

REACT PROJECT IN UKRAINE:
REGISTERED VIOLATIONS OF THE
RIGHTS OF HIV/TB KEY POPULATIONS
AND RESPONSE TO SUCH VIOLATIONS

ANALYTICAL REPORT 2023



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Authors:

N. Semchuk (1)
O. Mardar (2)
I. Yakovets (3)

- (1) ICF 'Alliance for Public Health', REAct project manager, Monitoring and Evaluation Department
- (2) ICF 'Alliance for Public Health', consultant on REAct database support and data analysis
- (3) ICF 'Alliance for Public Health', REAct project advocacy consultant

Proof reading: V. Bozhok

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For more details on the REAct, see: www.react-aph.org

Join the REAct: <https://react-aph.org/uk/join-react/>



Page **REAct**
in **Facebook**



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ICF "Alliance for Public Health"
24 Bulvarno-Kudriavska str.
building 3, 2nd floor
Kyiv 01054 Ukraine

www.aph.org.ua

E-mail: react@aph.org.ua



CONTENT

GLOSSARY	4
ACKNOWLEDGMENTS	5
ABOUT REAct.	6
1. KEY REAct DATA IN 2023	9
2. REAct IMPLEMENTATION REGIONS.	11
3. REActors	14
4. APPEALS REGISTERED BY REAct	15
5. THE ROLE OF THE STATE IN VIOLATIONS OF THE RIGHTS OF THE KEY POPULATIO S	20
6. LEGAL GUARANTEES OF OBSERVING THE RIGHTS OF HIV/TB KEY POPULATIONS IN UKRAINE	21
7. RIGHTS VIOLATIONS THAT KEY POPULATIONS ARE EXPERIENCING	32
7.1. PEOPLE LIVING WITH HIV	32
7.2. OAT PATIENTS	38
7.3. PEOPLE WHO INJECT DRUGS	44
7.4. PEOPLE WITH TUBERCULOSIS OR TUBERCULOSIS SURVIVORS	50
7.5. MEN WHO HAVE SEX WTH MEN	54
7.6. SEX WORKERS.	57
7.7. PEOPLE IN PRISONS	62
7.8. PEOPLE RELEASED FROM PRISONS.	64
7.9. INTERNALLY DISPLACED PEOPLE	66
7.10. TRANS*PEOPLE	68
8. THE WAY CLIENTS DEFEND THEIR RIGHTS BEFORE APPROACHING REAct	71
9. RESPONSE TO VIOLATIONS OF THE RIGHTS OF CLIENTS OF THE PROJECT	73
10. PROGRAMS TO ELIMINATE HUMAN RIGHTS-RELATED BARRIERS	74
11 CONCLUSIONS	75
12. RECOMMENDATIONS	76



GLOSSARY

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
AUCF	All-Ukrainian Charitable Foundation
CO	charitable organization
CSO	civil society organization
COVID-19	COVID-19 coronavirus infection
EECA	Eastern Europe and Central Asia
GF	Global Fund
HCF	healthcare facility
HCV	hepatitis C virus
HIV	human immunodeficiency virus
ICF	International Charitable Foundation
KPs	key populations
LGBT	lesbians, gays, bisexuals, trans*people
MSM	men having sex with men
NGO	non-government organization
OAT	opioid agonist therapy
PLWH	people living with HIV
PTDF	pre-trial detention facility
PWID	people who inject drugs
REAct	Rights – Evidence – Action
RLA	regulatory legal act
SOGI	sexual orientation and gender identity
SWs	sex workers
TB	tuberculosis
TDF	temporary detention facility



ACKNOWLEDGMENTS

ICF 'Alliance for Public Health', particularly REAct project, would like to express their sincere gratitude to partner organizations without which REAct could not have been implemented, because it is the experience and capacity of partner organizations that form the foundations of the project.

We thank our REActors who continued providing help to the clients.

We thank the clients who have been finding the strength to defend their rights and looked for opportunities to do it in the especially difficult time.

We also thank the regional coordinators for their active participation, supporting the REActors and contributing to responding to clients' cases.





ABOUT REAct



REAct (*Rights – Evidence – Action*) is a community-level tool for monitoring and responding to violations of human rights developed by **Frontline AIDS**. The system has been implemented since 2019 by the ICF 'Alliance for Public Health' with the financial support from the **Global Fund**.

Through REAct, organizations can document cases of human rights violations and assistance provided to client (*directly or through referral to other organizations*) in receiving health, legal, or other services. These data can be used to develop programs, policies and advocacy for HIV/TB response on the national, regional and global levels.



The unified regional site of the human rights tool REAct – <https://react-aph.org>



REAct Facebook page



INCREASED ACCESS TO HEALTH AND OTHER SERVICES AND THE FULFILLMENT OF HEALTH AND OTHER RIGHTS



Geographic scope of REAct system implementation by ICF 'Alliance of Public Health'



To see detailed and up-to-date information on implementation of REAct in Ukraine and EECA countries, visit REAct project website <https://react-aph.org/>

Beside Ukraine, the system operates in 13 countries: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, and Uzbekistan. Outside Ukraine, the tool is implemented as a part of various projects. In particular, in four countries (*Georgia, Kyrgyzstan, Moldova, and Tajikistan*), REAct is adopted as a unified system for monitoring of violations of human rights of the vulnerable populations for the national grants of the Global Fund.



Video 'About the REAct System'



Scan the QR code to view the video



1. KEY REAct DATA IN 2023



4190 cases registered



96 system users



3970 Appeals submitted by clients



65 partner NGOs



598 clients are internally displaced people



The system operates in regions of Ukraine **19**



89% of cases have been completely resolved



73 cases, where occupiers are perpetrators

Most of appeals through REAct came from:

- people living with HIV (PLWH) – **1152**,
- OST patients – **805**,
- people who inject drugs (PWID) – **707**,
- people with TB or TB survivors – **450**,
- men who have sex with men (MSM) – **406**,
- sex workers (SWs) – **347**,
- people in prisons – **138**,
- former inmates – **62**,
- internally displaced people (IDP) – **40**,
- trans*people – **35**,
- other risk groups – **21**,
- sexual partners of risk populations (PLWH, PWID) – **11**,
- homeless people – **8**,
- Roma – **4**,
- adolescents – **4**.



3302

cases have manifestations of **stigma and discrimination** committed by the perpetrator

583

cases are related to the full-scale **war** of the rf vs. Ukraine

The perpetrators of the rights violations of key populations were:

68% state

14% clients' inner circle

10% private individuals

8% other perpetrators

The documented violations committed by all categories of perpetrators included:

37%

- denial of service/help

31%

- emotional violence

12%

- physical violence

10%

- material damage

9%

- breach of confidentiality/information disclosure



10 117

cases of human rights violations of key communities have been registered in total since the beginning of REAct implementation in 2019



9334

services of psychosocial and legal support provided



91%

of the services were provided by REActors directly at the place of client's appeal (NGO)

Under the project, several types of services were provided:

64%

- primary legal support

35%

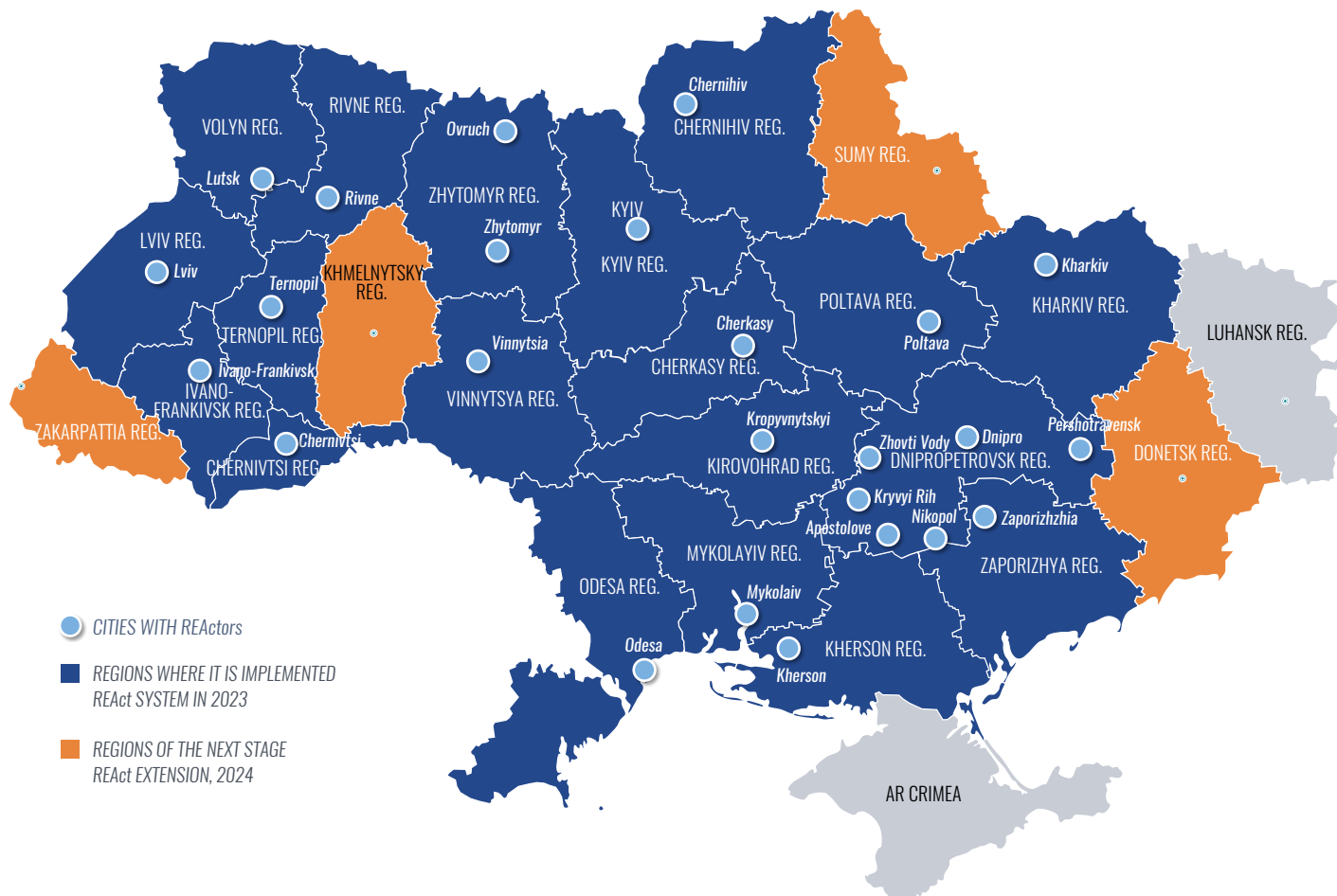
- psychosocial support

1%

- secondary legal support



2. REAct IMPLEMENTATION REGIONS



THE TARGET POPULATIONS OF THE PROJECT ARE MEMBERS OF KEY POPULATIONS VULNERABLE TO HIV/TB, NAMELY:

- people who inject drugs (PWID);
- OST patients;
- people living with HIV (PLWH);
- men having sex with men (MSM);
- trans* people;
- sex workers (SWs);
- people living with TB;
- people in prisons (and ex-inmates);
- sexual partners of clients from the risk groups (PLWH, PWID);
- internally displaced persons (IDPs);
- homeless people;
- adolescents at risk of HIV/TB;
- Roma people.



ORGANIZATIONS THAT DOCUMENTED THE CASES AND PROVIDED SUPPORT WITHIN REAct SYSTEM IN UKRAINE IN 2023:

• **Vinnytsia oblast**

'Center Nezalezhnist' NGO
CO 'Legalife Ukraine' (Vinnytsia)
CO '100% Life. Vinnytsia'

• **Volyn oblast**

ROCF Nashe Maybutnie ('Our Future')

• **Dnipropetrovsk oblast**

CO 'CA 100% Life Dnipro'
CO 'Doroha Zhyttia Dnipro'
CO 'Positive women' (Dnipro)
NGO 'Synergia Dush'
NGO 'Rainbow Life'
CO 'Caritas Donetsk' in the city of Dnipro
CO 'Free Zone'
UPO 'Gay Alliance Ukraine'
NGO 'ALLIANCE.GLOBAL' (Kryvyi Rih)
CO 'CF "Hromadske Zdorovya" (Kryvyi Rih)
CO 'VOLNA Charitable Foundation' (Kryvyi Rih)
NGO 'Promin'
CO 'AUCO Dzherelo Zdorovya' (Nikopol)
CO 'AUCO Dzherelo Zdorovya' (Apostolove)
NGO 'Future without AIDS' (Pershotravensk)

• **Zhytomyr oblast**

CF 'Nekhay tvoye sertse byetsia'
NGO 'Ukraine without Torture' (Ovruch)
NGO 'Perspectiva'

• **Zaporizhzhia oblast**

CO 'Positive women' (Zaporizhzhia)
CO 'CF "Spodivannia"'

• **Ivano-Frankivsk oblast**

CO '100% Life Network' Ivano-Frankivsk
NGO 'Ukraine without Torture' (Ivano-Frankivsk)

• **Kyiv oblast**

All-Ukrainian Association of Women Who Use Drugs 'VONA'
CO CF 'VOLNA'
NGO 'Club Eney'
CF 'Hope and Trust'
NGO 'VILNA'
NGO 'ALLIANCE.GLOBAL'
NGO 'Cohorta'
CO 'Positive women' (Kyiv)

• **Kirovohrad oblast**

CO '100% Life Kropyvnytskyi'
CO 'Legalife Ukraine' (Kropyvnytskyi)
CO 'CF VOLNA' (Kropyvnytskyi)
NGO 'Ukraine without Torture' (Kropyvnytskyi)



● **Lviv oblast**

CO '100% Life' (Lviv)
NGO 'Cohorta'

● **Mykolaiv oblast**

CO '100% Life Mykolaiv'
NGO 'Chas Zhyttia'
CF 'Unitus'

● **Odesa oblast**

CO '100% Life Network' Odesa
NGO 'Cohorta'
NGO 'Civic Movement
"Vira. Nadiia. Liubov"
CO 'Positive women' (Odesa)
NGO 'Razom za zhyttia'
CF 'Way Home'

● **Poltava oblast**

CO 'Light of Hope'
CO 'Legalife Ukraine' (Poltava)

● **Rivne oblast**

ROCF Nashe Maybutinie ('Our Future')

● **Ternopil oblast**

NGO 'Zdorova Planeta'

● **Kharkiv oblast**

CO 'Christian Charitable Foundation "Blago"
NGO 'Spectre Kharkiv'
All-Ukrainian Association
of Women Who Use Drugs 'VONA'

● **Kherson oblast**

KhOCF 'Mangust'
NGO 'Ukraine without Torture' (Kherson)
Center for Registration of Homeless People
(at the premises of the KhOCF 'Mangust')

● **Cherkasy oblast**

CO '100% Life. Cherkasy'
CO 'Positive women' (Cherkasy)

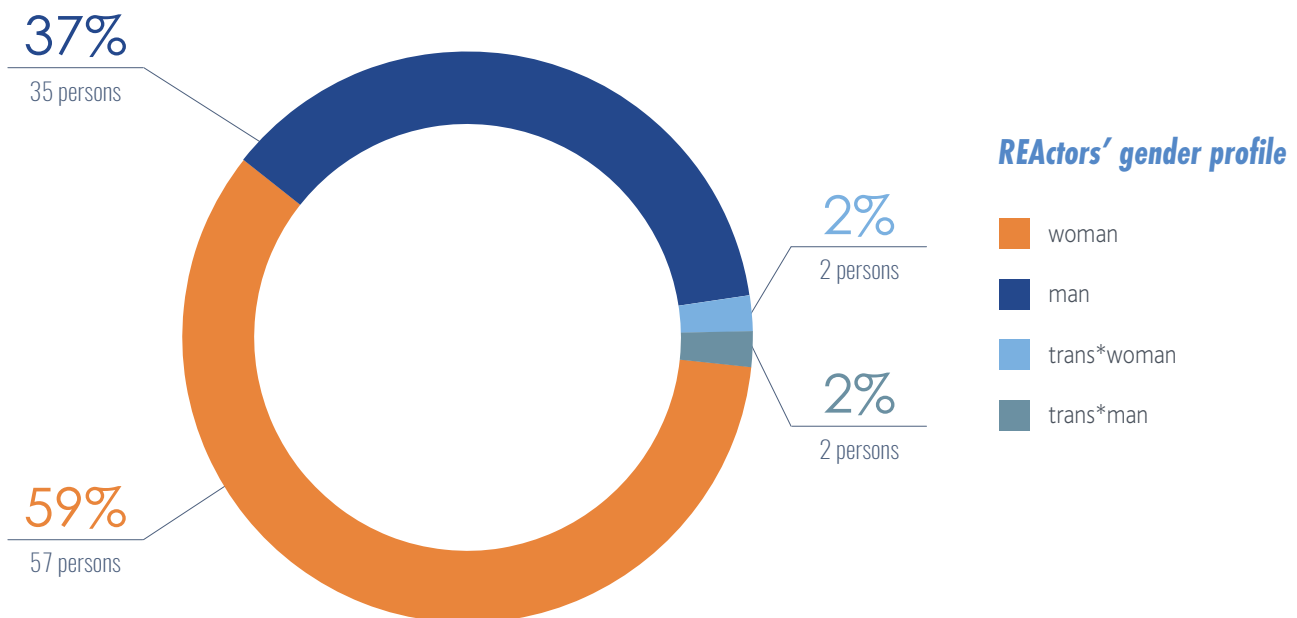
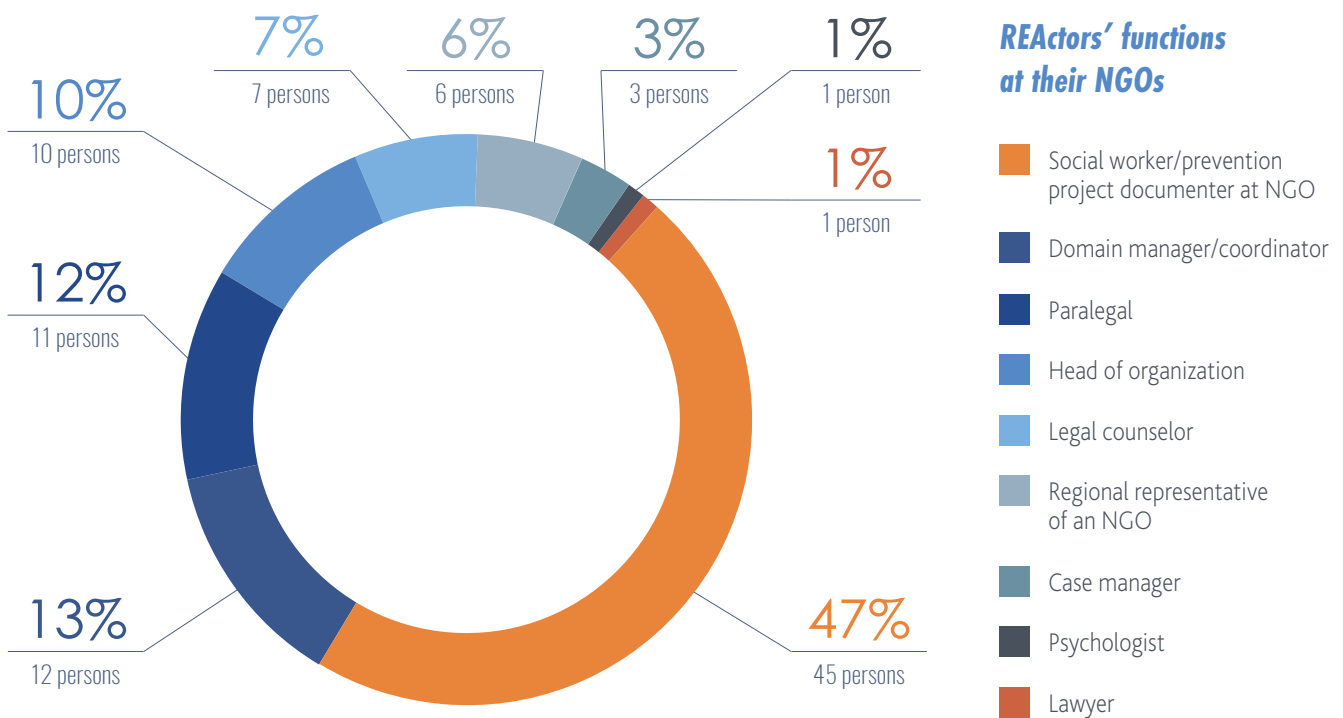
● **Chernihiv oblast**

NGO 'Center for Re-socialization
of People with Chemical Dependence
"Vedis"
NGO 'MART'
CO 'Chernihiv NETWORK'



3. REActors

In **19 regions** of Ukraine, **65 non-government organizations (NGOs)** and **96 REActors** are involved in documenting of and responding to violations of human rights of key populations vulnerable to HIV/ TB. The REActors are NGO employees in direct contact with the vulnerable populations. Each REActor works in their field, with specific risk groups. That is why some populations are underrepresented in REAct project.





4. APPEALS REGISTERED BY REAct



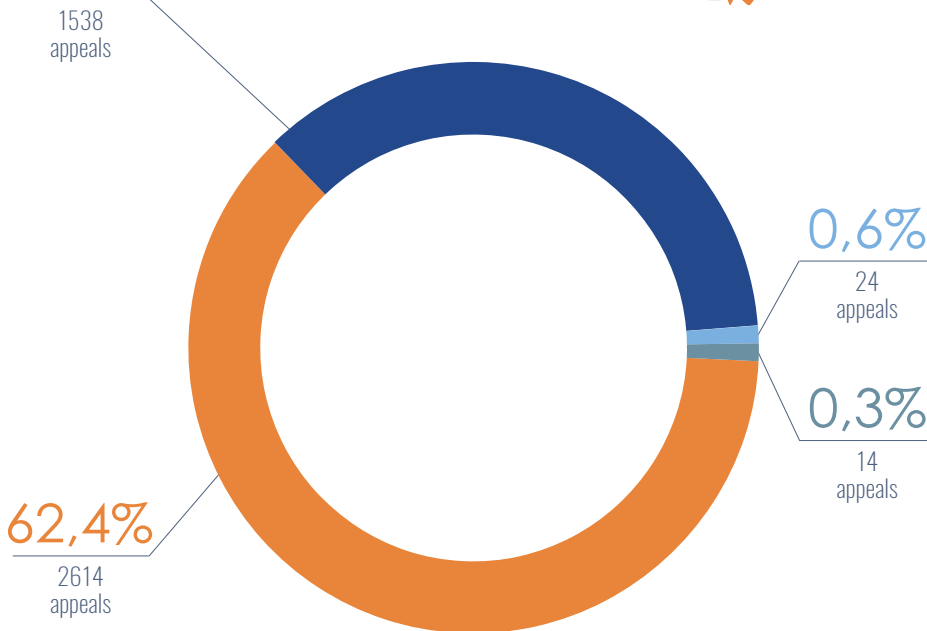
CLIENTS OF THE PROGRAM
3970



REGISTERED CASES
4190

In 2023 (from January 1 to December 31), the total of **4190 cases of violations of human rights** of members of HIV/TB-vulnerable communities was registered. The submissions came from **3970 persons**; some of them appealed to the project several times.

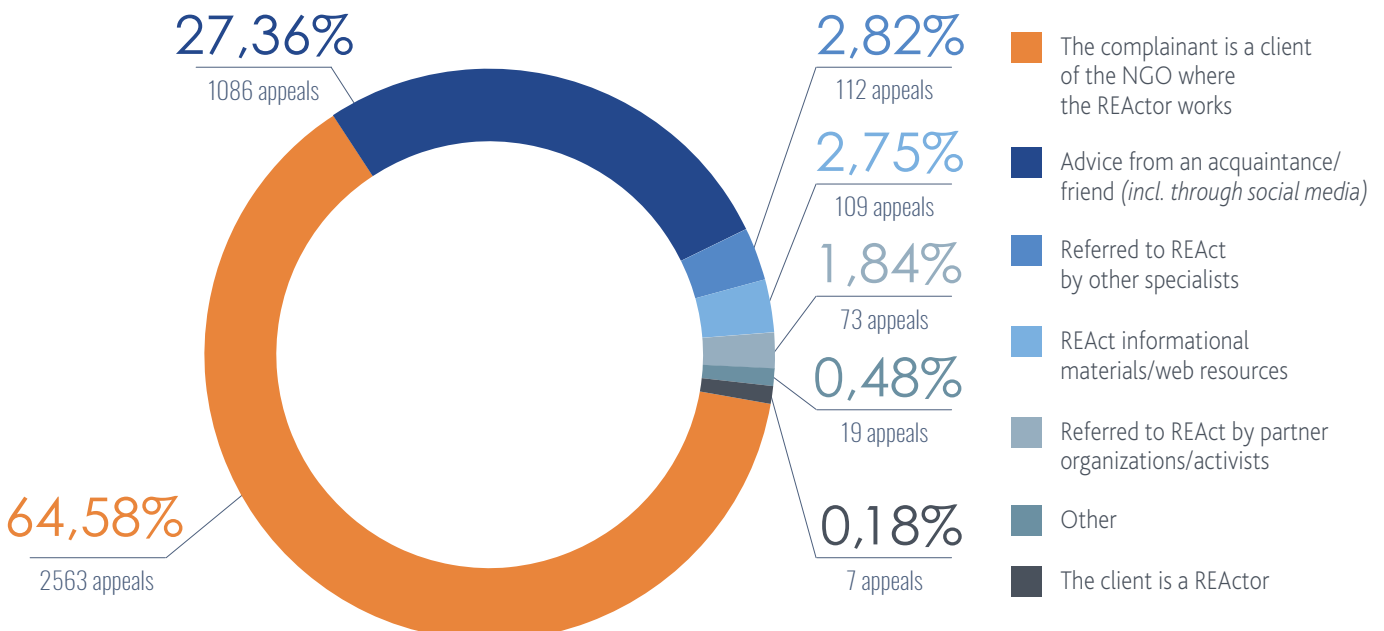
36,7% | **92%** – by phone to an organization/REActor
8% – *The National OST Hotline*



Communication channels between clients and REAct

- Meeting in person
- Via phone
- Internet
- REActors' own cases

How the clients learn about REAct

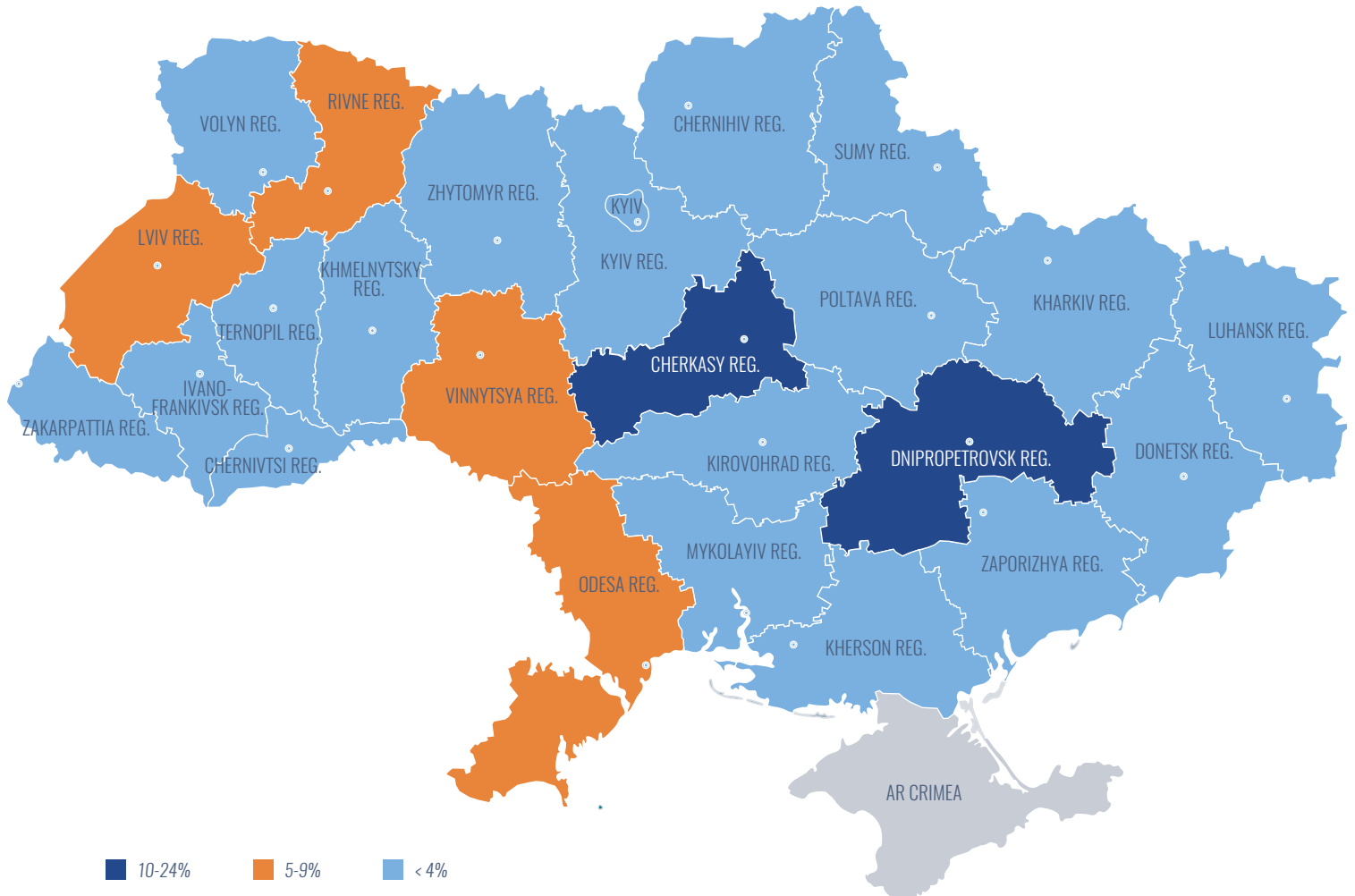


- The complainant is a client of the NGO where the REActor works
- Advice from an acquaintance/friend (incl. through social media)
- Referred to REAct by other specialists
- REAct informational materials/web resources
- Referred to REAct by partner organizations/activists
- Other
- The client is a REActor



