

Baseline Assessment - Ukraine

Scaling up Programs to Reduce Human Rights- Related Barriers to HIV and TB Services

May 2018
Geneva, Switzerland

DISCLAIMER

Towards the operationalization of Strategic Objective 3(a) of the Global Fund Strategy, Investing to End Epidemics, 2017-2022, this paper was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents, as a working document for reflection and discussion with country stakeholders and technical partners, findings of research relevant to reducing human rights-related barriers to HIV and TB services and implementing a comprehensive programmatic response to such barriers. The views expressed in the paper do not necessarily reflect the views of the Global Fund.

ACKNOWLEDGEMENTS

With regard to the research and writing of this report, the Global Fund would like to acknowledge the work of APMG Health (authors: Dave Burrows, Sergiy Kondratyuk and Olena Dvonkovska; and in-country team – Sergiy Kondratyuk, Olena Dzvonkovska, Iryna Zhyginas, Andrey Chernyshev, Andrey Tolopilo, Olesya Trofimenko and Yaroslav Zelinskyi), as well as country and technical partners and the many others who provided contributions.

List of Acronyms and Abbreviations

AFEW	AIDS Foundation East West
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
BCC	Behavior change communication
CBO	Community based organization
CCM	Country Coordinating Mechanism
CD4	Cluster of differentiation 4
CDC	Centers for Disease Control and Prevention
ECDC	European Centre for Disease Prevention and Control
FMC	Family Medical Centre
FGP	Family group practice
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
IRF	International Renaissance Foundation (Soros Foundation)
IPT	Isoniazid preventive therapy
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LTFU	Lost to follow up
MDR-TB	Multidrug-resistant tuberculosis
MoH	Ministry of Health
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NGO	Nongovernmental Organization
NSP	Needle and syringe programme
OST	Opioid substitution therapy
PCR	Polymerase chain reaction
PHC	Primary health care
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PWID	People who inject drugs
SOP	Standard operating procedure

STI	Sexually transmitted infection
SW	Sex worker(s)
TB	Tuberculosis
TGF	The Global Fund
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	The United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VL	Viral load
WHO	World Health Organization
XDR TB	Extensively drug resistant tuberculosis

Table of Contents

I. Executive Summary	8
Introduction.....	8
Methodology	9
Baseline findings: HIV	9
Key and vulnerable populations	9
Barriers to HIV services.....	9
Summary of existing/recent programs and proposed elements of a comprehensive program	11
2016 investments and proposed comprehensive program costs - HIV.....	16
Baseline findings: TB	17
Barriers to TB services	17
Programs to address barriers to TB services – from existing programs to comprehensive programs	18
Summary of existing/recent programs and proposed elements of a comprehensive program	19
2016 investments and proposed comprehensive program costs - TB.....	23
Priorities for scaling up towards comprehensive programs to reduce barriers to HIV and TB services.....	24
Next Steps	25
II. Introduction	26
Overview of the Global Fund Baseline Assessment Initiative	26
Background & Rationale for Baseline Assessment in Ukraine	26
Purpose, objectives and expected outcomes of the assessment	26
III. Methodology	27
Conceptual framework.....	27
Steps in the assessment process	28
IV. Findings: HIV.....	30
Overview of epidemiological context and focus populations	30
Overview of the legal, policy, political and strategy context for human rights and HIV.....	31
Laws that positively influence access to HIV services	31
Laws and initiatives that negatively influence access to HIV services	34
Regulations	36
Legal reforms and other initiatives.....	38
Political/social environment.....	39

Human rights barriers to access, uptake and retention in HIV services.....	40
Law enforcement	41
Stigma and discrimination	42
Poverty	43
Gender.....	43
Legal services and knowledge of rights	44
Specific issues for mobile populations and internally displaced people	44
Specific issues for children and adolescents.....	44
Description of the main interventions used to address barriers and recommendations for a comprehensive approach	45
Sources and uses of funds for HIV in 2016 and costing for a five-year comprehensive program	81
Gaps, challenges and opportunities.....	84
V. Findings: Tuberculosis	86
Overview of epidemiological context and focus populations	86
Overview of the law, policy, political and strategy context for human rights and TB.....	87
Laws that positively influence access to TB services	88
Laws and initiatives that negatively influence access to TB services	89
Legal reforms and other initiatives.....	91
Regulations	93
Political and social environment	95
VI. Human rights barriers to access, uptake and retention in HIV and TB services	96
Law enforcement	96
Stigma	97
Poverty	98
Gender differences.....	99
Legal services and knowledge of rights	99
Specific issues for mobile populations and internally displaced people	99
Specific issues for children and adolescents.....	100
Description of main interventions to address barriers to TB treatment, including analysis of any information on effectiveness	100
Sources and uses of funds for HIV in 2016 and costing for a five-year comprehensive program	111
Gaps, challenges and opportunities.....	114
VII. List of Annexes.....	116

Annex 1. List of sources and documents reviewed	117
Annex 2: Comprehensive Approach to HIV Human Rights Barriers in Ukraine.....	122
Annex 3: Comprehensive Approach to TB Human Rights Barriers in Ukraine.....	134
Annex 4: Baseline Indicators and Values	145
<i>Barriers to HIV services</i>	145
<i>Barriers to TB services</i>	146

I. Executive Summary

Introduction

Since the adoption of its strategy, *Investing to End Epidemics, 2017-2022*, the Global Fund has joined with country stakeholders, technical partners and other donors in a major effort to expand investment in programs to remove human-rights related barriers in national responses to HIV, TB and malaria (Global Fund, 2016a). It has done so because it recognizes that these programs are an essential means by which to increase the effectiveness of Global Fund grants. The programs increase uptake of and retention in health services and help to ensure that health services reach those most affected by the three diseases.

This Executive Summary is from the baseline assessment conducted in Ukraine as part of operationalizing Strategic Objective 3, which commits the Global Fund to Fight AIDS, TB and Malaria to: “*introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services*”.¹

Though the Global Fund provides support to all countries to scale up programs to remove human rights-related barriers to health services, it is providing intensive support to 20 countries to enable them to put in place comprehensive programs aimed at reducing such barriers. Programs are considered “comprehensive” when the right programs are implemented for the right people in the right combination at the right level of investment to remove human rights-related barriers and increase access to HIV and TB services.² Based on criteria involving needs, opportunities, capacities and partnerships in country, Ukraine and nineteen other countries were selected for intensive support. This baseline assessment is the first component of the package of support Ukraine will receive and is intended to provide the country with the data and analysis necessary to identify, apply for, and implement comprehensive programs to remove barriers to HIV and TB services. Towards this end, this assessment: (a) establishes a baseline concerning the present situation in Ukraine with regard to human rights-related barriers to HIV and TB services and existing programs to remove them, (b) describes what comprehensive programs aimed at reducing these barriers would look like, and their costs, and (c) suggests opportunities regarding possible next steps in putting comprehensive programs in place.

