

## **Increasing Women's Access to and Use of HIV Mother-to-Child Transmission Prevention Interventions in Ukraine**

### **Background**

While over 60,000 HIV-positive individuals have been officially registered in Ukraine as of early 2005, national and international experts estimate that there are probably up to 500,000 HIV-positive people in Ukraine, the majority of whom are under age 29. While men historically account for the majority of HIV cases in Ukraine, women now account for about 40 percent of known infections. Providers in some regions, especially obstetrician-gynecologists, are currently being trained in clinical management of HIV-positive pregnant women and some antiretroviral drugs are available. However, little attention has been given to strengthening counseling and interpersonal communication skills related to testing pregnant women and to educating both HIV-positive and negative women (and their partners) about appropriate prevention measures. In addition, many providers continue to hold stigmatizing views of their HIV-positive clients.

### **The project**

This project is a three-year effort (2004–2007) aimed at strengthening Ukraine's capacity to integrate prevention of mother-to-child transmission (PMTCT) interventions into maternal and child health (MCH) services so as to increase women's access to and use of essential PMTCT interventions. This work focuses on improving the quality of voluntary counseling and testing, as well as interpersonal communication and family planning counseling skills among MCH providers, and on strengthening community-based support for HIV-positive pregnant women and mothers.

The project builds on a similar effort undertaken by PATH in Odesa Oblast from 2001 to 2003. The estimated number of direct beneficiaries includes approximately 17,000 pregnant women per year in the target sites and, when possible, their partners, and an expected 1,000 to 1,500 (0.5 percent) HIV-positive pregnant women, their newborns, and families.

### **Project objectives**

- Improve the quality of key aspects of PMTCT services in the context of MCH care by improving MCH provider skills in interpersonal communication, voluntary counseling and testing (VCT), postpartum family planning counseling, and referral among pregnant women and HIV-positive mothers and their children (regardless of serostatus) in the target oblasts.
- Increase access to information on essential PMTCT services in the context of MCH care by expanding the proportion of women and families receiving comprehensive information on PMTCT services, disseminating information to families and providers regarding the rights to and benefits of VCT, and increasing the proportion of HIV-positive women referred by providers to community-based resources.
- Increase use of essential PMTCT services in the context of MCH care, with a focus on increasing the proportion of pregnant women receiving high-quality VCT services as well as increasing the proportion of HIV-positive pregnant women receiving a complete course of antiretroviral prophylaxis.

- Increase availability, accessibility, and use of community-based support groups for HIV-positive pregnant women and mothers by strengthening and expanding support group and peer support volunteer outreach and by creating an enabling health facility environment for peer support volunteer programs in the target oblasts.
- Improve facility capacity to integrate PMTCT into MCH services to promote sustainability by institutionalizing VCT quality control, incorporating training curricula into medical education institutions, and ensuring participation of people living with HIV and AIDS in all aspects of the project.

### **Project targets**

- Train up to 75 percent of midwives and obstetrician-gynecologists in the principal oblast cities. Target cities include Odesa, Mykolayiv, Sevastopol, Simferopol, Yalta, and Feodosiya. Given that the majority of women, especially those who are HIV-positive, are likely to deliver in major municipal or oblast facilities in these cities, we anticipate being able to achieve good coverage of the main populations at risk. Further, because women's consultations and labor and delivery hospitals in major cities are responsible for providing methodological guidance to medical workers in smaller towns, areas not directly targeted will benefit indirectly from the project's main interventions.
- Work with our local NGO partners and peer support group leaders to develop highly targeted, pretested materials and messages for pregnant women, mothers, and their families, especially those who have been newly diagnosed with HIV.
- Establish self-sustaining peer support volunteer programs in each of the target cities through which newly diagnosed women are offered counseling and support.

### **Local partners**

Ministry of Health of Ukraine; Ministry of Health of Autonomous Republic of Crimea; Regional Health Departments of Oblast State Administrations, HIV Centers, and NGO partners in Odesa, Mykolayiv, Simferopol, Sevastopol, Yalta, and Feodosiya; Futures Group International (Policy Project), IRD; Medicins Sans Frontiers (MSF); AIDS Foundation East-West; International HIV/AIDS Alliance.

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