REGIONAL DISTRIBUTION OF CLIENTS

Regions where clients' rights were violated

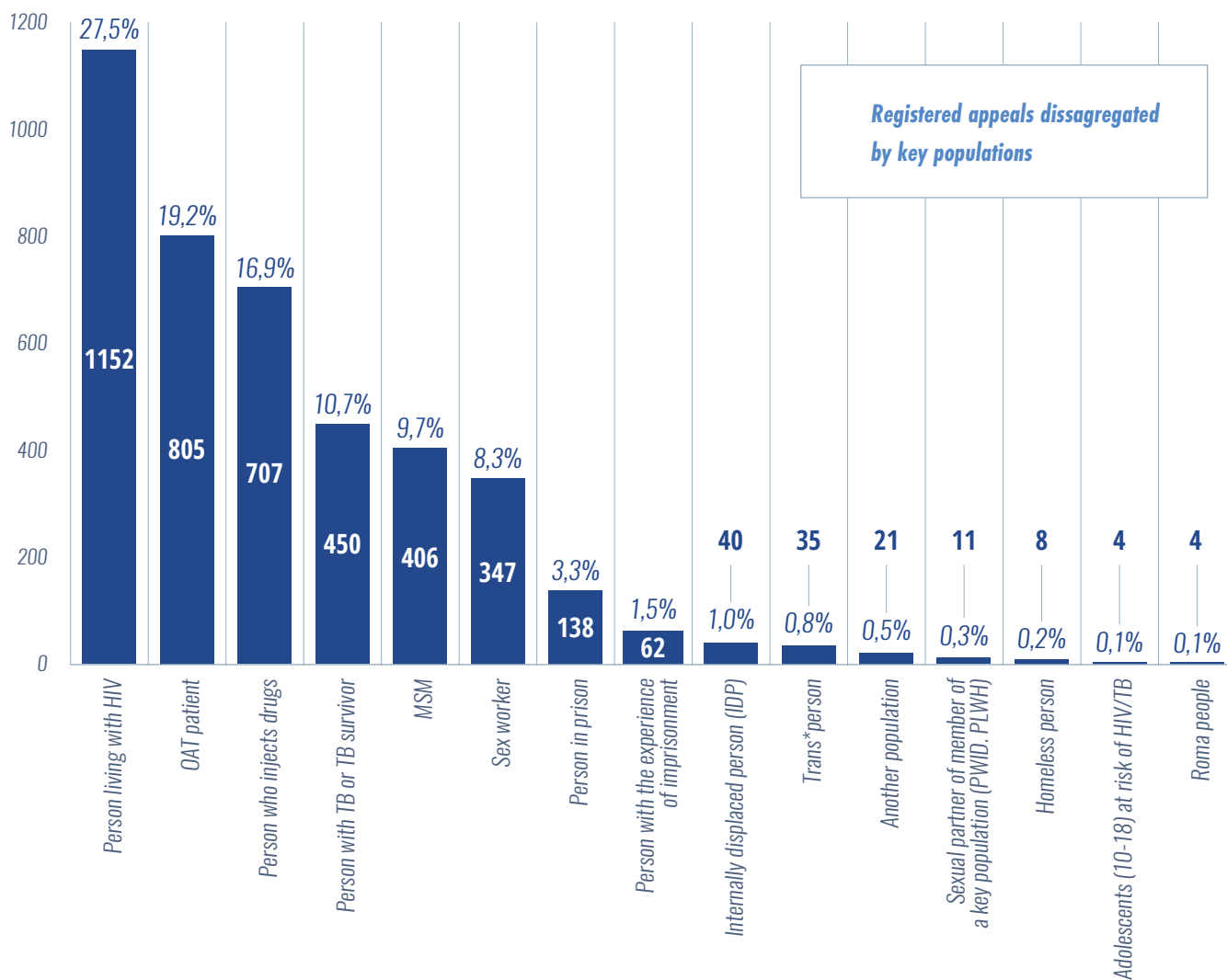


* 3 Incident occurred outside Ukraine



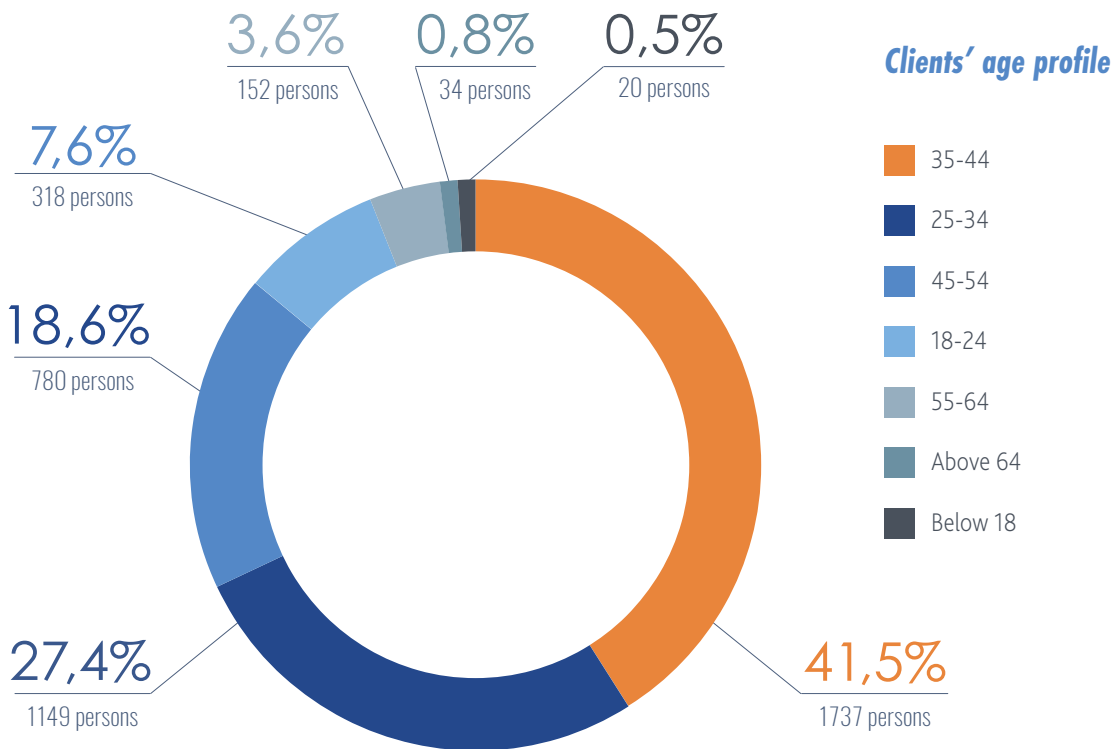
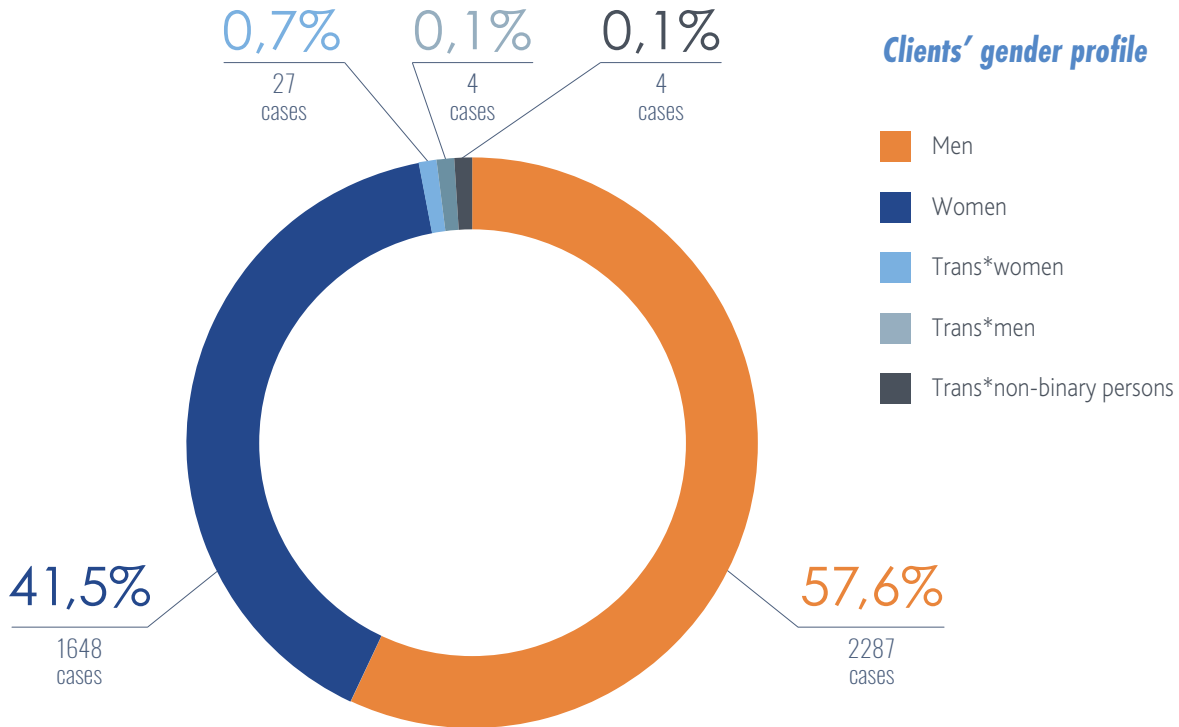
RISK GROUPS AFFECTED BY VIOLATION OF RIGHTS

The evidence shows that some of the risk populations are less represented in the general structure of appeals, but it absolutely does not mean that these populations experience violations of their rights less frequently. **Clients' distribution by the populations is linked primarily to what communities the NGOs serve, and what risk groups the REActors work with, as well as the quantities of such NGOs and REActors.**



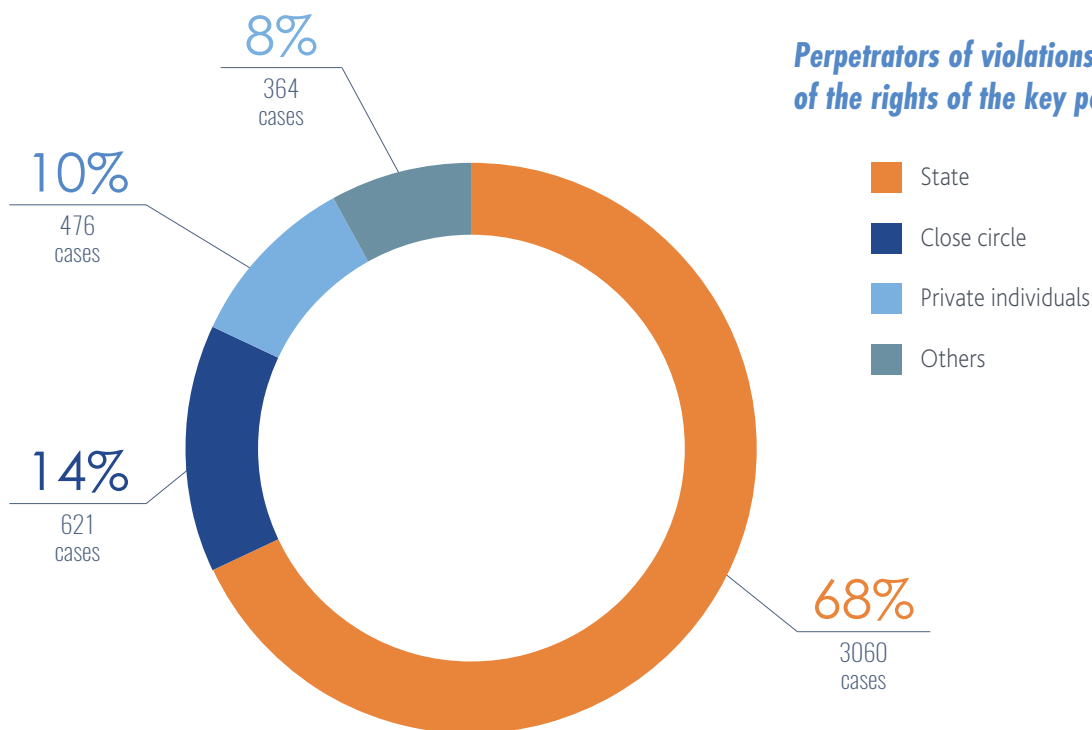


MOST OF REAct CASES CONCERNED VIOLATIONS OF THE RIGHTS OF PLWH, OAT PATIENTS, AND PWID

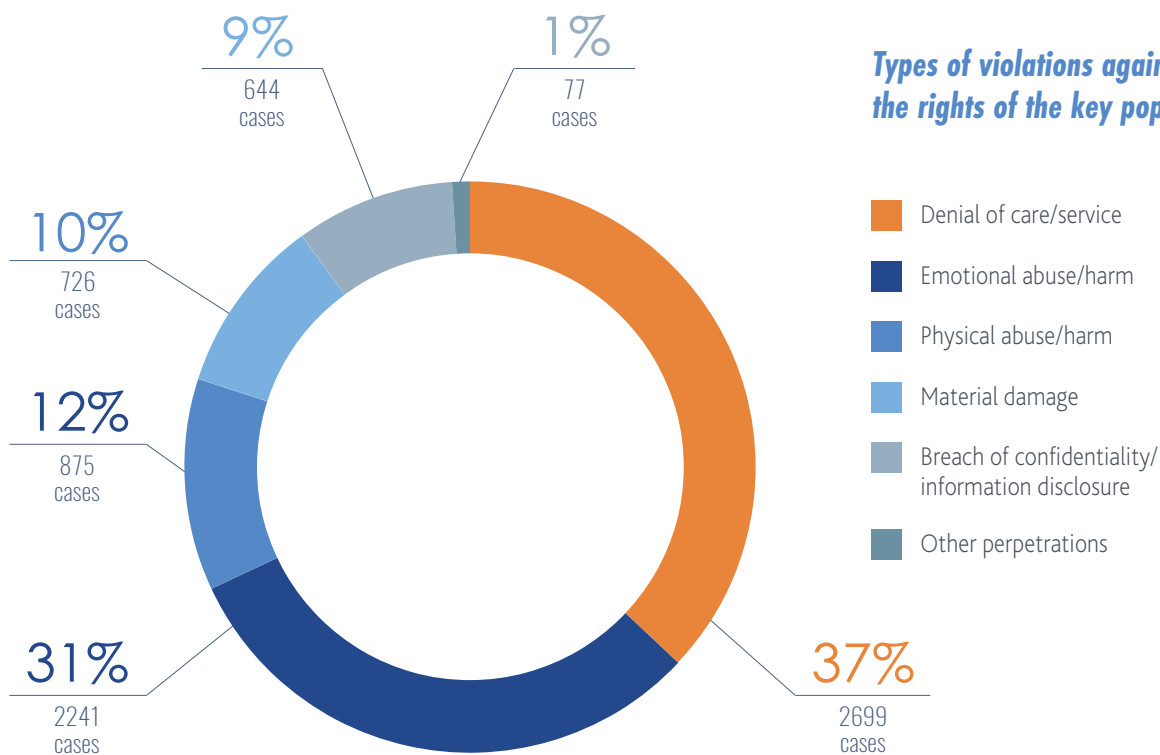




Perpetrators of violations of the rights of the key populations






Types of violations against the rights of the key populations





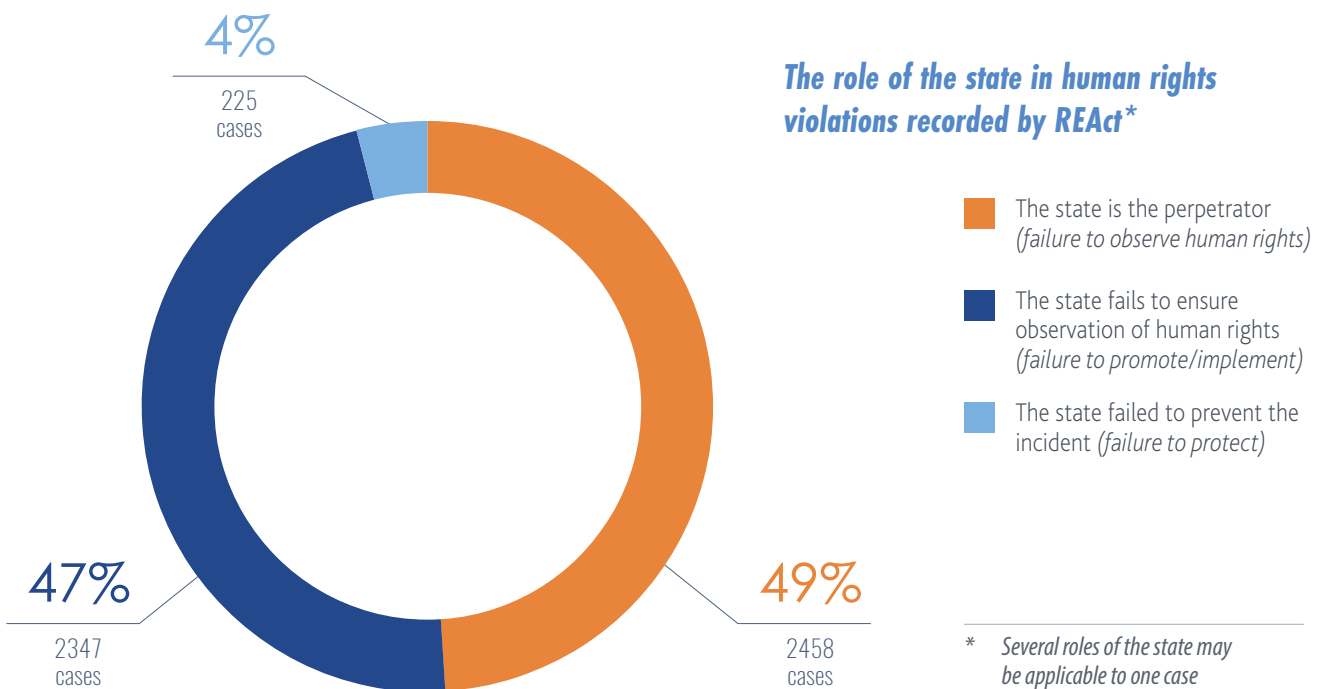
5. THE ROLE OF THE STATE IN VIOLATIONS OF THE RIGHTS OF THE KEY POPULATIOS

STATE'S COMMITMENTS REGARDING HUMAN RIGHTS

 <p>RESPECT</p> <p>avoid prohibition or restriction of equal access to health services; avoid implementing discriminatory practices as the state approach</p>	 <p>PROTECT</p> <p>legislate or otherwise ensure equal access to medical and health care services provided by third parties</p>	 <p>PROMOTE</p> <p>prioritize the right to health in the national political and legal systems, mostly through legislation, and adopt a national health care policy with a detailed action plan aimed at ensuring exercising of the right to health</p>
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The state has obligations to the citizens. The state is obliged to ensure observation of human rights based on principles of respect, protection and promotion of human rights.

In most cases registered by REAct, the state both directly violated human rights and failed to ensure their protection.





6. LEGAL GUARANTEES OF OBSERVING THE RIGHTS OF HIV/TB KEY POPULATIONS IN UKRAINE

Guaranteeing observation of human rights and freedoms is a duty of the state and the essence of its legal policy. These guarantees are set forth in the Constitution of Ukraine and the European Convention on Human Rights ratified by our country in 1997.

Guarantees of human rights and freedoms are a system of norms, principles, conditions and requirements that, combined, ensure such human rights and freedoms are observed. Those are conditions and measures, principles and norms that ensure exercise, protection and defence of the above rights and bode for meeting respective commitments by the state and other subjects of legal relations.

Practical exercising of the rights and freedoms is provided for by two categories of guarantees.

The first is general guarantees covering the whole complex of objective and subjective factors aimed at practical exercising of the rights, removing possible reasons and barriers leading to their incomplete or exercising, and defending the rights from violations.

The second includes **special (legal) guarantees – legal measures and methods used to protect and defend the rights, eliminate their violations and restore the rights.**

In Ukraine, there are several effective laws and regulations concerning state policy in health care, social services, education, employment, powers of law enforcement agencies, etc. All these laws and regulations include certain guarantees of the rights and freedoms and access to necessary services.

However, REAct has registered a significant number of violations of the current legislation of Ukraine on the rights of members of the key populations. This is an indication of low effectiveness of the existing guarantees or the practice of their implementation.

So, what guarantees are fundamental (*basic*)?



Protection from discrimination

Discrimination is a situation where a person and/or a group of persons, based on their race, skin color, political, religious or other beliefs, sex, age, disability status, ethnic or social background, citizenship, marital or material situation, place of residence, linguistic or other characteristics, whether former or present, real or perceived (*hereafter – certain characteristics*), is subjected to restrictions in recognition, enforcement or enjoyment of their rights or freedoms in any form established by the law, except for instances when such a restriction has a legitimate and justified purpose achieved in proper and necessary ways.

The *Law of Ukraine 'On Principles of Prevention and Combating Discrimination in Ukraine'* sets forth the following legal means for defense against and prevention of discrimination and restoration of any violated rights:

- complete prohibition of discrimination (*article 6*);
- the scope of the Law including all areas of social relations: social and political activities; public service and service at local self-government authorities; justice; labor relations, incl. employers' use of the reasonable accommodation principle; health care; education; social protection; housing relations; access to goods and services; and other areas of social relations (*article 4*);
- stipulating that the state anti-discrimination policy shall be aimed at: preventing discrimination; applying positive action; promoting timely detection of instances of discrimination and ensuring effective defense of persons and/or groups of persons affected by discrimination; promotion and promulgation among the population of Ukraine of respect to people regardless of their certain characteristics, and scaling up educational activities in this domain (*article 7*);
- procedure for submitting complains regarding instances of discrimination, defense of the complainer against prejudice (*article 14*);
- the right to compensation of material and moral damage caused by discrimination (*article 15*);
- liability for violation of anti-discrimination legislation (*article 16*).

The *Law of Ukraine 'On Combating the Spread of Diseases Caused by the Human Immunodeficiency Virus (HIV), and Legal and Social Protection of People Living with HIV'* includes (*article 14*):

- equality before the law and prohibition of discrimination of people living with HIV and persons belonging to key populations in relation to HIV infection;
- state guaranteeing that all people living with HIV and persons belonging to key populations in relation to HIV infection shall be given the same opportunities as other people to exercise their rights, in particular in terms of availability of administrative and judicial protection of their rights;
- prohibition of discrimination based on HIV status or person's belonging to key populations in relation to HIV infection;
- obligation of central and local executive authorities, local self-government authorities, enterprises, institutions and organizations regardless of ownership to take measures to prevent and combat discrimination of people living with HIV and promote tolerant attitude to people living with HIV and those belonging to key populations in relation to HIV infection.



The right to health care

Virtually all the violations registered in health care were related to denial of services. The grounds and reasons varied from referring to the fact of person's belonging to a key population to a denial without any explanations. In some cases, the complainants faced demands of payment for additional or unnecessary procedures or actions of health workers, or were denied those because of lack of personal documents, some subjective characteristics or personal appearance.

All of the above are violations of the right to health care which, according to article 6 of the *Law of Ukraine 'Fundamentals of the Legislation of Ukraine on Health Care'*, belongs to each citizen and includes:

- a) living standards, including food, clothes, housing, health care and social support and services required to maintain person's health;
- b) natural environment that is safe for human life and health;
- c) sanitary and epidemic well-being of the territory and settlement where the person resides;
- d) safe and healthy conditions of work, education, living, and leisure;
- e) qualified medical and rehabilitation care, including free choice of doctor and rehabilitation specialist, methods of treatment and rehabilitation based on the recommendation of the doctor and rehabilitation specialist, and health care institution;
- f) correct and timely information on their health condition and public health, including existing or possible risk factors and their severity;
- g) participation in discussing draft laws and making proposals on state health care policy-making;
- h) participation in health care management and conducting public examination in this area as provided for by the law;
- i) possibility of creating or joining civil society organizations to promote health care;
- j) legal protection against all illegal forms of health-based discrimination;
- k) compensation of damage to health;
- l) challenging unlawful decisions and actions of health care employees, institutions or authorities;
- m) opportunity to conduct an independent specialist medical evaluation should the citizen disagree with the conclusion of the state medical evaluation, be subjected to restrictive measures as to a person to be (*possibly*) further subjected to forced medical action, be subjected to forced medical action, forced treatment, forced hospitalization and other cases where health personnel's actions violate the right of a citizen of Ukraine to health care;
- n) the right of a patient on inpatient treatment at a health care facility to see other health professionals, family members, a guardian, a caregiver, a notary or a lawyer, as well as a minister of religion to take a service or keep a religious ceremony;
- o) informing about available medical and rehabilitation services using telemedicine and telerehabilitation.



The *Law of Ukraine 'Fundamentals of the Legislation of Ukraine on Health Care'* provides for the following guarantees to the right to health care:

- According to the [Constitution of Ukraine](#), the state shall guarantee all its citizens the ability to exercise their rights in the area of health care by:
 - a) creating an extensive network of health care facilities;
 - b) organizing and implementing a system of state and public measures aimed at improving health care and health promotion;
 - c) funding provision of a guaranteed scope of medical and rehabilitation services and medicines to all citizens and other persons covered by law, according to the procedure established in the legislation;
 - d) conducting state and enabling public control and supervision over health care;
 - e) organizing a state system for collecting, processing and analyzing social, environmental, special medical and rehabilitation statistics;
 - f) establishing liability for violation of the rights and legitimate interests of citizens in health care (*article 7*);
- the state recognizes the right of every citizen of Ukraine to health care and ensures protection thereof;
- every citizen has the right to free health care services at state and communal health care facilities, such services including: emergency care; primary care; specialist care; palliative care;
- the state recognizes the right of every citizen to receive rehabilitation treatment while receiving health care. The procedure for provision of rehabilitation treatment during provision of health care shall be established by the law;
- the state guarantees provision of free health care at state and communal health care facilities upon epidemiological indications. The state also guarantees free medical and social evaluation, forensic examination and forensic psychiatric evaluation, autopsies and related examinations according to the procedure established by legislation;
- the state guarantees to the citizens of Ukraine and other persons covered by law provisions of necessary health care services and medicines procured using the funds of the State Budget of Ukraine pursuant to terms and procedures established by legislation;
- in case of violation of lawful rights and interests of the citizens in health care, relevant state, civil society or other bodies, companies, institutions and organizations, their officials, and citizens must take actions to restore the violated rights, protect the lawful interests and remedy the damage;
- judicial remedy of the right to health care.



The *Law of Ukraine 'On Combating the Spread of Diseases Caused by the Human Immunodeficiency Virus (HIV), and Legal and Social Protection of People Living with HIV'* provides for the following guarantees in the area of combating the spread of diseases caused by HIV:

- the state guarantees provision of (*article 4*):
- accessibility and proper quality of HIV testing, including anonymous one, and providing pre-test and post-test counseling, and ensuring safety of the testing for the tested person and testing personnel;
- people's access to means of prevention that allow preventing HIV infection and sexual transmission;
- preventing the spread of HIV among people who inject drugs and psychotropic substances through rehabilitation and harm reduction programs that involve, in particular, the use of substitution maintenance therapy for people with drug addiction and enabling exchange of used injection needles and syringes with sterile ones and their further disposal;
- unrestricted access to post-exposure prophylaxis services for people at high risk of HIV exposure in the employment context, survivors of sexual violence and others, including provision of counseling according to the procedure approved by the central executive health-care policy-making authority;
- unrestricted access to mother-to-child HIV transmission prophylaxis services;
- implementing consistent policies aimed at forming tolerant attitude to members of the populations most-at-risk of HIV infection, and people living with HIV;
- social protection of people living with HIV, members of their families, health, social and other workers employed in HIV prevention and providing health care and social services to people living with HIV;
- in addition to general rights and freedoms of a person and a citizen, people living with HIV also have the right to compensation of damage caused by restriction of their rights because of divulgation or disclosure of their HIV status (*article 15*).

