

MFR

Subject: Draft Minutes of the Meeting with the National Guard of Ukraine (NGU)

1. Purpose: To meet with the Commander, Medical Department, Ukrainian National Guard to discuss (1) the military public health needs of the NGU, (2) to explore their public health system and (3) to map out areas for cooperation between the Guard and IHATI.
2. The meeting took place at the Institute on June 27, 2017 from 10:45 am to 12:30.
3. Participants were:
 - a. Ukrainian National Guard:
 - i. COL (Dr.) Oleg Petrovich Mykhaylyk, Head, Military Medical Department
 - ii. Senior Officer (Dr.) Anton XXXXXX, Senior Assistant
 - b. IHATI:
 - i. COL (RET) Eliot J. Pearlman, Chair of the Board,
 - ii. Ms. Larysa Dobroskok, Executive Director, IHATI
 - iii. Ms. Tatyana Bila, Program Coordinator, IHATI, and
 - iv. Ms. Mariya Vynnytska, Independent Translator
 - v. Absent Docent Dr. Maria Dolynska, TB Consultant, she was on assignment.
4. After a few words of greeting, Dr. Pearlman started the discussions off with a brief resumé of his career experiences in the field of military preventive medicine/public health for over 27 years with the US Army. He placed a strong emphasis on his assignment as the Division Surgeon, 3rd Armored Division, in Germany (1977-1979) and his position as the Preventive Medicine Consultant, 3rd Army (310,000 troops) in Desert Shield/Desert Storm (1990-1991).
5. He shared a few items of his work in Ukraine since he moved to Ukraine in 1991. He started working with USAID programs, and then he established an NGO, IHATI. He has been working with the Ministry of Health of Ukraine (MOH) since 2003, with the Ministry of Defense of Ukraine (MOD) since 2002 and has served for a number of years as a member of the National Council on TB and HIV/AIDS, representing the INGO constituency and on numerous HIV/AIDS and TB committees. He noted both his work (TB issues) and that of Ms. Bila's work (HIV issues, including the Health Promotion Center) in support of funding for HIV prevention and TB detection and control within the framework of the recent Funding Request by the GOU to the Global Fund.
6. There was a three-fold purpose in providing this background information:
 - a. To be upfront on his past US Army background to avert any possible SBU repercussions;
 - b. To show his vast experiences in working with troops in the field from Battalion-sized units within a division to a large Field Army deployed to a combat zone and engaged in armor-heavy combat; and
 - c. To detail his public health experiences and that of the Institute in working on HIV/AIDS and TB issues in Ukraine.
7. From this start, he then proceeded to go over the MFR from the February 8, 2017 meeting hosted by ODC (Enclosure 1) with the participation of the Deputy Minister of the Ministry of Internal Affairs for European Integration, Ms. A. Deeva, and her assistant, Ms. O. Davis; other senior staff of the Medical Department, UNG; the ODC Chief, COL C. Matuskevich, and members of her staff; and senior IHATI staff members.