A number of program areas involving several interventions and activities to reduce human rights-related barriers to services have been found effective in reducing barriers. Technical partners and other experts have therefore recognized them as key components of the response. For both HIV and TB, these program areas comprise: (a) stigma and discrimination reduction; (b) training for health care providers on human rights and medical ethics; (c) sensitization of law-makers and law enforcement agents; (d) reducing discrimination against women in the context of HIV and TB; (e) legal literacy (“know your rights”); (f) legal services; and (g) monitoring and reforming laws, regulations and policies relating to HIV and TB. In addition for TB, there is the need to: ensure

¹ *The Global Fund Strategy 2017-2022: Investing to End Epidemics*. GF/B35/02

² This definition of “comprehensiveness » for the purpose of GF Key Performance Indicator 9 was developed with the Global Fund Human Rights Monitoring and Evaluation Technical Working Group.

confidentiality and privacy related to TB diagnosis, mobilize and empower TB patient and community groups, address overly-broad policies regarding involuntary isolation or detention for failure to adhere to TB treatment, and make efforts to remove barriers to TB services in prisons.³

Methodology

Between 10-28 May 2017, data was collected for this baseline assessment through a desk review, followed by in-country research involving a total of 88 face-to-face interviews carried out with 99 key informants (KIs); and 238 key population members participating in 24 focus groups in Kyiv, Odessa, Dnipro, Zaporizhyya, Kramatorsk and Mykolaev. Four completed email surveys were received.

Baseline findings: HIV

The following paragraphs summarize the baseline findings in 2017 in Ukraine with regard to populations affected by human rights-related barriers to HIV services, the nature of the barriers, and the existing programs to reduce these barriers. The TB findings follow in the next section.

Key and vulnerable populations

The key and vulnerable populations most affected by human rights-related barriers to HIV services in Ukraine include: (a) people living with HIV, including those co-infected by TB, (b) gay men and other men having sex with men, (c) transgender people, (d) male and female sex workers, (g) people who use drugs (including adolescents and young women who inject drugs), (h) prisoners, and (i) internally-displaced people and mobile populations.

Barriers to HIV services

The most significant human rights-related barriers impeding access to HIV services for key and vulnerable populations were the following. These barriers also affect access to TB services:

- a. Despite major improvements in recent years, stigma and discrimination – due to real or perceived HIV or TB status, as well as towards key populations - remain significant barriers to services.
- b. Levels of unauthorized HIV-status disclosure remain high, with people who inject drugs and sex workers the people most affected.
- c. Ukraine's policy on drugs continues to be repressive, affecting Ukraine's ability to treat people who use drugs that are living with HIV. Poor treatment by law enforcement agencies and fear of the police are barriers to accessing HIV prevention and treatment services and other health care.
- d. Sex workers, even in the absence of a legal basis for criminalization of sex work, are harassed and punished by law enforcement agencies that apply administrative fines.

³ See *Key Programmes to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses*, Guidance Note, UNAIDS/JC2339E (English original, May 2012); ISBN: 978-92-9173-962-2. See also *Technical Briefs HIV, Human Rights and Gender Equality* Global Fund to Fight AIDS, TB and Malaria (April 2017); *Tuberculosis, Gender and Human Rights* Global Fund to Fight AIDS, TB and Malaria (April 2017)

- e. Current regulatory documents do not provide a proper basis for delivering comprehensive HIV prevention and treatment services in prisons or pre-trial detention centers.
- f. The healthcare financing system forces state healthcare providers to require official registration of residence for a person to be able to receive free health care services. This is a barrier for persons living away from their official place of residence, or those without documents (IDPs, undocumented foreigners, ex-prisoners).

There is ample evidence indicating that such barriers compromise efforts to fast track the response, affecting prevention services, reducing likelihood of people getting tested and knowing their status, and further exacerbating losses throughout the treatment cascade⁴. The theory of change envisages that through a comprehensive response that effectively reduces human rights-related barriers, access, uptake and retention across the prevention, testing and treatment continuum would be enhanced, and viral suppression achieved while improving quality.

Programs to address barriers to HIV services – from existing programs to comprehensive programs

This section summarizes the existing or recent programs that have been implemented in Ukraine to remove human rights-related barriers to services and provides a summary of the proposed elements for comprehensive programs, based on the seven Program Areas set out in the Global Fund *HIV, Human Rights and Gender Equality Technical Brief*.⁵

The seven program areas are:

- PA 1: Programs to reduce HIV-related stigma and discrimination
- PA 2: Programs to train health care workers on human rights and ethics related to HIV
- PA 3: Programs to sensitize lawmakers and law enforcement agents
- PA 4: Programs to provide legal literacy (“know your rights”)
- PA 5: Programs to provide HIV-related legal services
- PA 6: Programs to monitor and reform laws, regulations and policies related to HIV
- PA 7: Programs to reduce discrimination against women and girls in the context of HIV

Currently, several non-governmental and community-based organizations, as well as governmental entities, are working to address human rights-related barriers to HIV. However, the programs they implement do not fully cover each program area, are being implemented at a very small scale and are significantly underfunded. These programs have had insufficient impact in reducing such barriers to HIV services. Ukraine has institutions, protective laws and civil society that can all be strengthened and engaged to significantly scale up programs and to a much greater extent reduce barriers to services. Over the next five years, such an effort will require increased and sustained investment in the interventions and activities described below. Such a comprehensive response is intended to support and improve the national response to HIV and TB by removing human rights-related barriers across the prevention and treatment continuum.

⁴ UNAIDS (2017). Confronting discrimination. Overcoming HIV-related stigma and discrimination in healthcare settings and beyond. http://www.unaids.org/sites/default/files/media_asset/confronting-discrimination_en.pdf

⁵ Technical Brief *HIV, Human Rights and Gender Equality*, Global Fund to Fight AIDS, TB and Malaria (April 2017)

Such scale up will occur in the context of on-going public health reforms that are at different stages of implementation. In Ukraine currently old and new approaches to public health may co-exist, conflict or be subject to radical changes for better services in future. Planning for a comprehensive response to human rights-related barriers to HIV and TB services needs to be aligned and explore opportunities of the public health reform.

Summary of existing/recent programs and proposed elements of a comprehensive program

This section summarizes existing/recent interventions and proposes elements of a comprehensive program under each Program Area.

PA 1: Programs to reduce HIV-related stigma and discrimination

Current and recent initiatives to reduce HIV-related stigma and discrimination included: capacity development and technical assistance to NGOs working with people living with HIV, sex workers, men who have sex with men, and people who inject drugs; counseling through a national HIV/TB hotline and OST hotline; trainings on reducing the level of stigma and discrimination against MSM / LGBT ("Schools of Tolerance") for journalists, psychologists, social workers, students; national and international conferences on LGBT rights; "Counteract Discrimination" and the Corporate Equity Index (a national study among businesses to prevent discrimination in the workplace); community mobilization and training on stigma and discrimination among all key populations; national sex worker community mobilization; and implementation of successive rounds of the Stigma Index.

