The actual questions of HIV/AIDS prevention in vulnerable groups. Ukrainian Family Planning Association experience

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The Current Situation

HIV/AIDS is rapidly increasing in Ukraine: among Commonwealth Independent States and other European countries, its HIV transmission rate is second only to Russia’s. Significant facts include:

- Since 1987, over 44,500 individuals have been diagnosed with HIV/AIDS in Ukraine. Experts estimate that 500,000 people—approximately one percent of Ukrainian adult population—are living with HIV/AIDS.
- In the last five years, HIV-infection has increased by 20%. Most of the infected people are between 20 and 39 years of age; about half are under the age of 25.
- Left unchecked, AIDS could become the second highest cause of death among adults by 2007; over 1.4 million people could be infected by 2010 in Ukraine.
- High rates of unemployment have forced some into dangerous and illegal activities in the shadow economy, especially survival sex. Women and youth are particularly likely to trade sex for money, food, and shelter, increasing their risk for getting HIV and other sexually transmitted infections.

Ukraine stands on the threshold of a nation-wide HIV/AIDS epidemic. Alarmingly, the number of reported cases of HIV infection in Ukraine has increased 20 times in the past five years yielding estimates of up to 500,000 people infected, approximately 1% of the adult population.

The UN General Assembly Special Session on HIV/AIDS noted in its Declaration of Commitment (June, 2001) the “very rapidly rising infection rates” in Central and Eastern Europe and the broader concern that “the potential exists for a rapid escalation of the epidemic”.

Though Ukraine is considered to be a low prevalence country, Ukraine possesses a high prevalence environment where the virus can spread rapidly, especially among young people.

At present, the vast majority of those infected in Ukraine are young people between the ages of 20 and 39.

If effective actions aren’t taken now, the number of HIV cases in Ukraine may reach 1.44 million by 2010.

The effects of such high prevalence could threaten or reverse much of the nation’s socio-economic progress since independence. Ukraine’s high prevalence environment was fostered by the socio-economic crisis of the last decade, which created conditions that facilitate the rapid spread of HIV. The social disruption accompanying economic collapse brought a dramatic increase intravenous drug use and a growth of the commercial sex business.
In 1995, a dramatic rise in HIV infections occurred as the primary mode of transmission shifted from sexual contact to intravenous drug use. Although intravenous drug use remains the primary mode of transmission, the spread of HIV to non-injecting drug users through heterosexual contact has risen dramatically from 11.3% in 1997 to 26.9% in 2001. Mother to child transmission of HIV has also been rising at alarming speed in the last few years from 2.2% in 1997 to 13.1% in 2001.

A nation-wide HIV epidemic in Ukraine can be prevented. Preventing an HIV epidemic requires the recognition of HIV/AIDS as a priority development issue; comprehensive scaling out and scaling up of prevention activities across the country and increased access to necessary life-prolonging antiretroviral therapies, care and support for those living with HIV/AIDS.

Ukraine has a comprehensive and notable national 1991 law, *On AIDS Prevention and the Social Protection of the Population*, that guarantees access to prevention and medical services, and protects the rights of people living with HIV/AIDS. The law lays a valuable groundwork for preventing new transmissions, treating persons infected with the disease, and protecting those concerned about their serostatus. However, both employers and workers are often unaware of the law, and few employers have implemented programs or policies around HIV/AIDS.

More recently, the National Commission on HIV/AIDS of the Cabinet of Ministers of Ukraine drafted the *Ukrainian National Program on HIV/AIDS Prevention for 2004 -2008*, which contains a clause addressing HIV/AIDS prevention in the workplace. Also, in 2002, Ukraine implemented a “General Agreement” among more than ten organizations, including the Cabinet of Ministers of Ukraine, the Ukrainian Employer Confederation, and the Trade Union Federation of Ukraine. This agreement includes funding for tuberculosis and HIV/AIDS prevention and treatment programs, and offers a system for agencies to develop educational partnerships and protect the rights of workers.