The *Law of Ukraine 'On Public Health System'* stipulates that:

- the public health system in Ukraine operates based on the following main principles: 1) legality – compliance with the Constitution and the laws of Ukraine and international treaties of Ukraine; 2) justice – enabling each person to exercise their right to health and ensuring equal access of health care service as required throughout the whole life; (...) 4) people-centered approach – health and safety of the population are the priority in organization and provision of services in the public health system; 5) harm mitigation – systemic elimination or reduction of negative consequences of various behaviors and occupations of a person to their health; (...) 11) countering health-related discrimination – preventing discrimination on the grounds of disability or health condition, and overcoming stigmatization of people with diseases (*article 3*);
- decisions made by officials of state authorities or local self-government authorities violating the rights of individuals or legal entities in the sphere of sanitary and epidemic well-being of the population can be appealed against according to the procedure established by the law, and through litigation (*article 14*);



- every person has the right to: safe food, potable water, conditions of work, training, upbringing, daily life, leisure, rest, and safe environment; compensation of damage caused to one's health by violations of sanitary legislation by physical persons or legal entities, officials of executive authorities or local self-government authorities; true and timely information about their health and actual or possible health risk factors and their severity (*article 15*);
- the state provides for regulation and implementation of measures aimed at guaranteeing the right to health care safe for people's life and health, and resolving other issues of infectious safety (*article 37*).

The *Law of Ukraine 'On Combating Tuberculosis'* (*article 4*) lists the following key guarantees of protecting the rights in the area of countering the spread of tuberculosis:

- medical care, tuberculinodiagnosis, chemoprophylaxis of tuberculosis and sanatorium-resort treatment of people with tuberculosis at state-owned and communal health care facilities are provided free of charge;
- during the treatment, people with tuberculosis shall receive, free from payment or interruptions, tuberculosis medicines according to the list and scope approved by the central executive health-care policy-making and policy-implementing authority;
- people with tuberculosis, as well as children and minors infected with *Mycobacterium tuberculosis*, while receiving inpatient or sanatorium-resort treatment at tuberculosis institutions shall receive food free of charge according to norms established by the Cabinet of Ministers of Ukraine.

Article 8 of the *Criminal Penal Code of Ukraine* stipulates that inmates have the right to health care within the scope set forth by Fundamentals of the Legislation of Ukraine on Health Care except for restriction provided for by the law. Health care is provided through a system of medical and preventive measures combining free and paid forms of care.

The *Law of Ukraine 'On the National Police'* sets forth the following duties of the police service and police officers:

- provide emergency aid, including pre-medical and medical care, to people affected by offences, accidents, and to people in distress or in a situation threatening their life or health (*article 18*);
- take measures to eliminate the threats to life and health of individuals and public safety caused by criminal or administrative offences (*article 23*).

The *Law of Ukraine 'On Narcotic Drugs, Psychotropic Substances and Precursors'* says (*article 4*):

- national policy on circulation of narcotic drugs, psychotropic substances and precursors shall be aimed at reduction of harm caused by illicit use of narcotic drugs, psychotropic substances.

The *Law of Ukraine 'On Countering Illegal Circulation of Narcotic Drugs, Psychotropic Substances and Precursors and Abuse thereof'* provides that (*article 15*):

- the costs of medical examination, medical evaluation or treatment at state facilities of persons abusing narcotic drugs and drug-dependent patients shall be borne by the state, and if any additional health services are required – by the person being examined, evaluated or treated.



Social and Domestic Services

The key violations registered by REAct include denial of social services. The reasons cited for the denial were both formal (*e.g. lack of personal documents or a place of registration, or formal IDP status*) and subjective (*negative or stigmatizing attitude of the service provider towards the person, or failure to perform or misperforming one's professional duties*). In some cases, these violations rendered defending violated rights impossible or were even repressive per se. Therefore, such unlawful actions on behalf of service providers violated the guarantees listed in the **Law of Ukraine 'On Social Services'**. The main of those guarantees are as follows:

- providing social services according to terms and procedures set forth in the legislation on social services and social service provision contract;
- respecting honor and dignity, ensuring attentive and humane approach by actors of social service provision system;
- providing full and exhaustive information about person's rights, responsibilities, procedure and terms of provision of social services in a clear form understandable to persons with any kind of health conditions;
- individual approach considering the needs of every person/family;
- free choice of social service providers;
- confidentiality of personal information disclosed to actors within the social service provision system in the course of exercising of this Law;
- respecting private life, freedom of thought and speech;
- right to defend one's rights and lawful interests, including in a judicial procedure;
- receiving written justification of denial of service provision from social service providers;
- considering the need to provide for the best interests of social service beneficiaries (*article 12*);
- liability of the persons guilty of inaction in organizing social service provision, violating legal requirements regarding social services (*article 29*).

There have been cases of violation of the rights of members of the key populations regarding accessing consumer or other services on the grounds of belonging to a certain group (*tattoo salons, hair studios, nail salons, etc.*)

The guarantees in this field are provided by the **Law of Ukraine 'On Protecting Consumer Rights'** that says (*articles 5, 17*):

- the state ensures protection of consumer rights, enables free choice of products, (...) and guarantees procurement or receipt of the goods through other legal ways in the amount enabling consumption rate sufficient for maintaining health and life activities;
- consumer rights are protected by the central executive authority that makes and implements state policies on consumer rights, central executive authority implementing state policies of state control over observation of consumer rights legislation, local state administrations, and other executive authorities, local self-government bodies according to the law, and courts;



- all consumers have equal rights to satisfy their needs in the field of retail trade or other services. Establishing any preferences, applying direct or indirect restrictions of consumer rights are not allowed except for cases provided for in laws and regulations;
- consumers have the right to freely choose goods or services at their convenience and to freely perform cashless payments taking into account the working hours and payment forms that are mandatory to the seller (*service provider*), according to the legislation of Ukraine;
- in case of violation of consumer rights by service sector companies, the seller (*manufacturer, service provider*) and employees thereof shall be held liable according to the law.

Education

In education, the key violations involved denial of accepting a child to a kindergarten because the child's personal documents were absent (*lost*), bullying at education institutions on the grounds of one's belonging to a community, and impossibility to exercise the right to education due to poverty. At the same time, the Law of Ukraine 'On Education' stipulates (*article 3*) that every person has the right to quality and affordable education. The right to education includes the right to get education at any point in one's life, the right to affordable education, the right to free education in cases and according to the procedure established by the Constitution and the laws of Ukraine. In Ukraine, equal conditions for accessing education shall be created.

No-one can be restricted in their rights to education. The right is guaranteed regardless of one's age, sex, race, health condition, disability status, citizenship, nationality, political, religious or other beliefs, color of skin, place of residence, language, ethnic background, social or financial status, criminal records, or other circumstances or characteristics.

The right to education cannot be restricted by law. The law may only set special conditions for accessing a certain level of education, specialty (*profession*).

A person may exercise their right to education by accessing it at different levels, in different forms or kinds, incl. by obtaining pre-school, complete secondary, out-of-school, occupational (*vocational*), specialist pre-university, higher education, and adult education.

There are following main guarantees of exercising this right:

- the state shall enable education for people with special educational needs taking into account their individual needs, capabilities, abilities and interests, and shall ensure detection and elimination of factors hindering exercising the rights and meeting the needs of such people in the area of education (*article 3*);
- free pre-school, complete general secondary, occupational (*vocational*), specialist pre-university and higher education according to educational standards;
- development of pre-school, complete general secondary, occupational (*vocational*), specialist pre-university, higher and post-graduate education according to the legislation;
- the state shall guarantee all citizens of Ukraine and other legal residents of Ukraine, as well as every child regardless of their reasons of residing in Ukraine, the right to free complete general secondary education according to educational standards;



- the state shall guarantee provision of free-of-charge textbooks (*including electronic ones*), study aids to all persons obtaining complete general secondary education and educators according to the procedure established by the Cabinet of Ministers of Ukraine (*article 4*).

Workplace

Most of workplace-related violations are based on a discriminatory approach to a person belonging to the key populations in relation to HIV: denial of employment, establishing special requirements, work conditions or compensation. In some cases, employers fired the complainers citing their negative influence on the image of the place of employment.

The guarantees of elimination of such an approach are given in the fundamental document – the Labor Code of Ukraine. According to the Code (*articles 5-1, 22*):

- the state shall guarantee all able to work residents of Ukraine: free choice of occupation; free-of-charge support from state employment services in selection of a fitting job and employment according to one's vacation, abilities and professional training, education, considering the public needs; legal protection from unjustified denial of employment or unlawful discharge, as well as support in job retention;
- legal protection from mobbing (*bullying*), discrimination, prejudice in employment, protection of honor and dignity of an employee performing their work, and providing persons who have faced such actions and/or failure to act the right to resort to a central executive authority exercising the state policy in labor legislation-related oversight and control, or to court to recognize and eliminate such facts (*without interruption of employee's employment for the period of consideration of the complaint or trial*), and compensation of damage caused by such actions and/or failure to act based on valid judgment;
- unjustified denial of employment, i.e. denial without any reasons or based on the reasons irrelevant to qualification or professional skills of the employee, or due to other reasons not provided for by law, is prohibited;
- upon request from the person denied an employment, the employer or a body the employer has duly authorized, or an individual using hired labor, must provide a reason for such a denial in writing;
- no direct or indirect restriction of labor rights during closure, amendment or termination of a labor agreement is allowed;
- the requirement regarding age, education level, and health of the employee may only be established by law;
- a minimum wage is a state social guarantee mandatory on the whole territory of Ukraine for enterprises, institutions, and organizations regardless of ownership or economic activity, and for individuals using hired labor under any remuneration system (*article 95*);
- officials of public authorities and local self-government bodies, enterprises, institutions and organizations found having violated labor laws shall be held liable according to applicable legislation (*article 265*).



Additional guarantees in this field are given in the *Law of Ukraine 'On Employment'*. In particular, the state provides the following guarantees regarding employment:

- free choice of the place of employment and type of activity, free choice or change of occupation;
- receiving salary (*remuneration*) according to the law;
- vocational counseling to support self-determination and exercise of the person's capability to work;
- vocational training according to abilities and considering the needs of the labor market;
- confirmation of the results of informal vocational training of trade jobs;
- free-of-charge support in finding an employment, selecting a fitting job and receiving information about the labor market situation and developments;
- social protection in case of unemployment;
- protection against discrimination in employment, unjustified denial of employment or unlawful discharge;
- additional aid in employment for certain populations (*article 5*);
- ensuring equal opportunities for the people in exercising their constitutional right to work;
- responsibility for implementation of main state policies in employment lies with the ministries and other central executive authorities, the Council of Ministers of the Autonomous Republic of Crimea, oblast-level, Kyiv city and Sevastopol city state administration, and local self-government bodies (*article 17*);
- officials of public authorities and local self-government bodies, enterprises, institutions and organizations, as well as individual entrepreneurs found having violated labor laws shall be held liable according to applicable legislation (*article 53*).

Prohibition of torture, cruel and inhumane treatment or punishment

Some of the registered violations of rights of the key populations were the result of abuse of power by officers of law enforcement agencies (*police, migration service, National Guard, Security Service, military commissariats, administrations, etc.*)

Article 28 of the *Constitution of Ukraine* says: 'Everyone has the right to respect of his or her dignity. No one shall be subjected to torture, cruel, inhumane or degrading treatment or punishment. No person shall be subjected to medical, scientific or other experiments without his or her free consent'.

Article 50 of the *Criminal Code of Ukraine* stipulates: '*The punishment shall not mean to cause physical sufferings or humiliate human dignity.*'

Civil Code of Ukraine (*article 289*) stipulates: 'An individual has the right to personal integrity. An individual may not be subjected to torture, cruel, inhumane or degrading treatment or punishment. Physical punishment by parents (*adoptive parents*), guardians, custodians, educators of minors, underage children and wards is not allowed. In case of cruel, immoral behavior of an individual towards another person who is in a helpless state, the measures established by this Code and other laws shall be applied.'



In its article 11 'Respect for human dignity', *Criminal Procedure Code (CPC) of Ukraine* lists the following provisions:

- 1) In the course of criminal proceedings, respect for human dignity rights and freedoms of every person must be ensured;
- 2) In the course of criminal proceedings, it shall be prohibited to subject an individual to torture or to inhuman or degrading treatment or punishment, or to threaten or use such treatment, or to keep an individual in humiliating conditions, or to force to actions which humiliate dignity;
- 3) Everyone shall have the right to protect, by all means which are not prohibited by law, their dignity, rights, freedoms, and interests, which have been violated in the course of criminal proceedings.

Article 87 of the same Code speaks of inadmissibility of evidence obtained through significant violation of human rights and fundamental freedoms. In particular, inadmissible shall be evidence obtained through significant violation of human rights and fundamental freedoms guaranteed by the Constitution of Ukraine and international treaties the Verkhovna Rada of Ukraine has given its consent to be bound by, as well as any other evidence resulting from the information obtained through substantial violation of human rights and fundamental freedoms. The court shall be required to find substantial violations of human rights and fundamental freedoms, in particular, obtaining evidence subjecting a person to torture and inhuman or degrading treatment or threats of applying such treatment. Evidence referred to above shall be found by court inadmissible during any trial except trial when the issue of liability for the said significant violation of human rights and fundamental freedoms as result of which such evidence was obtained is disposed.

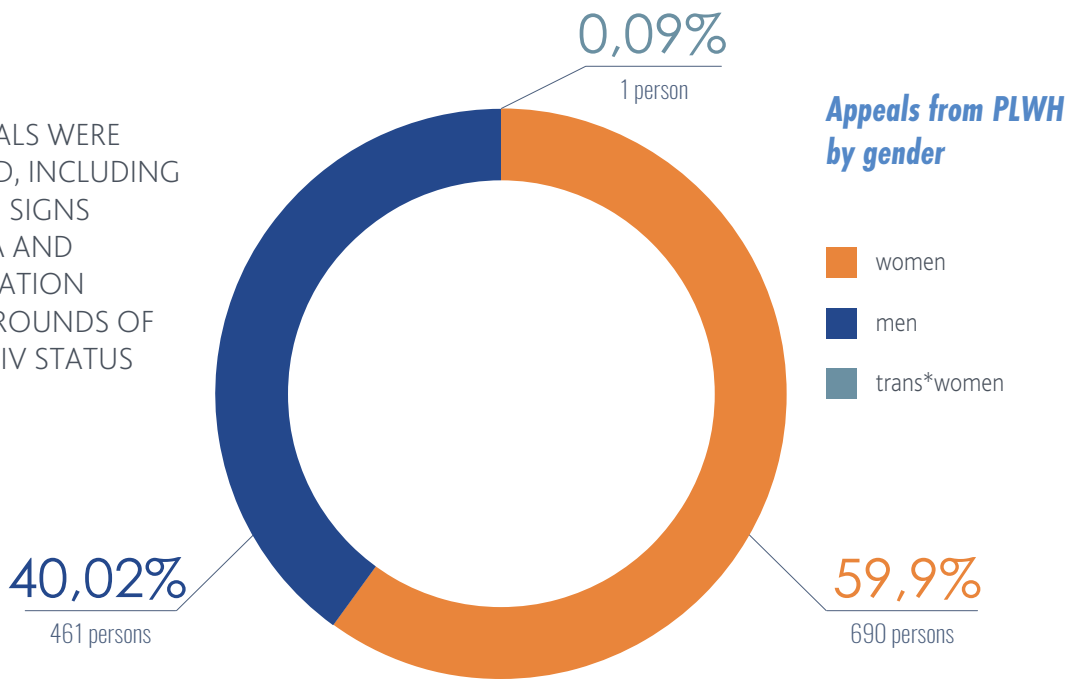
It is especially worth mentioning article 206 of the *CPC of Ukraine 'General duties of a judge regarding the protection of human rights'*, according to which an investigating judge has the following obligations:
1) Whenever, at any trial, a person states that he has been subjected to violence during apprehension or custody in the competent public authority concerned, state institution (*public authority, state institution empowered to keep in custody*), investigating judge is required to record such statement or accept a written statement from such person.



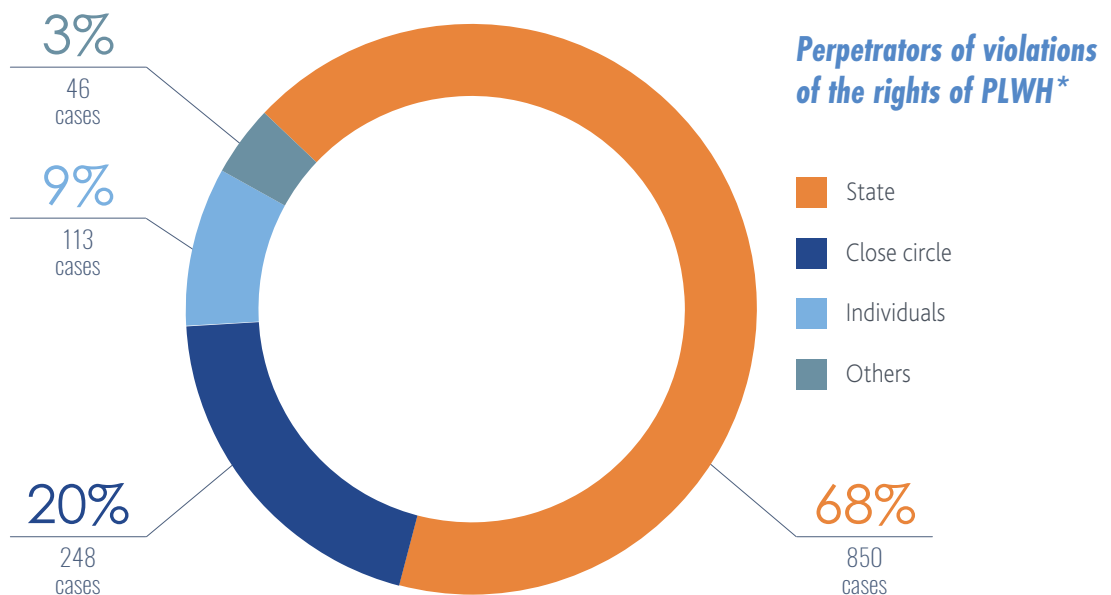
7. RIGHTS VIOLATIONS THAT KEY POPULATIONS ARE EXPERIENCING

7.1. PEOPLE LIVING WITH HIV

1152 APPEALS WERE REGISTERED, INCLUDING **87%** WITH SIGNS OF STIGMA AND DISCRIMINATION ON THE GROUNDS OF CLIENT'S HIV STATUS



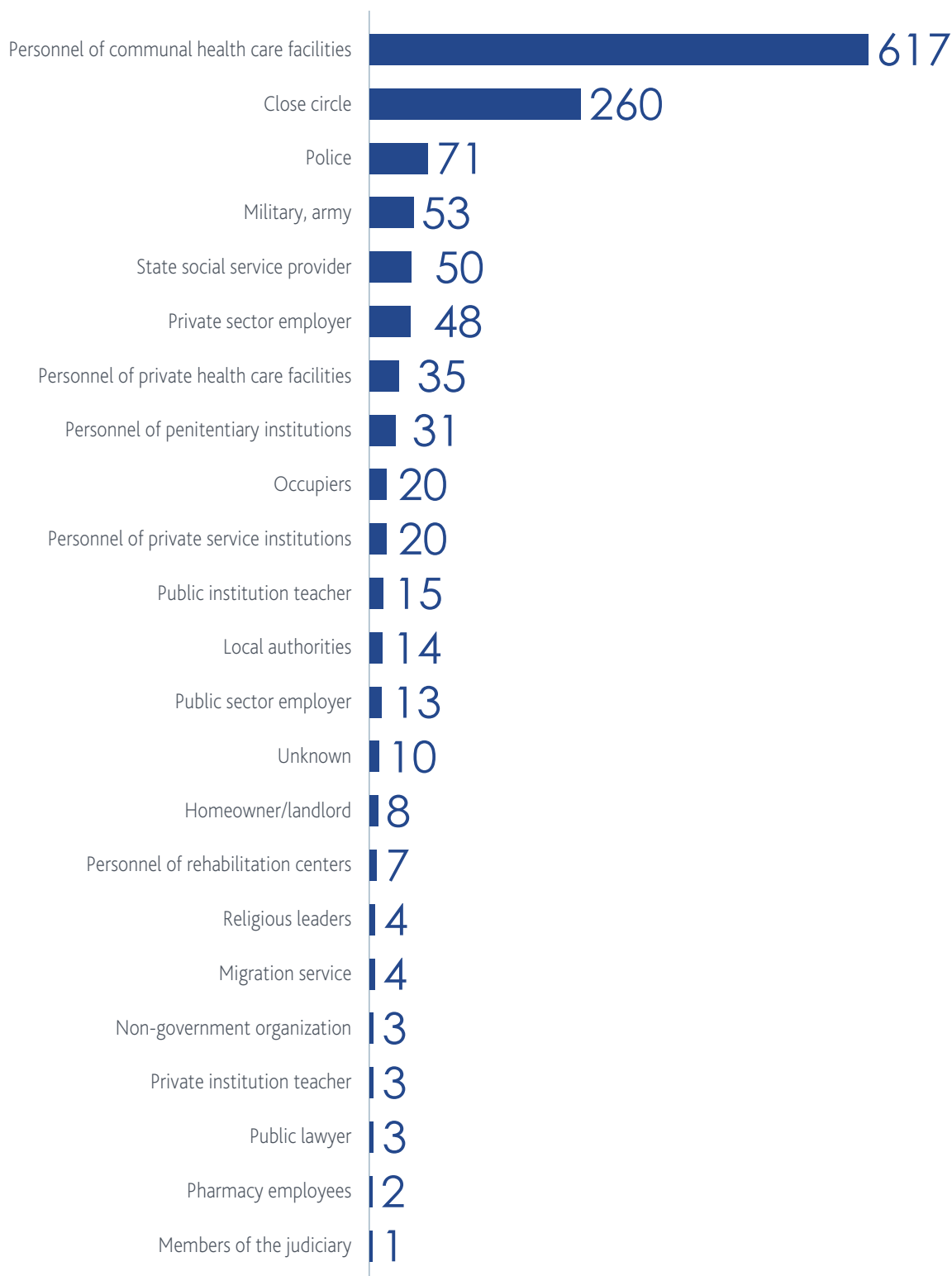
In **68%** of the cases the perpetrators of violations of the rights of people living with HIV were officials of state authorities



* One appeal from a client can include several different types of perpetrators



Types of violations of the rights of PLWH*

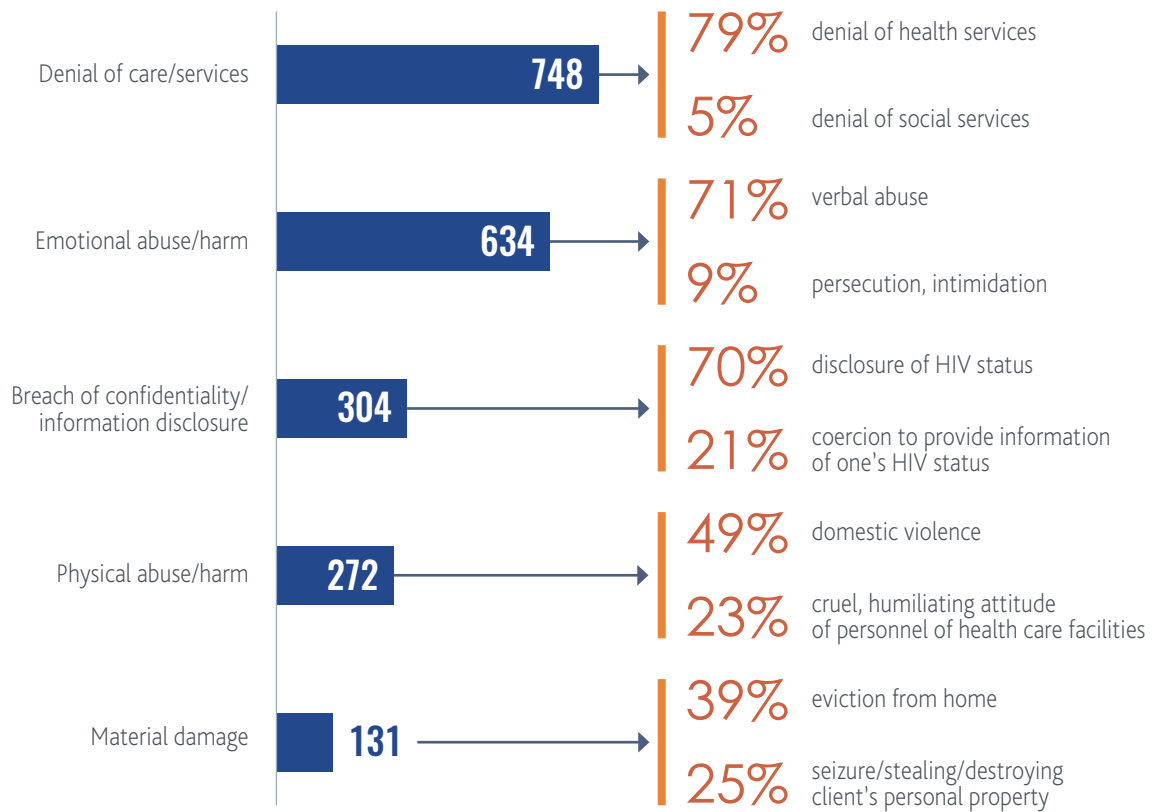


* One appeal from a client can include several different perpetrators

In the structure of all types of perpetrators of violations of the rights of PLWH, a majority were **workers of communal health care facilities (HCFs) – 617 cases**. **Close circle** of PLWH, namely their families, sexual partners, acquaintances or neighbors were the perpetrators in **260 cases**.



Types of violations of the rights of PLWH and key incident types*



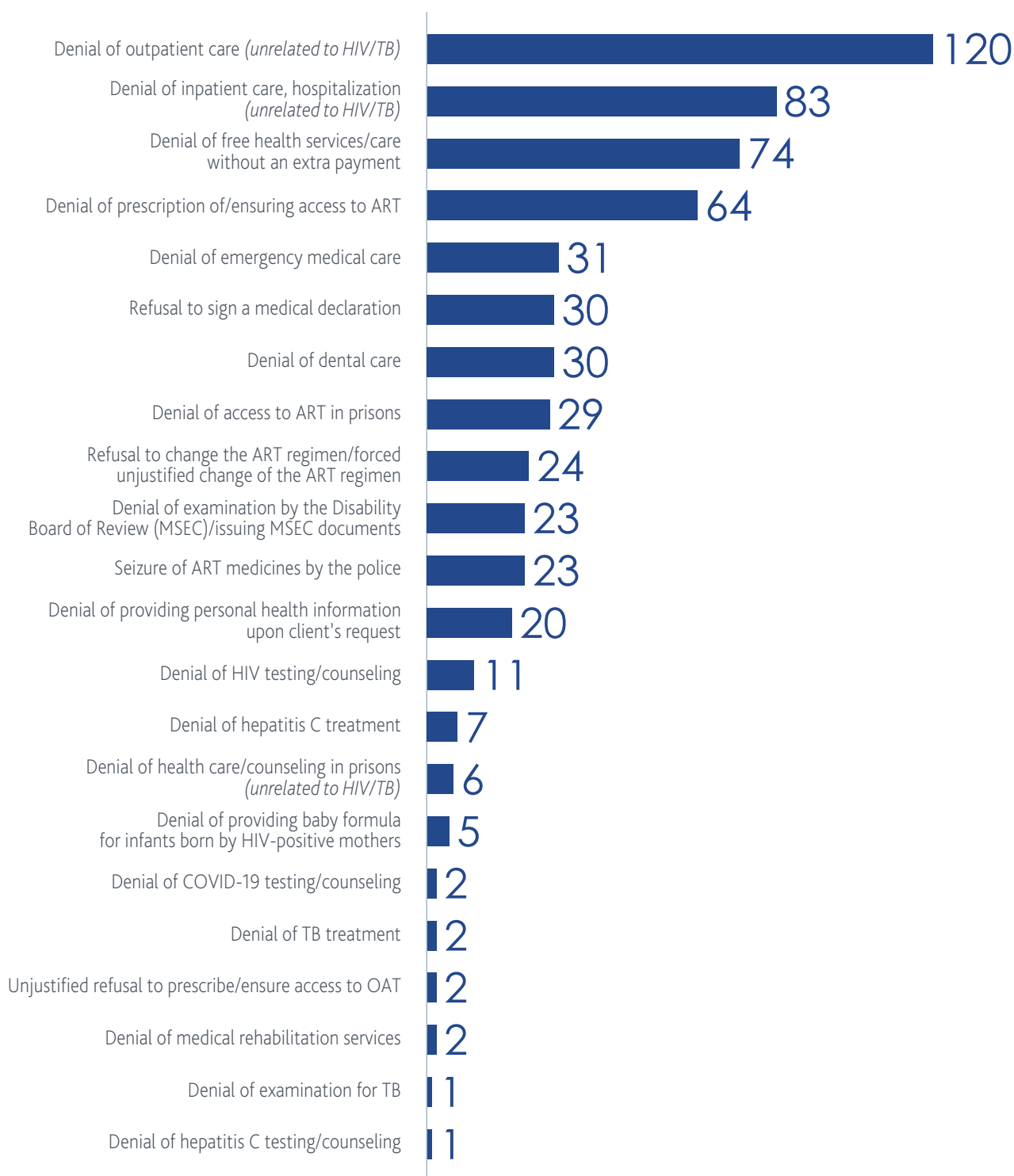
* One appeal from a client can include several different violations

Most cases of violations of the rights of PLWH are **denial of service/care (748 incidents)** and **emotional abuse (634 incidents)**.





