12 Components Monitoring & Evaluation System Assessment"[2], in particular:

1. Organizational Structures with M&E Functions;
2. Human Capacity for M&E;
3. Partnerships to plan, coordinate and manage the M&E system;
4. National inter-sectoral M&E plan;
5. Annual, Costed, National M&E Work Plan;
6. Communication, Advocacy and Culture for M&E;
7. Routine HIV Program Monitoring (*partially)*;
8. Surveys and Surveillance;
9. National and Sub-national HIV databases levels (*partially*);
10. Supportive Supervision and Data Auditing;
11. HIV Evaluation and Research Agenda (*partially*);
12. Data dissemination and use.

Data collection for assessment lasted from April to June 2018 and included the following types of work: desk research; conducting expert interviews with the M&E specialists at national and regional levels; research results validation by presenting and discussing key assessment results; review of the protocol and evaluation results by the specialists of the San Francisco University (California, USA, UCSF); peer review by national M&E specialists.

A progress report has been prepared following the undertaken work. Information is provided within each of the 12 key components.

[2] 12 Components Monitoringand Evaluation System Strengthening Tool. Geneva: UNAIDS, March 2009.

HUMAN RESOURCES POTENTIAL, PLANNING AND PARTNERSHIP

COMPONENT 1. ORGANIZATIONAL STRUCTURES WITH M&E FUNCTIONS

By the legislation, the M&E structure seems highly organized and hierarchical. The Resolution of the Cabinet of Ministers of Ukraine dated December 28, 2011 No. 1349 "On a unified system for monitoring and evaluating the effectiveness of measures aimed at preventing the HIV epidemic spread» is the main regulatory document in this field. The M&E personnel have been trained at the national and regional levels.

WEAKNESSES

- The strategic vision of a system to monitor and evaluate measures taken to fight HIV/AIDS within the public health system is not defined.
- The distribution of roles and responsibilities on monitoring the response to the HIV epidemic within the Public Health Center (hereinafter PHC) requires standartization.
- The M&E system in the field of HIV/AIDS is cut off the general medical statistic system and functions according to a set of separate standards.
- The role and place of the M&E Centers and their specialists at the regional level remain uncertain in the context and within the framework of public health system development.
- Currently, despite the existence of developed monitoring and evaluation systems within the grant programs funded by the Global Fund, their data have not fully become national or regional data.
- It is necessary to review the role of the Interdepartmental Working Group for Monitoring and Evaluation of the Efficiency of Implementation of Program Measures for HIV/AIDS, Tuberculosis and Other Socially Dangerous Diseases control[3] (M&E IWG) at the MOH – currently its composition is quite formal, difficult-to-update, the work is limited to meetings and formal subgroups. Simultaneously, the PHC organizes informal working groups to resolve strategic issues.

RECOMMENDATIONS

- The Public Health Center should form a strategic vision of the M&E system in the field of HIV/AIDS as part of the unified M&E system of public health, with further implementation of certain standards for M&E system operation in the field of HIV/AIDS, and the whole health system.
- The PHC, that functions as M&E coordinator, should standardize the distribution of roles and responsibilities for monitoring the HIV epidemic response, develop a liability algorithm, data exchange system, and a decision-making procedure between its structural units. Partners involved in the M&E activities should be informed about such decisions.
- The PHC along with M&E and public health partners should first develop a set of tools, procedures and measures that determine the place of the M&E system[4], to ensure the generating and using of strategic information in the field of HIV / AIDS.
- In the view of the initiated decentralization process of HIV services provision, it is necessary to develop a plan for the inclusion of other health care facilities into the process and system of HIV/AIDS data collection by providing access to the HIV MIS;

[3] Order of the Cabinet of Ministers of Ukraine dated November 30, 2016 No. 1002-p "On Approval of the Public Health System Development Concept".

[4] Order of the Cabinet of Ministers of Ukraine dated November 30, 2016 No. 1002-p "On Approval of the Public Health System Development Concept".

training sessions to work with HIV MIS; training sessions on ensuring data quality; informing about the epidemic situation, etc. It appears that the distance training course should be cosidered due to the large number of specialists who need to be trained.
- The M&E centers and their specialists can play an important catalyzing role in the formation of public health system at the regional level.
- The PHC should build up potential towards strengthening public sector leadership for coordinating activities aimed at program monitoring of the GF project and incorporating the majority of obtained data into national and regional databases.
- The PHC should initiate the dissolution of the M&E IWG at the MOH and formation of a pool of national and regional M&E experts who would be involved in the development of strategic decisions and their implementation algorithms if needed (ad-hoc).

COMPONENT 2. HUMAN CAPACITY FOR M&E

Human resources potential in the field of the M&E is quite diverse in a view of its institutional identity, qualifications, experience, authority, education or specialized training. The main source of acquiring the M&E knowledge and skills would be getting informal trainings, internships; being engaged in research or work with data within the donor projects. The need for personnel training is realized on the basis of short-term planning (based on the reports analysis of regional centers - "passport evaluation") or within the priorities of donor projects.