It is proposed that these interventions continue, but at greater scale, and be supplemented by:

a. Supporting HIV NGOs/networks to:

- 1) Design and implement (together with Ministry of Health) national communication campaigns to counter stigma and discrimination, tailoring these to each specific audience and channel
- 2) Expand community mobilisation and education on stigma and discrimination for all HIV key populations
- 3) Building upon existing legal services, provide psychological counseling for victims of stigma and discrimination, and to prevent self-harming actions due to self-stigma
- 4) Ensure that outreach staff of KP NGOs are trained in human rights issues, a rights-based approach to health and ways to react when human rights violations are reported, including through referral to existing redress mechanisms
- 5) Implement campaigns and support groups to reduce community and self-stigma, including working with MoH on campaigns to reduce stigma (below)
- 6) Conduct communication sessions with opinion leaders
- 7) Continue to implement HIV Stigma Index regularly
- 8) Continue and widely advertise hotlines

b. Support to the Ministry of Health and other arms of government to:

- 1) Design and implement (together with HIV NGOs) national communication campaigns to counter stigma and discrimination, tailoring these to each specific audience and channel
- 2) Provide educational materials on human rights issues related to HIV in school and university curricula, and train (with HIV NGOs) administrators of schools, universities and other educational institutions in use of these materials
- 3) Work with trade unions to reach enterprises with human rights interventions on HIV

PA 2: Programs to train health care workers on human rights and ethics related to HIV

Interventions to date under this program area have included: training of doctors to reduce stigma and discrimination of key populations in 15 oblasts; development of leaflets, stickers and brochures to address stigma in healthcare; national trainings for health workers (doctors, nurses from OST sites) including component on rights and medical ethics; trainings for primary health care workers to reduce stigma and discrimination against key populations; development of a training video module; sensitization sessions by NGOs with primary health care workers on a tolerant attitude towards key groups, violence, stigma and discrimination; communication with health professionals about laws and policies on human rights and medical ethics related to HIV.

The comprehensive program in this area takes these initiatives to greater scale and adds the following:

- a. Incorporate human rights topics and themes into pre-service and post-graduate education, and continuous education of medical professionals, especially for primary care physicians.
- b. Expand healthcare worker training to all oblasts and cities with substantial concentrations of PLHIV and of key and vulnerable populations.
- c. Adapt training materials and provide training for oblast and city health administration staff.

PA 3: Programs to sensitize lawmakers and law enforcement agents

Interventions in this area have included: trainings at the Academy of the Ministry of Internal Affairs for the police on drug use; trainings at the regional level for law enforcement agencies on drugs and HIV; information materials on myths about OST; national trainings for police and probation staff on HIV and policing among key populations, particularly people who inject drugs; meetings with law enforcement officers, local officials, round tables re LGBT issues; prison visits by the National Preventive Mechanism of Ukrainian Parliament Commissioner for Human Rights

The comprehensive program in this area takes these initiatives to greater scale and adds the following:

- a. Trainings for patrol police and Temporary Holding Isolators (ITT) personnel should be expanded to all oblasts and cities with substantial concentrations of PLHIV and of key and vulnerable populations using the capacity of the National Police Human Rights Compliance Department, providing professional certification/courses on a tolerant attitude and ensuring the right to medical care for key populations (especially people who inject drugs).
- b. HIV NGOs should work with the Bila Tserkva Center for Personnel Development of State Penitentiary Service of Ukraine to conduct training workshops for medical staff, social workers and guards in the penitentiary system on human rights and access to

- health services; as well as prison non-medical personnel on obligations related to the right to medical assistance, including HIV and TB related services, tolerant attitudes and personal measures of protection.
- c. Availability of visits by multi-disciplinary teams (including a lawyer) should be expanded to assist prisoners with renewal of documents, application for social assistance/benefits, application for disability assistance, temporary residence registration and so on.
 - d. The National Preventive Mechanism should continue monitoring access to medical care in prisons, SIZO, ITTs.
 - e. Expansion should continue of educational activities among key populations carrying out "civil investigations" - regional teams for responding and investigating violations of rights, conducting trainings and practical work.
 - f. Build broad coalition to provide analysis of statistics and practices that show inefficiencies of the current repressive drug control system, to develop proposals for changes in the regulatory framework to the drug laws of Ukraine, to organize expert discussions with Deputies and Ministries, and to achieve public attention to the issue through press briefings, street actions, etc.

PA 4: Programs to provide legal literacy ("know your rights")

Interventions in this area have included: production and dissemination of information materials such as "Guide on discrimination and crimes motivated by homophobia and transphobia", "Transgender people in Ukraine: social barriers and discrimination"); national training among sex workers, transgender, transgender sex workers and transgender people who inject drugs on "know your rights"; trainings for LGBT representatives to increase legal literacy and raising community awareness among PLHIV and key populations of their rights.

The comprehensive program in this area takes these initiatives to greater scale and adds the following:

- a. Expansion of "know your rights" education and legal literacy for all key populations for HIV with a view to increase community protection and to develop advocacy around health issues.
- b. Develop capacity of key population members as community monitors to develop a feedback mechanism through street lawyers and human rights defenders; report annually.
- c. Use expanded street lawyer program to educate all HIV KPs on rights, refer them to legal services, create an advocacy agenda and identify community priorities for activism.
- d. Build capacity of civil society and key population representatives to serve as watchdogs and monitors (on increasing human rights focus of existing HIV and OST hotlines, national web portal with information about violations, community-led informational and educational campaigns aimed at promotion of non-discrimination and liability for violation of human rights).

PA 5: Programs to provide HIV-related legal services

Interventions in this area have included: national trainings for 5000 free state legal aid lawyers on quality of work (including lectures on palliative care and OST); provision of free legal aid for LGBT community, counseling by lawyers and social workers for PLHIV on rights issues; legal advice and legal services to key populations.