Types of medical services PLWH were denied



* Quantity of incidents. One appeal from a client can include several different incident types

PLWH most often encountered barriers when seeking **inpatient or outpatient care**. When approaching a family doctor with health complaints they were often denied proper attention and were not prescribed necessary tests or treatment. Family doctors claimed all their symptoms were caused by the HIV status. PLWH also experienced verbal insults and openly stigmatizing remarks.



A Reactor was approached by a woman living with HIV who told her that she had been experiencing something odd – sleep disorders, avoiding family and friends, losing interest in socializing, incidents of panic state, permanent anxiety, problems with focusing, mood swings without visible reasons, and indifference regarding her appearance. The client said she had sought help from her family doctor, but he got angry and rudely replied: 'You are wasting my time with your stupidity, this is all caused by your pills (ARV therapy), so stop whining'. These words just pushed the women into a depression.

There is a woman who is poor and is in a difficult life situation. She had to take a routine examination to renew her disability certificate. Upon referral from a family doctor, she had an abdominal ultrasonography (she had some symptoms). When she came for a consultation, the doctor refused to comment results of the examination, instead saying with scorn: 'Your diagnosis is a disaster, nothing will help you anymore, why do you care?! Go to the place where the HIVers go, ask there, let them do the explanations'.. And the woman left feeling humiliated and doomed...

PLWH often heard **demands to pay for medical examinations that were supposed to be free.**

A client who came to see her family doctor wanted to take a blood test. The doctor told her that the test would not be free-of-charge, because such a procedure would be dangerous for the health worker.

The lack of personal documents was often cited as a reason to **deny PLWH an ART prescription or renewal of the treatment.** PLWH from among IDPs faced additional demands to present IDs as a condition for receiving medications.

In 31 cases, **PLWH could not receive emergency care and hospitalization.**

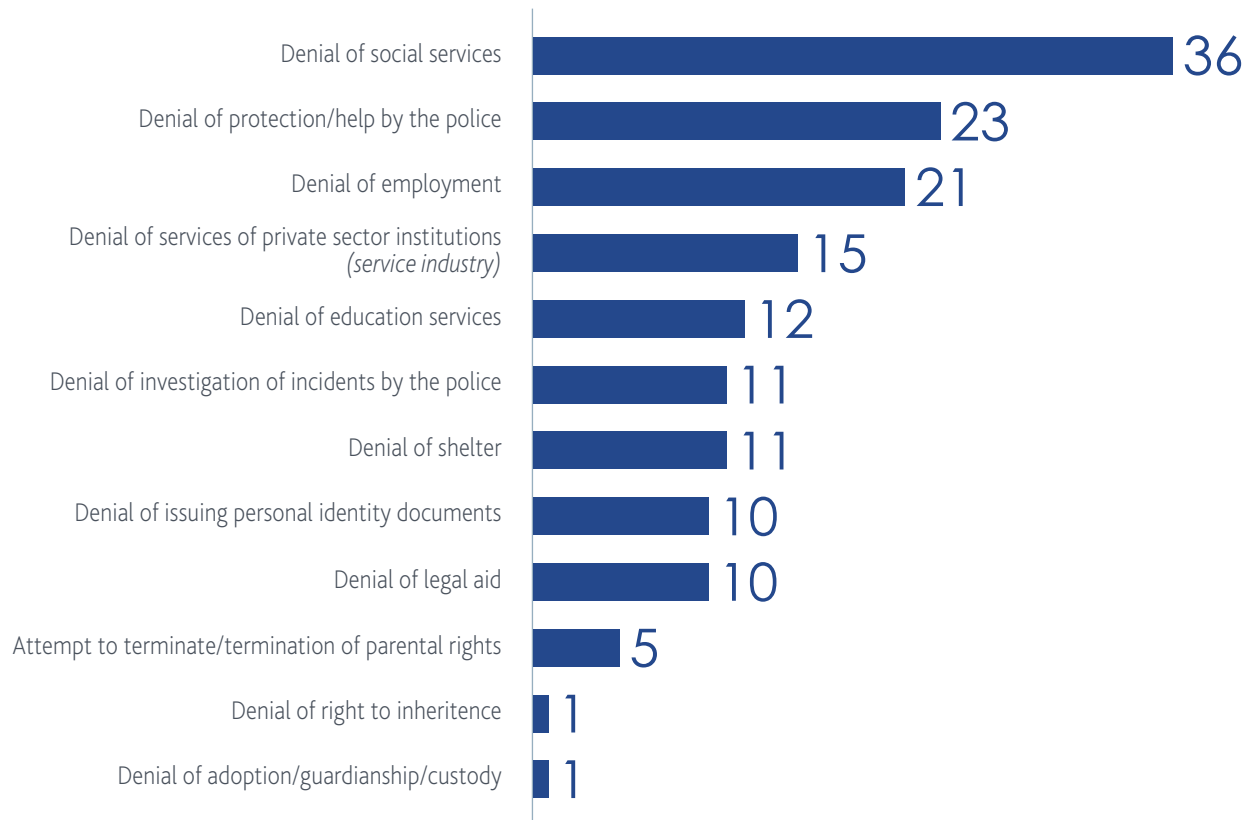
An HIV-positive man was in a severe condition, he had been in fever for a long time. And when he could not stand it anymore, he called the ambulance service and asked for help, providing information about his diagnoses (HIV and pulmonary tuberculosis) and his symptoms (fever, cough, shortness of breath). But he was denied care with the explanation that 'the ambulance service does not take such cases' and he should go to the AIDS center.

In prisons, PLWH experienced their requests of uninterrupted treatment being ignored.

A client contacted a REActor asking for a consultation and help in receiving the treatment. He explained that the administration and health workers at the penal institution refused to prescribe him tests and delayed ART provision citing various reasons: absence of the infectious disease doctor, laboratory being closed, or holidays. At the same time, client's health was deteriorating.



Denial of other services/care for PLWH*



* Quantity of incidents. One appeal from a client can include several different incident types

Among other things, PLWH were most often **denied** were **social services – 36 cases**.

A client lived for a month at an IDP shelter, but the administration, after learning of his HIV-status, asked him to leave because he was allegedly a threat to other people.



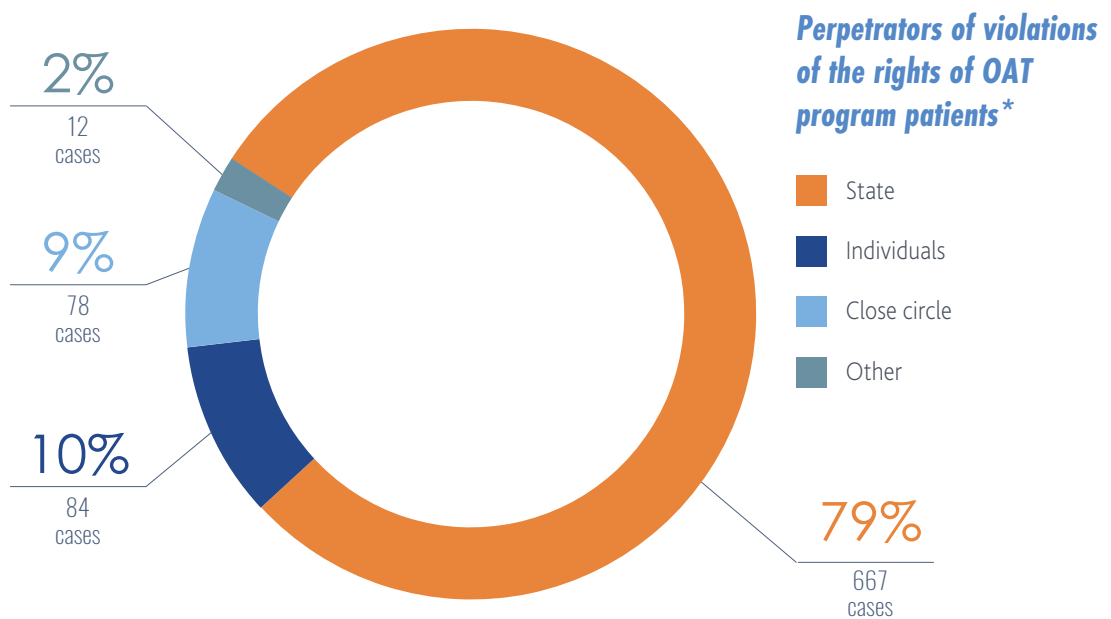


7.2. OAT PATIENTS

THERE WERE **805** APPEALS, INCLUDING **62%** OF CASES WITH THE SIGNS OF STIGMA AND DISCRIMINATION ON THE GROUNDS OF CLIENTS' BEING OAT PATIENTS



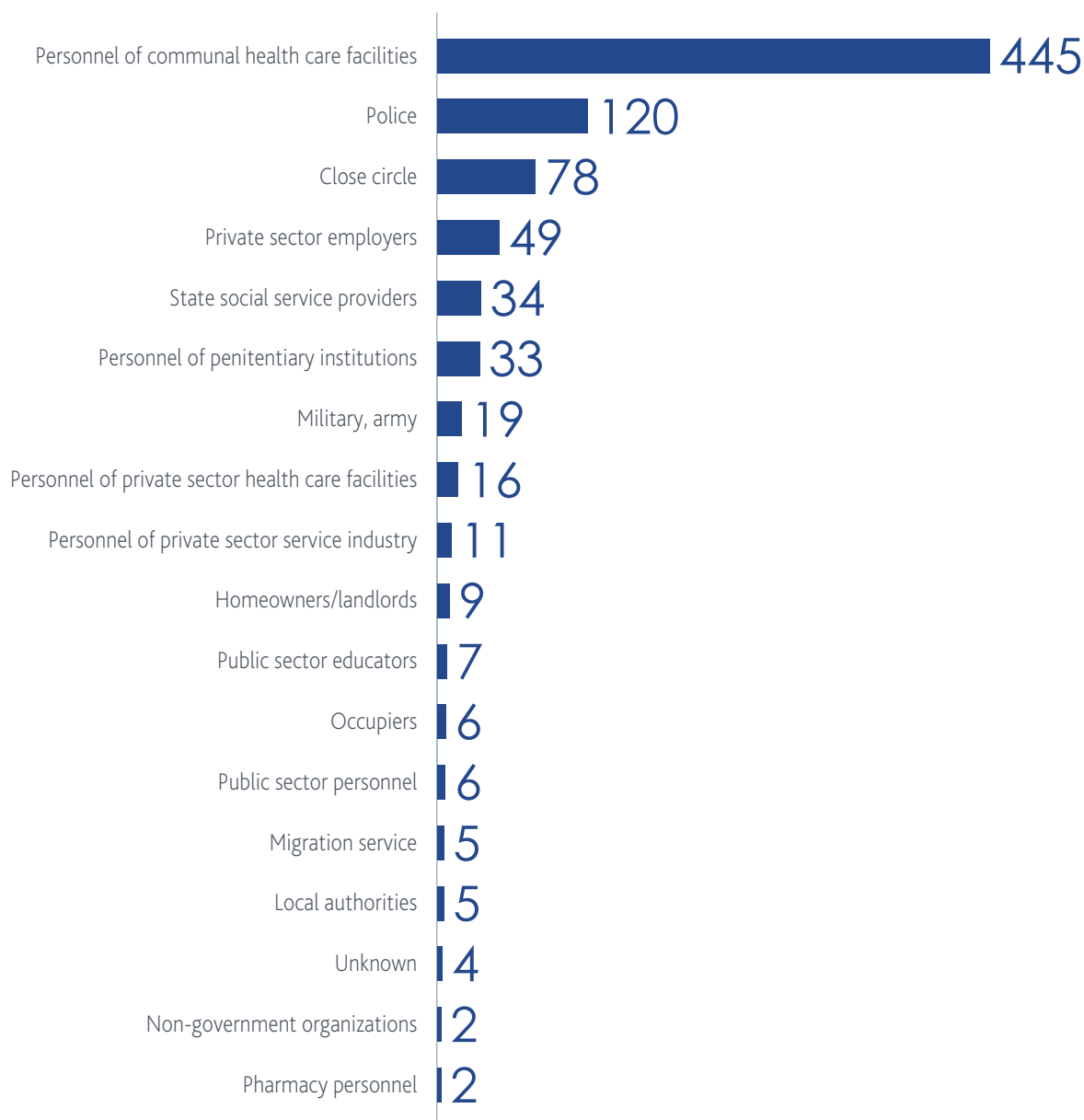
In **79%** of the cases, the perpetrators of violations of the rights of OAT clients were officials of state authorities.



* One appeal from a client can include several different types of perpetrators



Perpetrators of violations of the rights of OAT program patients*

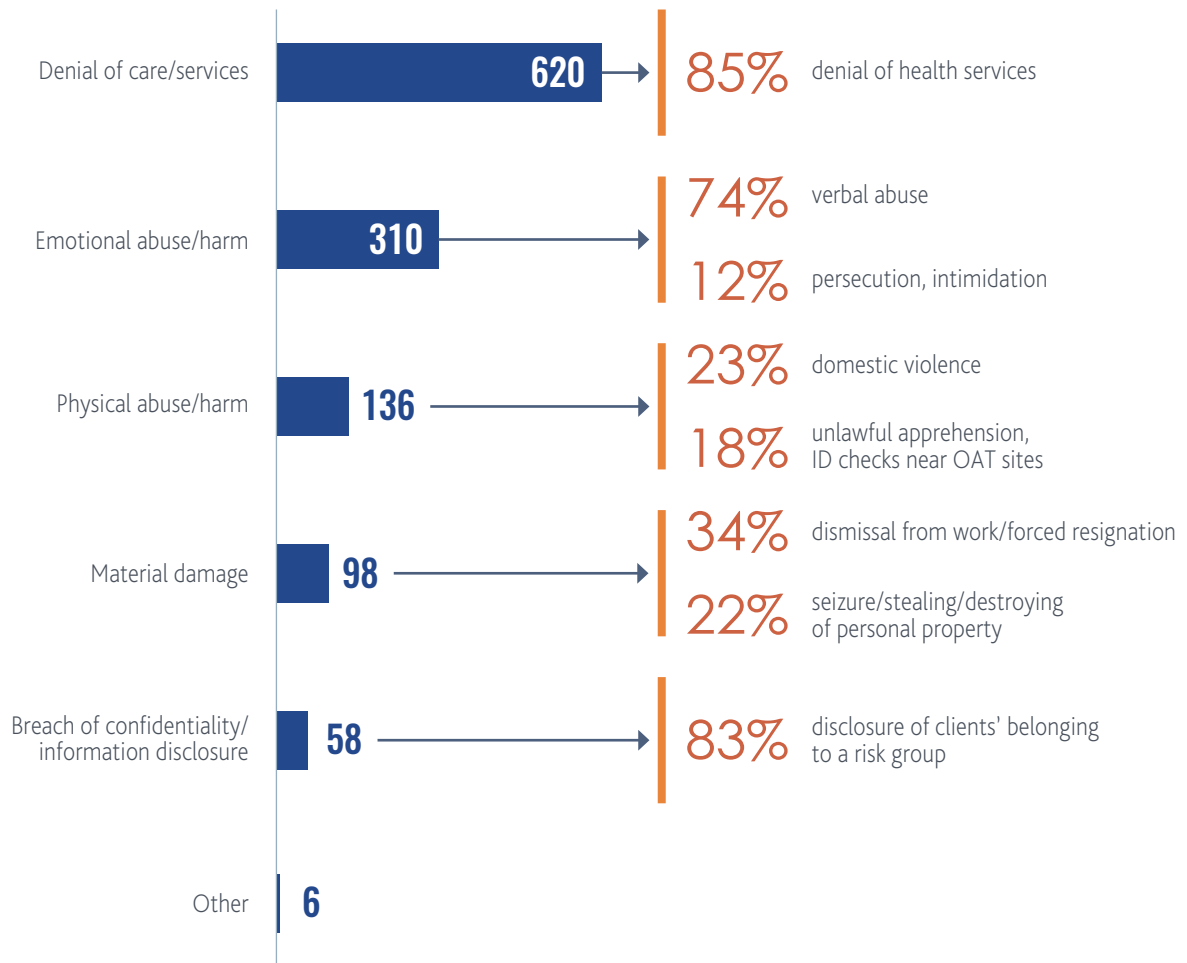


* One appeal from a client can include several different perpetrators

In the structure of all types of perpetrators of violations of the rights of OAT patients, a majority were **workers of communal health care facilities (HCFs) – 445 cases**, and the **police – 120 cases**. **Close circle** of OAT patients, namely their families, sexual partners, acquaintances or neighbors were the perpetrators in **78** cases.



Types of violations of the rights of OAT patients and key types of incidents*



* One appeal from a client can include several different violation types

Most cases of violations of the rights of OAT patients are **denial of service/care (620 incidents)** and **emotional abuse (310 incidents)**. OAT patients most often faced barriers when trying to **access health services – 85% of denials of different services**.





Health services OAT patients were denied



Most often OAT patients encountered **unjustified refusal of doctors to prescribe OAT (or to extend the prescription)**. The cited reasons included the lack of a medical declaration signed with a family doctor, or lack of an ID, or limits for enrolling new patients at the site, etc.

Doctors often **lowered doses of OAT drugs** without explanation or making stigmatizing and offensive remarks.

A client came for a consultation because a doctor had been repeatedly making stigmatizing remarks about her and treated her badly. In the most recent event, he lowered her medication dose to 75 mg and refused to increase it afterwards. Why?.. The doctor did not answer her questions, saying only that he was 'treating the addicts and doing the right thing'.



In 55 cases, narcologists **refused to switch OAT patients to using takeaway drugs** even when the patients had poor health.

A client has been having lower limbs problems for many years: he has thrombophlebitis which often becomes acute. He is under medical supervision of a vascular surgeon. After another exacerbation of the disease, the surgeon prescribed him a treatment and limitation in movement. The client approached the OAT site asking to switch him to outpatient therapy because of his poor health. The doctor was undeterred: 'If you had not injected all those nasty things, you would not have it... You will have to come as often as needed!..'

OAT patients at penitentiary facilities experienced administration's disregard of their requests to access the therapy, which led to interruption of the essential treatment.

A patient called **OAT hotline** after having been detained and placed in a detention center. He complained that he was denied uninterrupted OAT. Administration of the center ignored all his requests.

Types of violations of the rights of OAT patients by the police*





OAT patients experienced constant **persecution by the police, unlawful apprehension near OAT sites, were subjected to unlawful searches and unjustified seizure of the medications** even when they had prescriptions and IDs of OAT patients.

There was a call from a client who was stopped by the police for an identity check; the officers found OAT drugs on her and seized them even though she had a medical document. They did not make a record of seizure and gave her no documents. The doctor at the OAT site refused to provide another batch of the medications without the documents confirming the seizure.

The police also detained OAT patients near pharmacies when they bought the prescribed medications there.

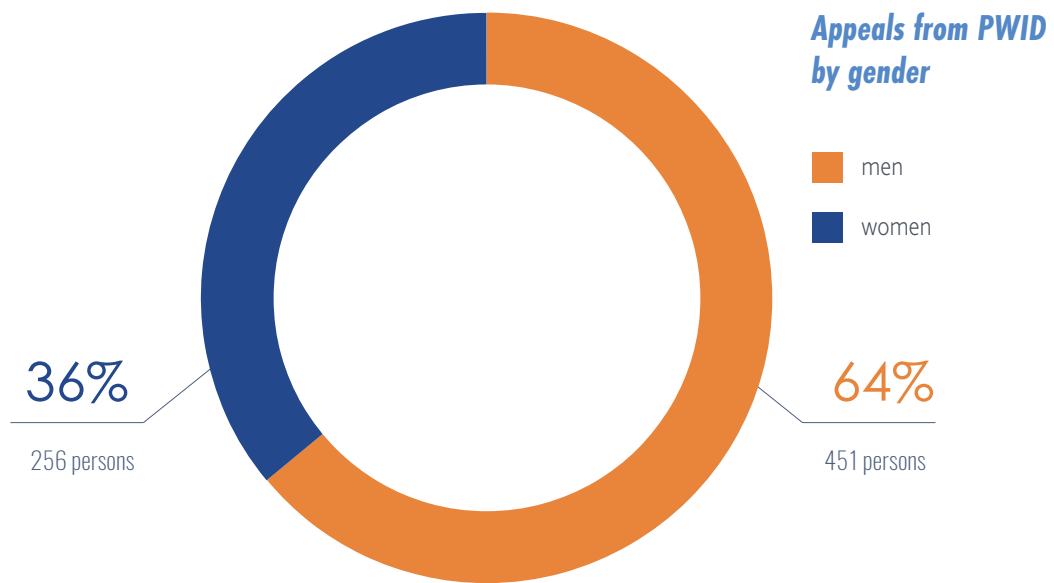
A man is a patient of a private OAT site. Having received a prescription, he went to a pharmacy to buy the drug. When he went out of the pharmacy, he was immediately stopped by the police; the officers searched him and checked his documents for the OAT drug. Seeing that the documents were in order, the officers were annoyed and addressed the man using stigmatizing words like 'addict' or 'junky'.



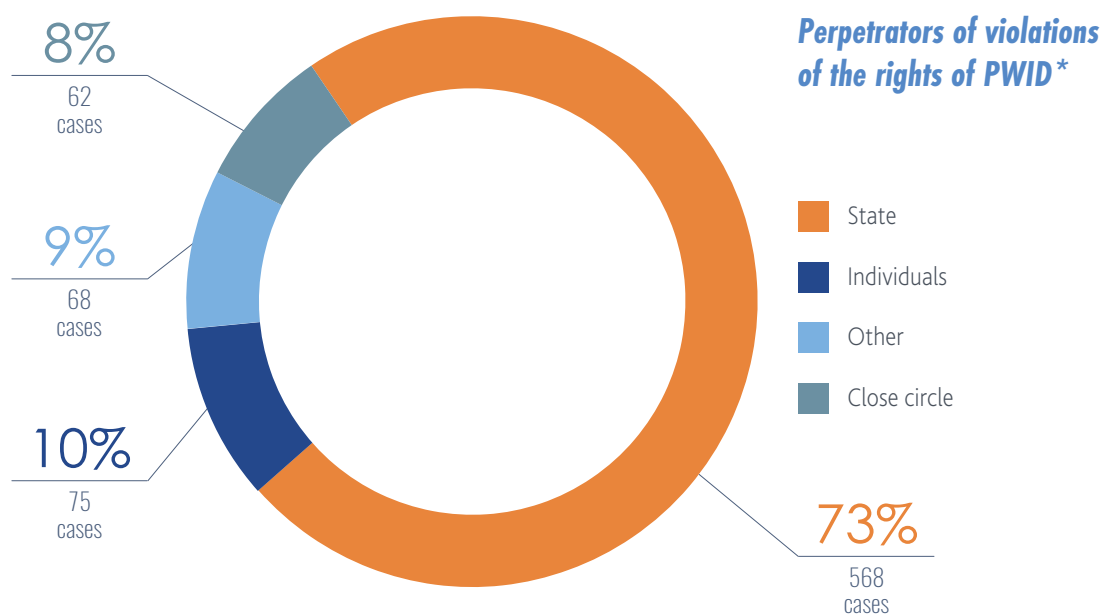


7.3. PEOPLE WHO INJECT DRUGS

707 APPEALS WERE REGISTERED INCLUDING **93%** CASES WITH THE SIGNS OF STIGMA AND DISCRIMINATION ON THE GROUNDS OF CLIENTS' BELONGING TO THE COMMUNITY OF PEOPLE WHO INJECT DRUGS



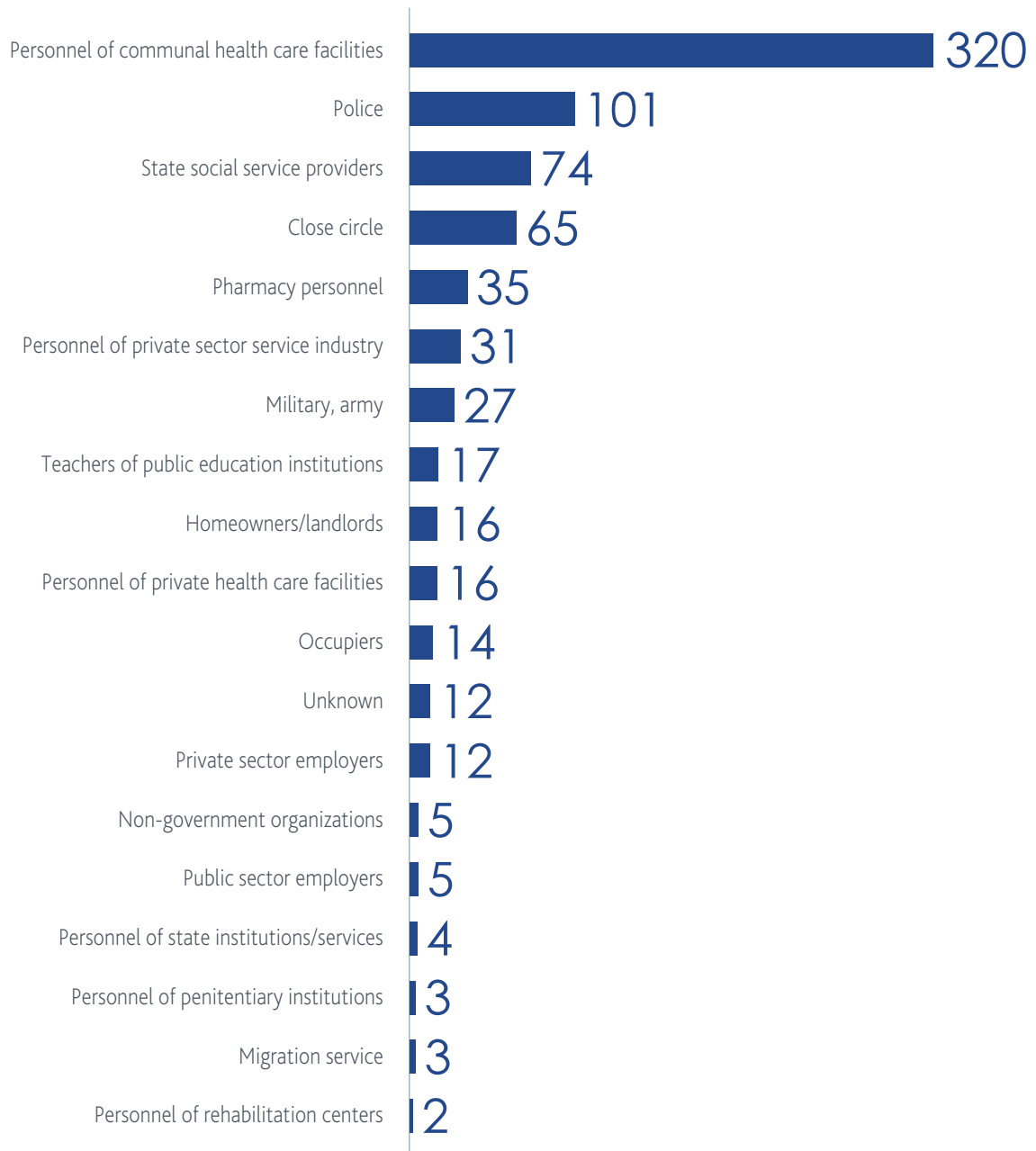
In **73%** of the cases, the perpetrators of violations of the rights of people who inject drugs were officials of state authorities



* One appeal from a client can include several different types of perpetrators



Perpetrators of violations of the rights of PWID*

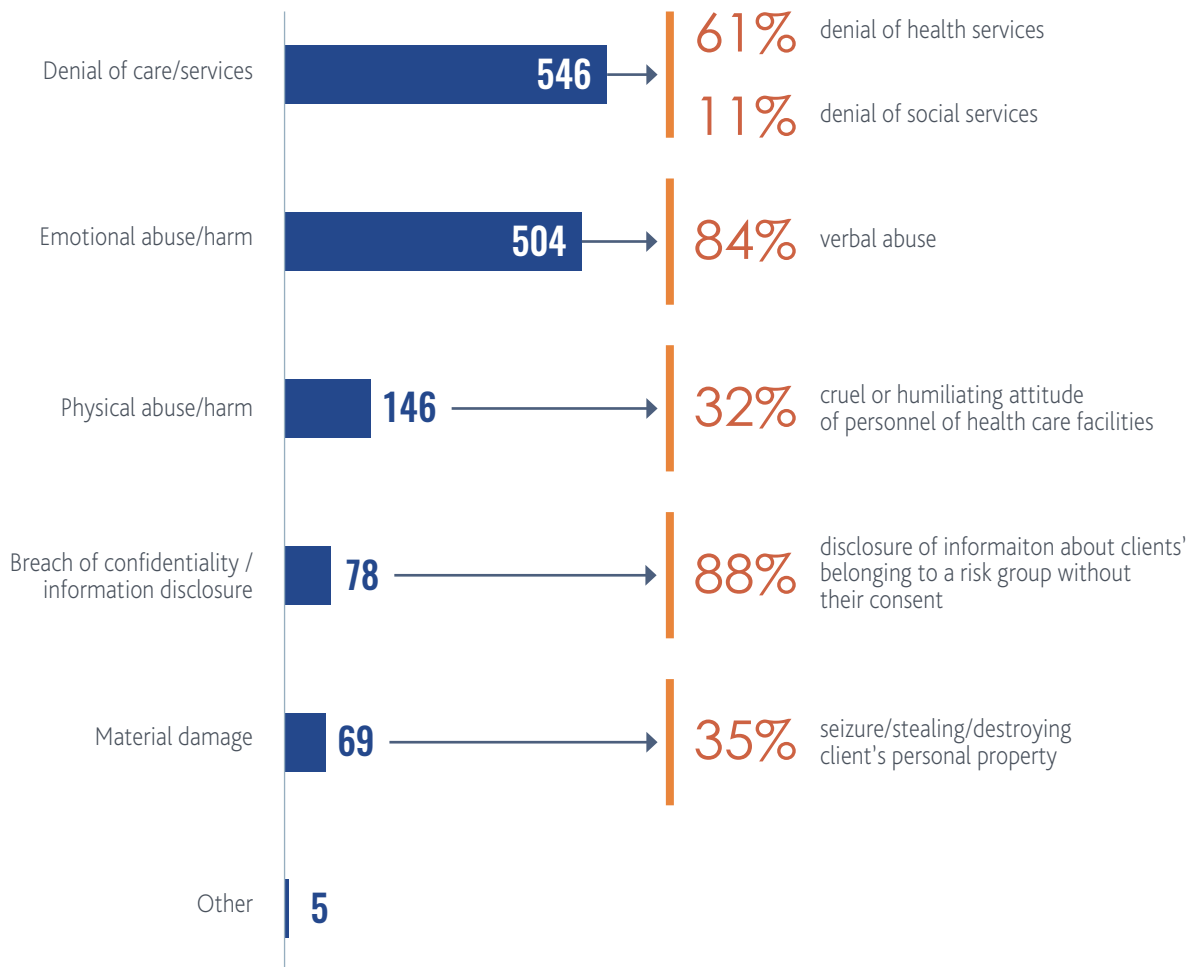


* One appeal from a client can include several different perpetrators

In the structure of all types of perpetrators of violations of the rights of PWID, a majority were **workers of communal health care facilities (HCFs) – 320 cases**, and **police officers – 101 cases**.