WEAKNESSES

- There is almost no systematic planning for the number and quality of the personnel (personnel's qualification and experience) within the M&E system, which could be formalized through the M&E Plan. No attempt has been made observed from the side of PHC leadership to plan a qualitative and uniform training involving the M&E regional experts – most of trainings on various topics have been attended by the heads of M&E center's.
- Knowledge management system is not formed in regional M&E centers, that is, taking into account a staff turnover during the transition period, centers will lose their accumulated potential.
- Since 2018, the PHC underwent a complete structural renewal and, accordingly, the structural affiliation and functions of those specialists who had been involved in the M&E center's activities have changed and they are currently belong to different departments.
- Decentralization of HIV and TB services provision as part of public health services will entail an expansion of the range of specialists involved in the M&E in the field of HIV/AIDS (at data generation and reporting level).

RECOMMENDATIONS

- The PHC, with the involvement of national partners, should develop a plan for training the M&E staff for the public health system with consuderation for their number, functions and competencies. Such training should be built into the system of education (higher education) and added to the curriculum of personnel retraining.

- It would be useful that the PHC coordinated the activities on the curriculum institutionalization, based on the existing tutorial materials of staff training (training modules, thematic improvement programs), created within the framework of technical assistance projects.
- It is recommended to conduct a one-time training or workshop for all PHC specialists involved in the M&E system to determine universal approaches to managing strategic information, in particular: roles and responsibilities for collecting, analyzing, verifying, presenting data and exchanging information. Specialists of the M&E department can become catalyzing units for the formation of new management algorithms in the field of strategic information for public health.
- Given the prospects of decentralization of HIV services provision, the PHC should propose a distance education plan for healthcare professionals who will be involved in providing services for PLHIV, collecting and reporting HIV/AIDS data.
- In order to preserve the M&E potential in the regions, create the conditions for the delegation of authority of the M&E centers in the field of HIV/AIDS to public health centers.

COMPONENT 3. PARTNERSHIPS TO PLAN, COORDINATE AND MANAGE THE M&E SYSTEM

Currently, the partnership in the field of M&E has two levels - formal and operational. The formal level is institutionalized at the M&E IWG level, the current composition of which was approved in 2016. During the existence of the M&E IWG, three formal meetings were held. Recognizing this, the specialists from the PHC M&E Center have organized less formal work in the field of strategic information based on temporary advisory groups formed on the basis of the expertise presentation rather than institutional affiliation. The partnership in the field of M&E was best formed at the national level, which was not reflected on the regional level.

WEAKNESSES

- Over the past two years, the use of partner information tools, such as informing the public and publishing the National Program and M&E Plan results, has been disorganized due to long-term structural changes occurring in the period of PHC establishment.
- A substantial verticalization is still inherent to the health care monitoring systems for HIV infection and STIs complicating the collection and analysis of data on co-infections, and understanding of epidemic specifics.
- Rethinking the place and role of the national M&E IWG is required.
- Constant leadership and support is required from the side of M&E partners to handle epidemic response in the facilities of State Executive Service of Ukraine (hereinafter SCESU). The issue of data quality of the imprisoned PLHIV, receiving treatment has remained acute for many years. Regular data reconciliation between regional AIDS services, penitentiary institutions and detention centers is rather an exception and, according to regional M&E centers' specialists, is carried out quarterly only in the Kherson region.

RECOMMENDATIONS

- It is necessary to restore the Public Health Center leadership in coordinating the activity on strategic information: syrveys, objectives and content of donors' projects, formation of methodological base, development of human resources potential, informing partners about the M&E results, HIV MIS implementation.

- PHC needs to work out and implement structural solutions that will allow to coordinate data flow management on HIV-related diseases, symptoms and conditions.
- M&E IWG should be reformatted to an expert group and created within Public Health Center. The practice of partner coordination in the field of strategic information should be continued through thematic "non-formalized" or "ad hoc" groups. It is recommended for such M&E groups to have a permanent coordinator (secretary) who would work on a fee basis being responsible for organizing work and communication within the groups, working with donors, if necessary, and communicating the results of thematic groups to a wide range of partners and decision makers.
- It is necessary to work out the M&E interaction plan between public health services and executors of HIV/AIDS prevention, care and support programs. On the other hand, it should be foreseen that the findings of Global Fund's grant programs are used in the field of the program monitoring on the developement the unified approaches to monitor the implementation of public health services at the expense of state or regional budgets.
- It is necessary to develop the Inter-sectoral plan on strengthening M&E measures to counteract HIV/AIDS, implemented by the SCESU through technical support and coordination with partners.
- It is necessary to take measures to restore and support human resources for M&E, implement collaboration protocols with other data exchange structures, provide data quality assurance systems, to maintain HIV and TB electronic databases, develop capacity of relevant facilities , and conduct epidemiological research.

COMPONENT 4. NATIONAL M&E PLAN

The National M&E Plan has developed: a list of subjects responsible for its fulfilment; the list of monitoring and evaluation indicators; basic and expected indicator values for the whole period of the mentioned National Program; methodology and frequency of relevant data collection. Regional M&E plans fully duplicate the list of indicators of the National M&E Plan.

WEAKNESSES

- The National M&E Plan for 2014-2018, due to the fact that it was developed in 2013, does not take into account the latest strategic information recommendations and does not address the challenges related to the formation of public health sector, does not contain indicators on monitoring the development and functioning of the M&E system in the field of HIV/AIDS.[5]
- Targets for indicators (although new targets for the period 2018-2020 were determined by the Government of Ukraine in March 2017), the set and structure of the indicators have not been revised since their approval.
- The M&E Plan (data collection, analysis, dissemination and usage) does not have executive budget, because M&E activities, though co-ordinated by the authorized government bodies - the MOH and the PHC, is financially supported not only by the governmental and local budgets, but also, substantially, via the funds of international technical assistance projects. Even the National Program for 2014-2018 contains only the funds of the Global Fund project for the M&E activities.