The comprehensive program in this area takes these initiatives to greater scale and adds the following:

- a. Expansion of the street lawyer/paralegal program to sufficient coverage to educate and offer services to key populations in all oblasts and cities with a substantial concentration of PLHIV and key populations, and work towards attestation, quality control and institutionalization of street lawyers/paralegals.
- b. HIV NGOs should provide assistance for PWID and former prisoners in restoring documents for access to HIV services.
- c. Continue to provide specialized trainings for lawyers who work in state free legal aid services to raise the quality of advice to key populations (particularly on specific issues related to drug possession cases, medical secret disclosure cases, etc.).
- d. Continue to strengthen and expand the civic-parliamentary investigations mechanism for the most serious cases of rights violations.
- e. Establish a database of lawyers who are able (with knowledge and tolerance) to work with key populations and their main requests on pro bono or paid basis. This database should be used to develop a broad legal network that covers both cities and the rural areas and small towns, where legal aid is currently not available at all.
- f. Conduct activities aimed at stimulating provision of free legal aid services to KPs by supporting students' law clinics;
- g. Increase the use of mediation using lawyers, especially with healthcare administrators to resolve situations of rights violations. Advocacy with local-level decision makers will be needed, as will agreement with healthcare administrators.
- h. Create a strategic litigation fund at the national level that will fund cases of serious rights violations related to access to HIV services, and establish a micro-fund at NGOs at the oblast level to fund strategic litigation.

PA 6: Programs to monitor and reform laws, regulations and policies related to HIV

Interventions in this area have included: advocacy for reforming overly broad criminalization and monitoring of criminal legislation that regulates liability for exposure to and transmission of HIV in Ukraine; national support for development of legal regulations to remove legal barriers to access HIV treatment and prevention; work on patent law reform, patent oppositions; advocacy and lobbying on international procurement, enlargement of state budget on treatment of HIV/TB/HCV/OST, advocacy and lobbying of legislative changes, patent reforms; Legal Environment Assessment; submission of proposals to change the Criminal and Administrative Codes to decriminalize drug use; advocacy for the decriminalization of sex work; and for reform of medical services in the penitentiary service.

Elements of the proposed comprehensive program in this area include:

- Carrying out rapid scans of legal and policy environment in Years 3 and 5 (as part of the Mid-Term and End-Term Reviews).

Advocacy and mobilization around law reform regarding:

- a. Raising the minimum threshold of drug possession to be required for prosecution
- b. Introduction of sexual orientation and gender identity (SOGI) as protected grounds in the Law "On the Principles of Preventing and Combating Discrimination in Ukraine", and strategic litigation under anti-discrimination legislation
- c. Decriminalization of sex work
- d. Decriminalization of exposure to and transmission of HIV

- e. Advocating for a law on the treatment and rehabilitation of people who inject drugs at the expense of the state budget through a system of free voluntary rehabilitation centers
- f. Changing laws that regulate monopolies on medicines to improve economic affordability of medicines needed by key populations and PLHIV

Advocacy and mobilization around policy reform regarding:

- a. Advocate for a rights-based approach to health care reform in Ukraine.
- b. Introduction of penalties for denial of services to PLHIV and key populations (Ministry of Health).
- c. Support the reform of medical care in prisons aimed at gradual transition of care to MoH. In the interim, advocate for MoH funding for infectious diseases doctors to be able to visit prisons (as ART cannot be started until a PLHIV prisoner has seen such a doctor), especially for rural prisons. (State Penitentiary Service and Ministry of Health).
- d. Advocate for the legal basis for introducing OST and making it widely available in prisons; regulation ensuring provision of ART, TB and OST treatment in transit of prisoners and during investigation actions/trial hearings; and clarifying the procedure for release due to health status (State Penitentiary Service and Ministry of Health).
- e. Introduction of age-appropriate sex education in schools (Ministries of Education and Health).
- f. lifting the ban on blood donation for MSM; and lifting the ban on adoption of children by PLHW, transgender.

Health service delivery areas identified for advocacy:

- a. Advocacy for and participation in the development of a system by which HIV NGOs can be funded from State budgets at national, oblast, rayon and city level.
- b. Advocacy by HIV NGOs for development of budget lines and recruitment and management practices to encourage health facilities to hire key population members as peer educators, social workers, “expert patients” and members of multidisciplinary team.
- c. Advocacy for testing and counselling provision by NGOs without a medical license as a prerequisite.
- d. Advocacy for availability of additional services for women at OST sites and drop-in centers including condoms, sanitary napkins, etc.
- e. Advocacy for a Government-funded social support component in the HIV program.
- f. Advocacy for integrated approach so that a woman can get OST, contraception, ART and TB drugs in one place for three months.

PA 7: Programs to reduce discrimination against women and girls in the context of HIV

Interventions in this area have included: Capacity Development for Quality Assured Gender Sensitive Harm Reduction Interventions through trainings for multidisciplinary OST teams on gender stereotypes; shadow report to the UN Committee on the Elimination of Discrimination Against Women and legal services for sex workers, female PLHIV and transgender women, nationally; focus groups and hotline for HIV-positive women; meetings of self-help groups of HIV-positive women; online counseling and support via Facebook; and master classes for women on rights protection.

The comprehensive program in this area takes these initiatives to greater scale and adds the following:

- a. Expand gender sensitive harm reduction interventions and peer counseling among adolescent girls in key and vulnerable populations.
- b. Expand online counseling and “secret” Facebook pages for HIV-positive women.
- c. Provide trainings on gender issues at the level of OST sites.
- d. HIV NGOs should establish child care to cater for the needs of key population members (especially women) with small children.
- e. Carry out further research on gender-related barriers to HIV services.

2016 investments and proposed comprehensive program costs - HIV

In 2016, a total of about USD 1.15m was spent from donor funds on activities to reduce human rights barriers to HIV services in Ukraine. This was out of a total of about \$52 million spent on the national HIV response⁶.

Major funders for reduction of human rights barriers to HIV services in 2016 were:

PEPFAR (USAID and CDC)	USD 374,815
UNITAID	USD 201,807
Global Fund	USD 141,439
FIE (French 5% Initiative)	USD 162,094
IRF/ Soros	USD 128,770

It appears that police training and police human rights staff are funded from domestic resources, but it has been impossible to obtain in the frame of this assessment data on costs, levels of work carried out, or coverage from the Ministry of Internal Affairs.

Although several funders stated that they were unable to provide exact figures for the amounts allocated to each program area, the assessment team calculated the likely split between program areas by acquiring expenditure data from the funded organizations and matching these to activities under each program area. This gave the following split of funding across program areas:

HIV	2016
PA 1: Stigma and discrimination reduction for key populations	USD 108,926
PA 2: Training for health care workers (HCW) on human rights and medical ethics related to HIV	USD 373,704
PA 3: Sensitization of law-makers and law enforcement agents	USD 8991

⁶ PEPFAR (2016) Ukraine Country Operational Plan: <https://www.pepfar.gov/documents/organization/257626.pdf>

PA 4: Legal literacy (“know your rights”)	USD 65,208
PA 5: HIV-related legal services	USD 183,863
PA 6: Monitoring and reforming laws, regulations and policies relating to HIV	USD 381,588
PA 7: Reducing discrimination against women in the context of HIV	USD 42,545

The costing for the 5-year comprehensive program is set out in the following table:

HIV Human Rights Barriers Program Area	Total
PA 1: Stigma and discrimination reduction for key populations	\$1,611,690
PA 2: Training for health care workers on human rights and medical ethics related to HIV	\$3,402,547
PA 3: Sensitization of law-makers and law enforcement agents	\$1,278,215
PA 4: Legal literacy (“know your rights”)	\$1,190,670
PA 5: HIV-related legal services	\$2,122,404
PA 6: Monitoring and reforming laws, regulations and policies relating to HIV	\$4,584,347
PA 7: Reducing discrimination against women in the context of HIV	\$571,005
Total	\$14,760,878

Details of yearly costs are set out in the main report below and detailed costing information is available in Annex 3.