Types of violations of the rights of PWID, and the key types of incidents*

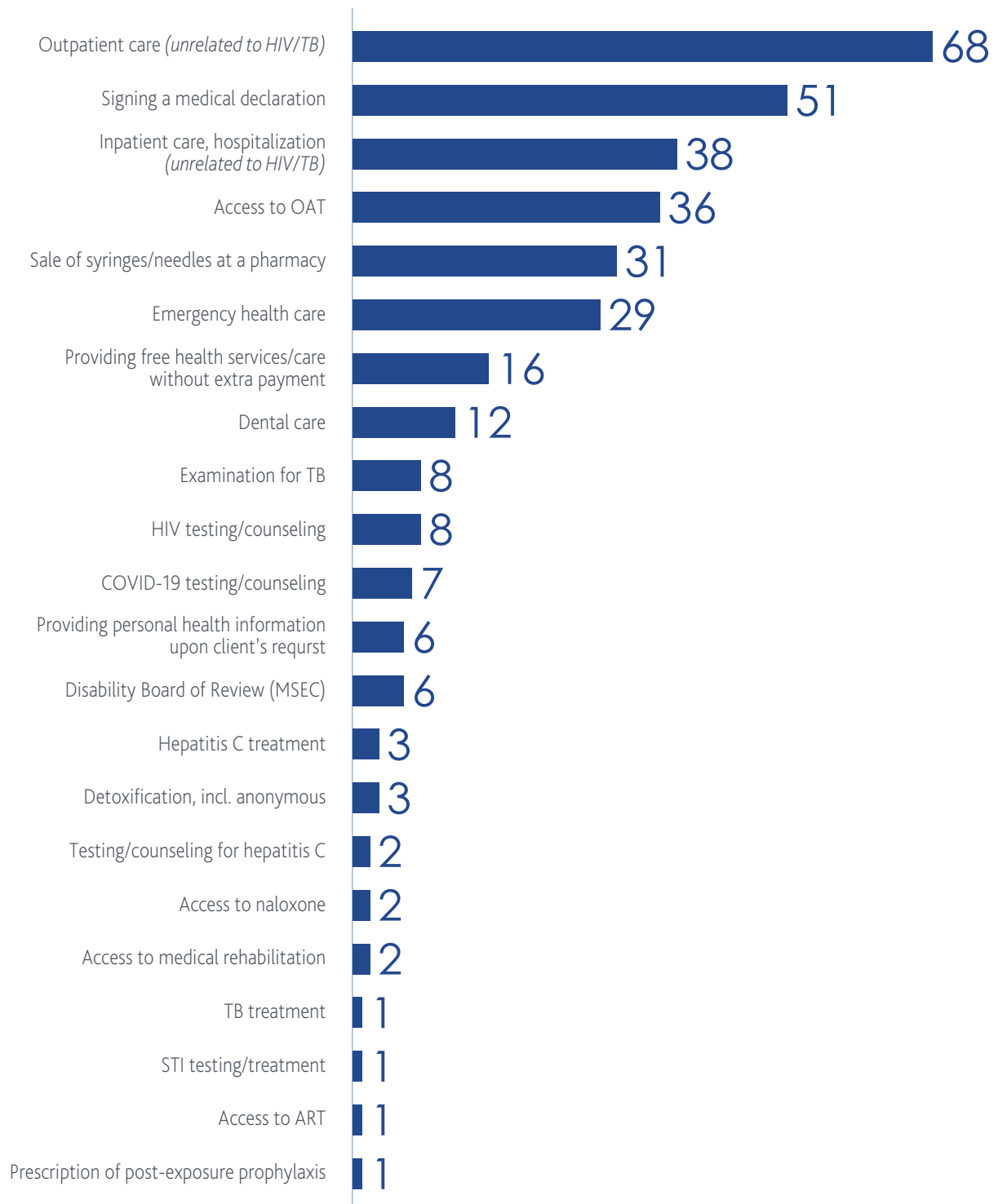


* One appeal from a client can include several different violations of rights

Most cases of violations of the rights of PWID are **denial of service/care (546 incidents)** and **emotional abuse (504 incidents)**. In **334 cases**, PWID faced barriers to access health services, mostly outpatient or inpatient treatment, signing a medical declaration, joining OAT program, receiving emergency care, etc.



Health services PWID were denied*



In most cases PWID did not receive proper examination and treatment when seeking outpatient or inpatient care. The doctors mostly ignored complaints of PWID resorting to stigmatizing remarks: *'you are the source of your problems... don't waste my time, more worthy patients are waiting...'*



A client who was feeling unwell and had symptoms of an acute respiratory disease, decided to see a doctor. From the anamnesis, the doctor learnt that the client is a drug user practicing risky behaviors. Then the doctor's language changed: she said she was not going to provide services to those who knowingly destroy their lives.

The barriers to access OAT program included: requirement of having signed a declaration with a family doctor, lack of free slots or sufficient quantity of the drugs at the site, client's not having a local residence registration or documents (*passport*). In some cases, **doctors even refused to place such patients on the waiting list.** Sometimes, **PWID received absolutely unmotivated refusals based solely on doctor's judgment of the client.**

Types of violations of the rights of PWID by the police*



* Quantity of incidents. One appeal from a client can include several different incident types



PWID who sought help from the police did not receive proper response. For example, women who inject drugs often sought **police protection from domestic violence**. However, after learning of their status **law enforcement officers failed to respond** after coming to call.

A client have multiple times appealed to the police and told them about domestic violence committed by her husband. She told them he keeps on beating her and threatens to throw her out of the apartment. Last time, while trying to seek help from the community police officer, she was met with insults and accusations that it was her fault that her husband was beating her because she was a drug addict.

There were registered cases of **persecution and blackmailing of PWID** by the police.

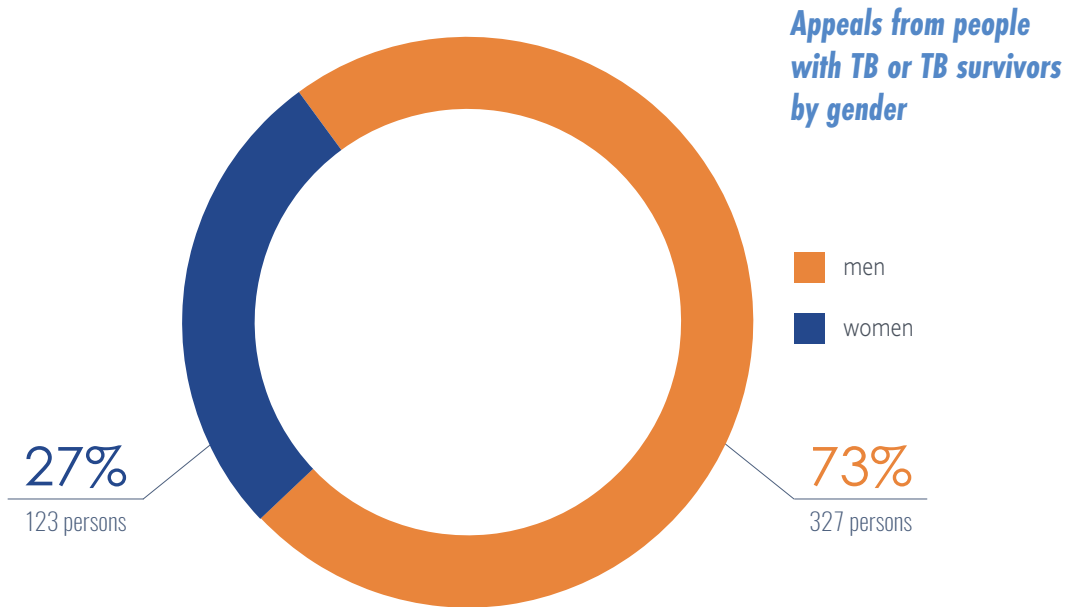
A drug-dependent girl complained about blackmailing and threats from law enforcement. They were forcing her to plead guilty about a crime she had not committed. And they threatened that if she refused they would plant drugs on her, thus surely sending her to prison for years.



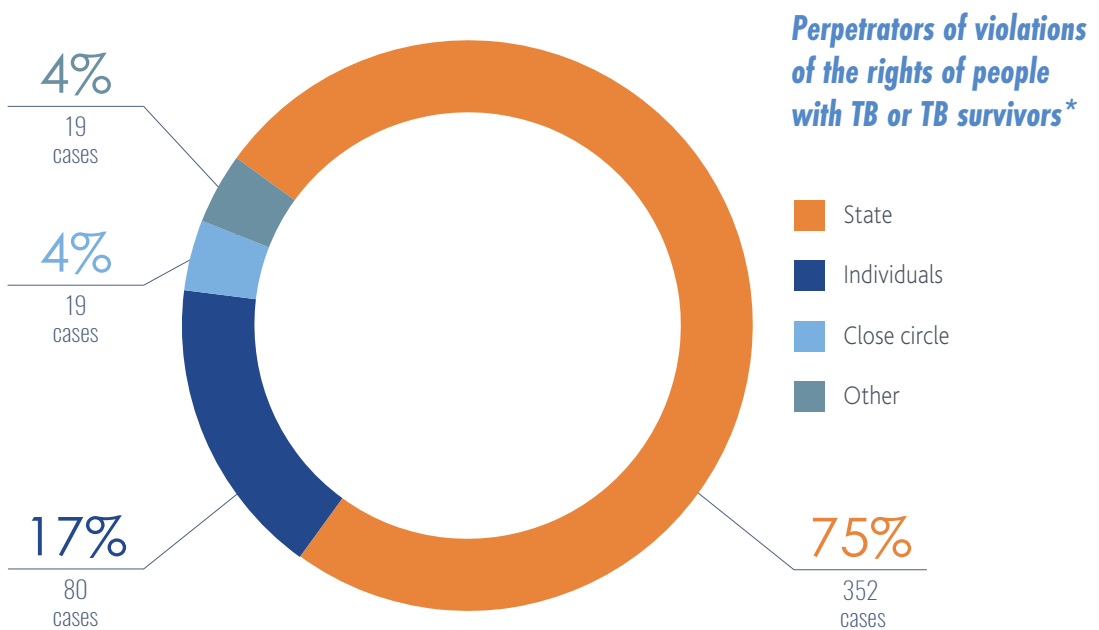


7.4. PEOPLE WITH TUBERCULOSIS OR TUBERCULOSIS SURVIVORS

450 APPEALS WERE REGISTERED, INCLUDING 62% WITH SIGNS OF STIGMA AND DISCRIMINATION RELATED TO TUBERCULOSIS



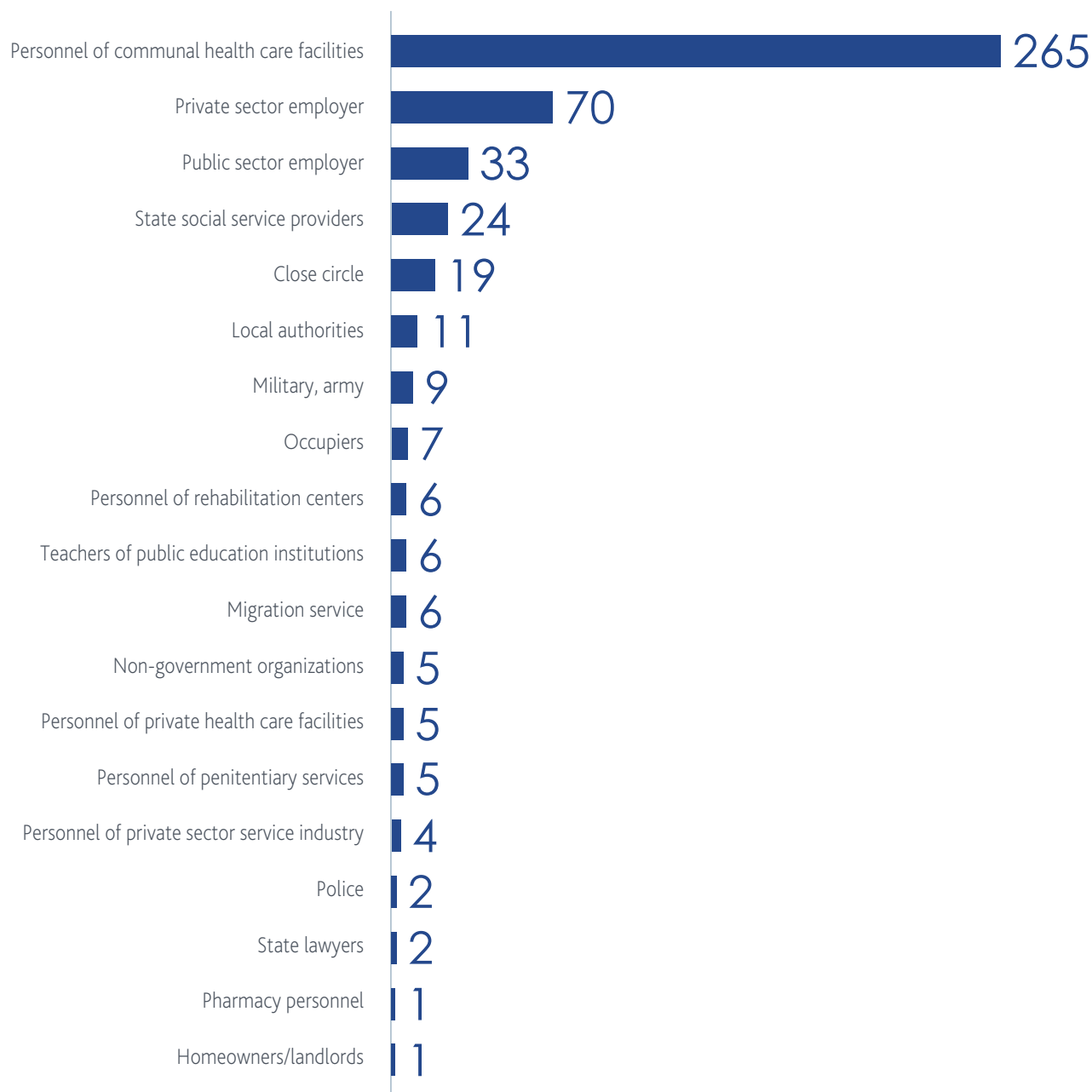
In **75%** of the cases, the perpetrators of violations of the rights of people with tuberculosis or tuberculosis survivors were officials of state authorities



* One appeal from a client can include several different perpetrators



Perpetrators of violations of the rights of people with TB and TB survivors*

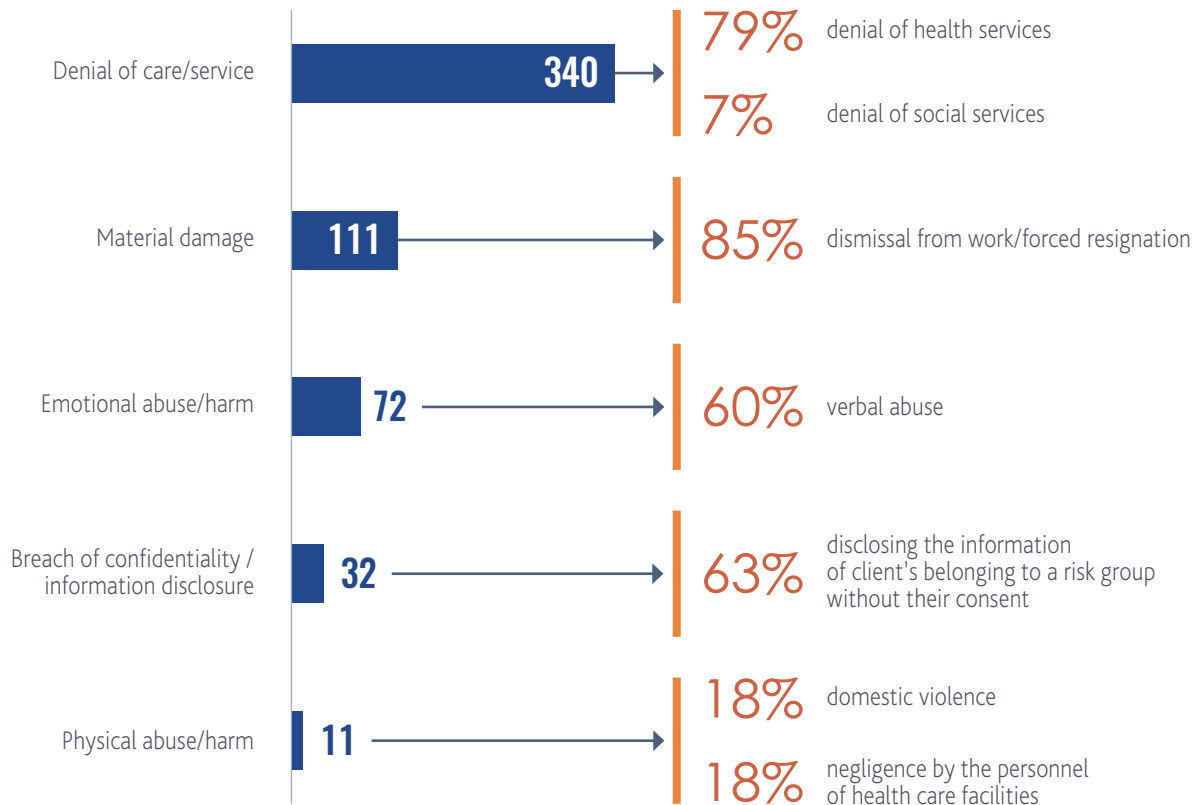


* One appeal from a client can include several different types of perpetrators

In the structure of all types of perpetrators of violations of the rights of people with tuberculosis and tuberculosis survivors, a majority were **workers of communal health care facilities (HCFs) – 265 cases**. Private sector employers were the perpetrators in 70 cases, while **public sector employers – in 33 cases**.



Types of violations of the rights of people with TB or TB survivors, and the key types of incidents*



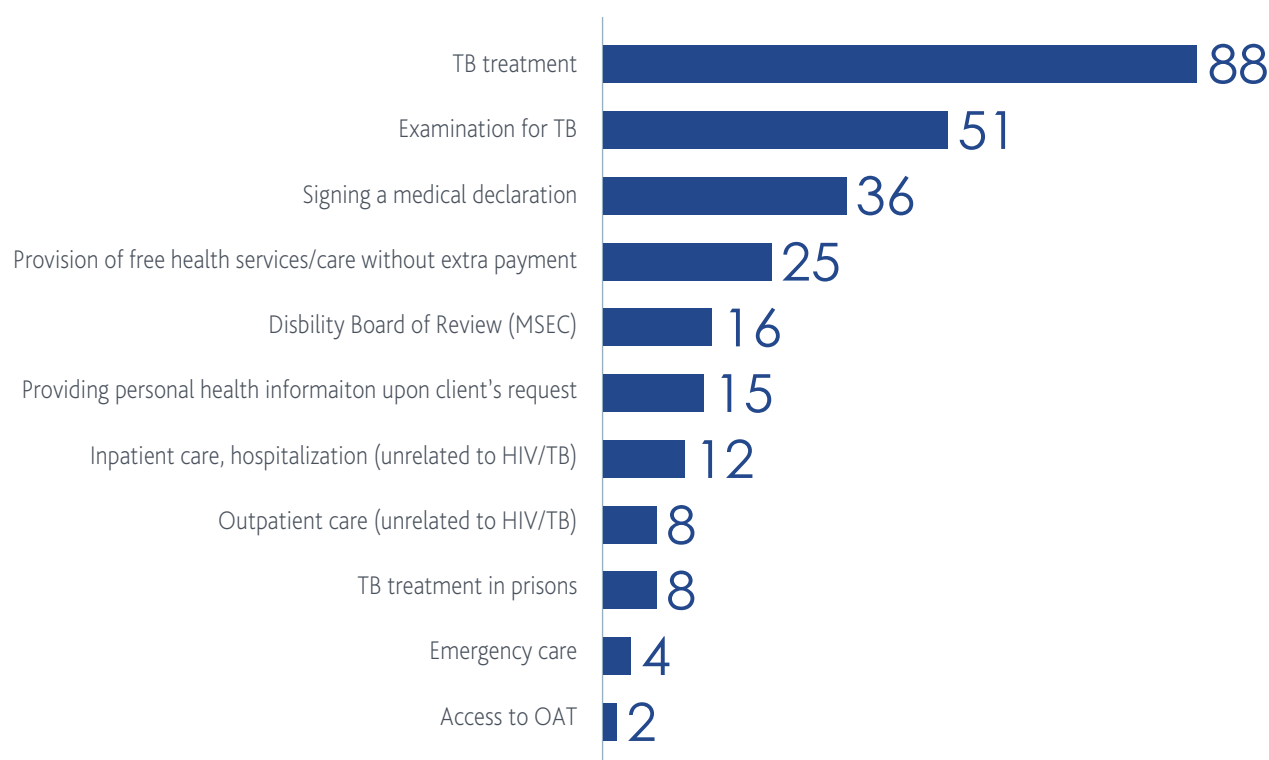
* One appeal from a client can include several different violation types

Most cases of violations of the rights of people with tuberculosis or tuberculosis survivors involve **denial of services/care (340 incidents)** and **material damage (111 incidents)**.

In **268 cases**, people with tuberculosis and tuberculosis survivors experienced barriers to access **health services**, and in **139 cases these barriers concerned TB diagnosis and treatment**.



Health services people with TB or TB survivors were denied



The cases involved, in particular, inappropriate attitude of health personnel to clients' complaints; gaps in provision of TB medicines for IDPs ('we did not order the medicines for you'); imperative requests to take an interim medical examination to receive tuberculosis medicines when the client in question could not get to the health care facility, etc.

This client developed tuberculosis, she was feeling unwell, and she asked a TB doctor to prescribe her additional tests for better examination and, possibly, prescribing some medicines to improve her health. However, the doctor humiliated her saying she will herself decide what and when to prescribe.

A client was referred by her family doctor to a TB doctor with suspected tuberculosis case. But the specialist she visited took her complaints with derision and said she should not be overthinking, and that he had no time for her because there are actually ill people who need his help. So, no diagnosis was made, and no tests were taken.

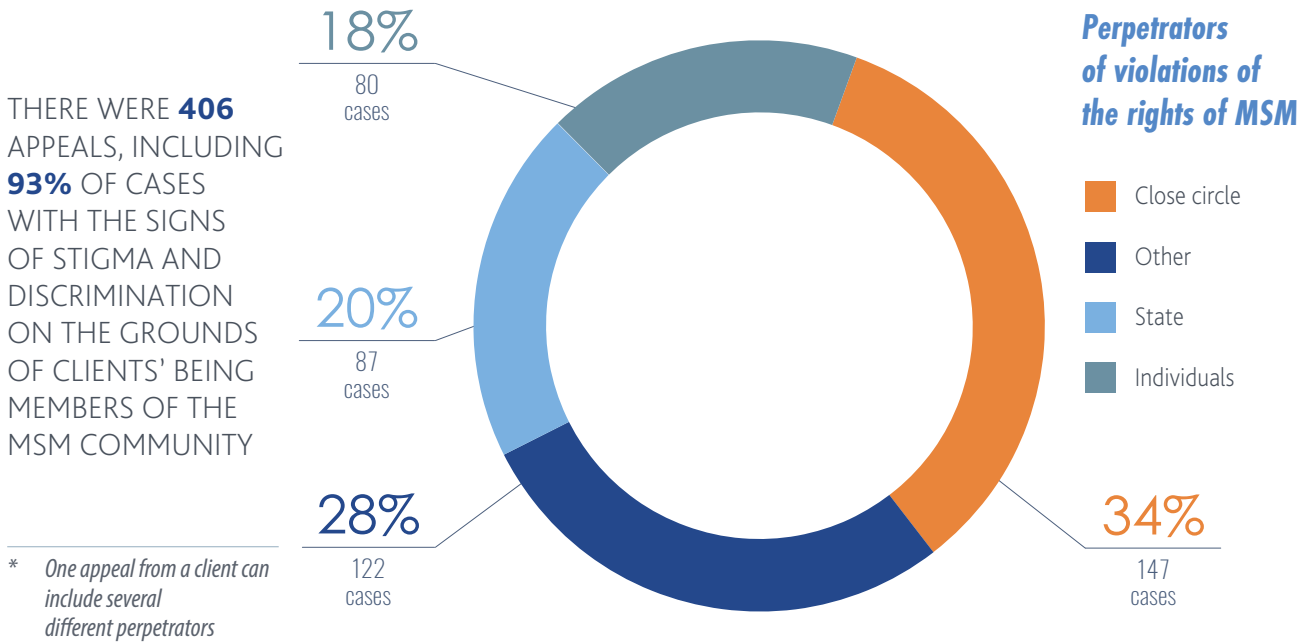
A client was receiving inpatient care at a hospital with the diagnosis of tuberculosis, but they discharged him to continue the treatment in the outpatient mode despite him having fever. The client was alarmed because he had fever, but the doctor did not seem concerned and refused his request to keep him in the hospital.

In **70 cases**, the perpetrator was a **public sector employer**, and in **33 cases** – a **private sector employer**. After clients gave notice that they were taking a sick leave to treat tuberculosis, or when employers learnt about employees' being diagnosed with tuberculosis, **they immediately demanded that employees resign**.

A client complained that after his employer learnt about his diagnosis, about the fact that he was receiving TB treatment, he demanded that he voluntarily resigned.