[5] Consolidated Strategic Information Guidelines for HIV in the Health Sector. WHO. May 2015

- The current M&E plan does not describe the roles and responsibilities of all M&E partners, including projects of donor assistance, UN organizations and institutions, scientific institutions of various forms of ownership and subordination, regional M&E centers, etc. The M&E Plan contains only (as an annex) the list of M&E IWG personnel, which may provide slight understanding of the range of specialists and organizations involved in its implementation.
- The current M&E plan does not formalize the scope of data dissemination and use. Such an activity takes place in accordance with the historically developed algorithms that use long - established tools.
- The current M&E Plan does not consider such component as M&E staffing - selection, support, training.
- The current M&E Plan does not include a research plan related to obtaining data on its indicators. The research necessity is described only by the indicators' passports. Frequency, their methodology is determined by other informal documents - methodological recommendations, research protocols within the framework of the projects of donor support[6].

RECOMMENDATIONS

- The next M&E Plan (national, regional) should take into account the basic concepts and recommendations on the indicators to formulate strategic information on HIV/AIDS and co-infections. Indicators should contain a logical frame for measuring the sequence of M&E levels (contribution, outcome, consequences and impact), and the situation ("know your epidemic"). The information flow proposed in new M&E Plan should correspond to the current public health structure, currently being developed
- Special attention needs to be paid to using data on epidemic development scenarios for programatic and strategic decisions making and organizing the effective response.
- The M&E Plan should provide a procedure for revising the indicators structure (if necessary) and their target values, updating or improving the data collection methodology.
- The M&E Plan should have the budget forseen for its implementation that would include the funds provided by the government and local budgets, donor programs and projects, etc.
- The M&E Plan should define the roles and responsibilities, terms of data collections and processing that would be effective for all M&E partners (not only for the public authorities and bodies)
- The M&E Plan should contain indicators for monitoring the development and activities of the M&E system in the field of HIV/AIDS (see Annex "Proposed indicators for monitoring the effectiveness of M&E system ").
- In the context of strategic information, the next M&E Plan should include the plan for data dissemination and usage.
- The M&E Plan should be accompanied by the plan for staff development/involvement in the field of strategic information.
- The M&E Plan should be accompanied by a research plan for strategic information acquisition; it should be budgeted and reviewed on an intermediate basis

[6] Methodical recommendations for conducting researches to monitor the response of the country to the HIV / AIDS epidemic / Balakireva O. M., Varban M. Yu., Dovbakh G.V. [et al.] ICF "Intern. Alliance for HIV / AIDS in Ukraine ". - K .: 200 yu - 96 p.

COMPONENT 5. ANNUAL, COSTED, NATIONAL M&E WORK PLAN

Historically, the funds for data acquisition for the indicators calculation, in particular in the framework of research, as well as measures for national and regional M&E systems development were budgeted in donor programs and projects only. The public sector efforts engaged at different levels have not been calculated and planned, since data collection, their processing and reporting is an intergral part of functional duties of specialists who occupy budget positions.

WEAKNESSES

• The national program does not contain the category of expenses such as monitoring and evaluation costs, while the cost range for the monitoring and evaluation component in donor budgets varies from 2 to 5 percent.

RECOMMENDATIONS

- The next M&E Plan should contain, as a mandatory component, the annual costed working plan on the M&E Plan implementation, which determines the responsibilities of all partners involved in the M&E Plan implementation, the timing of implementation, necessary and available funds.
- The Public Health Center should be responsible for coordination of the M&E Plan development and implementation, and, in particular, should develop an internal algorithm for the preparation and execution of costed work plan that would determine the roles and responsibilities of the executors, the terms for data collection and summarization within the M&E Plan implementation.

COLLECTION, ANALYSIS AND DATA QUALITY

COMPONENT 6. COMMUNICATION, ADVOCACY AND CULTURE FOR M&E

COMMUNICATION. We can note that communication un the M&E sphere occurs due to the leadership of public sector as well as, with significant stimulation of such exchanges, by international and non-governmental partners. The most regular is the communication organized by the PHC through its web site and communication with stakeholders on key M&E events associated with the annual international AIDS reporting.

WEAKNESSES

- Currently, communication continues actively between specialists in the field of HIV/AIDS, and may be incomprehensible for the professionals working in other areas.
- There is a need to establish the feedback coomunication between the Ministry of Health (PHC) and the executive partners of the National Program concerning its annual implementation status. Program reporting on the National Program implementation is not made public, is not discussed and is not taken under consideration as the basis for review of measures or target indicators.
- Implemention of the Fast-Track Strategy of UNAIDS is not accompanied by periodic data communication.

RECOMMENDATIONS

- Communication of M&E data on HIV/AIDS in the context of transition to a public health component should change. Communication should be strategic, in its form and content, be accessible to all public health professionals, partners, and take

into account the peculiarities of perception and formation of managerial decisions
- The Public Health Center should introduce a practice of annual public review of the results of implementation strategies to counteract HIV/AIDS, and accumulating propositions on the revision of program measures or strategic approaches based on program reporting data and the M&E Plan implementation.
- Communication should become the routine practice in the framework of achieving the Fast-Track 90-90-90 goals to which the country has joined. The cascade data should be made public on a regular basis to become the real management tool to epidemic response, rather than a static annual reflection of existing situation. For these purposes the existing, but improved, National SI Portal can be used.