Baseline findings: TB

Barriers to TB services

Overall, the TB care system was seen by KIs as not being sensitive to patients’ needs. A new national program towards a patient-centered approach has been spelled out, but there is no implementation plan for reform of the TB care system towards such an approach. Details setting out where TB patients should be treated are still being determined.

Other major barriers identified in the frame of the baseline assessment include:

- a. TB patients are stigmatized, particularly people who inject drugs and prisoners.
- b. State funding of healthcare is very limited, though in 2016 the Government of Ukraine decided to increase funding for TB treatment. Very little state funding is available for harm

reduction outreach, care and support and other services for key populations that also integrate TB services.

- c. Current regulatory documents do not provide a proper basis for delivering comprehensive TB services in prisons or pre-trial detention centers.
- d. For people who inject drugs accessing TB services, OST and HIV treatment (if HIV-positive) must be registered with multiple health programs (often located many kilometers apart) to receive the services. There is little coordination.
- e. The healthcare financing system forces state healthcare providers to require official registration of residence for a person to be able to receive free health care services. This is a barrier for persons living away from their official place of residence, or those without documents (IDPs, undocumented foreigners, ex-prisoners). Health reforms currently being implemented should address these issues.
- f. Poor safety conditions at mines in Ukraine⁷ and decrease of income and unemployment of miners after ‘nationalization’ of mines and interruption of trade with Ukraine at the end of 2016⁸.

Programs to address barriers to TB services – from existing programs to comprehensive programs

This section summarizes the existing or recent programs that have been implemented in Ukraine to remove human rights-related barriers to services and provides a summary of the proposed elements a comprehensive program, based on the ten Program Areas set out in the Global Fund Technical Brief *Tuberculosis, Gender and Human Rights*.⁹

The ten program areas are:

- PA 1: Reducing stigma and discrimination
- PA 2: Reducing gender-related barriers to TB services
- PA 3: TB-related legal services
- PA 4: Monitoring and reforming policies, regulations and laws that impede TB services
- PA 5: Know your TB-related rights
- PA 6: Sensitization of law-makers, judicial officials and law enforcement agents
- PA 7: Training of health care workers on human rights and ethics related to TB
- PA 8: Ensuring confidentiality and privacy
- PA 9: Mobilizing and empowering patient and community groups
- PA 10: Programs in prisons and other closed settings

Currently there is some small-scale work being done address human rights-related barriers to TB in Ukraine. The programs that are in place do not fully cover each Program Area and lack the resources to be implemented at scale. Part of the assessment process involved examining the outcomes and evidence for effectiveness of these interventions, in order to determine which ones

⁷ <http://www.km.ru/referats/334450-okhrana-truda-i-promyshlennaya-bezopasnost-na-shakhtakh-ukrainy>

⁸ https://lb.ua/society/2017/03/02/360224_dnr_opublikovala_spisok.html

⁹ Technical Brief *Tuberculosis, Gender and Human Rights*, Global Fund to Fight AIDS, TB and Malaria (April 2017)

would be appropriate to take to scale. Such a comprehensive response is intended to support and improve the national response to HIV and TB by removing human rights-related barriers across the prevention and treatment continuum.

Planning for a comprehensive response to human rights-related barriers to HIV and TB services needs to be aligned and explore opportunities of the public health reforms that are at different stages of implementation. In Ukraine currently old and new approaches to public health may co-exist, conflict or be subject to radical changes for better service provision in future.

Summary of existing/recent programs and proposed elements of a comprehensive program

This section summarizes existing/recent interventions and proposes elements of a comprehensive program under each Program Area.

PA 1: Reducing stigma and discrimination

Initiatives in this area in 2016 included a TB patients association created to begin the process of mobilizing the community and raising awareness among patients; and social-psychological support provided to TB patients to improve adherence to TB treatment, including discussions of rights.

Elements of the proposed comprehensive program in this area include:

a. Support TB NGOs/networks to:

- Ensure all staff are trained in human rights issues, a rights-based approach to health and ways to react when human rights violations are reported.
- Expand online counseling and “secret” Facebook pages for people who have or are at risk of TB.

b. (Due to the high rate of HIV/TB co-infection and the role of TB as the leading cause of death among PLHIV) support HIV NGOs/networks to:

- Implement campaigns and support groups to reduce community and self-stigma related to TB.
- Mentor and foster the development and expansion of NGOs working specifically to advocate for the needs of people with TB.
- Ensure that outreach staff are trained in TB issues.

c. Support to the Ministry of Health and other arms of government to:

- Undertake a national campaign to address stigma and discrimination towards people living with HIV and affected by TB, including promoting clear information about each disease, how it is and is not transmitted, how it is important to get tested and on treatment, and how stigma is wrong and unnecessary.
- Disaggregate TB diagnostics and treatment statistics by sex.
- Provide educational materials on human rights issues in the context of TB in school and university curricula, and train (with NGOs) administrators of schools, universities and other educational institutions in use of these materials
- Work with trades unions to reach enterprises with human rights interventions on TB.

In addition, validated measurements of TB stigma need to be carried out on a regular basis.

PA 2: Reducing gender-related barriers to TB services

While donors claimed that a small amount of funding had been provided to address gender-related barriers to TB in 2016, it was difficult to find any specific activities that would fit into this program area, apart from a TB gender assessment conducted by Stop TB Partnership. There was also support provided for regular meetings of the MoH TB Coordination Council, where issues of gender-related barriers to TB services are considered.

Elements of the proposed comprehensive program in this area include:

- TB NGOs should establish child care to cater for the needs of key population members (especially women) with small children, so that they can attend health care appointments.
- Conduct studies to define the levels of stigmatization and discrimination, violence, and rights awareness, level of access to diagnostics and treatment by key populations;
- Develop a concept for implementation of gender equality policies into TB and HIV responses and, upon governmental and stakeholders' endorsement, develop legislative amendment to introduce needed rules and new mechanisms;
- Support advocacy projects stimulating state political commitments concerning gender equality in provision of healthcare services at national and regional levels.

PA 3: TB-related legal services

Provision of legal services was regarded as an important service for key populations and vulnerable groups, but it appeared that in 2016 no funds were allocated to TB legal services.