8. Highlights included:

- a. Give an overview of current and some past IHATI activities and the level and degree of the Institute's cooperation with the SES, Military Medical Department, MOD, in order to show the scope of these activities and to see what UNG might be interested in from this "Menu" of activities.
- b. Ms. Bila shared the very positive results of our Needs Assessment of the MOD HIV Prevention Program in the AFU (2011-2012). As a result, instead of closing down this DHAPP there was a contract for a follow-on Strategic Planning Conference followed later on by a three-year DHAPP grant, which the Institute one. She shared that there will be a new three-year grant issued this year.
- c. She mentioned our very proactive prevention program with the SES, MMD, MOD, and that we recently purchased 60,000 HIV RTKs for this year.
- d. Importantly, we shared our vision of capitalizing on the new Global Fund tender to propose to the SES, MMD, the following scenario:
 - i. To use the existing DHAPP in the ATO Zone that is utilizing the existing four military hospitals as distribution and testing sites for HIV AND to add to these hospitals a TB detection and control mission.
 - ii. To set up a detection program, we proposed that these hospitals would have the GF-approved GeneXpert instruments for rapid testing and have portable x-ray machines for ruling in non-TB infections.
 - iii. This would provide field-expedient integrated HIV and TB prevention and detection services into the existing DHAPP framework. These services will be available to the AFU and other Uniformed Services, especially the UNG, and the local civilian population that will include IDPs.
 - iv. IHATI staff fully understands that in the ATO zone there are other health problems such as TB, hepatitis and STI interventions.
- e. COL Mykhaylyk shared his thoughts with us on this and other issues.
 - i. Initially, he did not seem to share the same concerns about TB problems as COL Olena Oleshenko, Chief SES of the MMD. At the February meeting, she was very concerned with the transportation of POWs with TB and the fact that most cases of TB seen in the UNG were seen at the very late stages of the disease.
 - ii. Over the course of this conversation, his opinion on TB became more proactive and he seemed to warm up to the idea of enhanced TB control methods.
 - iii. He shared that he will have a mobile TB van in the ATO Zone.
 - iv. He shared that he had recently visited two weeks ago all four Mobile Field Hospitals in the ATO Zone and was well aware that his troops would receive care in them. He stated that NGU also uses mobile hospitals of the AFU (Armed Forces of Ukraine). These four mobile hospitals located in the ATO zone provide services to all uniformed forces; to the soldiers from the MOD, to the National Guard soldiers, Security Service of Ukraine (SBU), Boarder troops, etc. Thus, the notion of competition between the AFU and the UNG seemed to be missing. Eliot mentioned the concept of MOUS.
 - v. Sharing more details about the mobile hospitals, each hospital is different. Each hospital is linked to the civilian hospital, they share that facility's beds. Some hospitals allocated certain parts of the building to the AFU

needs. In Mariupol (recently moved to the city), there is a military hospital, which occupies the whole building.

- vi. He seemed in the later stages of this conversation to warm up to the idea of our concept on using these hospitals for military public health activities.
- vii. When we started to look at the actual situation in the Brigade areas in the ATO Zone, he became very engaged: sharing that there were some 20-plus “Medical Points” with physicians, some have 30 beds, and of which 10 to 15 have a laboratory for urine and blood testing, which are operating in the Zone. It seems that due to the public health reform, many facilities were reduced (laboratories etc.). At present NGU is trying to reestablish its health care services/system. There is an ongoing reorganization process. After its completion, SES will be transformed into something similar to a Preventive Medicine Division.
- viii. NGU has approximately 50 medical units, which provide basic medical services to the 20-25 battalions, which are subordinate to the Central Medical Department, UNG. There is the use of Feldshers in the field.

9. Some talking points:

- IHATI colleagues shared the deck of playing cards with the NGU members (12 sets were provided) and gave a short background about their development. These cards are actively used by the soldiers in the ATO zone. What’s good about them that they are compact and soldiers can keep them in their pockets. While some information materials are often thrown away, the playing cards are well utilized and were not found wasted.
- Ms Larysa Dobroskok shared that IHATI has already gave posters to the military unit of the NG as there was such a need from their side. As well she mentioned that if there will be another need IHATI is ready to provide more of the informational materials. Col Myhailiuk expressed his gratitude and interest in this issue and said that it was a great idea in prevention HIV/AIDS, TB and other socially dangerous diseases. As a result IHATI agreed in the nearest term to provide the military units of the NG with the posters mentioned above. Ms Larysa has shared that IHATI has also provided the military unit 2260 with the playing cards but the deputy unit commander mentioned that the soldiers are not allowed to play them as it is considered as a game of hazard, which is a forbidden thing in the army.
- NGU: asked who comprises the target audience for the training and who should participate in it? IHATI: we welcome everyone. SES staff, epidemiologists, clinical specialists, chief doctors, TB specialists, representatives of the higher echelon of “military management”. We had a chief doctor of the military hospital in Lviv participating in the training. It was very useful.
- NGU: the terms of conditions/service for the MOD and NGU soldiers are different. NGU soldiers have rotation every 2 months (we strive for it). The soldiers from the MOD may stay up to 12 months in the zone.
- Eliot mentioned the concept of MOUS

10. Next steps: Training

- a. There might be some “high level” NGU representatives attending the Opening Ceremony of the VCT training. Dr. Pearlman plans to give opening remarks and he invited personally COL Mykhaylyk to travel with him and to participate (give

remarks) in the morning's activities. Arrangements would be made to have the trainers provide a short tour and commentary on their methodology of the training.