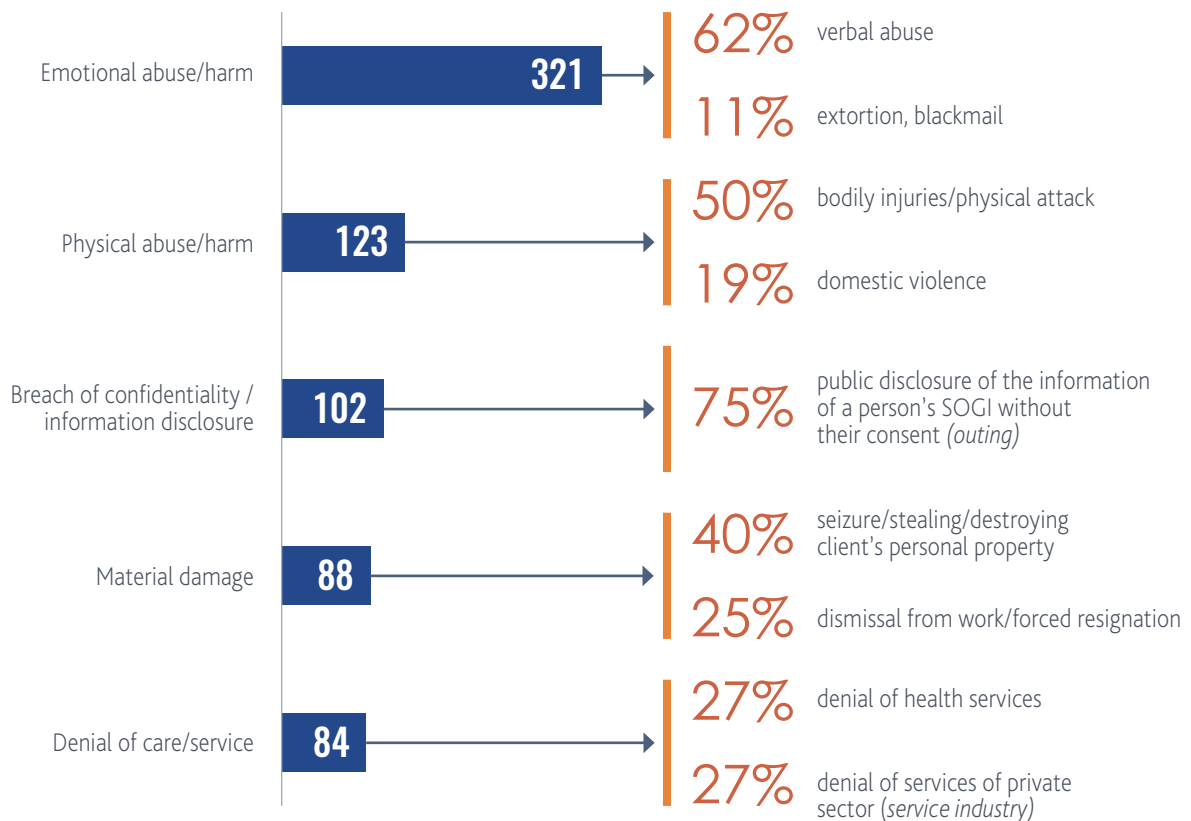


7.5. MEN WHO HAVE SEX WITH MEN



In **80%** of the cases, the perpetrators of violations of the rights of men who have sex with men (MSM) were persons from their close circle, other individuals, including unknown

Types of violations of the rights of MSM and the key types of incidents*

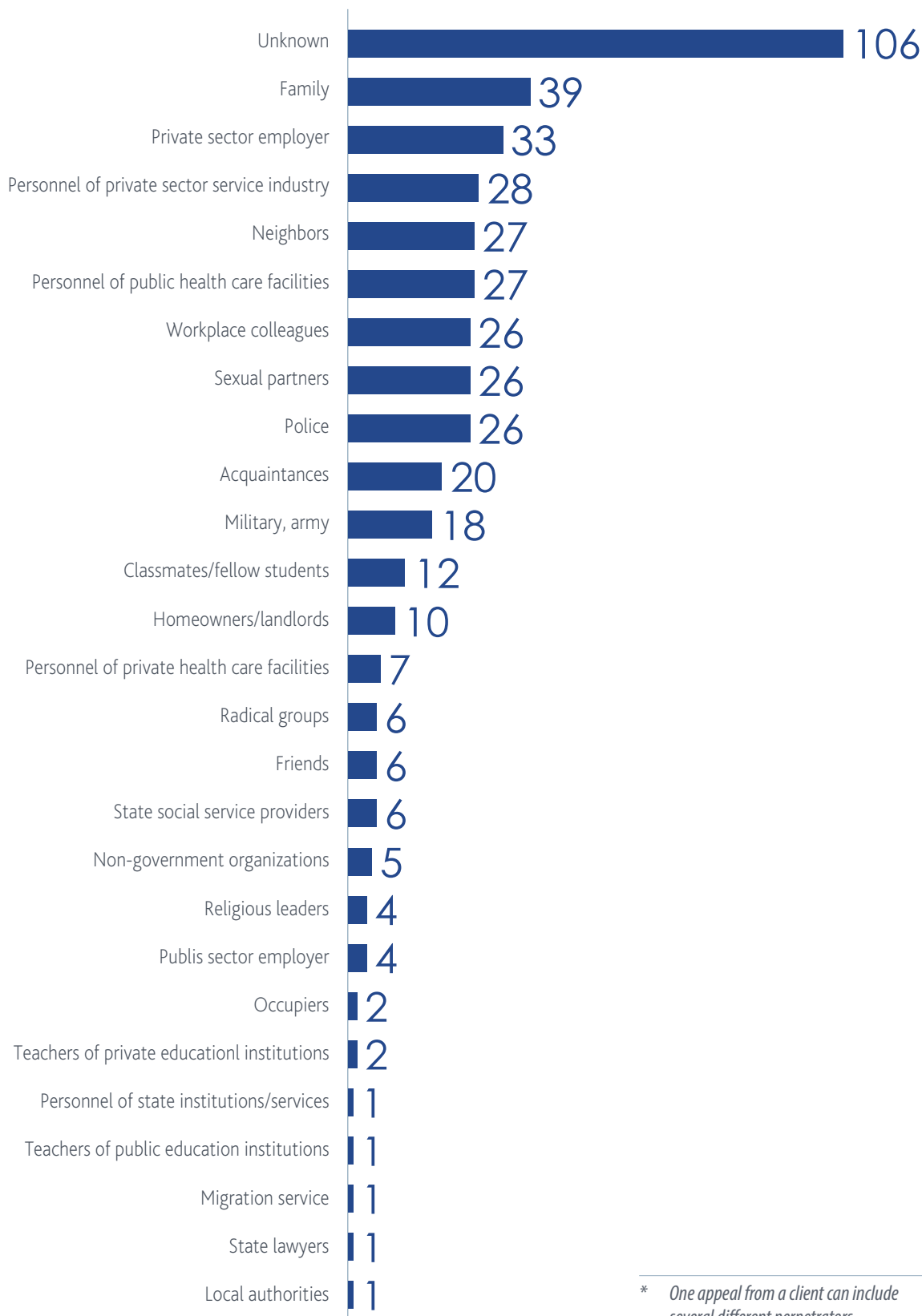


* One appeal from a client can include several different violation types



In the structure of all types of perpetrators of violations of the rights of MSM, the majority were people from **close circle of the clients – 34%** and **strangers – 24%**. **Police officers were the perpetrators in 6%** of cases, while **personnel of communal health care facilities (HCFs)** also comprised 6%.

Perpetrators of violations of the rights of MSM*



* One appeal from a client can include several different perpetrators



Most cases of violations of MSM rights involved **emotional abuse (321 incidents)** and **physical abuse (123 incidents)**.

Close circle of MSM, namely family, sexual partners, friends, acquaintances, neighbors, colleagues, most often **verbally abused** clients for being MSM. From their family members, MSM experienced **domestic violence and ousting from home**. Family members more often than other persons from close circle would **disclose information about clients' SOGI without their consent (outing)**. Sexual partners sometimes practice harassing and blackmailing. At the workplace, MSM experienced **mobbing, threats or actual dismissal from work because of their sexual orientation**. MSM who lived at dormitories or shelters for IDPs experienced **aggression, verbal abuse or event beatings by their neighbors**.

After a client came out, his parents turned him out of home. They only allowed him to take a small bag with clothes and the notebook that was his 18th birthday gift. The client went to spend the night at his friends' dormitory. When he returned home next day, his parents did not let him in; they met him at the stair landing and just as rudely and insultingly let him know he would never be able to return home unless he becomes 'normal'.

A client lives in a small village where the rumors spread very fast. He was careless enough to have a few dates with a guy from a nearby village who told his friends of their intimacy. The information reached client's mother who gave him an ultimatum: either he becomes 'normal' or she calls the local draft office and tells them her son is a draft dodger and they should get him and send to the frontline.

A REActor was approached by a client who was experiencing physical abuse and blackmailing from his dormitory roommate. One day, his roommate read his chat on the phone with another guy, and then started verbally abusing him, hit him several times in the face and threatened to tell everybody about his sexual orientation because, as he said, such people are sick and they have no place in this world.

Unknown most often practiced blackmailing, threats, harassing, and physical abuse of MSM.

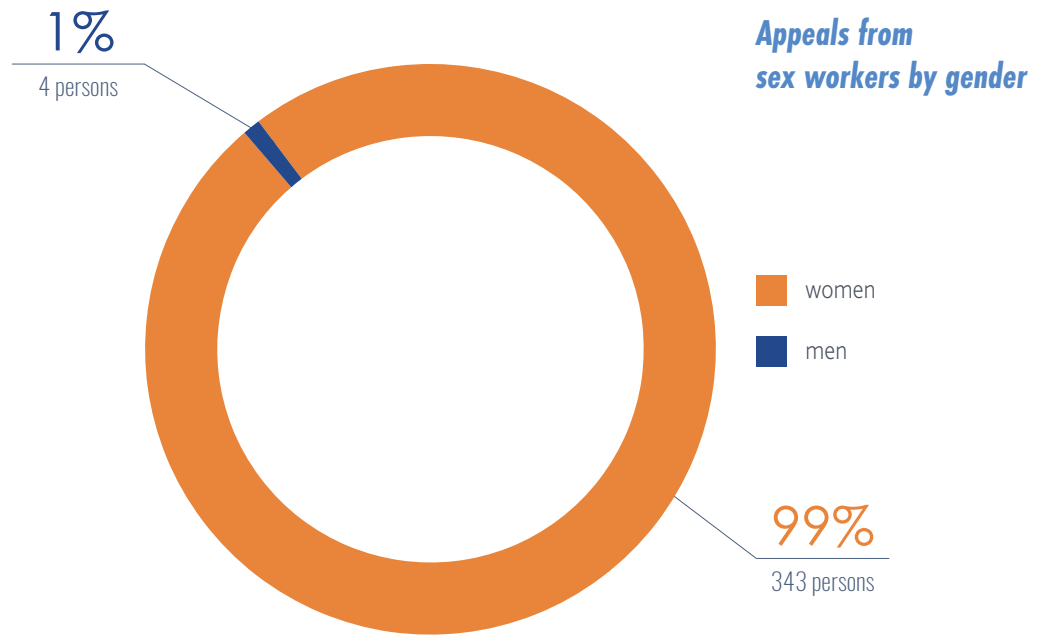
When meeting partners on Internet, MSM quite often encounter blackmailing and demands to transfer money in exchange for non-disclosure of information about their sexual orientation. There were cases when strangers **damaged personal property of clients** (*leaving insulting signs on the doors or damaging their cars*).

A client met a guy through a dating app. They agreed to meet at that stranger's home. When the client came there and already undressed, the other man said he would not return his personal possessions and clothes and threatened to disclose the information about client's SOGI, in particular, on social media, unless the client transfers UAH 4000 to his bank card.

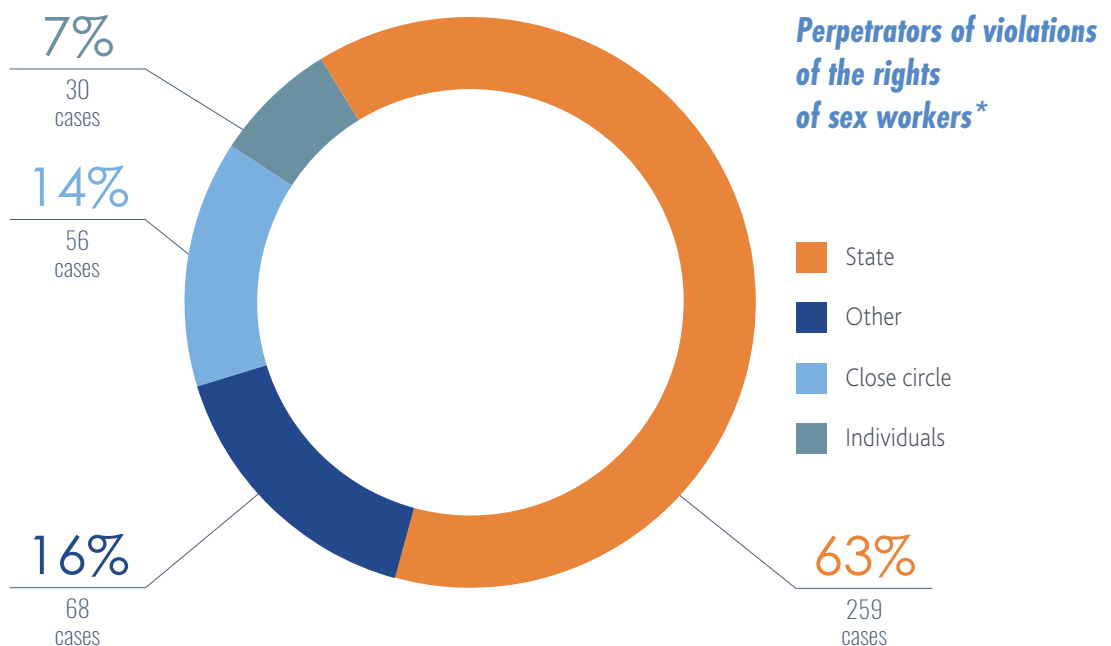


7.6. SEX WORKERS

THERE WERE **347** APPEALS, INCLUDING **96%** OF CASES WITH THE SIGNS OF STIGMA AND DISCRIMINATION ON THE GROUNDS OF CLIENT'S BEING A SEX WORKER



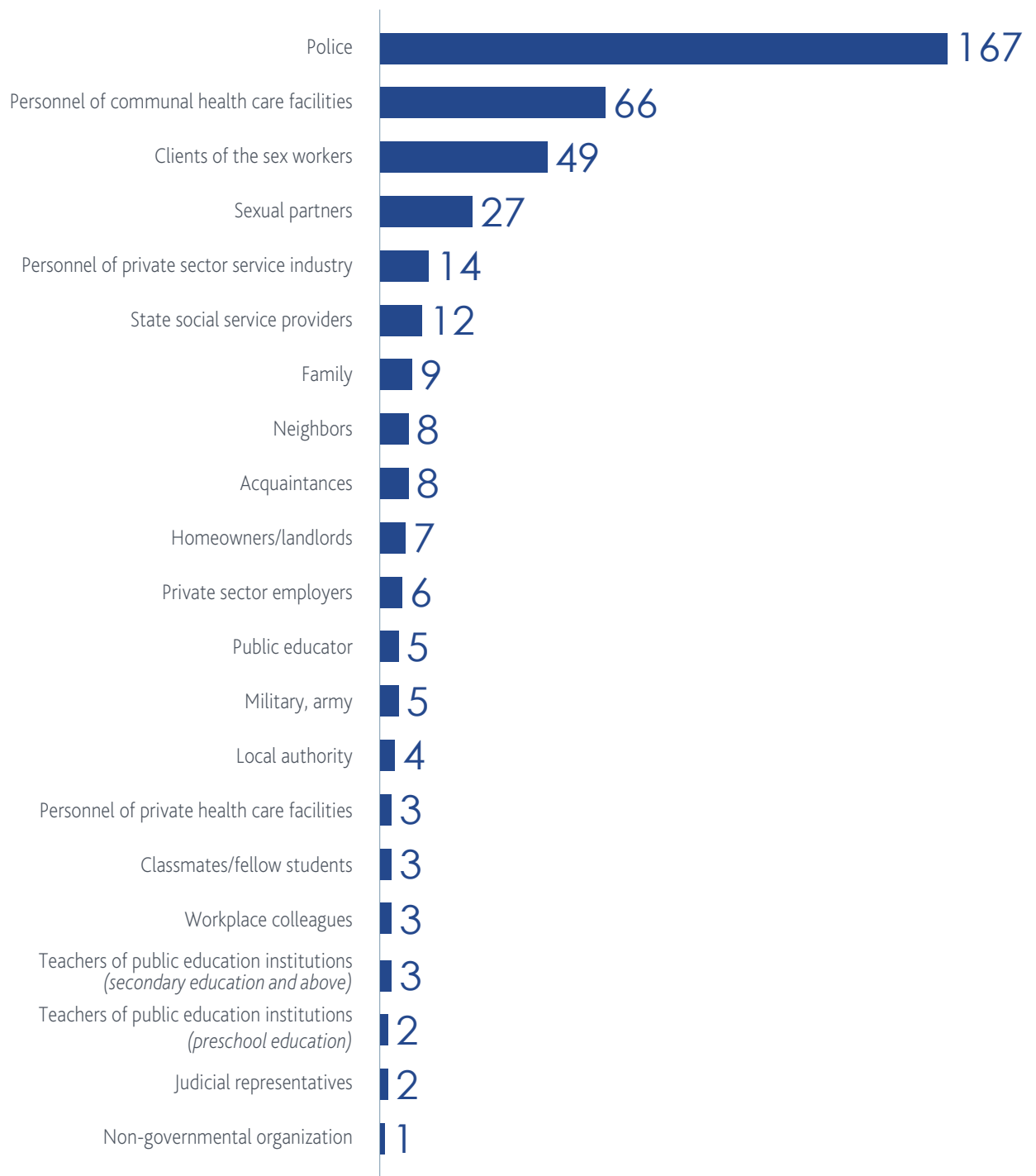
In **63%** of cases, the perpetrators violating the rights of sex workers were officials of state authorities



* One appeal from a client can include several perpetrators



Perpetrators of violations of the rights of sex workers*

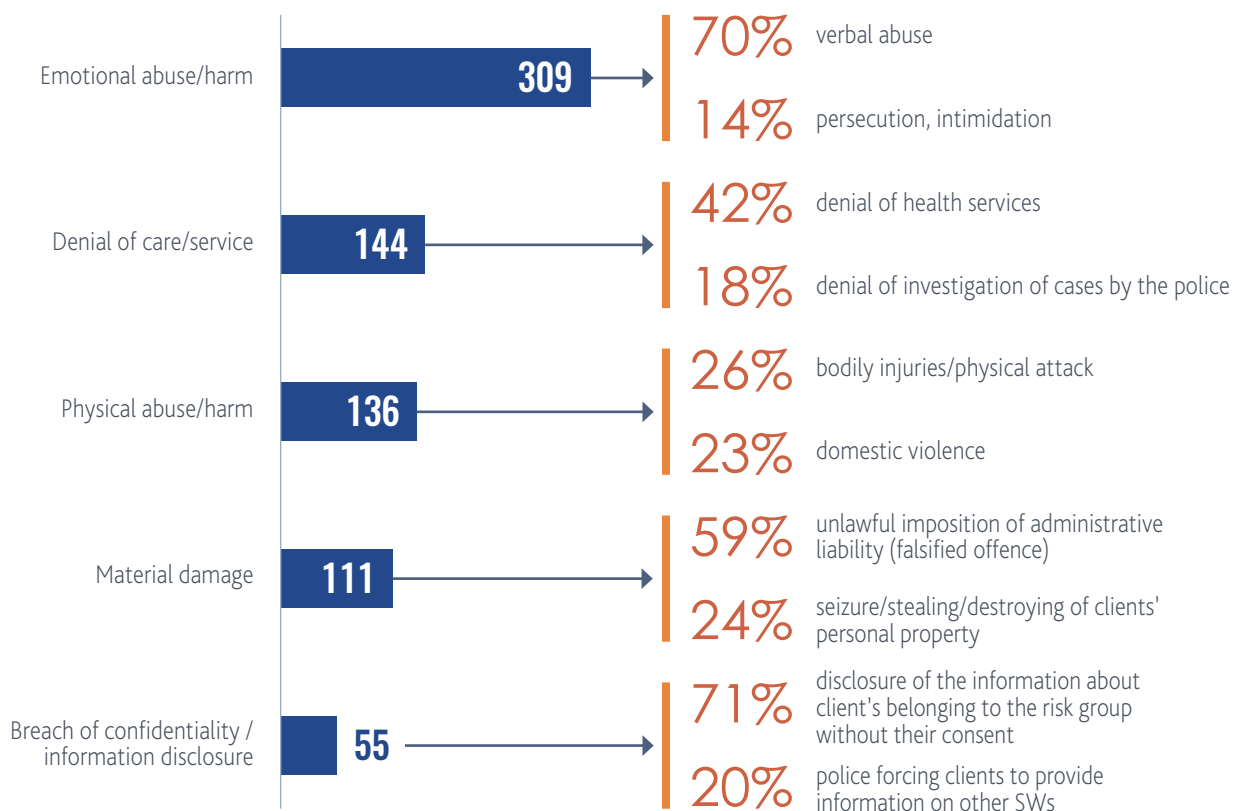


* One appeal from a client can include several perpetrators

In the structure of all types of perpetrators violating the rights of sex workers, prevailing were **law enforcement officers – 167 cases**, **personnel of communal HCFs – 66 cases**, and **clients of sex workers – 49 cases**.



Violations of the rights of sex workers*



* One appeal from a client can include several different violation types

Most cases of violations of the rights of sex workers involved **emotional violence (309 incidents)** and **denial of care/service (144 cases)**.

Sexual partners of sex workers often become perpetrators and commit domestic violence, humiliating and physically abusing them. Often, sexual partners force women to do sex work.

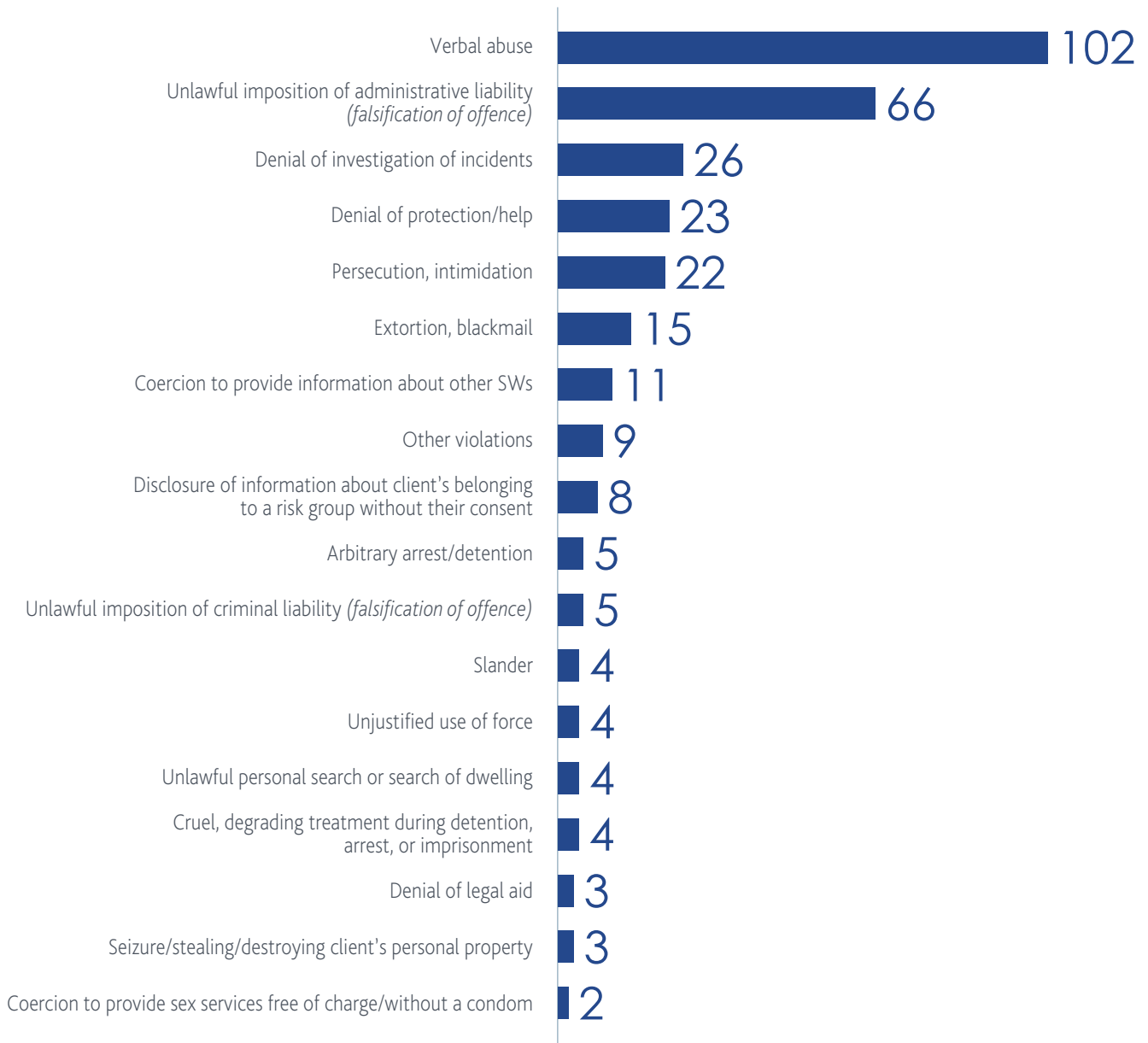
The man of the client knew well what she did, he took her money and did not work himself, but after she decided to stop and the money ran out, he started beating her, publicly calling her a prostitute, and saying: 'Now go to the highway, they wait for you there'.



IN **167** cases, the perpetrators of violations of the rights of sex workers were police officers



Violations of the rights of sex workers by the police*



* Quantity of incidents. One appeal from a client can include several different incident types

Police officers harassed sex workers and used moral coercion and blackmail.

A sex worker asked us to help her from the coercion by law enforcement. She said they were threatening to plant some drugs on her and send her to prison if she does not sign a confession of committing a crime she never did.

Sex workers who lost their property or experienced violence from their clients and then turned to the police to get help were denied investigation. Quite often **police officers used verbal abuse and humiliation and could apply force or coerce the sex workers to provide sex services.**



A REActor was contacted by a woman from SW community. She told she was injured by her partner after he learnt she was selling sex services. He also threatened to tell her relatives and neighbors about it. The woman sought help from the community police officer when she saw him in the street. But he dismissed her complaints and rudely advised to change her 'profession' to a normal one. After that, the woman did not go to the police because she feared stigma from law enforcement.

One case was documented where a sex worker was forced to provide sex services at an illegal parlor. The woman went to the police but did not receive a proper response.

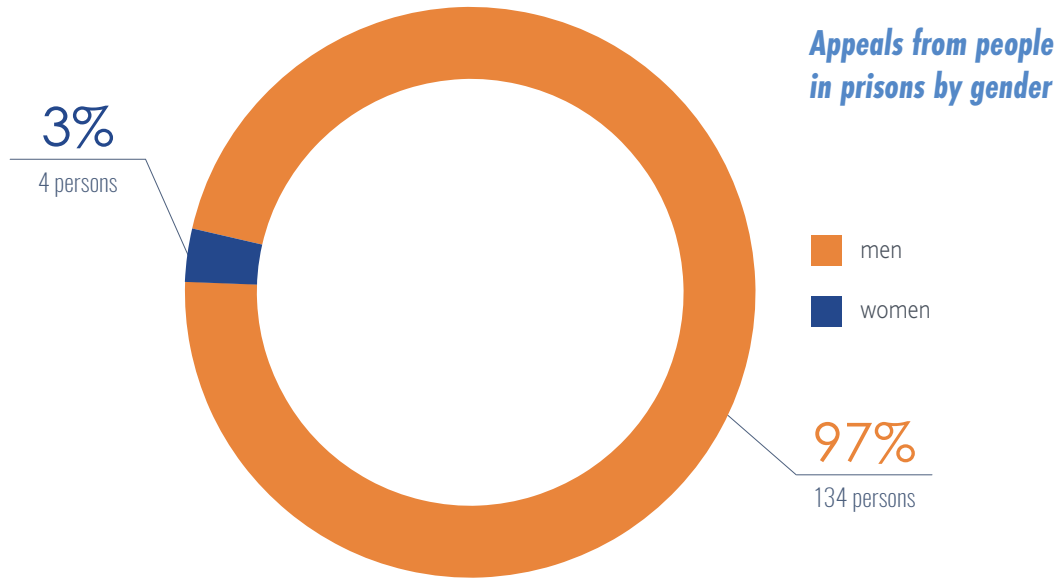
A client who came for help told that she is a sex worker and had recently managed to escape from a so-called 'base' where she was forced to provide sex services to clients. She told that there was a lot of violence, and they forced her to use drugs because she could work longer under influence of the substances. They were not letting her out, and took away her phone and valuables. She lived under a constant stress, expecting even worse things to happen. After she managed to escape, she filed a complaint with the police where she indicated the address and the names of the owners of the 'base'. The complaint was accepted, but no investigation ensued. She was not interviewed, her injuries were not documented. Moreover, she was treated with scorn, and when she made a fuss, they turned her out of the premises adding some insults about her work and her looks. And the 'base' keeps operating, and no-one was held liable for abusing people.