**Background**

Ukrainian Family Planning Association (UFPA) is the all - Ukrainian NGO working in area of reproductive health improvement. It consists of 21 regional sub–units covering almost all the Ukrainian territory. All of them are situated in the regional centers but mainly have own divisions on sub-regional level. Relating to the HIV/AIDS epidemics in Ukraine the prevalent UFPA work is devoted to the HIV prevention especially among the youth. During recent years UFPA and its divisions had performed the large number of projects and activities in the field. The projects were implemented by the non-governmental in partnership with the Ukrainian Ministry of Health, the State Centers of Social Services for Youth and the National AIDS Centers. In 1998, HIV/AIDS preventive efforts among vulnerable groups were stepped up
considerably in Ukraine, which led to a significant increase in the demand for skilled staff working in the field. UFPA had chosen this course for implementing by the regional divisions. Each region indicated main type of vulnerable groups to start working with. As the example for “Faith. Hope. Love” from Odessa and others Southern teams it were IDU and sex – workers, imprisoned and homeless for Eastern region, orphan houses and reformatories youth for the central regions, trafficking and sexual slavery survivors at the western part of the country and so on. The idea was to build models of effective prevention and access to these target groups. And then to exchange experiences and try to implement and extrapolate these projects up to the needs of each region in the future. The fund raising procedures were performed by the headquarter and by the regional UFPA partners. Sometimes funding was divided among the neighboring regions with the similar situations relating HIV/AIDS. I’d like to present some common features, suggestions ad conclusions from the different projects performed by UFPA in the field.

**Funding**

The main donors were the Soros Foundation, World AIDS Foundation, USAID, UNFPA, UNAIDS, British Council, Charity Now-How, The Open Society Institute, local business structures and others.

**Objectives**

The following objectives were defined:

- Mobilization of resources for the expansion, strengthening and further implementation of HIV/AIDS preventive activities in vulnerable groups (in particular injecting drug users and female sex workers, street children etc.);
- Conducting of informative methodological workshops for staff and volunteers of HIV/AIDS prevention GO and NGO, aimed at the exchange of information on best practice, the development of mechanisms for cooperation and the increased effectiveness of the projects;
- Increasing the knowledge of professionals with regard to working with vulnerable groups;
- Strengthening of intersectional cooperation in order to support the implementation of projects.

So in the target groups were representatives of governmental and non-governmental organizations from, as well as representatives of groups at risk.

The following groups are targeted:
• staff of non-governmental organizations working in the field of HIV/AIDS and drug prevention, reproductive health improvement etc.;

• medical and non-medical staff in public health institutions;

• staff of law-enforcement agencies;

• employees within the governmental social services;

• persons living with HIV/AIDS and the members of their families;

• family members of persons who belong to groups at risk of HIV/AIDS

• vulnerable groups representatives.

Training programs have been developed in accordance with the objectives of the National HIV/AIDS Prevention Strategy and the different International experience based recommendations, and focused on sharing Ukrainian and international experience in HIV/AIDS prevention among vulnerable groups with national experts.

They usually covers the following topics:

• intersectional cooperation;

• methodology of rapid assessment of HIV epidemics;

• design of responses on the basis of the assessment (e.g. production of information materials for, and their dissemination to, target groups, organization of needle exchange and condom distribution work);

• principles and approaches, and organization of work with vulnerable groups (e.g. outreach, working with volunteers);

• resource mobilization;

• monitoring and project evaluation;

• structure and preparation of funding proposals.

And many other particular questions on the topic. Training programs were based on the methodological recommendations of WHO on preventing HIV infection among risk groups, complemented by additional methodological recommendations and training modules based on national experience and developed by the trainers. The methodological modules were complemented by practical ones that test and apply knowledge obtained at project sites in different regions of Ukraine. Participants were usually provided with a package of information and training materials.
The courses were conducted by the team of trainers and leaders of the local preventive projects and a team of specialists from the regional health administration, the Department of Internal Affairs and a research institute, as well as representatives of groups vulnerable to HIV (injecting drug users and female sex workers). Among the participants of the courses were representatives of various governmental bodies and non-governmental organizations, who were working or were planning to work with population groups at risk of HIV. Governmental officials, law-enforcement staff, media professionals and health and counseling specialists, as well as representatives of vulnerable groups, were involved.

