



**After Action Report
The Scientific Conference
"Prevention of Social Diseases (HIV / AIDS, TB)
in the Armed Forces of Ukraine. System of
improving medical HIV/AIDS prevention for the
military in the ATO zone"**

Hotel Russ, Kiev, Ukraine

May 24-25, 2017

MFR

Subject: AAR- The Scientific Conference: "Prevention of social diseases (HIV / AIDS, TB) in the Armed Forces of Ukraine. System of improving medical HIV/AIDS prevention for the military in the ATO Zone"

Dates: May 24-25, 2017

Location: the Conference Hall of the Hotel Russ, Kiev, Ukraine

1. The purpose of the event:

- Discussions on the prevention of HIV/AIDS, Hepatitis B (HBV) and HCV and tuberculosis seen in the Armed Forces of Ukraine (AFU), especially among servicemen in ATO zone.
- Situation analyses from the military units situated in different parts of Ukraine: comparing it to the epidemiological situation in ATO zone.
- Presentation of the result of join efforts of MMD and IHATI for the participation of the MOD in the new Global Fund request for funding.

2. The participants numbered 24: There were 13 SES representatives, 1 chief epidemiologist, 1 chief radiologist, and 9 Commanders of military units.

3. The Conference started off with Welcoming Words provided by the Head of the Sanitarian Epidemiological Department (SES) of the MOD, Maj S. Litovka. He began with an introduction of the participants with a special emphasis on the participation of the Head of the IHATI, Dr. Eliot Pearlman, and Tetyana Bila. He expressed his great appreciation of the activities implemented by IHATI, including proactively assisting the MOD on its request for Global Fund support for a TB control and detection program in the ATO Zone as well as obtaining MOD representative on the National Council on TB and HIV/AIDS.



Dr. Pearlman gave a presentation on the current project implementation and our achievements¹.

¹ Please see Enclosure 1.

4. Then Maj Litovka thanked Dr. Eliot Pearlman for his great support in the field of HIV prevention among military and his activities on the including working to have AFU serving in the ATO Zone as a vulnerable group at a higher risk for HIV: An essential requirement needed for requesting Global Fund support. After these words Dr. Eliot Pearlman wished the participants a productive working day and left the audience to grateful applause.

5. Maj Litovka stressed on the importance of the preventive measures on HIV, STIs and Hep B & C among the soldiers. He said that there is low level of awareness about the importance of these activities among the different levels of the military commanders. He shared that the level of the transmission of the information is not sufficient: the reports are provided with delays and not in full format (the data is lower that it is in reality). This is caused, because of high level of engagement of the SES staff in their daily activities set up in their official duties. Thus they are required to spend additional time to prepare data. Mostly this is seen on the level of military doctors, who are responsible for providing data to the SES staff on local and regional levels.

6. Concerning condoms for the military, there is a problem with distribution of the condoms to the soldiers. The military staff: the commanders of the military units do not see the problem of the HIV prevention using the condoms; thus they don't want to be engaged in the distribution of the condoms to the soldiers. The SES is interested in prevention of HIV and other STD among the servicemen and has taken on responsibility for condoms distribution and they have succeeded despite little or no support by the commanders of the units.

7. For the moment, the only three NGOs have provided some assistance to the MOD:

- a. Alliance of Public Health (test kits on Hep B and C, 350,000 to 500,000 condoms after negotiations with IHATI, also it is planned to provide 20 Hepatitis C treatment courses),
- b. The Network of the PLWH (informational materials), and
- c. IHATI, which provided:
 - i. Informational materials (playing cards, posters) and
 - ii. Successfully fundraised with further technical certification and distribution of 100,000 condoms (condoms were provided by GIZ).
 - iii. For the moment, there has been a distribution of 30,000 HIV RTKs. The remaining delivery of 30,000 test kits is set for June-July 2017.
 - iv. All test kits are to be distributed among different levels of military units (Hospitals, mobile hospitals, and brigades in the ATO zone, etc.).