7.7. PEOPLE IN PRISONS

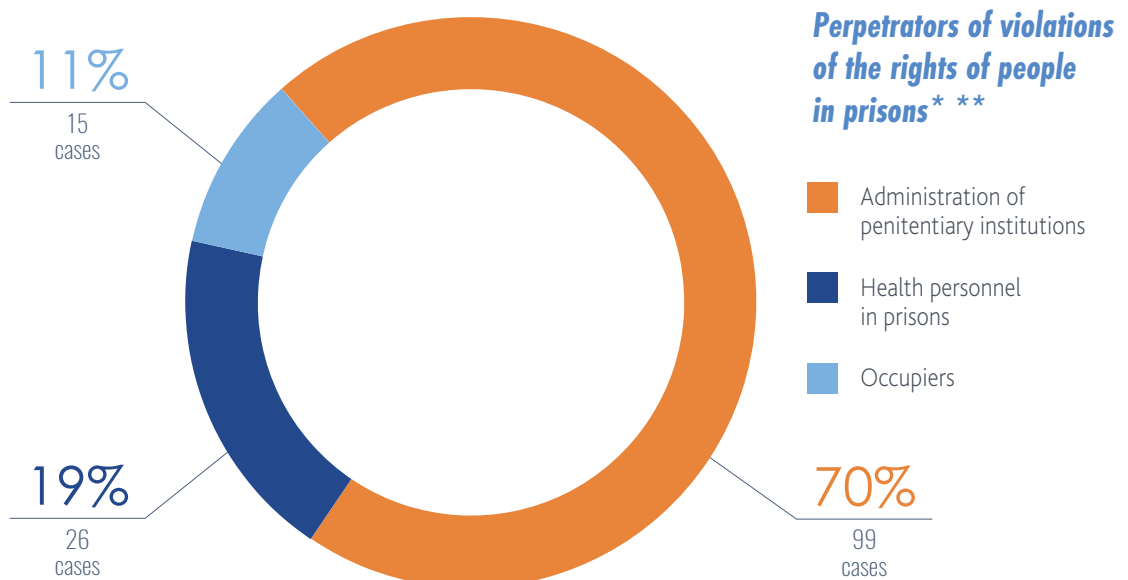
138 APPEALS WERE REGISTERED, INCLUDING **83%** WITH SIGNS OF STIGMA AND DISCRIMINATION ON THE GROUNDS OF CLIENT'S BEING AN INMATE



In most cases, the perpetrators violating the the rights of the people in prisons were **representatives of penitentiary institutions – health workers and the administration**



Most cases involved **material damage (78)** or **denial of care/services (67)**



* **One appeal from a client can include several different perpetrators*

** *Because of the design of REAct system, PLWH, OAT patients and people with TB among people in prisons are covered in the respective chapters above*



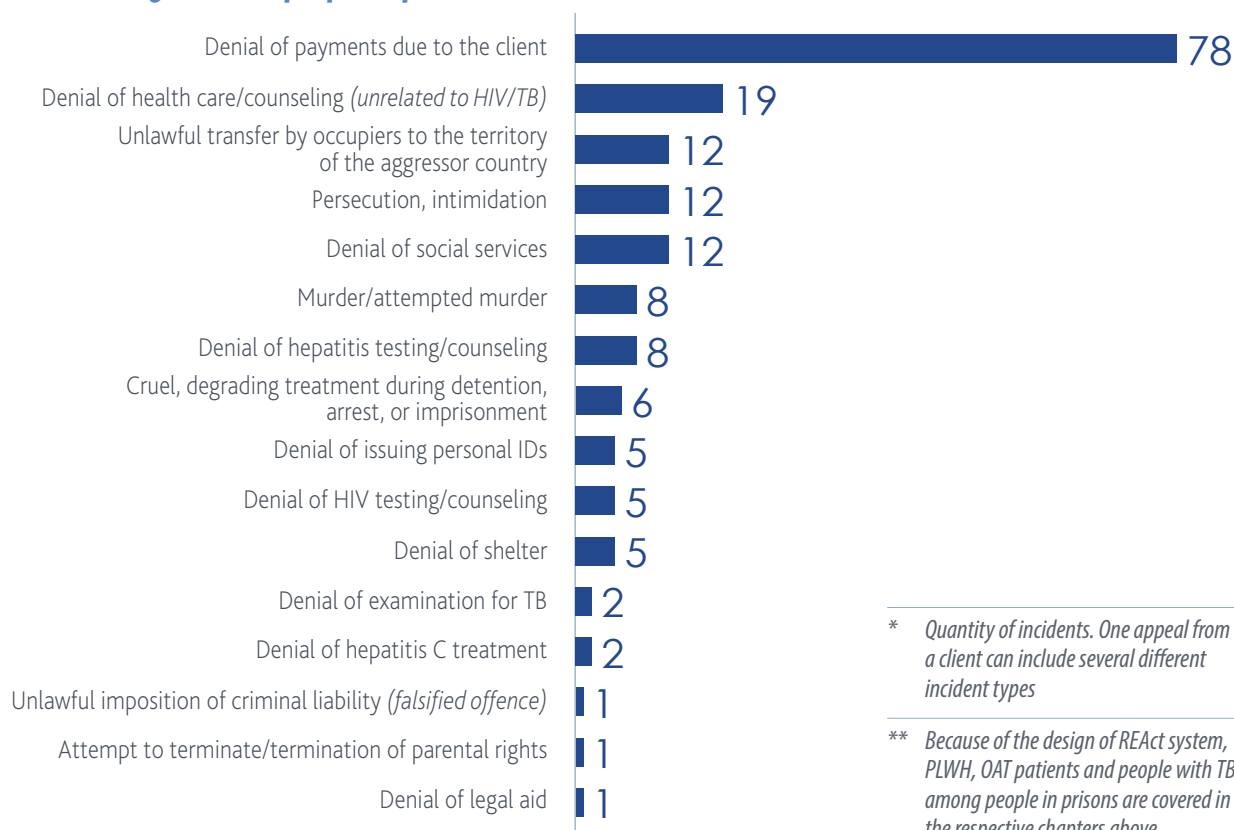
Types of violations of the rights of people in prison* **



* One appeal from a client can include several different violation types

** Because of the design of REAct system, PLWH, OAT patients and people with TB among people in prisons are covered in the respective chapters above

Violations of rights of the people in prison* **



* Quantity of incidents. One appeal from a client can include several different incident types

** Because of the design of REAct system, PLWH, OAT patients and people with TB among people in prisons are covered in the respective chapters above

People in penitentiary institutions most often experience violations of their rights during release, when the administration fails to provide them with **money to pay fare**.

A client was incarcerated at an institution of the penitentiary service. Because of poor health, he did not work while serving his sentence. Before release, he asked the administration to support him by paying for a ticket home, but they refused.

Health workers at penitentiary institutions often violated inmates' rights to proper medical examination.

A client sought help because at the institution where he was serving his sentence, he was denied a chest X-ray test. He is sick and feels pain in the chest. Health workers just mock him: 'You will be able to make all your tests after you get out of here.'

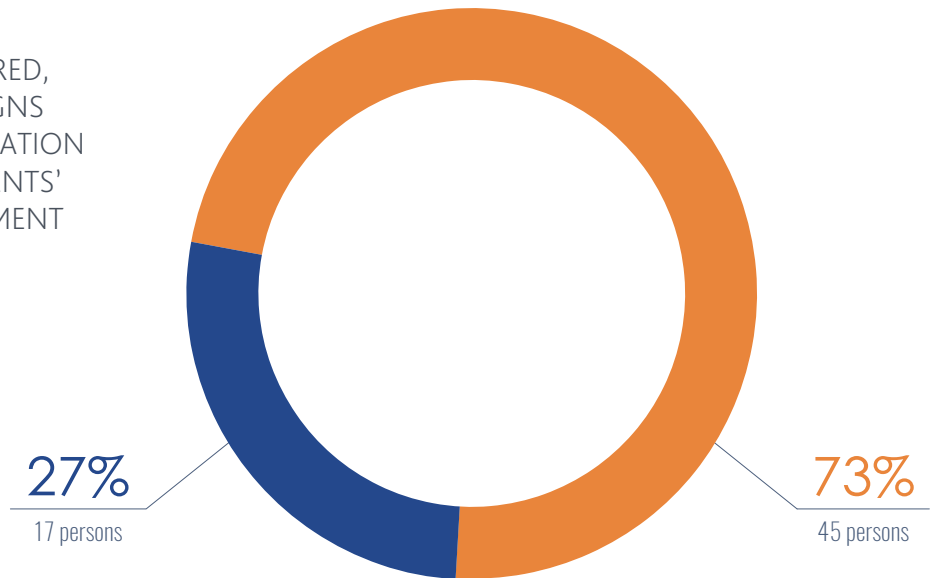


7.8. PEOPLE RELEASED FROM PRISONS

62 APPEALS WERE REGISTERED, INCLUDING 55% WITH SIGNS OF STIGMA AND DISCRIMINATION ON THE GROUNDS OF CLIENTS' EXPERIENCE OF IMPRISONMENT

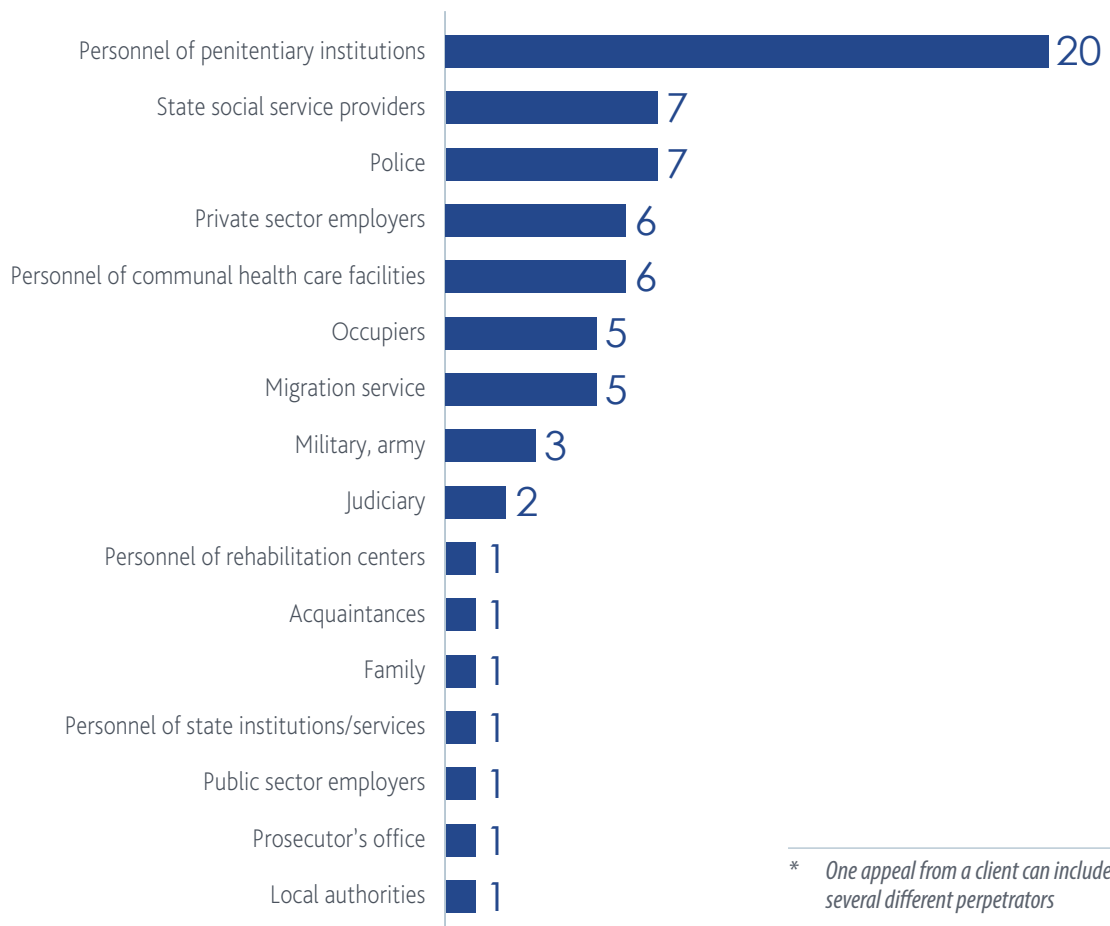
Appeals from former inmates by gender

- men
- women



The perpetrators violating the rights of former prisoners most often were **personnel of penitentiary institutions** – 20 cases

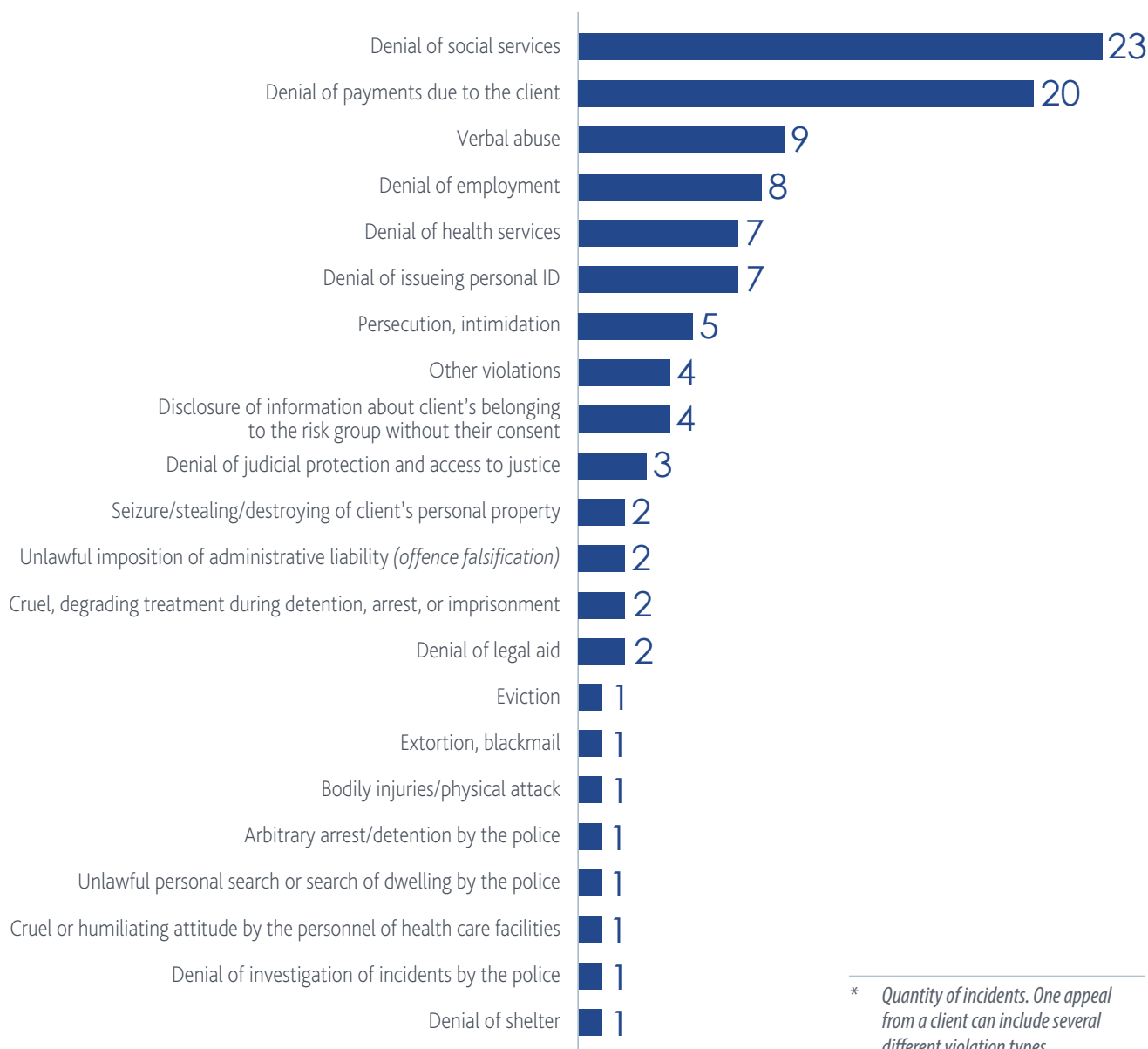
Perpetrators of violations of the rights of former inmates*



* One appeal from a client can include several different perpetrators



Types of violations of the rights of former inmates*



Most cases of violations of rights of people with the experience of imprisonment involved **denial of social services, social support to low-income families**. Clients experienced stigmatizing and biased attitude at employment centers and with **refusal to help with employment because of their criminal record**.

A client asked us to help her to protect her rights. She told that when she went to an employment center after serving her sentence in jail, she was denied employment only because she 'led a wrong lifestyle, and there are no vacancies for this kind of people'.

Getting released from prison, **clients could not return home** because the state represented by the administration of the penitentiary institution where they served their sentence did not provide the money to pay the fare.

There were cases when **people were released under occupation and the new administration did not return them their Ukrainian passports**.

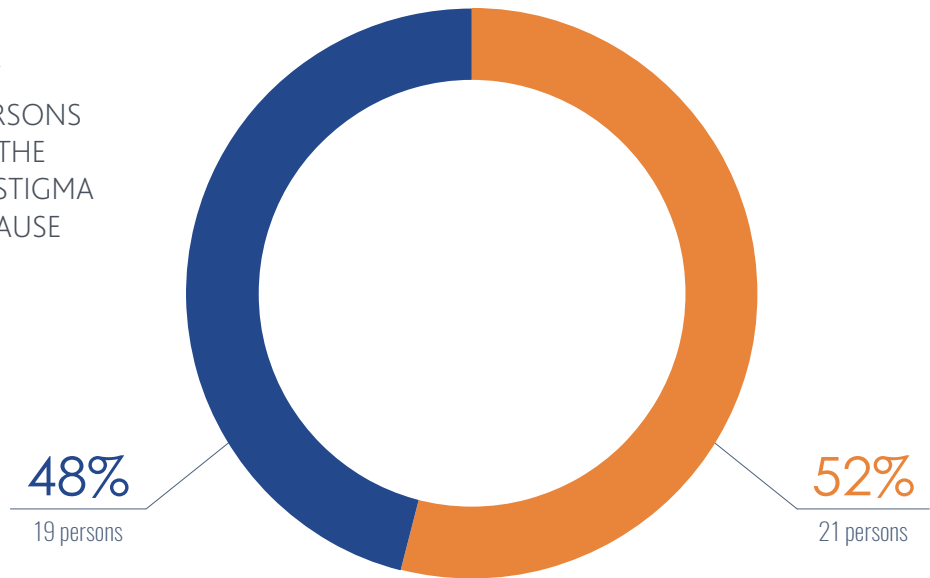


7.9. INTERNALLY DISPLACED PEOPLE

THERE WERE **40** CASES OF VIOLATIONS OF RIGHTS OF INTERNALLY DISPLACED PERSONS INCLUDING, AND **68%** OF THE INCIDENTS HAD SIGNS OF STIGMA AND DISCRIMINATION BECAUSE OF THE IDP STATUS

Appeals From IDP By Gender

- жінки
- чоловіки

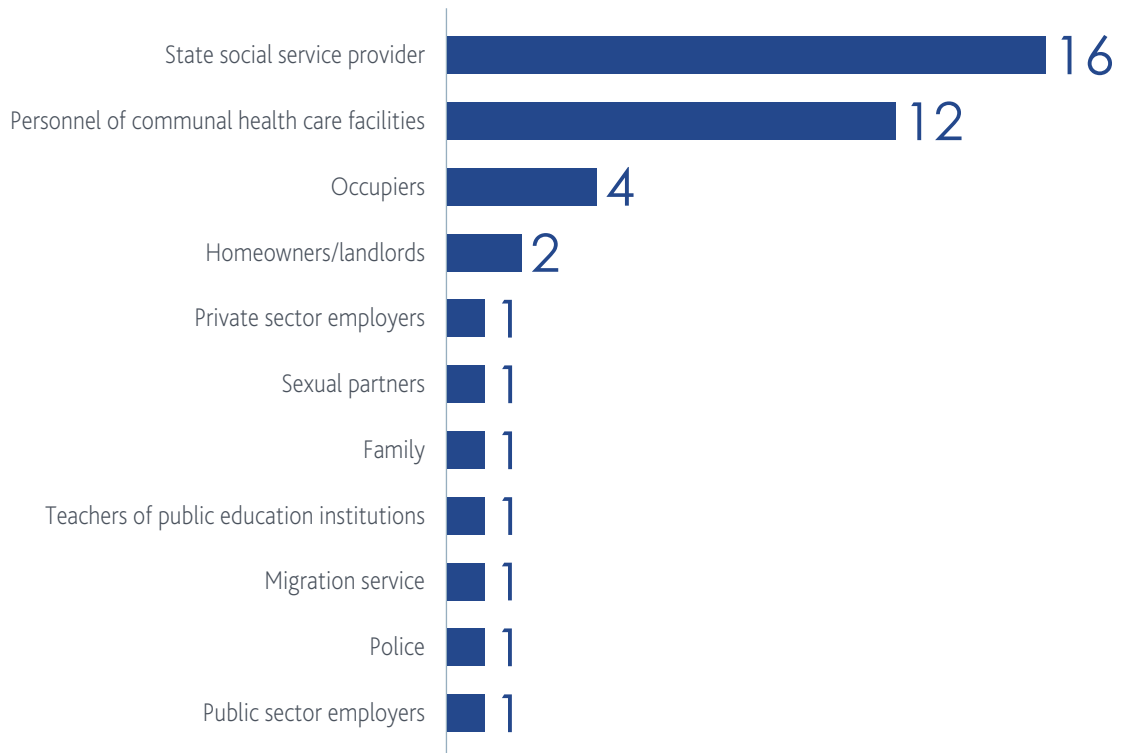


* One appeal from a client can include several different perpetrators



The perpetrators of violations of the rights of IDPs were most often **providers of social services and personnel of communal HCFs**

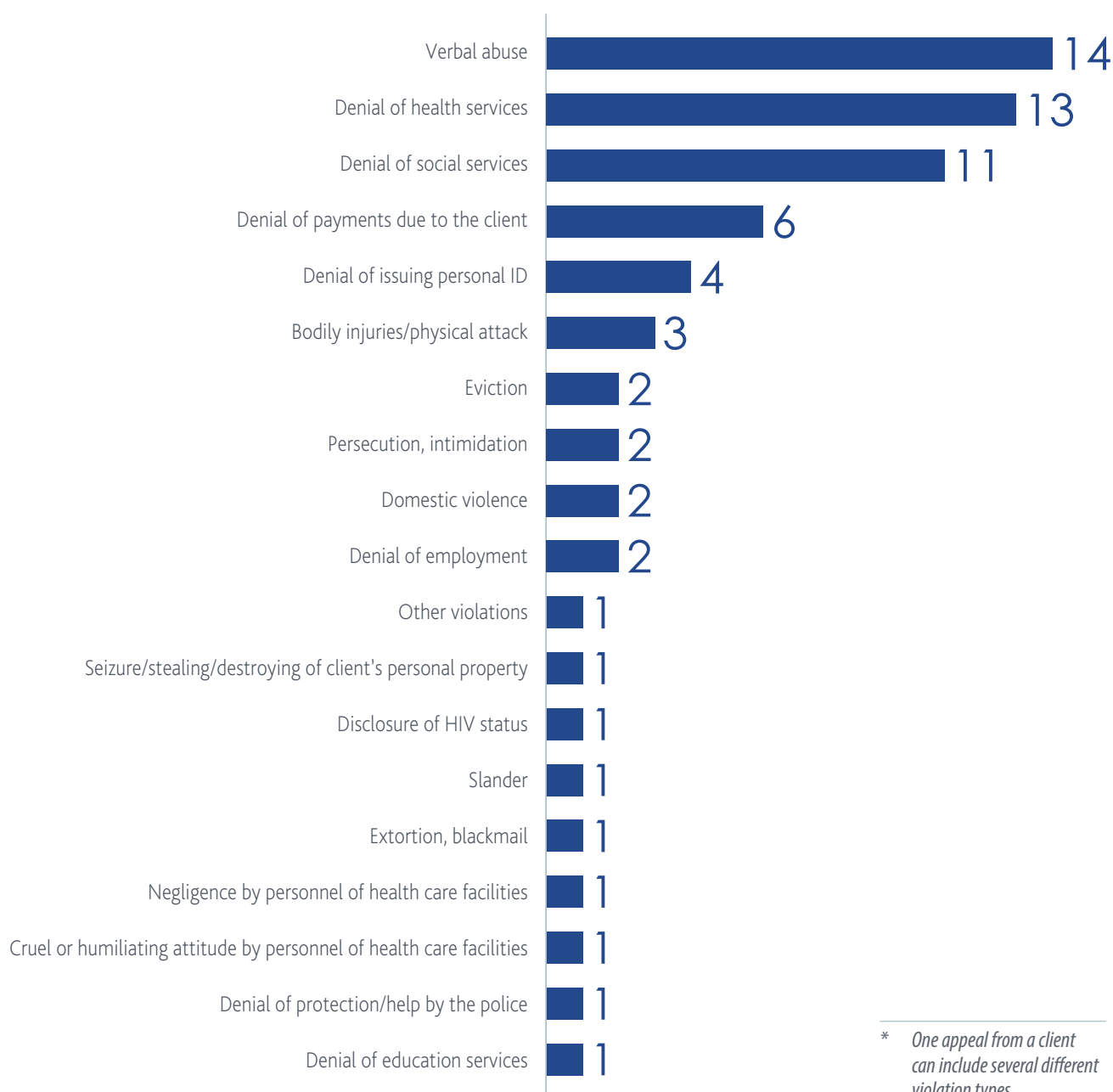
Perpetrators of violations of the rights of IDPs*



* One appeal from a client can include several different perpetrators



Types of violations of the rights of IDPs*



Internally displaced persons from among the key populations vulnerable to HIV and TB face additional risks and barriers to access services, and more frequently experience discrimination because of their belonging to the key populations.

Members of the key populations from among IDPs faced **stigmatizing attitude when seeking social and health services**. For example, when they seek health services, they are often asked to **pay for tests though such tests are included in state's guaranteed free health benefits**.

This woman is actually an IDP, but when she went to the social protection service to get an IDP document, they refused. Employees of the social protection service during the conversation many times hinted that the woman is just one of those homeless persons who tramp all over the country.