Elements of the proposed comprehensive program in this area include:

- Expansion of the street lawyer/paralegal program to include people with and at risk of TB; ensure sufficient coverage to educate and offer services to key populations in all oblasts and cities with a substantial concentration of TB key populations, and work towards attestation, quality control and institutionalization of street lawyers/paralegals.
- Continue to strengthen and expand the civic-parliamentary investigations mechanism for the most serious cases of rights violations.
- Establish a database of lawyers who are able (with knowledge and tolerance) to work with TB key populations and their main requests. This database should be used to develop a broad legal network which covers both cities and the rural areas and small towns, where legal aid is currently not available at all.
- Increase the use of mediation using lawyers, especially with healthcare administrators to resolve situations of rights violations. Advocacy with local level decision makers will be needed, as will agreement with healthcare administrators.

PA 4: Monitoring and reforming policies, regulations and laws that impede TB services

The focus of work in this area in 2016 has been changing clinical protocols to ensure more consistent access to new TB treatment regimens.

Elements of the proposed comprehensive program in this area are aimed at improving enforcement of the legal and regulatory framework and include:

Advocacy and mobilization around law reform regarding:

- Changing laws that regulate monopolies on medicines to improve economic affordability of medicines needed by key populations and TB patients

Advocacy and mobilization around policy reform regarding:

- Advocate for a rights-based approach to health care reform in Ukraine.
- Support the reform of medical care in prisons aimed at gradual transition of care to MoH. (State Penitentiary Service and Ministry of Health).
- Ensure provision of ART, TB and OST treatment in prisons, in transit of prisoners and during investigation actions/trial hearings; and clarify the procedure for release due to health status (State Penitentiary Service and Ministry of Health).

Health service delivery areas identified for advocacy:

- Advocacy for and participation in the development of a system by which TB NGOs can be funded from State budgets at national, oblast, rayon and city level.
- Advocacy by HIV and TB NGOs for development of budget lines and recruitment and management practices to encourage health facilities to hire key population members as peer educators, social workers, “expert patients” and members of multidisciplinary team.
- Advocacy for strict regulation of and compliance with rules to ensure correct separation of patients with different TB forms in TB facilities; in places of forced isolation; in places of detention and in prisons.
- Advocacy for GeneXpert machines to be available in SIZO for primary screening of HIV, TB, HCV.
- Advocacy for improvement of access to new pre-XDR and XDR TB medicines, including to marginalized populations such as people who inject drugs.

PA 5: Know your TB-related rights

Initiatives in 2016 in this area focused on information materials developed and distributed for PLHIV and patients with TB on "Know your rights", as well as peer counseling for rights among clients with HIV and HIV/TB and a TB hotline.

Elements of the proposed comprehensive program in this area include:

- Expansion of “know your rights” education and legal literacy for all key populations for TB with a view to increase community protection and to develop advocacy around health issues.
- Develop capacities of key population members as community monitors to develop a feedback mechanism through street lawyers and human rights defenders; report annually
- Use expanded street lawyer program to educate all TB KPs on rights, create an advocacy agenda and identify community priorities for activism.
- Build capacity of civil society and key population representatives to serve as watchdogs and monitors (increasing human rights focus of existing TB hotline, national web portal with information about violations, community-led informational and educational campaigns aimed at promotion of non-discrimination and liability for violation of human rights).

PA 6: Sensitization of law-makers, judicial officials and law enforcement agents

The only initiative in this area was USAID's "Strengthening TB Control" Project which held working meetings and prison visits with police and penitentiary institutions.

Elements of the proposed comprehensive program in this area include:

- Trainings for patrol police and Temporary Holding Isolators (ITT) personnel should be expanded to all oblasts and cities with substantial concentrations of TB and of key and vulnerable populations using the capacity of the National Police Human Rights Compliance Department, providing professional certification/courses on a tolerant attitude and ensuring the right to medical care for people with TB and key populations (especially people who inject drugs).
- Carry out rapid legal and policy scans in Years 3 and 5 (as part of the Mid Term and End Term Reviews)

PA 7: Training of health care workers on human rights and ethics related to TB

Limited education was carried out in this area in 2016 under the GF regional project on strengthening TB services. The USAID-funded Challenge TB project under implementation by PATH included activities aimed at strengthening patient-centered approaches, but none were found to correspond to the program areas for reducing human rights-related barriers to services.

Elements of the proposed comprehensive program in this area include:

- Incorporate human rights topics and themes into pre-service and post-graduate education, and continuous education of medical professionals, especially for primary care physicians.
- Expand healthcare worker training to all oblasts and cities with substantial concentrations of TB and of key and vulnerable populations.
- Adapt training materials and provide training for oblast and city health administration staff.
- Monitor and address stigma and discrimination in TB services regularly.

PA 8: Ensuring confidentiality and privacy

It seems unlikely that a stand-alone program attempting to address confidentiality and privacy for TB patients would be effective, given that similar issues exist for people living with HIV and many other diseases. For this reason, it is recommended that confidentiality is emphasized in institutionalized training of doctors on TB and in training and support for NGOs and people from key populations.

PA 9: Mobilizing and empowering patient and community groups

Very little has been achieved to date in mobilizing and empowering patient and community groups working on TB. The CCM includes TB community representation.

What is required is a major expansion of NGOs working on community mobilization among TB patients nationally and in the areas with the highest TB burden.

Elements of the proposed comprehensive program in this area include:

- Support HIV NGOs/networks to:
 - Mentor and foster the development and expansion of NGOs working specifically to advocate for the needs of people with TB.
- Support to the Ministry of Health to:
 - Re-institute Community Advisory Boards of key population members at TB Centers and narcological clinics to increase access to services and decrease stigma.

PA 10: Programs in prisons and other closed settings

The only initiative in this area was USAID's "Strengthening TB Control" Project which held working meetings and prison visits with police and penitentiary institutions.

Elements of the proposed comprehensive program in this area include:

- NGOs should work with the Bila Tserkva Center for Personnel Development of State Penitentiary Service of Ukraine to conduct training workshops for medical staff, social workers and guards in the penitentiary system on human rights and access to health services; as well as prisons non-medical personnel on obligations related to the right to medical assistance, including HIV and TB related services, tolerant attitudes and personal measures of protection.
- Availability of visits by multi-disciplinary teams (including a lawyer) should be expanded to assist prisoners with renewal of documents, application for social assistance/benefits, application for disability assistance, temporary residence registration and so on.
- The National Preventive Mechanism should continue monitoring access to medical care in prisons, SIZO, ITTs.