ADVOCACY. The National program envisaged a number of the M&E measures, but without planned financing from the government budget. It means, that the institualization of M&E component and government responsibility for its coordination and implementation is not reflected strategically.

WEAKNESSES

• In fact, the absence of a costed M&E Plan (at least according to the needs) makes the M&E activites realization (research, analytical reports, staff training, data dissemination) dependent upon the donor funds and hinders the systemicity of the measures.

RECOMMENDATIONS

- The Public Health Center should ensure the legal capability of the M&E system institualization through the operational policies development (rules, regulations, instructions, guidelines, plans, administrative standards) and the annual budgeting of the M&E Action Plan, with clear definitions of responsibilities of all partners involved in the implemention of M&E Plan, execution terms, necessary and available funds.
- The M&E advocacy activities should be aimed at informing the decision makers and creating conditions for raising awareness of existing issues of M&E in society, within government agencies, public and international organizations.
- In order to strengthen the position of M&E advocacy, the Public Health Center should develop the M&E advocacy plan with certain measures and priority areas.

CULTURE. According to experts, a common feature of both national and regional levels is that M&E specialists are, at a significant rate, involved in a preparation of information for "requests" from the MOH and the executive authorities. This information or analytics does not become a property of other institutions and organizations that could be used for decision-making, since it is generally not disclosed. At the same time, the culture to use data for decision-making is only beginning to emerge in the regions, and this approach is used mainly by M&E centers' specialists involved in donor projects implementation.

WEAKNESSES

- At the regional level, the culture of using M&E data for planning and budgeting is only emerging. There are certain examples of decision-making based on data, but this practice has not been yet achieved or gained widespread adoption.
- There are no standards for interpreting data, no work has been organized on the formation of culture to work with data, in particular, by creating conditions to deal with data request.

- The projects implemented through the PEPFAR and the Global Fund donor assistance programs produce quite a substantial amount of data on the coverage of key groups and PLHIV by various programs, however, this data is not a part of the routine data circulation, especially regarding the contribution of such programs to the achievement of Fast-Track 90-90-90 goals.
- Approaches to assessing the HIV epidemic are changing rapidly, but the routine indicators collected within the monitoring are not reviewed. The collection and preparation of additional data on request often requires a lot of significant additional effort.
- The M&E specialists devote much of their time to the preparation of additional data, reference and analytical materials upon request, which requires additional effort, and is largely due to the lack of open standard analytics concerning the epidemic status and response parameters in terms of change and impact.
- Despite the existence of specific examples of data visualization methods for reporting information to target groups in the regions, the M&E data communication has not become a part of the M&E culture at the regional level. In addition to the lack of tools and low skills of information communication, the administrative subordination of M&E centers to the medical institutions impedes their work (with few exceptions).

RECOMMENDATIONS

- Since the National Program development regulations may limit the strategic information policy and strategies reflection, it is better to describe that in the Strategic Information Plan. Taking into account the prospects of public health introduction in the country, such strategies and policies should meet main approaches of public health and be governed by the advanced recommendations for SI – information channels integration, strengthening of analytical component and guidelines production for strategic decisions making. Such approach should be applied at all SI levels and sectors.
- Public sector should more actively attract the data obtained within the projects of donor support (PEPFAR and the Global Fund), and these data should be published periodically.
- In connection with changes in the approaches to the HIV infection epidemic assessment, the collected routine indicators should be reviewed and the formation of requests for such data should be adjusted.
- Aimed at broad use of HIV/AIDS data for decision making, the approaches should be introduced for their presentation in comparison with socio-demographic indicators and behavior.
- It is necessary to continue taking measures to ensure access to key data. The most felicitous form would be to have a specific electronic platform that provided channels for informing the decision makers, public health professionals, donors, and the public.
- The proactive role of the M&E specialists in the dissemination and use of strategic information will be facilitated by their inclusion in a public health system, where their activities will be aimed at fulfilling its basic directions.
- Public Health Center needs to build up the methodological recommendations on the modern methods of communicating strategic information and stipulate organization of information dissimination for decision makers in order to form their understanding of the content and neediness of strategic information.

COMPONENT 7. ROUTINE PROGRAM MONITORING

In this eassessment we take into account such treatment programs as antiretroviral therapy (ART); prevention of mother-to-child transmission of HIV (PMTCT); prevention of HIV infection among vulnerable groups, PLHIV care and support.

TREATMENT (ART)

The cascade monitoring results, the percentage of ART coverage is a powerful tool for advocating access to treatment. At the same time, the monitoring of treatment outcome through individual data collection on viral suppression level has not yet been established, since the introduced HIV MIS does not have a linked laboratory module yet.