8. The participants expressed their gratitude for the informational materials developed, printed and distributed by IHATI. They stressed that the playing cards played a great role in the prevention activities in the ATO zone, especially for the first three waves of mobilization, because mobilized persons had a low educational level: knowing little about personal hygiene. The playing cards contained information not only about HIV, TB, but also about everyday hygiene. Now the current level of mobilized personnel is much higher, because they are signing contracts, they are checked at the Reception Centers not only for medical issues, but also for mental health and development. Thus, there is a greater need for informational booklets on HIV, Hep B & C, STIs, and TB.

9. After that the participants provided their presentations.

- a. Col Petrenko



- i. He started his presentation with the information that his SES department already got RTKs from IHATI. Also he shared that they used RTKs donated by Dr. Eliot Pearlman in the previous year. In accordance with the data 2015: 5,045 soldiers were tested for HIV among them using 310 RTKs. The positive results were detected among 13 persons.
- ii. In 2016 7,013 persons were tested, 365 with RTKs, 37 people had a positive result, among them 4 were detected by RTKs.
- iii. In the first quarter of 2017, 1,898 people were tested among them 118 by RTKs, positive results were detected among 13 persons.
- iv. For the operation with RTKs the SES uses the order of the MOH #120 from 25/05/2000 regarding "Improvement of the organization of the medical assistance to the HIV/AIDS infected patients" and the acting instructions in the facilities of the Blood service.
- v. In accordance with the presenter, it is extremely important to remember that the modern RKTs are of great replicability of the results, but one has to be aware about the possibility of getting a false-positive and false-negative results and always there is a need to get a confirming verification tests.
- vi. In accordance with data, mobilized people of the second-sixth waves showed 120 people had been detected having HIV, 500 people for TB and 400 Hep C.
- vii. The results of the behavioral questionnaires have showed that 61% of soldiers in ATO zone had not used a condom during the last sexual interaction, and 18% had sex with a non-regular sexual partner or had used services provided by commercial sexual workers and with research 20-40% of them are HIV positive.
- viii. He stressed on the importance of the conducting of VCT among servicemen. Unfortunately, there are no official regulations on conducting VCT among servicemen and there are many peculiarities on conducting VCT among soldiers.
- ix. Also there is a need to involve commanders and officers responsible for educational activities to participate in pre-testing counseling in groups should be partially conducted by the commanders and officers (not military doctors).
- x. He stressed on the importance of the providing of psychological and social support to HIV-positive soldier including informing them on the rights of a HIV person, pro-

