

Advocacy Strategy in the Field of HIV and Tuberculosis Counteraction within the Framework of the Project Implemented by Ukraine with the Support of the Global Fund to Fight AIDS, Tuberculosis and Malaria For 2021-2023

ANNOTATION

HIV/TB Advocacy Strategy in Ukraine (hereinafter referred to as the Advocacy Strategy) was developed to create long-term impact tools to carry out the tasks and achieve the objectives set by the national policy on HIV/TB counteraction, diseases that cause the most significant negative socio-demographic and economic impact. In particular, the Advocacy Strategy consolidates the activities and is formed in accordance with the objectives of the State Strategy in the field of HIV/AIDS, Tuberculosis and Viral Hepatitis until 2030, approved by the Order of the Cabinet of Ministers of Ukraine dated November 27, 2019 No. 1415-p, the Strategy for Comprehensive Response to Human Rights-Related Barriers to HIV and TB Prevention and Treatment Services until 2030 (hereinafter – Strategy for Comprehensive Response to Human Rights-Related Barriers) and the Strategic Plan for Comprehensive Response to Human Rights-Related Barriers to HIV and TB Prevention and Treatment Services for 2019-2022 (hereinafter – the Strategic Plan), which were adopted at the meeting of the National Council on TB and HIV/AIDS dated May 23, 2019. The Advocacy Strategy takes into account the trends of the Plan for the Transition of HIV/TB Programs/Services from Donor to State Funding, the National Strategic Plan on the Elimination of COVID-19-related Risks, aimed to ensure the continuity of HIV services, and the National Strategic Plan on the Elimination of COVID-19-related Risks, aimed at providing the continuity of anti-TB measures.

Also, a number of important events have taken place in the country, which allow to re-actualize the human rights issues in the field of HIV and tuberculosis, namely:

- An agreement on providing Ukraine with funding within the framework of Global Fund to Fight AIDS, Tuberculosis and Malaria (hereinafter – GF) for the implementation of the project "Gain momentum in reducing TB/HIV burden in Ukraine" for the period 2021-2023 was signed (hereinafter - the Project), where respect for human rights is seen as one of the key areas;
- Ukraine supports the activities of the Global Partnership for action on all forms of stigma and discrimination related to HIV;
- The Charitable Organization "100% Life" (hereinafter – CO "100% Life") with the support of international donors conducted an important study on Stigma Index of people living with HIV in Ukraine for 2020;
- Significant mid-term assessment of programs to address HIV-related human rights barriers was conducted with the support of the GF.

The Advocacy Strategy was jointly developed with the Primary Recipients of the GF grant, namely the State Institution "Public Health Center of the Ministry of Health of Ukraine" (hereinafter – the Public Health Center of the Ministry of Health of Ukraine), the CO "100% Life" and the International Charitable Foundation "Alliance for Public Health" (hereinafter – ICF "Alliance for Public Health"). The Strategy covers the entire period of the project realization until December 31, 2023. It is planned that the plan of the Advocacy Strategy will be revised at the end of each year to monitor the implementation of indicators and make adjustments to further measures depending on the current situation, existing challenges and the amendments in key legal documents.

PURPOSE OF THE STRATEGY

The Advocacy Strategy is aimed to promote the achievement of Global Goals (UN Sustainable Development Goals), implement the main goals of the current GF project in Ukraine and the Strategy for Comprehensive Response to Human Rights-Related Barriers to HIV and TB Prevention and Treatment Services for 2019 - 2030,

by strengthening/improving the quality, efficiency of the implementation of appropriate communication, argumentation, proposals preparation, the use of instruments of the state, administrative and international influence as provided for by law on the principles of transparency, relevancy, ethics and constructiveness. HIV/AIDS, TB, and co-infections are the main burden of communicable diseases in Ukraine that directly impact the deterioration of life quality and expectancy and cause serious health consequences, disability, and premature mortality. They also lead to the occurrence of a number of opportunistic infections and conditions, which, in general, determines one of the important goals of health care – to appropriately counteract the spread of diseases. The COVID-19 pandemic and other pressing public health challenges expose the existing inequalities and disproportionately affect people who are already criminalized, marginalized, and living in poor financial conditions, often outside traditional social and legal protection mechanisms. Following the Resolution of the Cabinet of Ministers of Ukraine dated July 22, 2020 No. 641 "On the Introduction of Quarantine and Enhanced Anti-Epidemic Measures in the Territory with a Significant Spread of Acute Respiratory Disease COVID-19 Caused by SARS-Cov-2", Ukraine introduced quarantine measures in all country's regions to maximize resource mobilization and public health protection. The activities to combat the spread of COVID-19 included (i) the combination of preventive non-drug measures, namely: home isolation, the social distancing among older adults, restrictions on visiting certain public areas and institutions; (ii) strengthening of the potential of healthcare facilities' to provide the needed care; (iii) testing for situation assessment, collection of relevant data; (iv) formation of the State Stabilization Fund for operational procurement of medical equipment; (v) increase of wages to physicians directly involved in the COVID-19 response; (vi) acceleration of customs clearance procedures of all necessary means required to ensure the timely response to the COVID-19 pandemic, etc. Given the Government forecast "On Approval of the Main Forecast Macro Indicators of Economic and Social Development of Ukraine for 2020", which was revised and approved by the Resolution of the Cabinet of Ministers of Ukraine dated March 29, 2020 № 253, it has become apparent that the slowdown in the development of the world economy and the resulting drop of the world's prices on the main domestic exports, as well as the strict preventive measures taken by Ukraine to limit the spread of COVID-19, gave enough grounds for the Strategy's revision.