- i. Potentially, the participation of the Head of the Medical Department will be very special, as there will be many participants from the UNG and NGU partners.
 - ii. This can be coupled with the proposed presence of a photographer to produce photos for the *VCT Training Manual*.
 - iii. The NGU will send a list of the 15 Guard participants for the upcoming VCT training on July 11-12th.
 - iv. This lead into a discussion of whether "Certificates" were issued. Question about the signature on the certificate: how it's currently done and when IHATI develops a custom tailored program for NGU, there might be somebody from the NGU signing the certificates together with Eliot. Staff shared that everyone liked these certificates and everyone likes to take something home, some document which demonstrates that you've done something good.
 - v. Then, IHATI staff was pleased to show several certificates awarded at recent VCT trainings.
 - vi. A key point seen was that our certificates are signed by the Head, IHATI, and the Head, SES, MMD, MOD. Apparently in other trainings the certificates are signed by the trainers! Staff agreed that it would be appropriate for Certificates awarded to UNG staff to be signed by a senior member of the UNG.
 - vii. Dr. Pearlman shared that he felt that the quality of the printing and paper used in the production of the certificates was of unusually high quality.
- b. This lead into a discussion of our informational materials; mainly playing cards and posters. Our guests were quite pleased with the cards and with the posters and asked about receiving copies of the posters. We agreed!
- i. As a consequence, the Guard will inform IHATI about the number of their medical units that will need the posters. This will allow us calculate the costs.
 - ii. They asked about the possibility to print out larger posters. This is to be discussed; however, it seems realistic to do this under Training Support: Line Item #93 or out of IHATI or personal funds.
- c. Larisa should be contacted to assist the NGU with the format of the letter (a formal request to IHATI), which will specify the needs of the NGU and would allow IHATI to provide assistance.
- d. After the VCT training of the NGU members, Dr. Pearlman will make a personal donation of 2,000 HIV RTKs to the Guard. As Dr. Pearlman noted to his guests to do otherwise is like "giving a soldier a gun without bullets". Thus the donation will complement the training and allow the NGU to have practical tools to work on HIV prevention in the field immediately after the training.
- e. IHATI based on the "100% Linkage Rule" would need to have aggregated data on usage and the number of positive results from these RTKs. This would serve as a display of the Guard's resolve to cooperate and one would be able to justify the need for any future procurements by the USG of these kits to the UNG.
- f. Dr. Pearlman recommended that Ms. Bila will be our technical POC for HIV prevention and detection activities and Docent Dr. Dolynska will be our POC for TB detection and control activities.

11. Closing thoughts from COL Mykhaylyk:

- a. HIV/AIDS is more interesting for us.
- b. We are very glad that we've had this meeting.
- c. An opportunity to participate in IHATI VCT training will be very useful.
- d. It would be great to have the posters printed in a larger size: we may use them for our medical points.
- e. Express testing, quick screening and diagnostics is of a big interest for NGU.
- f. Each Ministry has its own health care system and structure, which makes services more differentiated and less accessible.

12. Impressions:

- It was a very productive meeting.
- It was quite evident that the guests left with many very positive impressions of the professional and technical capacity of the Institute to deal with many HIV and TB problems that face the Guard.
- The UNG will send 15 trainees from various military units for the VCT course that is dedicated to them. Parenthetically, it should be noted that the six recent NG trainees provided positive feedback to the Medical Department, UNG.
- The UNG is very interested in our prevention-oriented HIV posters and will be formally requesting our support to obtain them.
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13. Recommendations:

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