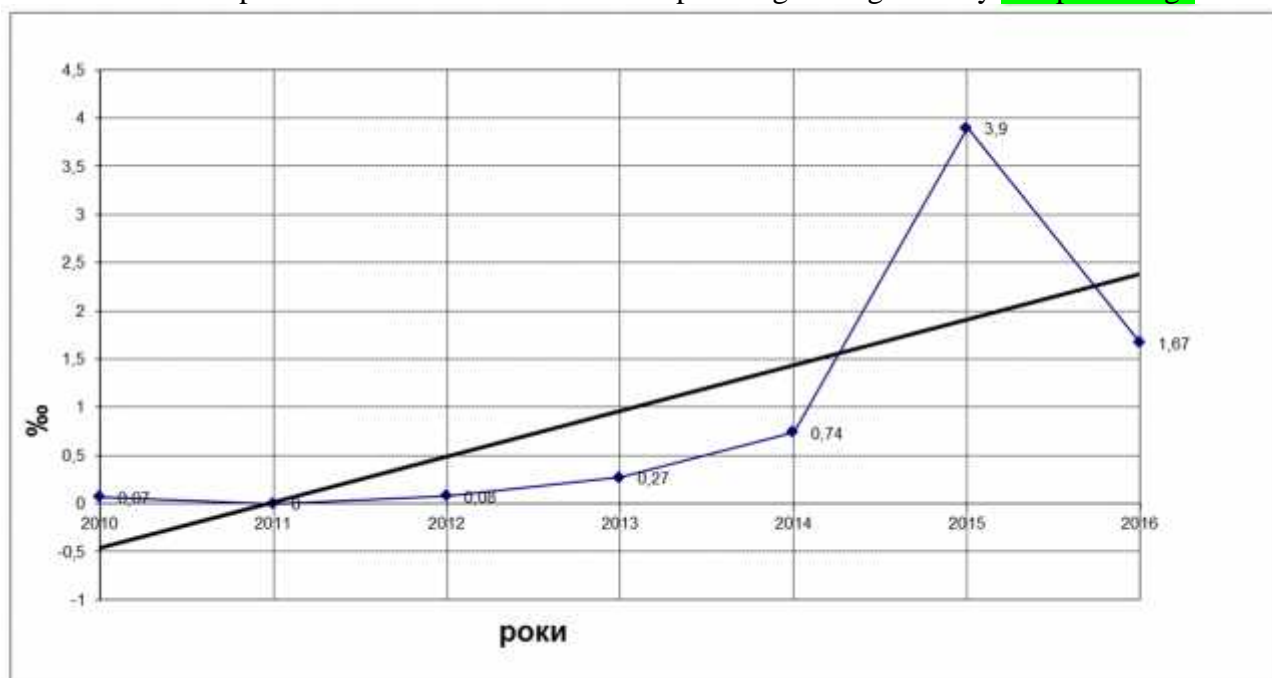
viding him information on the existing governmental and non-governmental service providers and the contact of the nearest civilian AIDS center.

- xi. In his opinion, there is a great need of the training of laboratory personnel, who now are not involved in VCT activities. Also he stressed on the need of creation of VCT cabinets in all hospitals of the MOD.
- xii. He reminded us that there was previously a Health Promotion Center that its main responsibilities were development of the preventive programs, training of the military staff on the prevention issues, and overseeing implementing of the preventive programs among military personnel. It also developed informational materials on different medical and behavioral problems - now these activities have been partially implemented by IHATI.

b. Col Dyaduk



- i. He provided information about HIV spreading among military **in a percentage**



HIV infection had been not included in top 10 of most actual infections (first

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| 2009-2014 | class infections) |
| 2015 | HIV infection possessed five place of top 10 of most actual infections (first class infections) |
| 2016 | HIV infection possessed six place of top 10 of most actual infections (first class infections) |

- ii. Deterioration of the epidemiological situation with HIV among servicemen in the period of 2014-2016 has been caused by:
 - Mobilization
 - Increasing number of the military in a short term
 - Increasing number of the military via mobilization
 - Lack of the epidemiological barrier during the call under mobilization
 - Non-effective organization of medical checking of the mobilized personnel on recruiting points as well as low level of awareness on HIV among military medical units.
 - iii. In accordance with the data the servicemen with HIV+ and TB, who were detected in 2017 were called for the duty in 2016 as contractors and had been served 4-8 months. Mostly of the HIV+ servicemen are detected during their treatment in military or civilian medical facilities where they are on treatment for other pathologies. There is observed increasing numbers of HIV+ detections based on clinical signs of the disease. Moreover, many people are hiding their status at recruiting points and during military service. It is caused by the increasing salaries of the military and now for many people it is high desirable position. There are several proven cases of the fraud of the test results by the recruits, because the recruit must visit Reception Centers with all the test results made in civilian medical facilities.
 - iv. Now the biggest problem is psychological issues of the ATO soldiers. Their bad psychological conditions lead to the behavioral problems such as alcoholic abuse, risky sexual behavior, tattoo making, drug use, etc., which leads to the HIV risk. The situation on the field (from the point of risky behavior) depends mostly on the leadership of the military units. For example, one of the commanders, used to mine the perimeter of the military unit to avoid any unauthorized leaving of the position.
 - v. **The living conditions are also extremely stressful especially in winter time.**
 - vi. At the end of his presentation, he stressed that the **mobilizations brought HIV into the army**. Now the situation has changed, because the contractors get a more detailed medical checkup, but even so the **epidemiological situation in the army is worse than in the civilian sector**.
 - vii. **More attention must be paid to the psychological conditions of the soldiers**. A great positive **role in this is played by chaplains serving in ATO Zzone**, they set up small praying rooms in the military units and every soldier can come and discuss their problems with the chaplain.
 - viii. There is a **great need of military psychologists** to work with the soldiers as well as in ATO zone as after deployment.
- c. Maj Kozhuchko
- i. She had just redeployed from ATO zone where she spent three months.
 - ii. She used RTKs for the testing of the soldiers with pre- and post- consulting. She observes 99% are ready to get testing for HIV.
 - iii. She had twelve military units under her responsibility: Mostly battalions and mobile hospital. In the period of serving in ATO Zone, she implemented 1,277 tests, seven (7) of them were positive.
 - iv. The factors that complicate testing in the ATO Zone are:
 - The conducting of military operations