2016 investments and proposed comprehensive program costs - TB

It is estimated that a total of USD 46,000 was allocated in Ukraine to reduce human rights-related barriers to TB services (out of a total expenditure on TB of about \$52 million in 2016¹⁰). Major funders for reduction of human rights barriers to TB services in 2016 were as follows:

USAID	USD6220
PAS (GF Regional Project)	USD40,000

The assessment team calculated the likely split between program areas by acquiring expenditure data from the funded organizations and matching these to activities under each program area. This gave the following split of funding across program areas to remove human rights-related barriers to services:

TB Program Areas	2016
PA 1: Stigma and discrimination reduction for key populations	USD 15,000
PA 2: Reducing gender-related barriers to TB services	USD 0
PA 3: TB-related legal services	USD 20,000
PA 4: Monitoring and reforming laws, regulations and policies relating to TB	USD 6220
PA 5: Legal literacy (“know your rights”)	USD 5000
PA 6: Sensitization of law-makers and law enforcement agents	USD 0
PA 7: Training for health care workers (HCW) on human rights and medical ethics related to TB	USD 6220

¹⁰ WHO TB Country Profile Ukraine
https://extranet.who.int/sree/Reports?op=Replet&name=/WHO_HQ_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=UA&outtype=html.

PA 8: Ensuring confidentiality and privacy	USD 0
PA 9: Mobilizing and empowering patient and community groups	USD 0
PA 10: Programs in prisons and other closed settings	USD 0

Costs for the recommended interventions for the five-year comprehensive program set out are set out in the table below. Details of yearly budgets are set out in the main report below and costing information is available in Annex 3.

TB Human Rights Barriers Program Area	Total
PA 1: Stigma and discrimination reduction	\$1,709,721
PA 2: Reducing gender-related barriers to TB services	\$1,502,245
PA 3: TB-related legal services	\$143,315
PA 4: Monitoring and reforming laws, regulations and policies relating to TB services	\$12,000
PA 5: Knowing your TB-related rights	\$1,600,155
PA 6: Sensitization of law-makers, judicial officials and law enforcement agents	\$40,185
PA 7: Training of health care providers on human rights and medical ethics related to TB	\$118,517
PA 8: Ensuring confidentiality and privacy	\$100,000
PA 9: Mobilizing and empowering patient and community groups	\$209,805
PA 10: Programs in prisons and other closed settings	\$6,214
Total	\$5,442,157

Priorities for scaling up towards comprehensive programs to reduce barriers to HIV and TB services

Given the nature of barriers in Ukraine, it is recommended that the primary and early focus be on activities to establish mechanisms and funding for strategic litigation, and the expansion of

currently limited programs (focusing on Kyiv, Odessa and a few other cities) to all oblasts and cities with substantial concentrations of PLHIV, people with TB and key and vulnerable populations. In the first 2 years of expansion of comprehensive programs to reduce barriers to HIV and TB services, activities should include building capacity of HIV, TB and key population NGOs to better understand the role they can play in reducing barriers related to HIV and TB, in particular how to:

- a) Build an attestation and quality control system for street lawyers/paralegals
- b) Work with mobile populations including IDPs
- c) Build a certification and budget line system for peer educators/ counselors within the health system; and
- d) Ensure an effective social contracting system is in place so that NGOs can be funded to provide peer educators/ counselors to health facilities.

Next Steps

Upon completion of this baseline assessment, the Global Fund will organize a multi-stakeholder meeting in Ukraine where country stakeholders, technical partners and other donors will consider the findings and develop a five-year plan by which to fund and implement comprehensive programs to remove human rights-related barriers to services. Its data will also be used to inform the matching fund application of Ukraine and its grant-making and implementation. Finally, the data will be used as a baseline for subsequent reviews at mid-term and end-term during the period of the Global Fund strategy to assess the impact of scaled up programs in reducing human rights-related barriers to services.

II. Introduction

Overview of the Global Fund Baseline Assessment Initiative

Since the adoption of its strategy, *Investing to End Epidemics*, 2017-2022, the Global Fund has joined with country stakeholders, technical partners and other donors in a major effort to expand investment in programs to remove barriers to health services in national responses to HIV, TB and malaria. This effort is grounded in Strategic Objective 3 which commits the Global Fund to: “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services” and to “scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights and investing to reduce health inequities, including gender-related disparities”.¹¹

The Global Fund has recognized that programs to remove human rights-related barriers are an essential means by which to increase the effectiveness of Global Fund grants as they help to ensure that health services reach those most affected by HIV, TB and malaria. They are indeed ‘critical enablers’.¹² The Global Fund is working closely with countries, UNAIDS, WHO, UNDP, Stop TB, PEPFAR and other bilateral agencies and donors to operationalize this Strategic Objective.

Background & Rationale for Baseline Assessment in Ukraine

Though the Global Fund will support all countries to scale up programs to remove barriers to health services, it is providing intensive support in 20 countries. Criteria for country selection were developed and considered during an international consultation convened by the Global Fund and partners in April 2016. Based on these criteria, a consultative process both across the Global Fund and with technical partners resulted in the list of 20 countries and disease focus within those countries. The technical experts involved in these consultations included those from the Global Fund, UNAIDS, Stop TB Partnership, WHO, UNDP and the Office of High Commissioner for Human Rights and the Office of the US Global AIDS Coordinator.

Ukraine was selected as one of these 20 countries based on the criteria that were developed and refined after extensive consultation, including need, opportunities, and capacity and partnerships in the country.

Purpose, objectives and expected outcomes of the assessment

The objectives of the baseline assessment are to:

- identify the key human rights-related barriers to health services;
- describe existing programs to reduce such barriers;
- indicate what a comprehensive response to existing barriers would comprise in terms of the types of programs, their coverage and costs; and

¹¹ *The Global Fund Strategy 2017-2022: Investing to End Epidemics*. GF/B35/02

¹² Schwartlander B, Stover J, Hallett T et al. Towards an improved investment approach for an effective response to HIV/AIDS. *Lancet* 2011; 377(9782): 2031-41.

- identify the opportunities to bring these to scale over the period of the Global Fund Strategy.

The assessments provide a baseline of the situation as of 2017 and will be followed up by similar assessments at mid- and end-points of the Global Fund Strategy in order to assess the impact of scale-up of programs to remove barriers.

III. Methodology

Conceptual framework

The human rights-related barriers assessed in Ukraine are those that inhibit access, uptake and retention in HIV or TB services. There is ample evidence indicating that such barriers compromise efforts to fast track the response, affecting the prevention and treatment continuum¹³. The theory of change envisages that through a comprehensive response that effectively reduces human rights-related barriers, access, uptake and retention across the prevention, testing and treatment continuum would be enhanced, and viral suppression achieved while improving quality of life.

The general categories of barriers interrogated in the assessment, as specified by the Global Fund, include those related to stigma and discrimination; poverty and economic and social inequality; punitive laws, policies, and practices; gender inequality and gender-based violence.