WEAKNESSES

- The treatment monitoring data are not collected by medical statistics bodies. It is, actually, official statistics that is accumulated only in the verticalized system of HIV infection treatment that is subordinated to the PHC.
- The regulatory requirements to paper-based information: medical records, report forms are not cancelled with the introduction of HIV MIS that leads to overburdening healthcare specialists with work, including the M&E experts. The need of data conversion from a paper-based format requires more efforts in data quality assurance – their completeness and authenticity at all stages of aggregation and reporting.
- HIV MIS is still operating in the piloting mode
- The regulatory requirement for separate accounting of goods and materials leads to overburdening the preparation of reporting data, hence, the reports on ART are formed with the consideration of different funding sources.
- The great volume of patient information needed to be entered during the transition to HIV MIS, supposes the involvement of experts from the M&E centers. That almost neutralizes their role in the system of data quality assurance.
- Evalution of treatment effectiveness (level of viral load) - as the level of impact - is not yet based on each patient treatment outcome. However, the "cascade" construction at the national level and in the regions, extrapolates the obtained results, collected at a certain period of time, to the entire dispensary group of patients receiving APT.
- Monitoring of treatment program in the institutions of State Criminal Execution Service is complicated by the following factors: the lack of patients' electronic records (HIV MIS has only piloted in penitentiary institutions in Vinnytsia region); the lack of a data verification system at all stages of data capturing and reporting. It is impossible to supervise the program monitoring by "civilian" specialists due to the isolation of the medical system from the public sector.

RECOMMENDATIONS

- Advocacy for the inclusion of ART program monitoring into the nationwide medical statistics flow.
- Consider the neediness for an advocacy for a refusal of paper media as primary, to start with - for reporting forms (electronic generation, electronic signature, electronic mailing).
- The HIV MIS usage requires standardization as part of the E-Health system, and, preferably, Public Health Center acting as its administrator.

- The algorithms of treatment program monitoring and evaluation require adjustment at the national and regional levels with the consideration of HIV MIS capabilities.
- The Data Quality Assessment (DQA) requires institutionalization from all levels of data collection and aggregation, where the roles and responsibilities of M&E specialists will be clearly defined. Gained experience on data quality assessment (tools, methodological recommendations) should be reviewed taking into account the specifics of treatment monitoring with the help of HIV MIS.
- It is necessary to accelerate the introduction of personalized laboratory records on the results of the viral load determination, the linkage of such data with the patient card (through HIV MIS).
- The Public Health Center should undertake measures along with the Ministry of Justice of Ukraine on the coordination of ART monitoring activities: accelerate the HIV MIS introduction; develop and implement supervision algorithms and Data Quality Assessment of treatment monitoring in SCES facilities.
- Given the prospects of decentralization of treatment services (ART) provision and accordingly – the scope of service providers, that expand beyond the system of HIV infection response – design the data collection algorithms, training mechanisms, supervision of ART monitoring and data quality assurance.

MOTHER-TO-CHILD TRANSMISSION PREVENTION PROGRAM (PMTCT)

The monitoring of the PMTCT program takes place in accordance with the accounting-and-reporting which is regulated by the relevant orders of the Ministry of Health of Ukraine, in particular, by Order No. 612 of 03.08.2012 "On Approval of Primary Accounting Documentation Forms and Reporting on Monitoring the Activities of the Prevention of the Mother-to-Child Transmission of HIV, instructions for their filling ". In 2018, a significant step was taken to improve the quality of data on PMTCT and their linkage with HIV infection database. With the financial support of UNICEF, the development of the PMTCT database has begun, which may well become a linked HIV MIS module.

WEAKNESSES

- Harmonization of the data flow collected by the MOH (through the medical statistics authorities) and CPH.
- Paper-based data maintenance and reporting– there are problems with data completeness and authenticity.
- The regulations stipulate that data quality is assured through the accurate following of instructions; DQA is not institutionalized and is not a part of a routine monitoring of VTP Program. The data logical control or their check-up is performed in most cases during PHC mentoring or monitoring visits.

RECOMMENDATIONS

- Monitoring of PMTCT requires adjustment in compliance with the HIV MIS capabilities (module).
- Advocacy for refusals from paper-based information as primary means; starting with reports (electronic generation, electronic signature, electronic sending).
- Institutionalize and implement DQA in the field of PMTCT.
- Taking into account the prospects of decentralization of medical services provision, the pregnancy management by family doctors and, accordingly, - expansion of the scope of service providers beyond the HIV response system - to develop data collection algorithms, training mechanisms, supervision of PMTCT monitoring and data quality assurance.

HIV INFECTION PREVENTION AMONG VULNERABLE GROUPS

The HIV Prevention Program among vulnerable groups has been implemented in Ukraine since 2004 with the support of the Global Fund for counteract AIDS, Tuberculosis and Malaria. The main recipient responsible for prevention programs is the ICF "Public Health Alliance". Data collection system is vertical and computerized (SyrEX database). Since 2018, PHC has also taken upon itself the responsibility for prevention programs.

WEAKNESSES

- The data recording system in the prevention programs does not provide an option for HIV status recording based on information from clients that have already known their HIV status for long time, have been treated and do not require testing. Due to a lack of such data, it is difficult to evaluate, whether an annual detection rate of the programs is satisfactory according to the “first 90” objectives for medical surveillance.
- It is difficult to determine the connection of prevention programs with the treatment cascade at the individual level as the client recording is performed based on data depersonalization. This is seen as a significant obstacle to the exchange or aggregation of data with other accounting systems - HIV MIS and Case ++. Given the prospects of transition to the government funding and peculiarities of funds control, such coding shows little promise. However, the problem of the client personal data confidentiality and protection remains an issue to be addressed, also through the dialogue with patients. The Public Health Center has initiated the consideration of the issue for transition of coding based on personal (passport data).
- The data exchange at the level of regional programs is complicated because of the reporting verticalization. The NGO implemented the prevention programs often report random data during preparation of the regional reports concerning the National or regional programs implementation.
- The level of M&E skills is insufficient because of the high staff turnover in prevention programs

RECOMMENDATIONS

- The process of approach harmonization to the client coding and HIV status recording requires the state leadership and advocacy for qualitative monitoring of the cascade of service assurance and facilitation of HIV testing efficiency evaluation in the framework of the prevention programs.
- There should be developed approaches of prevention program monitoring incorporation into the monitoring of services within the public health system.
- The M&E Plan at the national and regional levels has to envisage the inclusion of the prevention programs monitoring system into the general system of data exchange.
- The prevention program coordinators should foresee online education tools that are more resource-efficient education models in comparison with trainings, and allows a repeated review of education modules (if necessary).