- The vast majority of military personnel are at the FLOT.
- Medical personnel are exposed to danger: A high level of probability to detection of the military positions.
- In accordance with data, there were 219 officers and 1058 contractors tested on HIV during the three- month period of serving. There were 1,140 male and 137 female tested: seven (7) positive males, all are contractors.

d. Senior Lieutenant Dobroshtan

i. The high risks of HIV-infection among the servicemen in ATO zone are caused by:

- Underestimation of personal risk
- Low level of sexual education
- Increased mobility of the population due to the war-time activities
- Growth in the levels of poverty and unemployment of the local population
- Taking into account the fact that servicemen after a service in ATO Zone go to places of living or serving throughout Ukraine, it will cause an increase in epidemiological situation with respect to HIV, Hep B and C, STIs throughout the country.
- In her opinion, the next measures will improve the current situation in the military.

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| Cadets and soldiers of one year service (conscripts) | Officers and contractors |
| The most important issue is decentralization of the preventive work on HIV | Providing of the information on the nearest VCT cabinet |
| In every military unit there must be an officially determined a responsible person for conduction of prevention activity | Direction of the servicemen to the VCT cabinet by the medical personnel of the unit |
| Obligatory trainings for the soldiers on the HIV, Hep B and C, STIs and non-risky sexual behavior | Conducting VCT twice a year with RTK |
| Obligatory testing before leaving the service via VCT cabinets or other medical facilities | Obligatory testing on HIV of all servicemen who are hospitalized in military medical facilities |

ii. She informed that in Southern region there is one VCT cabinet operating. The head of the cabinet is a medical psychologist by background, but she is a civilian, thus there were some issues about psychological approaches to the military patients. After participation at the VCT training in Kharkiv March 2017, she reviewed her approach to the military patients.

iii. Historically the southern region is the high risk zone on HIV, the MMCC-S VCT cabinet serves Mykolaiv, Zaporizhia, Kirov Rog, Dnipro, and Mariupol. IAW a schedule, the VCT specialist visits periodically the above mentioned places for VCT activities. **She shared that there is a great need of informational materials (some small booklets) to spread them among the soldiers. The playing cards, produced by IHATI are great, but there is a need of some new format of the informational materials: probably pocket size booklets on different issues not only HIV prevention, but on reducing risky sexual behavior, alcoholic abuse, drug use, etc.** The presenter asked IHATI staff to consider possibility of development of such kind of IM. Tetyana Bila assured the participants that the staff will think about the realization of this idea.