There is currently no evidence that people with HIV and/or TB and vulnerable populations are more susceptible to COVID-19 infection or the development of a more severe disease course. However, we must also consider the overall psychological pressure, the tension transmitted through media and the general atmosphere created by the quarantine-related measures, and understand the impact of the listed on the most vulnerable groups. Unfortunately, the problems caused by the COVID-19 pandemic affect the entire health care system and, in particular, people living with HIV/TB and other communities. Patients face the challenge in getting access to the healthcare system and receiving services in healthcare facilities, which sometimes are forced to stop providing testing and other preventive services due to quarantine restrictions.

Despite the uncertainty regarding the end of the COVID-19 pandemic and its consequences for the public health sector, Ukraine should form a clear strategy in the field of advocacy and rights protection. The key approaches to the work performed during the announced in Ukraine quarantine period include (i) maintaining the possibility to receive services by the representatives of the key groups provided in compliance with all necessary safety measures and advocate for ensuring access to such services; (ii) adapting and reformatting of those activities that are impossible or difficult to implement due to the quarantine restrictions introduced in a particular territory or at the national level (such as the conduction of online seminars/trainings, remote counselling, etc., drugs delivery by mobile outpatient clinics, increase in capacities of specialized hotlines). All the stated approaches require immediate action from all primary recipients of the GF in Ukraine.

Significant investments made in the provision of measures addressing these diseases by the Government, cooperation with international providers of technical assistance, the efforts put into the development of the healthcare system and a high level of civil society involvement, in particular NGOs as well as civil and charitable organizations indicate the significant progress in consolidated response demonstrated by Ukraine. However, as the experience shows, the lack of a shared vision of all the main stakeholders as well as coherent

common strategy on advocacy and human rights activities leads to the fragmentation of activities, a decrease in the effectiveness of national and regional program activities, improper use of existing material, administrative and intellectual resources and negatively impacts the implementation of activities directed at the removal of institutional, cultural and social barriers. All of these, qualitatively restrict the country's progress toward the achievement of the UN Global Sustainable Development Goals, the Political Declaration on HIV/AIDS "On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030", the target indicators for TB elimination by 2035, defined by the WHO strategy "The End TB" and other global goals related to the universal access and the right to health care (hereinafter – the Global Goals).

TARGET AUDIENCE OF THE STRATEGY

The concept of the target audience of the Advocacy Strategy is formed on the basis of two vectors of influence and includes advocacy subjects and beneficiaries.

Subjects of advocacy activity

The subjects of advocacy activity are the institutions, organizations, associations, their subdivisions, and specialists that have the capabilities and functions to directly influence decision-making, which are the focus of the Advocacy Strategy. Interaction with the mentioned objects demonstrates an effect that is potentially justified, given the available advocacy resources and opportunities.

List of the main objects of advocacy activity:

1. Central executive bodies, including the Cabinet of Ministers of Ukraine, the Ministry of Internal Affairs of Ukraine (and subordinate bodies of the National Police of Ukraine, State Migration Service of Ukraine), the Ministry of Reintegration of the Temporarily Occupied Territories of Ukraine, the Ministry of Defense of Ukraine, the Ministry of Education and Science of Health of Ukraine (and subordinate bodies of the National Health Service of Ukraine, the State Service of Ukraine for Medicines and Drug Control), the Ministry of Finance of Ukraine, the Ministry of Justice of Ukraine, the Ministry of Social Policy of Ukraine and others;
2. Verkhovna Rada of Ukraine, its specialized committees, the Secretariat and other working bodies;
3. Local entities and authorities, i.e., territorial communities, village, township and city councils and their executive bodies and leaders, district and regional councils representing the common interests of territorial communities, self-organization bodies, group of people's deputies;
4. International organizations and institutions, including the World Health Organization, the Joint United Nations Program on HIV/AIDS, UNDP, the United Nations Office on Drugs and Crime, the United Nations Children's Fund, the World Bank, the GF and others;
5. Stakeholder institutions from amongst health and education facilities, social security institutions, other budgetary establishments, etc.;
6. Non-governmental organizations, individuals, experts and specialists in the field of combating HIV, tuberculosis and viral hepatitis, human rights protection, advocacy, representation of vulnerable groups and groups at higher risk for HIV infection, etc.;
7. Socially responsible business;
8. Mass media, public and media, leaders of public opinion;
9. Separate social, cultural, ethnic groups and religious communities;
10. General population of Ukraine.

Beneficiaries of the Advocacy Strategy may include, but are not limited to:

1. Key populations are the groups of people, their partners and networks which, given certain behavioural practices, physical, physiological and other conditions, have an apparently higher risk for HIV, viral hepatitis or TB infection (including people who use drugs, men who have sex with men, sex workers, transgender people, detainees, etc.).
2. Patients, individuals in need of treatment, their partners and their networks, including people living with HIV, viral hepatitis, people with TB, clients of opioid substitution therapy programs, etc.
3. Affected communities, the groups of persons united and related to each other through a certain structure, shared aims and activities, who benefit from the implementation of the Advocacy Strategy's tasks.

STRATEGY OBJECTIVES

- 1) Achieving a high political commitment at the level of responsible government bodies and decision-makers.

The lack of political commitment can affect the achievement of the Global Goals and the GF Project objectives due to insufficient funding of programs and activities, slow process of reforms implementation and approval of strategic norms, endless bureaucracy and formalization of program management and monitoring, etc.

The main interventions aimed at achieving this objective are the following:

1. Implementation of the institutional changes that will not lower the priority in achieving the Global and GF goals regardless of the political and economic situation and decision-makers.
 2. Creation of the groups and teams of agents of change, i.e., individuals committed to achieving the GF grant objectives, endowed with the appropriate authority, experience and tools.
 3. Ensure the GF grant objectives presentation, on behalf of the Government, as a national priority of public policy and international obligations.
 4. Ensure the inclusion of activities and programs on achieving the Global Fund grant objectives into the local/regional programs, activities and the awareness by the local leaders of their responsibility for proper programs' implementation and financial support.
 5. Ensure the consolidation of responsible parties' efforts, accountability and mutual liability to achieve the GF grant objectives.
 6. Ensure the key role of the central state (and local) funding of activities and programs, including but not limited to key populations prevention programs and human rights programs aimed at achieving UNAIDS societal enablers targets.
 7. Ensure the transparency in decision-making, informing about the progress of program activities, successes and problems in achieving GF grant objectives.
- 2) Elimination of existing policy and legal barriers that restrict access to relevant services or are seen as drivers of stigmatization and/or discrimination of beneficiaries.

The policy and legal environment may enable or create barriers and obstacles to achieve the Global Goals and GF grant objectives, and requires special attention and advocacy directed at ensuring proper and unhindered access to quality services based on non-discrimination and equal opportunities that will become possible only if all the stakeholders are involved at different levels, and meaningful, consistent actions are taken.

The main interventions aimed at achieving this objective are the following:

1. Eliminate regulatory and normative barriers that contribute to the criminalization of drug users, sex workers, men who have sex with men, people living with HIV, etc.

2. Create equal opportunities to realize the right to health, rehabilitation and resocialization among key populations in need, including persons in detention.
3. Eliminate legal and organizational barriers to the fulfilment of social, labour, reproductive and family rights of beneficiaries, including the right of access to reproductive technologies, adoption, etc.
4. Development of systems to ensure confidentiality and reliable protection of personal data;
5. Providing support systems and activities to identify, register and respond to discrimination cases and other rights violations of key communities' representatives, provide free legal aid and set favourable precedents to protect the rights of people living with HIV, with TB and key populations.
6. Community-led monitoring of barriers to accessing services, human rights violations and access to redress, human resources (using online technologies – DataCheck, OneImpact, REAct, etc.).
7. Carrying out information campaigns focused on key populations and communities to ensure their equal knowledge and access to relevant rights and freedoms.
8. Training and informing health workers, law enforcement officials and other entities to ensure the unimpaired implementation of programs on combating HIV/TB, compliance with the rights of recipients of relevant services.
9. Using the systemic capabilities of the REAct component concerning identification and response to cases of violations of the rights of key communities' representatives to ensure further joint comprehensive response to the existing barriers to the rights to access to HIV and TB prevention and treatment services.
10. Promote the development of innovative, evidence-based models for organizing and delivering services on the basis of the best international practices.