Besides the workshops lots of another educational and behavior changing techniques are used for direct access to the vulnerable groups. As an example of the outreach work with the target groups: services carried out from a bus, at the different locations of the town or region. Every week, the bus visits each location twice, enabling drug users to stay in contact with the team and to obtain a sufficient supply of clean syringes. The team is composed of two medical doctors, a nurse, a psychologist and five social workers, whose work is overseen by the medical coordinator. The project also utilizes the services of volunteers. The following services are provided: information and educational materials on HIV and STI prevention; outreach peer education for injecting drug users and female sex workers; distribution of sterile injecting equipment, disinfecting material and condoms; medical care, psychological counseling and referral to medical services; and pre- and post-test counseling and voluntary testing for HIV, hepatitis and syphilis. The outreach workers distribute information leaflets and condoms and educate drug users on HIV and other adverse health and social consequences of drug use, with the aim of stimulating safer injection habits and safer sexual behavior among this group. Another example of Harm Reduction - holding indoor seminars for injecting drug users twice a month, and both peers and the program psychologist provide counseling for HIV-positive injecting drug users. Besides documenting their work, the outreach staff monitor closely any new developments in local drug use, provides ongoing consultation by phone or e-mail, for example on how to choose outreach sites, manage outreach teams and work in a mixed team of active, former and non-injecting drug users.

Some regional divisions (for ex. Odessa) had founded special training centers aimed the vulnerable groups and experts education. The Training centers are basically well equipped with all modern technique and recourses. The library collects materials on the best international, national and local experience and HIV/AIDS prevention among injecting drug users published in Ukraine, CIS countries and overseas. These materials have been used to prepare the
comprehensive package of information and training material that is handed out to all participants in the training seminars.

Media policy of the UFPA in order to ensure the dissemination of information on the seminars and other activities of the work done by regional divisions and to raise awareness of HIV/AIDS among the general population and among vulnerable groups, developed a mechanism to involve the mass media. An information letter explaining its goal, objectives and activities was produced and sent to the major news agencies, and regional television and radio stations. This provided an opportunity for the management to establish contacts and links with the mass media. Regional journalists are informed on a regular basis of all events that take place in the field and the agendas of the seminars and are provided with detailed information on the specific topics to be discussed. This has encouraged many of them to meet with the organizers, trainers and participants both on the opening day and during the course of the seminars. A press conference to discuss the issues addressed during training forms a regular part of the agenda of all seminars held by each UFPA division. By means of this specific press policy, UFPA has been able to raise its profile and to draw attention to activities in the field of HIV/AIDS prevention throughout the regions.

The HIV sentinel surveillance training in the field of vulnerable groups led to the development and introduction of a national sentinel surveillance strategy as a vital component of the HIV/AIDS surveillance system and of research in the prevailing part of the regions in Ukraine.

In addition to its partnerships with the Ministry of Health, the National AIDS Centre, the Institute for Social Research and the State Centre of Social Services for Youth the UFPA has built further alliances with national and regional bodies. These include the regional NGO networks the Health Departments of the Regional State Administrations, the regional narcological dispensaries, the Regional AIDS Centers, and the regional police offices.

It is hoped that through this service, knowledge about prevention, treatment and measures to reduce the spread of HIV/AIDS, STI and drug use will increase among the above-mentioned professional groups, representatives of vulnerable groups of the population and members of society as a whole.