PLHIV CARE AND SUPPORT (CAS) PROGRAM

The CaS program has been implemented in Ukraine since 2004 with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The main recipient responsible for the CaS programs implementation is the Charitable organization "100% Life". The PHC in the framework of the Global Fund project has started, since 2018, the piloting of CaS services management.

Like the M&E prevention program, the data collection and reporting system is vertical and computerized (Case ++ database). It is possible to enter the unique SyrEX database code of the Public Health Alliance into the Case ++ database when the client is simultaneously using prevention services and CaS. The medical surveillance code is also recorded (the HIV MIS code). There is a standardized Data Quality Assessment system (called verification) at the program management level and at the level of performers.

WEAKNESSES

- At the level of regional programs the data exchange is complicated because of reporting verticalization during preparation of the regional reports concerning the National Program implementation. The NGOs often report random data.
- Data verification on the number of CaS programs clients receiving ART requires great efforts due to the incomplete use of HIV MIS on the sites.
- Limited possibilities to track the client's transition from the prevention program to CaS program (in the case of seroconvertion for HIV) due to the use of different approaches to client coding. And although the database of clients Case ++, maintained by the PLHIV Network, provides the entering of a client code of the prevention program, this practice has not yet taken on.
- The staff turnover in the CaS programs requires some permanent M&E training for all the service providers.

RECOMMENDATIONS

- The M&E Plan at the national and regional levels has to envisage the CaS monitoring system inclusion into the general data exchange system.
- It is reasonable to develop and institutionalize the data exchange protocols of the information systems between the ART and CaS programs within the cascade.
- The approaches should be developed toward the incorporation of CaS programs monitoring into the monitoring of services within the public health system.
- The prevention program coordinators should envisage online education tools that are more resource-efficient models than trainings, and allows a repeated review of education modules (if necessary).

COMPONENT 8. EPIDEMIOLOGICAL SURVEILLANCE AND SURVEYS

This component was implemented within a separate survey on the evaluation of the Epidemiological Surveillance (ES) System for HIV / AIDS in Ukraine, with the support of the SILab (CDC, PEPFAR) project. The list of Epidemiological Surveillance components that have been studied include the epidemiological surveillance evaluation based on medical statistics, ES by key groups, general population surveys and other ES components (TB surveillance, viral hepatitis surveillance, STI surveillance, special studies). The evaluation was conducted at the national and regional / local levels with the involvement of state, public and international organizations' experts in the field of surveillance.

According to the study results, a report was prepared, which presents the developed recommendations on improving and strengthening the capacity of the HIV/AIDS surveillance system for increasing the measures effectiveness aimed at the HIV epidemic spread prevention in Ukraine.

Given the reform of the health care system and the implementation of the Fast-Track 90-90-90 strategy, priority directions for strengthening the HIV/AIDS epidemic in Ukraine are the following:

- Elaboration of HIV/AIDS Epidemiological Surveillance as part of the public health system and part of Ukraine's commitments within the framework of the European integration process.
- Improvement of the legislative framework for HIV/AIDS ES and harmonization of approaches to the definition of HIV infection and AIDS, the terminology for surveillance purposes accordingly to the international standards - the changes to MoH orders on epidemiological monitoring, development and implementation of HIV testing strategies, Epidemiological Sureveillance guidelines, protocol for providing HIV testing services, procedures for determining and listing key groups for HIV infection, etc.
- Strengthening the laboratory system capacity to provide epidemiological surveillance functions - the optimization of laboratory diagnosis and the formation a reliable quality management system of HIV testing algorithms.
- Simplification of the reporting system and introduction of an electronic surveillance system based on seroepidemiological monitoring as part of the HIV MIS.
- Strengthening human resources capacity in the HIV/AIDS Epidemiological Surveillance system
- Ensuring a balanced information and communication strategy in the field of HIV/AIDS Epidemiological Surveillance.

COMPONENT 9. NATIONAL AND REGIONAL DATABASE

The M&E system in the field of HIV/AIDS is the most institutionally developed, small and has significant donor support. That is why it has been and is still possible to implement and improve the HIV MIS, which should become the tool of routine prevention program monitoring, treatment, care and support programs, as well as a source of surveillance data and strategic information on building a cascade of services. Also, the Ministry of Justice has started work on the formation of prisoners database for its implementation in SCES facilities.

WEAKNESSES

- Since the epidemic response system has been historically verticalized - databases are still verticalized, have little connection with the national system that is currently being implemented, E-HEALTH or with existing register E-TB Manager – it is necessary to elaborate some technical solutions that would harmonize these systems with preserving the data confidentiality.
- Three main HIV program databases and additional tools exist in parallel.