3) Bringing services closer to the Advocacy Strategy's beneficiaries, applying a person-centred approach and continuous development of disease prevention, diagnosis and treatment programs contribute to the growing demand for these services, strengthening of trust in service providers, and consequently, achieving global goals.

The main interventions aimed at achieving this objective are the following:

1. Provision of patients' access to the latest and high-quality drugs, ensuring the continuity of medicines delivery to patients.
2. Elimination of barriers for patients' access to services caused by quarantine-related measures and other restrictions.
3. Expansion of the institutions' network providing the relevant services and promotion of specific services at the community level through a pharmacy network, etc.
4. Liberalization and improvement of legislation on the legal circulation of narcotic drugs, promotion and simplification of activities related to the distributions of such drugs in primary health care facilities and pharmacy networks.
5. Promotion of early detection and initiation of HIV, HCV treatment and the use of opioid substitution therapy.
6. Promotion of the development of outpatient TB treatment models.
7. Promotion of the development of integrated services and effective interaction (referrals) between health care facilities and their cooperation with non-governmental organizations.
8. Elimination of the barriers, connected with access to medical services, between civil and penitentiary healthcare facilities and ensure the principle of equal and continued access to services for both sectors.

4) Development of human resources and professional communities.

Human resources development for the Advocacy Strategy includes both capacity building up and raising community awareness of their effectiveness in protecting their rights and freedoms, and also making a significant impact on policies and cooperation with individual professional associations, that can potentially impact the achievement of the GF grant objectives.

The main interventions aimed at achieving this objective are the following:

1. Training and informing of beneficiaries on the effective realization of their rights and freedoms, the usage of practical tools of influence, self-organization and implementation of measures related to the achievement of the Global Goals and GF grant objectives, including hotlines, informational materials (community based and created by professional experts).
 2. Involvement of beneficiaries and ensuring their meaningful participation in national and regional coordination instruments, advisory and working groups, supervisory boards, etc.
 3. Preparation and establishment of legal and crisis advisers' network and communities mobilization to respond to the violations of beneficiary rights and crises (paralegal networks).
 4. Training, communication and awareness-raising among professional associations, such as public health, law enforcement, teachers, members of the armed forces, the staff of penitentiary facilities, etc.
- 5) Public awareness and prevention of grassroots level discrimination against beneficiaries of the Advocacy Strategy.

Low level of understanding of HIV, viral hepatitis, tuberculosis and opioid substitution therapy (OST) issues, as well as stigmatization among the general population, hinder the effective achievement of the Global Fund grant objectives and cause negative attitudes towards beneficiaries, which in turn leads to the violation of rights, social exclusion, self-stigmatization and formation of discriminated groups among general population.

The interventions aimed at achieving this objective are the following:

1. Implementation of information campaigns aimed at raising awareness of the general population.
2. Allocation of resources and financing of social campaigns, social advertising, etc.
3. Development and distribution of training materials to the public.
4. Undertaking research and collection of information regarding the attitude of the population toward the problems defined in the Advocacy Strategy.
5. Support investigation of high-profile cases and cases of discrimination and dissemination of relevant information with due safeguards to personal data security.

IMPLEMENTATION

One of the main tools for oversight of the Advocacy Strategy is the activity of the Working Group on the coordination of the implementation of the Strategy for a comprehensive response to human rights barriers and the corresponding Strategic Plan. The Working Group is well positioned to coordinate, within the framework of the priorities list, further approval of the annual plans for the implementation of the Advocacy Strategy realization, and their enforcement. An annual evaluation of the Strategy implementation along with a report for the Working Group at the SI «Public Health Center of the Ministry of Health of Ukraine» is envisaged.

The established Working group, which will include the GF's primary recipients, will also be responsible for the realization and monitoring of the plan implementation on a quarterly basis. If necessary, the monitoring

of the annual plan implementation may be initiated at the Working group request. The strategy consists of several documents: the descriptive part, work plan and training plan. Two of these documents have a three-year period of realization with the annual revising and updating, and are planned to be updated throughout the Project implementation timeline. The Working Group members' work will be coordinated in a timely manner both through the face-to-face or online meetings and the existing communication platforms: meetings of the working groups of PHC and the Ministry of Health; meetings of the National Council on HIV/AIDS, etc.

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