e. Capt. Verovchuk

- i. He started his presentation with information that the VCT cabinet is not acting in a full measure, because there is no officially hired staff, the doctors of infection department are responsible for the VCT cabinet, but the place of VCT cabinet is separated from the infection department and the ID doctors are busy with their everyday duties.
 - ii. The VCT activities are under their obligations but there is no official job description. Moreover, there are no officially set working hours for the VCT activities. The same situation is observed in military units and hospitals in their area of responsibility.
 - iii. Nowadays, ID doctors, who are conducting VCT, suffer extra psychological and emotional working load that can badly influence the quality of their work.
 - iv. There are four regions in his zone of his responsibility: Kiev and Kyiv oblast, Chernigivska oblast and Sumska oblast.
 - v. There are certain specifics in getting the services of counseling and testing by the military personnel:
 - Lack of the possibility of leaving of the military unit. Thus it is very difficult to get VCT services in civilian sector. There is often the commander's prohibition to leave the positions, because it takes time to go to the civilian AIDS center, get consultation services, testing and waiting for the results. also there is a lack of material preparations (POL materials for transportation of the military personnel to the place for VCT)
 - Lack of human resources (one has to assign people, who will be responsible for transportation of the military to the place of conduction of VCT), that also prevents the soldier from getting a VCT service.
 - Lack of awareness of the military personnel, first as to the HIV/AIDS problem, and second as to the possibility and conditions of getting a VCT testing and counseling service, that prevents their personal obtaining these services;
 - The psychological barrier, that is connected with the fear of learning their HIV status as well as the fear of a breach of confidentiality and discovering a positive status of the patient causes a big problem in the system to provide VCT services.
 - vi. The situation can be improved by the next steps:
 - Organization of the VCT cabinets not only at the MMCC, but at military medical hospitals (MMH)
 - **There is a need for the creation of a specific MOD facility, which will be responsible for the preparation and training of the VCT consultants.**
 - **Every VCT consultant must get a specific training on VCT with a certification, which will be officially developed by the specific order.**
 - To consider introducing to the plans of the everyday duties of the military units scheduled days, when soldiers may wish (but a certain percentage of the personnel of the unit, the **absence of which will not influence on the unit combat readiness**) can get a VCT service.
 - To continue to build an educational work on the issues of HIV/AIDS among the military servicemen.
- f. Col Lieutenant Igor Kudelskyi
- i. He started his presentation with data on the epidemiological situation in the central region of responsibility. In 2016 - 8 cases of HIV positive were detected. It was listed Number 6 among first class infections at 3.42%.
 - ii. Peculiarities on VCT services conducted in the AFU:
 - the military units and areas where the military activities are implemented are restricted territories to the admission of the unauthorized persons;

- **Access to the VCT services, psychological, legal and social consultations are highly complicated or do not exist at all;**
 - **A compulsory examination on HIV- infection gets only a limited range of the military personnel of the AFU in accordance with the current legislation.**
 - The compulsory examinations of the servicemen in order to prevent spreading of the HIV- infection among the military of the AFU:
 - A compulsory testing for the HIV infection of the candidates for the contract service and for entering military high schools/academies
 - A compulsory testing for HIV-infection of the blood donors, tissues and biological liquids donors;
 - A compulsory testing for HIV-infection before and after UNPK missions.
 - There are certain specifics in getting the services of counseling and testing by the military personnel:
- iii. The dynamic of HIV infections among the military is still high; however, there are certain specifics in getting the services of counseling and testing by the military personnel.
- iv. Comparing to the previous years, it decreased sufficiently. This is caused by the **decreased number of mobilized people, increased number of contractors as well as more detailed medical examination before entering the service.**
- Also the preventive activities are implemented in different medical units of different rank with the usage of the informational materials- informational playing cards and posters provided by IHATI have been extremely successful and have influenced the epidemiological situation in the AFU in extremely positive way.
 - He wanted to express his gratitude to the staff of IHATI for their work in the field of prevention of HIV among soldiers. **He shared that the IM are still extremely popular among the military and they help to improve the sanitarian-educational work among the military.**

10. After the last presentation Ms. Tetyana Bila thanked the participants for their great presentations and discussions and announced that next day of the Workshop will start with a division of the participants into working groups to address the need to provide 100% of linkage of a positive soldier to the civilian AIDs center.