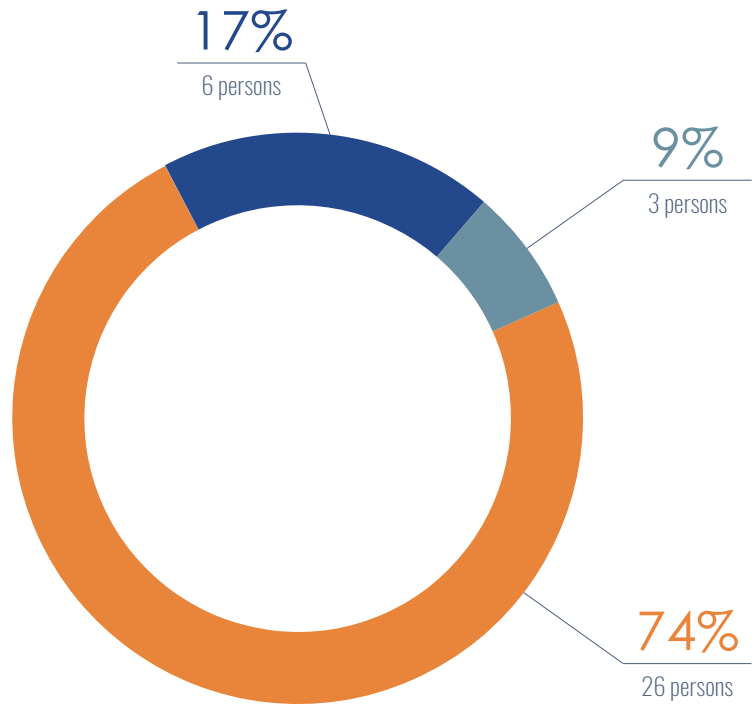


7.10. TRANS*PEOPLE

THERE WERE **35** APPEALS, INCLUDING **94%** OF CASES WITH THE SIGNS OF STIGMA AND DISCRIMINATION ON THE GROUNDS OF CLIENTS' BEING A TRANS*PERSON

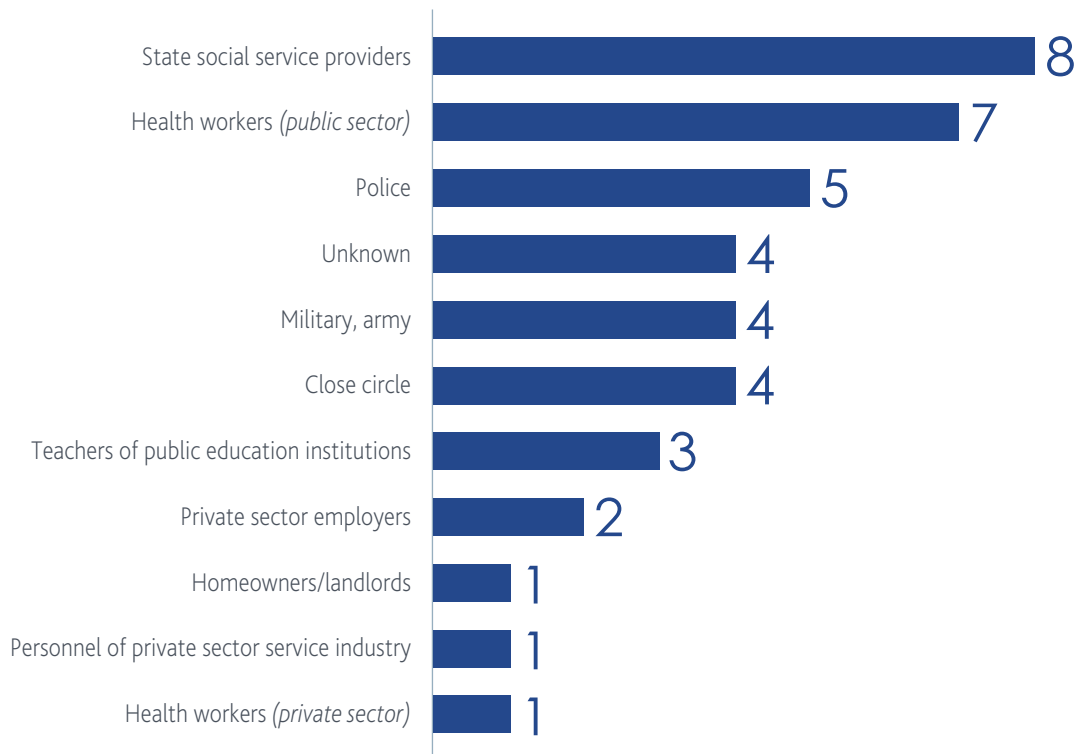
Appeals from trans*people by gender

- trans*women
- trans*men
- trans*non-binary people



The perpetrators violating the rights of trans*people were **social service providers** – 8 cases, **personnel of communal HCFs** – 7 cases, **police officers** – 5 cases, etc

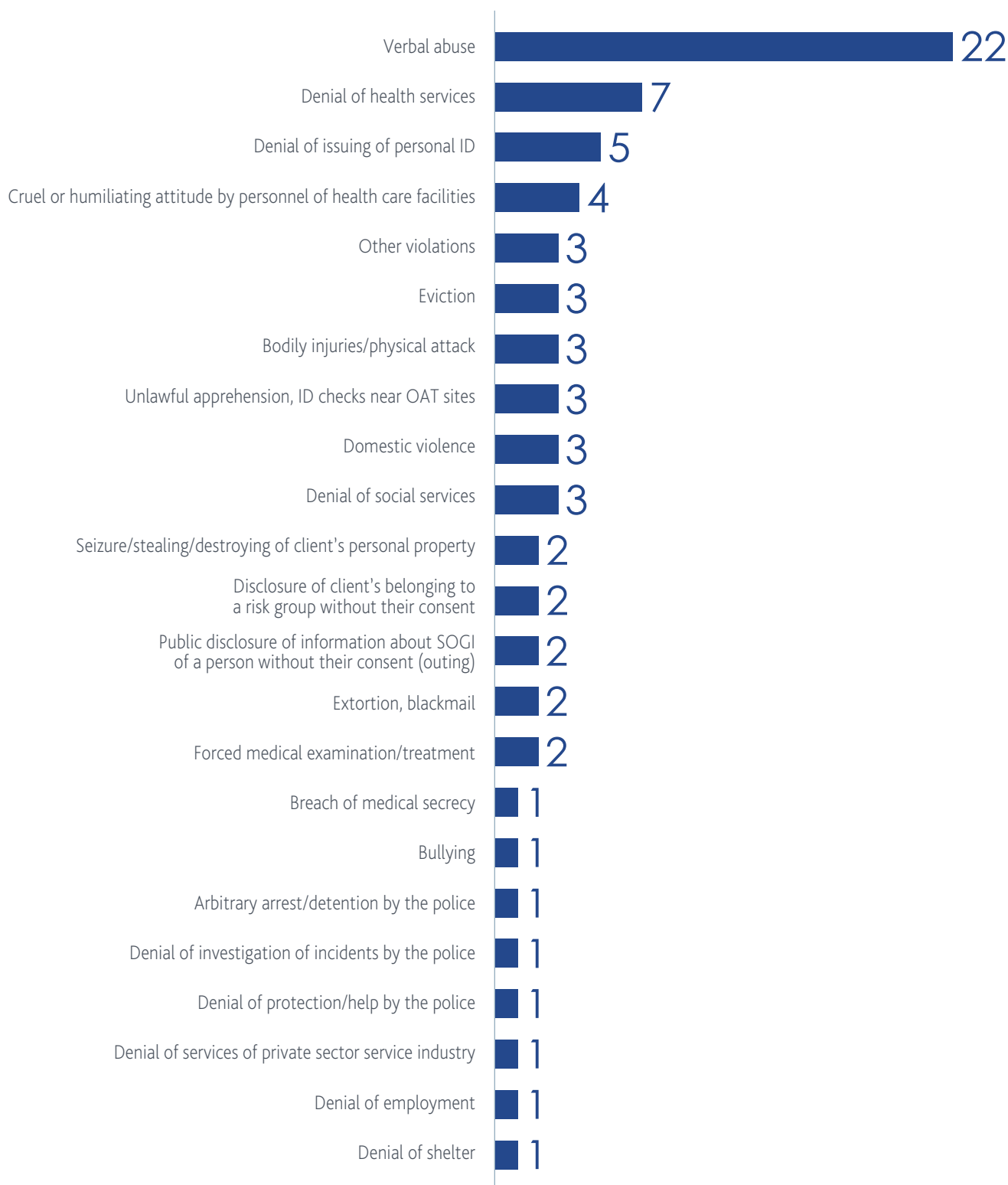
Perpetrators of violations of the rights of trans*people*



* One appeal from a client can include several different perpetrators



Types of violations of the rights of trans* people *



* One appeal from a client can include several different violation types



Health workers often showed **stigmatizing attitude and failure to understand the process of trans*ition, they refused to provide health services.**

Trans*people experienced situations where **landlords**, having learnt that their occupier is a trans*person, immediately asked them to **look for another place**. Employers on multiple occasions **denied trans*people jobs**. There were **barriers to getting accommodation at shelters or dormitories**: if the legal trans*ition had not been completed, clients could only share rooms with people of the opposite gender.



Police officers often practiced apprehension in public spaces for identity checks. When they learnt that the gender marker in the ID did not match the appearance, the officers became very thorough when inspecting personal belongings and asked many questions.

In general, it is worth noting that **trans*people are presently very vulnerable**, including in the war context. A combination of a series of barriers in different areas affects both the mental health of trans*people and their motivation to defend their rights.

A girl from the LGBT community sought help. She told about the terrible attitude from the society and humiliation by doctors who disregard such people. They humiliated and insulted her, calling her 'it' and any other names but 'girl'. She tried to close a declaration with a family doctor but received only insults, failure to understand, and judgment. She was desperate enough to try suicide because she had been unlucky to be born in a male body, but she had always wanted to be a woman. Because of this, she feels very bad, she suffers. She cannot find a normal job, she cannot go abroad, because according to her passport she is a conscription-age man. The woman is under constant psychological pressure from all sides.

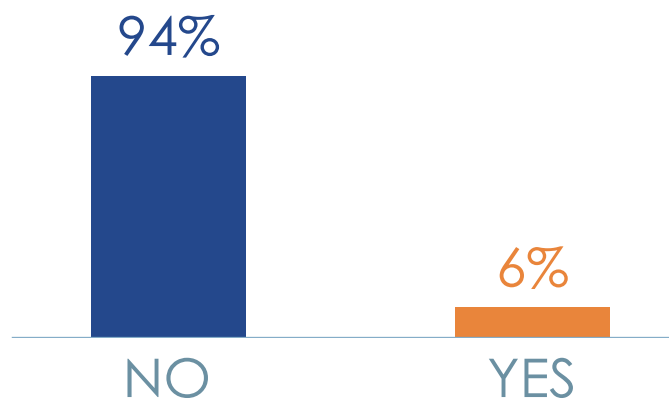


8. THE WAY CLIENTS DEFEND THEIR RIGHTS BEFORE APPROACHING REAct

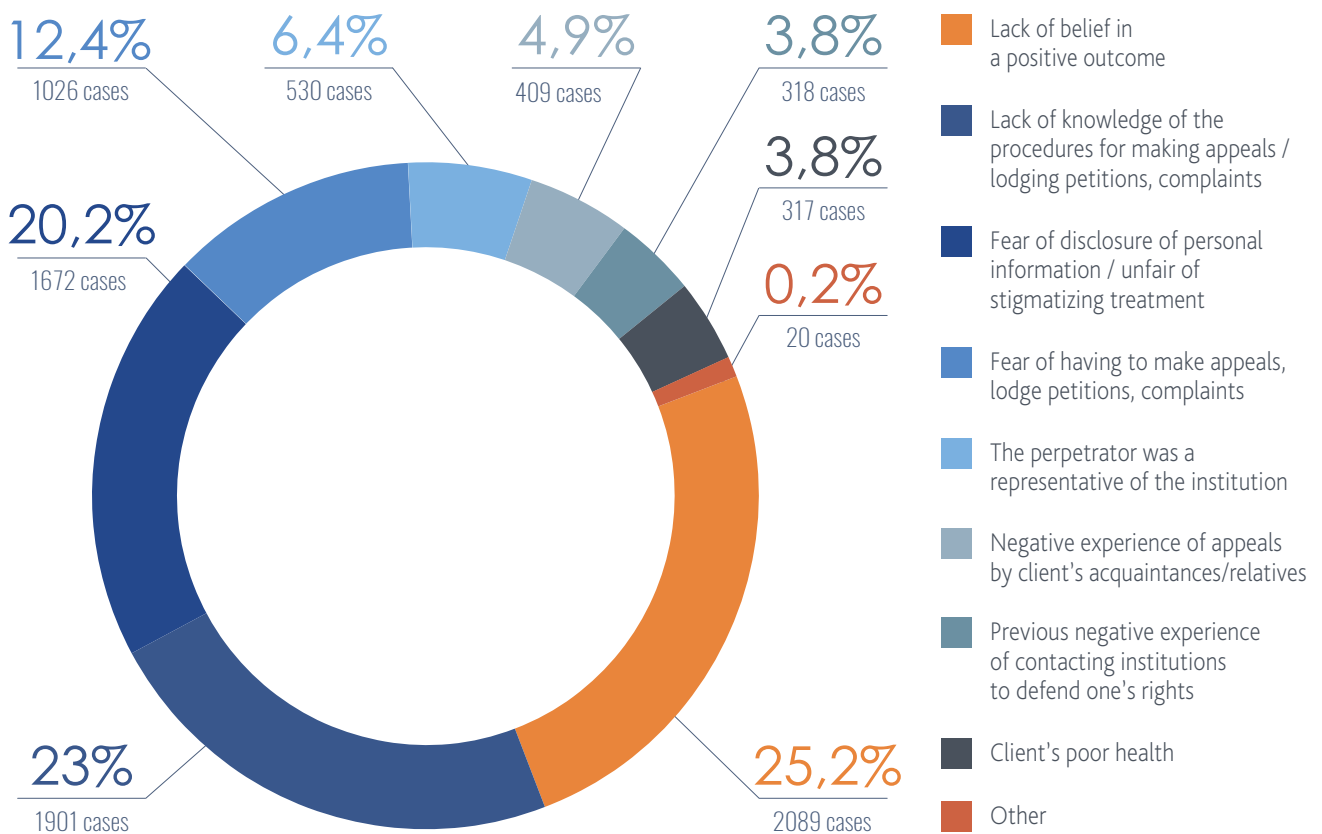


IN **94%** of the cases, the clients did not defend their rights before approaching reactors.

The client tried to protect his/her rights independently (before contacting REAct)

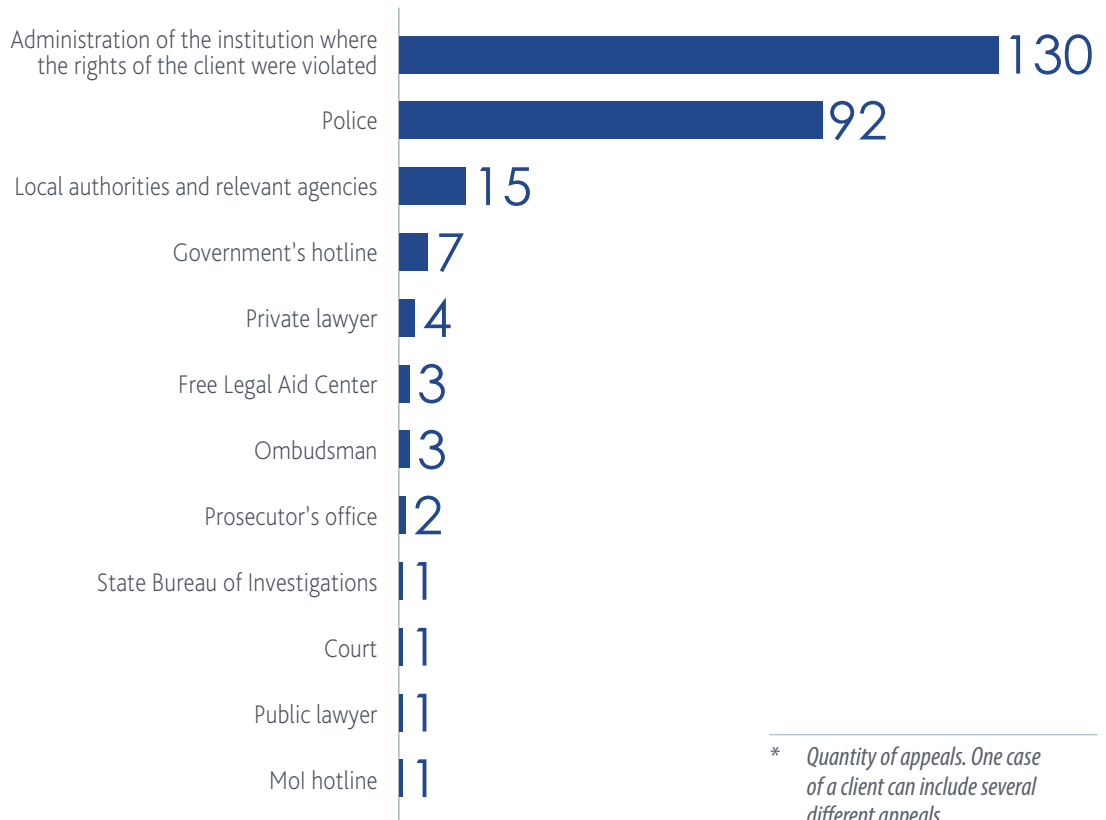


The reasons why clients did not try to defend their rights themselves

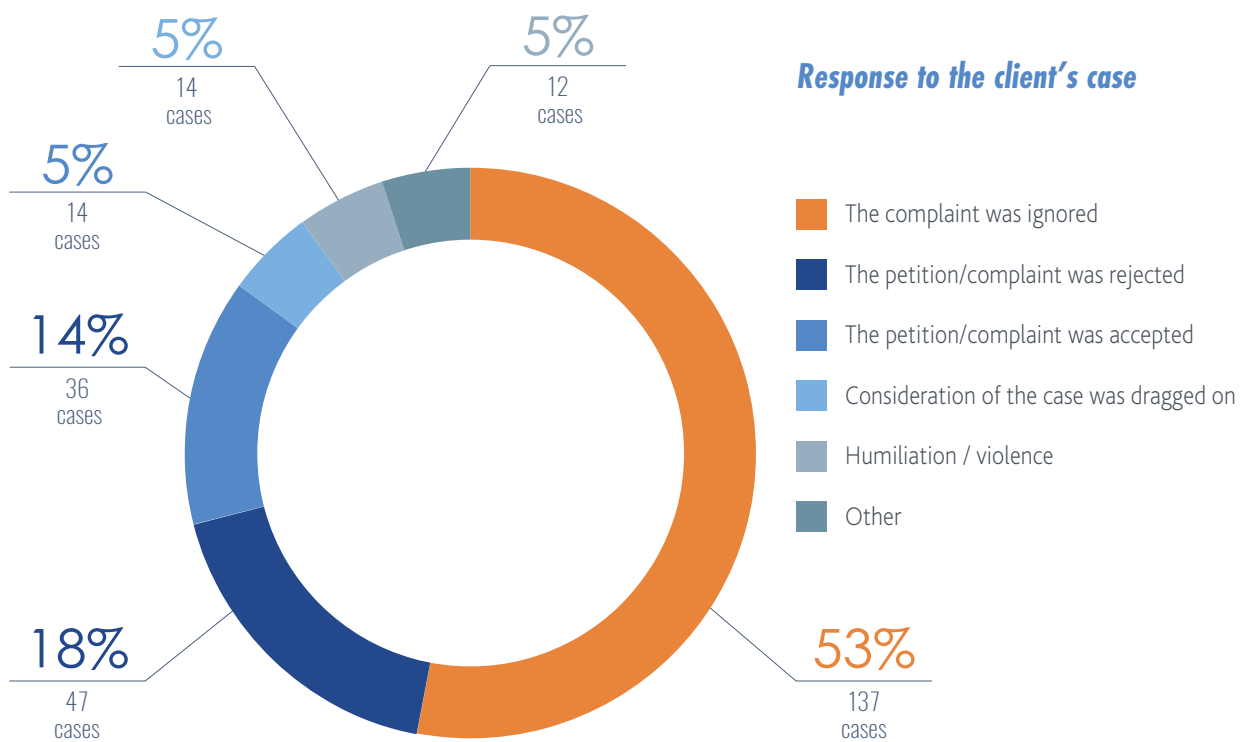




Client's petition/complaint to...*



* Quantity of appeals. One case of a client can include several different appeals



Response to the client's case

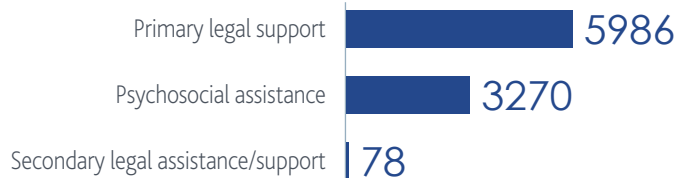
Fighting structural and individual barriers to try and defend their rights, the clients, in most cases, were unable to receive proper reaction. **In 53% of cases, their complaints were ignored.**



9. RESPONSE TO VIOLATIONS OF THE RIGHTS OF CLIENTS OF THE PROJECT

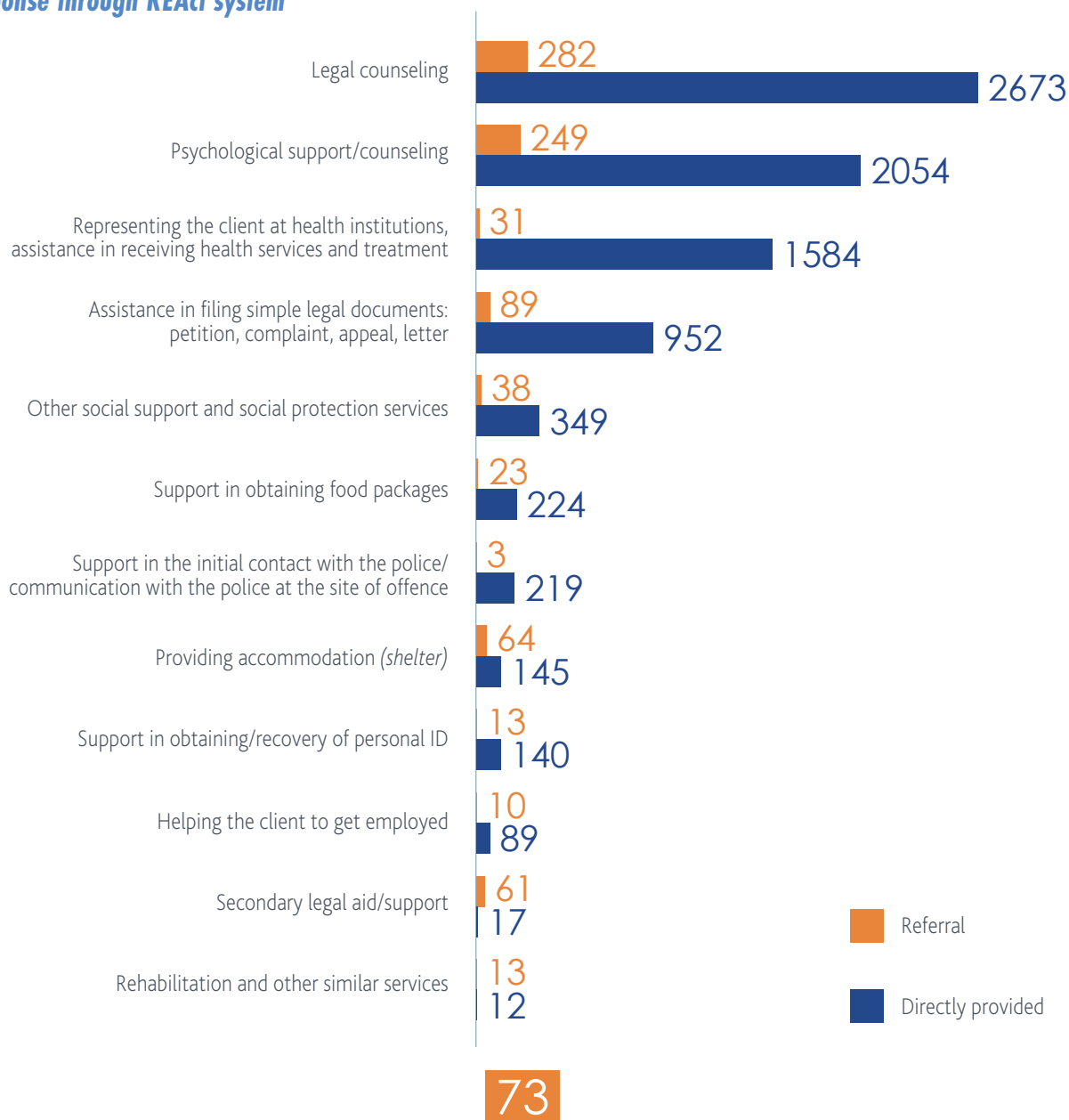
Responding to the violations, REActors provided several kinds of support: **primary legal support (64%)**, **psychosocial support (35%)** and **secondary legal assistance (1%)**.

Services provided via REAct (quantity of services)



91% of the services were provided to clients directly at the organizations of REActors

Response through REAct system



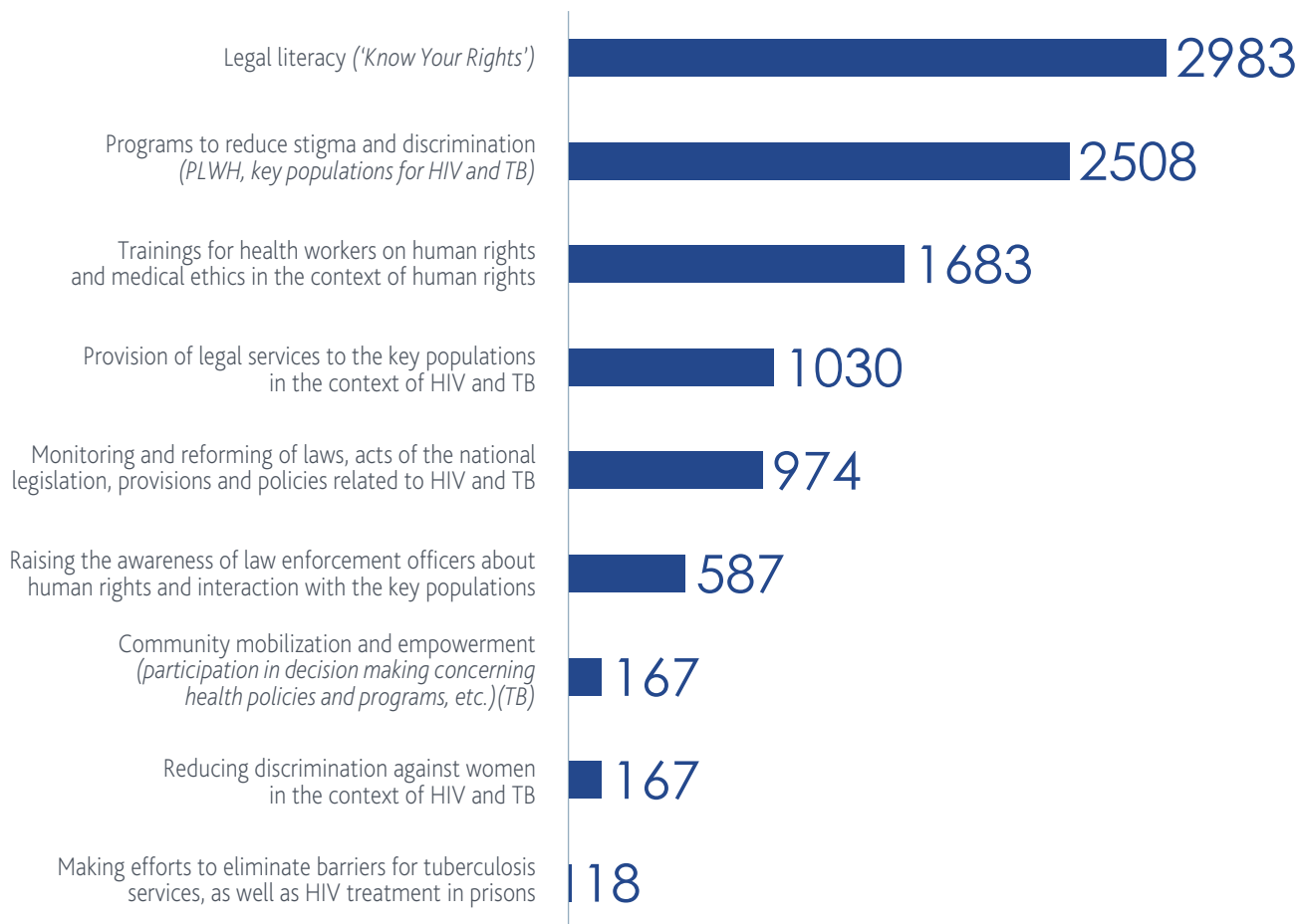


10. PROGRAMS TO ELIMINATE HUMAN RIGHTS-RELATED BARRIERS

UNAIDS and global partners have recommended a number of programmatic activities to help elimination of human rights-related barriers for accessing HIV and TB services.

Like in recent years, according to cases documented by REAct in 2023, the most relevant programs are those aimed at improving legal literacy of members of key communities, reducing stigma and discrimination, educating police officers and health professionals on human rights and specific behaviors of members of key populations, as well as legal reforms.

Programs to eliminate human rights-related barriers





11. CONCLUSIONS

- Violations of the rights of key populations are still quite common, and most of the perpetrators are officials and institutions whose duty is to help and protect.
- The key factors behind the violations are personal hostile attitude of the perpetrators to the key populations, remaining lack of awareness of health workers and police officers regarding the rights and needs of the key populations, non-observance of the principle of inevitability of punishment for such violations, and tolerating of this negative attitude by governing and supervisory bodies.
- Documenting the cases of violations of rights of the key populations is an important tool and an indicator for evaluation of the current human rights situation, understanding the trends and planning the interventions to have impact and achieve change.





12. RECOMMENDATIONS

RECOMMENDATIONS TO CIVIL SOCIETY ORGANIZATIONS, INCLUDING ORGANIZATIONS DOCUMENTING CASES OF VIOLATION OF HUMAN RIGHTS:

1. Continue regular training events for the police on HIV/AIDS prevention, harm reduction and OAT programs, including on the right to receive OAT and uninterrupted treatment. These trainings should preferably involve well-socialized members of the key populations that can showcase the importance of the programs for the communities.
2. Continue regular training events for health workers to eliminate stigma and discrimination against the key populations in health practice, raise the awareness of legal guarantees of treatment and access to health services, especially in the context of prevention of spreading of HIV/TB, and negative consequences of and liability for violation of such rights. The training sessions should involve members of the key populations and NGO lawyers.
3. Continue holding training events for members of the key populations and disseminating informational materials aimed to improve their legal literacy and highlight relevant human rights defense mechanisms.



RECOMMENDATIONS TO AUTHORITIES:

1. Consider decriminalization of possession of drugs for personal use.
2. Facilitate scaling up harm reduction programs, especially at penal institutions, and ensure uninterrupted ART and OT at temporary holding facilities and pre-trial detention facilities. Ensure adequate access to treatment of tuberculosis at penitentiary system institutions.
3. Ensure alignment of practices of general health care for people in penitentiary facilities with the current legislation of Ukraine, international recommendations and guidelines, such as the UN Standard Minimum Rules for the Treatment of Prisoners, and ensure independent control over this alignment.
4. Take active steps to eliminate negative stereotypes and stigmatization of members of key populations (*especially PWID, PLWH, SWs, MSM, and trans*people*) by public institutions, including by conducting information and educational campaigns for health personnel, social workers, law enforcement officers, and other public servants.
5. Consider canceling all kinds of liability, including administrative one, for sex work. Create and implement departmental regulations for law enforcement personnel on restricted use of criminal preventive measures regarding organization of sex work in the absence of signs of human trafficking or exploitation.
6. The bodies that oversee the work of the police should pay special attention to unlawful actions of police officers concerning the key populations. While considering the cases, ensure security of members of civil society organizations and victims from among the key populations notifying of such incidents.
7. Ukrainian Parliament Commissioner for Human Rights should scale up the use of information on violations of human rights of members of the key populations documented by human rights activists and other civil society organizations supporting victims of the violations. Provide for discussion of legal initiatives to prevent mass and systematic violations of human rights of members of the key populations.

REACT PROJECT IN UKRAINE: REGISTERED VIOLATIONS OF THE RIGHTS OF HIV/TB KEY POPULATIONS AND RESPONSE TO SUCH VIOLATIONS

ANALYTICAL REPORT 2023

Authors:

N. Semchuk

O. Mardar

I. Yakovets

Proof reading:

V. Bozhok

Layout and design:

I. Sukhomlynova

ICF "Alliance for Public Health"
24 Bulvarno-Kudriavska str.
building 3, 2nd floor
Kyiv 01054 Ukraine



www.aph.org.ua

E-mail: react@aph.org.ua



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For more details on the REAct, see:

www.react-aph.org

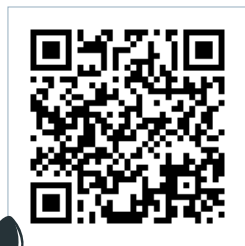
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REAct
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*Response stories within
the framework REAct*