**Main achievements /as a conclusion/:**

- attraction of attention of Ukrainian GOs and NGOs to the issue of HIV prevention in the vulnerable groups (VG), building a network for providing services in the field

- trained National trainers team to work with the VG, collected experience, published manuals and recommendations on behavior changing and safety
- providing connections with the VG representatives through the peer volunteers, studying behavior, features and habits of different VG

- trained staff for working with certain VG in specialized institutions (orphan houses, prisons, colonies) in each region of Ukraine

- provided material base for the future work (printed materials, training centers, consulting services, hot-lines)

- appearance of possibility for VG representatives in medical and psychological care by involving and training of certain services

- trained volunteer groups for the outreach work and harm reduction techniques

- attraction of donors attention to our organization and its sub-divisions

**Lessons learned**

1. Through the involvement of a multisectoral team of trainers, it was able to demonstrate to training participants how different organizations cooperate in HIV/AIDS prevention among injecting drug users. This was of great significance, since it vividly demonstrated that a multisectoral approach to HIV/AIDS prevention among injecting drug users is not only feasible, but essential. The involvement of trainers representing law enforcement, health administration, non-governmental organizations and vulnerable population groups contributed to the positive evaluation of the seminars by the participants. The credibility of the transmitted information was in particular supported by the involvement of representatives of vulnerable groups in the design and implementation of the training. They were an important source of practical knowledge for participants on how to organize their work with the target groups. According to the participants in the training seminars, the exchange of lessons learned and best practice and the multisectoral approach and competence of the trainers increased their understanding of the role and value of HIV/AIDS prevention, based on principles of harm reduction. The project teams also has realized the importance of maintaining a systematic and regular exchange of information among the various HIV preventive programs operating in different regions. The experience shows that well-designed training courses that cover relevant topics can make an important contribution to the development of new activities in HIV/AIDS prevention among injecting drug users and other vulnerable groups in the regions.

2. A national strategy, policy and action plan of GO and NGO, focused on effective interventions and targeted at groups at most risk of HIV/AIDS, has to be elaborated,
agreed and implemented in every region, in close cooperation with, and with the participation of, all relevant parties, organizations and individuals (e.g. representatives of the governmental, private, non-governmental, expert and local sectors, target representatives). The plan should include general and short-term objectives, concrete tasks and expected results, and should clarify responsibilities, concrete interventions and evaluation procedures.

3. Effective and targeted interventions, focused on the reduction of specific harm and on specific preventive activities, have to be identified and implemented in every place, environment, community or region in which risk behavior, environment or conditions are reported, occur or are predicted. The principles for these interventions have been identified and experienced on the national and international level.

4. A first step for those who want to establish such projects is to provide their partners with useful and up-to-date information on the topic; however, for many organizations which want to start work in the field, access to the methodological and other information materials that could support them in that task is very limited.

(a) Legislative and legal documents that regulate the implementation of preventive work among vulnerable population groups;
(b) Information material about national and international experience in HIV/AIDS prevention among vulnerable groups;
(c) Documentation on methodological standards and recommendations;
(d) Examples of information and educational materials (i.e. brochures, leaflets, posters and handbooks that have been developed and published by various projects).

4. Those working with the drug-using population must be engaged in advocating adequate services for the vulnerable groups, informing the wider community of the developments in HIV prevention, protecting human rights and combating stigmatization of the target groups.

5. The following elements are crucial to effective action and success:
   • The involvement of all sectors of society, including individuals, the family and the community;
   • The involvement of all professionals from all relevant agencies (social, health, law-enforcement and criminal justice), as well as those who are affected by or at risk of HIV/AIDS;
• Activities and interventions must be focused on knowledge and awareness, changing skills, attitudes and behavior;

• To be effective, interventions must be locally oriented, focused on individual needs and periodically revised and changed according to the actual situation.

To achieve financial sustainability is the most difficult problem for all Ukrainian non-governmental organizations working in the field of HIV/AIDS prevention. One of the best decisions about solving this problem is to find a possibility of implementing National HIV/AIDS Prevention Programs being performers of the governmental strategy and state order.