Day Two:

Working session

11. Ms. Tetyana Bila shared information about 90-90-90 target of the WHO and asked the participants take it into account in their work on HIV prevention. She stressed about the importance of direction of HIV-positive person to the nearest civil AIDS center. She said that she understands that for the moment no legal order to do it exists in the military, but being caring for their soldiers the military medical specialists have to find out the nearest civilian AIDS center, set a contact with the chief doctor of the center and control the transition of the military HIV-positive person to the AIDS center for registration. Some of the participants confirmed that they already act as it was described. **Also they told that it depends on the civilian AIDS center staff: some of them are ready to collaborate with the military, some of them are trying to get rid of the positive soldier mostly because the serviceman is registered in another region.**

12. After that the participants were divided into three working groups and asked to prepare an answer on a question what has to be done to improve the situation on different levels – the highest level – Cabinet of Ministers, MOD, MOH, MMD; the middle level - MMCC, hospitals; the lowest level – medical units of the brigades.



a. The first group results:

- The person, who conducted VCT, has to send the positive soldier to the nearest civilian AIDS center.
- The same person has to inform the regional facility of the SES MOD about the case of HIV+ in the coded form for the including into the official epidemiological data.
- In case the commander is against retaining the positive soldier in the military unit, in order to visit civilian AIDS center, the doctor who conducted VCT must look for the reason to send the positive to the civilian medical facility even with another reason (not HIV+ result).

b. The second group results:

- Detection of HIV+ person - the problem can occur when the person refuses to have further examination. In this case the diagnosis is not confirmed. What has to be done?
- To convince the HIV+ person to get further examination in a military medical facility with an infection disease doctor. Then the testing must be done by laboratory (PCR or another testing) for confirmation of the diagnoses.
- If diagnoses is confirmed the military doctor is directed a positive person to the civilian AIDS center, because only civilian AIDS centers provide ARV therapy that will improve the quality and length of life. Moreover the treatment is free of charge.
- Also in case of starting ARV therapy, the person would not spread the virus.
- It is important to remind a positive person that there is a criminal responsibility if he will have a sexual contact without condom and get his partner under a risk of infection.

c. The third group results:

- The first issue is to have a contact information about the nearest civilian AIDS center, and try to set a good professional relationship with the head of the AIDS center.
- There is a need for specific *Order* on the introduction of the instructions on the actions to be implemented in case of positive result detection. This order must contain a part on the actions the commander has to do (not only military medical staff are included in the order).

d. Maj Litovka shared his vision on the issue:

In his opinion, there are four possible ways for the legalization of the process:

- HIV+ ART on a place of living of the positive servicemen but there is a need to change the MOH order on HIV with specific part for the ARV for the military (based on place of service)
- A specific *Order of General Staff Office* (for heads of military medical units or MOD on their obligatory actions, creation of ART cabinets within military medical system, preventive medicine, *Order* for the heads of the units.
- A joint *Order* of MOH and MOD on collaboration with civilian AIDS centers.
- And instructions developed by MMCC of the regions – now it works.

e. MAJ Litovka shared that the best and the most efficient way will be joint order of MOH and MOD.

- Unfortunately, to develop such an *Order* it will take great amount of time and effort, for example, based on previous experience, there must be at least two military specialists who will be engaged in the process full time for at least six months. There is no funding to get two more persons onto the staff as well as there is no chance to involve people of the existing staff, because they already have their working responsibilities with a tough working schedule.
- Activities include: organizing working meetings with all official parties (deputies of the relevant group, ministry of health representatives, ministry of justice, budget committee, Ministry of finance, etc.) is an extremely costly and time-consuming activity.



- f. **MAJ Litovka shared that possibly this activities can be realized by funding of some INGOs**, but he also has a concern that civilian people will not understand the peculiarities of the military system as well as military staff does not know how to act with the civilian ministers to work on the issue.

Thus to develop the needed *Order* is an extremely hard task to implement.