RECOMMENDATIONS

- In parallel with the completion of the HIV MIS deployment, it is necessary to start the standartization of its implementation (currently the system is implemented within the pilot process) and ensure the transition to industrial exploitation.
- It is necessary to standardize the HIV MIS as part of E-Health system, preferably with the manager – the CPH.
- It is necessary to standardize the algorithms of treatment programs monitoring and evaluation using the HIV MIS capabilities at the national and regional levels.
- During the HIV MIS full-scale implementation, it is important to ensure that database performs those functions that are currently undertaken by other electronic tools used by the regions (for example, the automatic formation of cohort cascades, etc.)

COMPONENT 10. SUPPORTIVE SUPERVISION AND DATA AUDITING

According to experts, the quality of data in the field of HIV infection in Ukraine is significantly higher than in other medical statistics fields. That is due to the long-term presence of donors who have set high reporting requirements. For many years, in the field of M&E HIV-infection the human resource potential has been formated and the practices in data verification developed.

WEAKNESSES

- Data Quality Assessment is not institutionalized: there are no formally approved instructions and tools, the assessment is not conducted regularly, usually on the regional experts' initiative. Its results are not documented properly.
- The funds from the governmental resources for the DQA visits are not allocated – the funds are used from the donor projects that support either one or another M&E activity.
  Regional administrations do not have a request for qualitative data, and, accordingly, the will and means for the verification conducting. Data collection is generally perceived as a necessary reporting condition. There is no understanding of the need for such work among the majority of healthcare facilities' leading physicians, where ART sites are located.

RECOMMENDATIONS

- Ensure the institutionalization of the Data Quality Assessment (DQA): the approval of methodological recommendations on the assessment procedures by the order of the Ministry of Health or by PHC letter of instructions for further transmission to the regions. Consider the possibility concerning practicability of the DQA tool deployment at the HIV MIS platform.
- During the SI Plan and annual budget plans development within the implementation of the next National Program for 2019-2023, the mentoring and monitoring visits concerning data quality with due regard to functions separation at the national and regional levels should be envisaged.
- In the short term, advocate the DQA support inclusion into the next SOPs (COP/ROP).
- Carry out work on the formation of quality data request in the field of HIV/AIDS counteraction and other aspects of health care from local administrations.
- Extend the practice of audit and data verification to other spheres of public health medical statistics.
- During the transition of HIV-infection prevention programs as well as PLHIV care and support programms into the field of public health management, the best pratices of GF prevention and care and support programs, as well as ITA projects of PEPFAR program in the sphere of supervision and DQA/data audit should be considered.

COMPONENT 11. HIV EVALUATION AND RESEARCH AGENDA

The research and evaluation agenda on HIV infection has traditionally been formed around the needs for data preparation to monitor the country's global commitments and to implement the National Program. The studies were conducted mainly using the donor funds, while the National Program only contains the studies list without reference on funding from the budgets of any levels. The Public Health Center during 2017-2018 resumed the systematic activity in the field of research and evaluation. Thus, it is foreseen

a gradual transition of bio-behavioral research coordination into the sphere of the PHC responsibility; there have been established PHC Commission on ethical issues, PHC Department on scientific research coordination; an expert-analytical component should be formed.

WEAKNESSES

- The list and topics of HIV research is not standardized - it is usually guided by the needs of the Global Reporting and M&E National Plans, or is formed on the basis of vision of donor projects or individual institutions. The public sector leadership (UCCD - PHC as the authorized bodies) remains weak in this area.
- HIV-infection research does not mostly touch the area of co-infections (TB, VH, STIs) and comorbidities (addiction). Global trend is not yet taking into account - the aging of the epidemic and the link with the main diseases causing deaths - oncology, cardiovascular diseases, respiratory diseases.
- Cost estimation is not a routine practice for regional and national M&E centers, it is conducted in the form of a study, therefore, it regularly requires large resources. At the same time, the collected data is not disseminated and used for decision making. It has been developed an instrument for estimating the costs as a component of the Strategic Information National Portal, but it does not function.
- The specialists of regional M&E centers, scientific institutions (except for the Institute of Epidemiology and Infectious Diseases named after L.V. Gromashevsky, NAMS of Ukraine) are not involved in the research agenda formation.
- There is no public funding for research and evaluations in the field of HIV / AIDS and coordination in this area.

he potential for organizing, conducting research and analytics is concentrated mainly at the "central level" among a limited number of donor projects and research agencies. The involvement of its individual experts in research conducted within the donor programs has not been transformed into institutional capacity in this area. Only recently, it was renewed the work on development of its own research potential that would, above all, permit to proffecionally develop a strategy and plan such activities.

- The National Program for 2014–2018 did not stipulate intermediate and final assessments. Such a role of the strategic objectives rethinking in the field of combating the epidemic has been played by the preparing process for GF funding request for 2018–2020, during which new tasks for achieving the Fast-Track 90-90-90 goals were set and the so-called Transition plan developed.
- As already noted, regional the M&E centers have pratically no ability to order or plan studies at the local level, since they are now part of the health facilities structure, for which such an item of expenditure is not provided. Such studies are carried out mainly on the donors initiative.
- Training in the field of research is mainly based on outsourcing - either on the basis of foreign scientific institutes, or in trainings involving foreign experts, or a limited number of national experts with expertise in evaluations and studies within donor projects.