13. Ms. Tetyana Bila thanked the groups for their productive and informative work and told that all the ideas will be taken into consideration and shared with all interested parties which will think about to implement the task.

14. At the end of the Workshop Ms. Bila thanked to the participants for their active participation. Also she reminded the participants on the need to provide the requested data on the HTC and PP_PREV indicators in a timely manner for transmission to Headquarters, DHAPP.



15. Then the participants were awarded their Certificates.

16. At the end, MAJ Litovka provided the closing comments and expressed his gratitude to the IHATI staff for the organizing of the Workshop on HIV prevention among military, which is a highly important in the current situation with the battlefield activities in the east of Ukraine.

- a. He expressed his confidence that all the activities implemented by IHATI have helped to change situation in HIV prevention among military personnel.
- b. Also he thanked to Eliot Pearlman and Tetyana Bila for their activities on including military in the Global Fund request for funding. He shared that December 2016 he was told by Dr. Kurpita that military would never enter into a Global Fund request for funding.
- c. After the great collaborative work of SES and IHATI, we succeeded to consider military as a group vulnerable to a high risk of HIV infection. Thus for the first time, the MOD will be able to get funding not only for HIV, but also for TB and other diseases of military significance (Hepatitides and STIs)!
- d. And it is a great success! Despite all the obstacles by the primary recipients, especially by UCDC, the request for about \$2,000,000 for MOD needs has been submitted to the Global Fund and hopefully the request will be supported. It is anticipated that word will be received this August.

17. In the funding request, there is a budget line item has been included re-establishing the Health Promotion Center, which will be a key asset for the epidemiological control in the AFU and to be

linked into other epidemiological assets of the Ukrainian Health System (MOH, UCDC, etc.). Thus the SES will have new challenges and now the staff must be prepared to work even harder when the Health Promotion Center will stand up.

18. Impressions:

- Very good Workshop with good support and direction from IHATI.
- A very detailed information-sharing on HIV-related and other problems facing not only troops in the ATO Zone, but at the military units throughout Ukraine
- Risky sexual behavior is the key reason for the transmission HIV and Hepatitis B and Hepatitis C and STI among servicemen, also there is a big problem with tattooing.
- There is a low level of awareness about the importance of HIV prevention and other diseases of military significance at different levels of military commanders, which is impeding the transmission of the disease prevention information and condom distribution to the troops. This barrier, condom distribution, has been tackled by SES staff
- SES staff (military physicians) is overwhelmed by the performance of routine duties, which are complicated by other reporting requirements. This may result in underreporting.
- Very productive working session on the issue of organizing of 100% direction of HIV+ person to the civilian AIDS center.
- There is a need of development the new informational materials with prevention messages for the soldiers.
- Information about including military in the Global Fund request is enjoying very positive receptions among all classes of service members and commanders. Again, more posters are needed along with many more condoms.
- There is a great need for Chaplains and Military Psychologists to serve and support soldiers in the ATO Zone.
- This leads to the idea of a multi-disciplinary team for evaluating troops in the ATO Zone.
- **She shared a great need of informational materials (some small booklets) to spread among soldiers. Playing cards, produced by IHATI are great, but there is a need for some new format of IM: probably pocket-size booklets on different issues not only HIV prevention, but on reducing risky sexual behavior, alcoholic abuse, drug use, etc**

19. Recommendations:

- There is a need to re-establish Health Promotion Center soon for better prevention work, epidemiological data collecting, storage and analyses, and to develop comprehensive HIV, Hep B and C prevention programs and another programs of military significance.
- There is a need to support periodic resupplies of RTKs for HIV and Hepatitis B and C.
- There is a need for military medical staff trainings on VCT, prevention activities and psychological support. Also the training on clinical symptoms of HIV is of great demand.
- IHATI track TA requests on 15 laptops and Architect machine for the Odessa blood center.
- IHATI will to strive to receive timely manner epidemiological updates from SES, MMD.

Tetyana Bila
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Enclosure 1_Support_ATO_Workshop_05_24_2017_FINAL