RECOMMENDATIONS

- The PHC, the national partners should conclude a framework (list) of mandatory studies and assessments which have to generate the evidence base for HIV decision making, provide qualitative data for reporting on Ukraine's international commitments. The PHC should be responsible for the development the criteria for

prioritizing research and evaluation to generate the strategic information in accordance with WHO recommendations.[6]

- The Public Health Center together with national and international experts, should incorporate the areas of co-infections (TV, VH, STIs) and associated diseases (dependence), aging into the scope (list) of compulsory research.
- The PHC should revise and update the recommendations and meaures plan for strengthening research management potential that was made during the 2014-2015 assessment. Such measures should be included in the National Program for 2019-2023 or put into the plans of ITA projects in the absence of state fixation.
- The PHC should establish an expert research group that would provide technical support to its specialists, assist in the coordination process.
- For the PHC, it is recommended to finalize (if necessary) and place the cost assessment product on the National Strategic Information Portal and conduct trainings for regional and national specialists on the tool usage. Regularly disseminate assessment results through the Portal.
- The PHC should set up the process for establishing a research and evaluation depository that would include protocols, data sets, analytical reports and other research materials.
- The PHC and the partners need to plan and advocate the public funds allocation (national and local budgets) for conducting research which will be included in the list of mandatory research.
- The interim and final assessment should be considered while planning the National Program for 2019–2023.
- The PHC and the partners should provide the development and institutionalization of training modules in the field of research and evaluation for M&E specialists while planning the National Program for 2019–2023 and the projects within the framework of the ITA.

USE OF DATA

COMPONENT 12. Data dissemination and use

The research results are disseminated by most partners quite actively and usually through several channels simultaneously. At the same time, according to experts, a large amount of data collected is not submitted to the general public, but is used to prepare the applications for projects.

WEAKNESSES

- The current M&E Plan does not contain formal algorithms, regulations, a list of data exchange participants and data users.
- Strategic information produced at the national and regional levels is not included into the mandatory indicators list. Data collection for such information and preparation requires more efforts. It also does not contribute to the wide dissemination of this data, and is used only by a narrow circle of specialists.
- M&E specialists in the regions receive a large number of urgent requests from local administrations. It takes a lot of time for its preparing; the information is not disseminated among experts, and is sent only in response to a request, and mostly is neither distributed nor used.
- Thematic analyzes that would attract the attention of specialists, decision makers or the population to the monitoring key indicators are not published. For example,

there is no periodic infographic about the cascade of services dynamics within the framework of "90-90-90".

- For the dissemination the strategic information - the Public Health Center and regional centers (with exception - Dnipropetrovska and Odessa oblasts, Kyiv) use a static view of information. Regional bulletins replicate the format and approaches of the national HIV newsletter.
- The national SI portal should be a tool for the strategic information disseminating, as well as on-line platform for M&E education, but the resource is not updated since the beginning of 2017.
- Information is traditionally disseminated among the specialists in the field of HIV/AIDS and does not cover the epresentatives from other public health spheres.
  In the regions, M&E data is still treated as reporting, not as information for making management decisions.

RECOMMENDATIONS

- The next M&E Plan should contain a component of strategic information dissemination - a description of the data dissemination algorithms, with the definition of levels, types, responsible institutions and organizations, dissemination tools.
- The public sector should coordinate the definition of the parameters and content of data dissemination regarding the Global Fund program implementation.
- The data should be disseminated from the national level to regional, have dynamic modern appearance, contain target analytics and “correct messages”.
- The methodological materials should be developed with the criteria specification for materials to be disseminated: the analytical component, recommendations for visualization and formulation the correct messages.
- It is reasonable to review the indicators list in connection with new needs and approaches to HIV/AIDS data analysis.
- Examine the possibility of disclosing information that is being prepared upon request. The promulgation is possible by publishing the information in "M&E cabinets" on the SI National Portal.
- The public sector (MOH / PHC) should ensure the availability of the reports on the National Program implementation on their websites.
- It is worth, at regional level, to develop and disseminate the approaches to the preparation and presentation of information, taking into account the different target groups needs.
- It is worth reviewing the content and management of the National Portal of SI, ensuring its continued functioning (finances, human resources, partnerships).
- The PHC should ensure the work coordination on timely data collection from partners and funding (budget, donors, partners) for routine filling and updating of data.
- It is necessary to study the needs and interests of the representatives from other public health spheres and disseminate information on HIV, taking into account the specificities of these target groups.
- It is advisable to carry out the work on formating the request for qualitative data in the field of HIV/AIDS counteracts and other healthcare aspects from local administrations.

Annex

Proposed indicators for monitoring the M&E system effectiveness

Description	Unit of measure	Disaggregation	Frequency of collection
Completeness of indicators	indicators	territory, key groups	twice a program
Reviews of the M&E system	number of reviews	N/A	twice a program
Presence of a unit/authorized person responsible for M&E HIV-infection at the regional level	number	N/A	annually
Number of filled staffing units responsible for M&E at the regional level	number	N/A	annually
Expenditures on the implementation of the annual plan of M&E activities	UAH	government funds / donor funds	annually
Percentage of regions that are preparing routine reporting on the ART program using HIV MIS	number	N/A	annually
Percentage of measures (annual) of the M&E Plan, for which the public sector is responsible.	%	N/A	annually
The National Portal for Strategic Information on HIV/AIDS and HIV/TB is functioning - conventional name	yes/no	N/A	annually
A collaborating review of the National Program implementation of the on M & E data is held: intermediate; final	yes/no	N/A	annually

NOTES