The focus populations for Ukraine are key and vulnerable populations using the following criteria stipulated by the Global Fund:

- Epidemiologically, the population faces increased risk, vulnerability and/or burden with respect to at least one of the two diseases – due to a combination of biological, socioeconomic and structural factors;
- Access to relevant services is significantly lower for the population than for the rest of the population – meaning that dedicated efforts and strategic investments are required to expand coverage, equity and accessibility for such a group; and
- The population faces frequent human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization – which increase vulnerability and risk and reduces access to essential services.

From the desk review carried out by APMG Health, the key and vulnerable populations identified in Ukraine include people living with HIV; people with TB; gay men and other men who have sex with men; transgender people; male and female sex workers and their clients; people who inject drugs (specifically including adolescents and women who inject drugs); prisoners and ex-prisoners, Romani, mobile populations (including internally displaced populations), and women.

¹³ UNAIDS (2017). Confronting discrimination. Overcoming HIV-related stigma and discrimination in healthcare settings and beyond. http://www.unaids.org/sites/default/files/media_asset/confronting-discrimination_en.pdf

Steps in the assessment process

The steps in the assessment were:

1. *Desk Review.* A comprehensive peer-reviewed literature search to identify publications covering human rights-related barriers to HIV and TB services in Ukraine was conducted using PubMed, Embase, and Web of Science. Of the 784 articles identified, 53 were selected for their relevance to this literature review. A second search was made of Russian- and Ukrainian-language literature, together with English reports available through offices of Ukrainian organizations (unavailable through the other Internet searches), resulting in 7 peer-reviewed research papers and 69 articles and reports from grey literature. Of these, 56 articles and reports in Ukrainian, 3 in Russian and 17 in English were selected. Contact was made with several non-government organizations (NGOs) working on HIV and/or TB in Ukraine seeking additional information on programs in order to achieve a greater understanding of issues faced by their clients.
2. *Preparation for in-country work.* APMG Health applied to the Committee on Questions of Medical Ethics of State Entity "Institute of Epidemiology and Infectious Diseases after L.V. Gromashevskiy of National Academy of Medical Sciences of Ukraine" for ethics clearance.¹⁴ The company then assembled a team of Ukrainian researchers, managed by Dave Burrows of APMG Health and led by Sergiy Kondratyuk, to carry out the in-country tasks of the assessment. From the Desk Review, a list of Key Informants (KIs) and types of focus groups was developed to guide data collection. Russian-language instruments developed for a similar assessment in Kyrgyzstan were adapted for use in Ukraine. Researchers were trained in the use of these instruments and were assigned tasks.
3. *Data collection.* An inception meeting announced the project to national stakeholders, explained the role of the baseline assessment and data collection procedures, and summarized and validated the findings of the Desk Review. This was followed by key informant (KI) interviews and focus groups with key and affected populations in Kyiv, Odessa, Zaporizhyya, Kramatorsk and Mykolaev (the areas of Ukraine most affected by the HIV and TB, with the exception of Kramatorsk, which is the closest safe city to the conflict zone in Eastern Ukraine). A total of 88 face-to-face interviews were carried out with 99 KIs and 238 key population members participated in 24 focus groups. Data were collected on:
 - Human rights-related barriers to HIV and TB services
 - Key and affected populations most affected by these barriers
 - Programs carried out presently or in the past that have been found through evaluation (or through agreement by many KIs) to be effective in reducing these barriers

¹⁴ The report of the Committee, dated 25 April 2017 (see Annex 6) says that based on consideration of submissions by APMG Health of the Master Protocol and its annexes, the Committee decided that: 1. Documents are submitted in sufficient volume and submitted documents do not contain points that may trigger violation of the norms of medical ethics during the research. 2. The Committee believes that submitted materials correspond to provisions on medical ethics of MoH Order No. 281 dated 1 November 2002.

- Strategies to comprehensively address the most significant barriers for all groups most affected by these barriers
 - Funding allocated to all such programs (for 2015 and 2016 financial years)
 - Costs of effective programs carried out presently or in the past.¹⁵
4. *Data analysis.* These data were analyzed to explore agreement with or divergence from the Desk Review findings and to add data on barriers and affected populations missing from the Desk Review. This information, together with data on funding in 2015 and 2016, was used to develop the Baseline Data Summary. Data on effective projects and on “what is needed” were combined into a recommended Comprehensive Approach Summary to Reduce Human Rights Barriers to HIV and TB services in Ukraine, costed using costing data from present and previously implemented projects. Draft indicators were developed based on both the Baseline Data Summary and the core elements of the Comprehensive Approach Summary.
 5. This report was compiled according to the Country Report Outline and provided as the basis for discussion in the GF Secretariat between the Ukraine Country Team and Community, Rights and Gender staff, before being brought to the Ukrainian stakeholders for further discussion.

Three sets of costing processes were undertaken for this assessment:

First, all donors and funders who were discovered to have financed any activities in the program areas for HIV or TB were asked to supply details of the amount of funding provided and the program areas in which funding was provided; and, if possible, to state the type of activities and reach or coverage of funded activities. This approach was largely successful in overall terms for HIV, in that most donors were able to state what program areas the funds were directed to, but did not provide details of the funded activities or their reach. For TB, the situation was more difficult, with funders only providing overall amounts and, through discussion with researchers, agreeing to apportion these funds to some program areas. In some cases, for TB, donors were known to exist and be funding activities, but no details were provided by the donors. The expenditure lists and donors are provided in Annex 4.

Second, the costing processes and budgets used for the 2017 Ukraine Funding Requests to GF for TB and HIV were used to derive intervention level costings for the comprehensive approach.

Third, from the results of the first two processes, a Prospective Costing of the comprehensive program was carried out. The results of this process are provided in Annex 3. For each type of intervention, an intervention-level cost was assembled.

For interventions that were new or had not been implemented in recent years, assumptions were made about the ways that these differed from interventions whose costs are known. For example, work by the Ombudsman’s Department with NGOs was costed by combining known NGO management and outreach worker costs, costs of street lawyers and costs of part of the time of Ombudsman’s Department staff.

¹⁵ Effectiveness is determined either by evaluation or by broad agreement among KIs that a program is/was effective.

These costs were used to construct cost data tables (see “cost data” sheet in Annex 3). In these calculations, the number of services to be provided/people to be reached/trained were multiplied by the intervention-level cost to provide an annual cost for each activity. Annual costs are required because some activities only take place every 2 years, such as use of the Stigma Index, and others require capacity building or other activities in the first year that are not needed in later years.

These calculation tables were used to provide overall Program Area and Activity sub-activity budgets (tabs labeled ‘HIV’ and ‘TB’ in Annex 3), for each of five years as well as a five-year total. These are the budgets that are used to construct the five-year totals provided in costing columns in Annexes 1 and 2 and in the latter parts of this report.

IV. Findings: HIV

Overview of epidemiological context and focus populations

In 2016, the Ukraine State Statistics Service estimated the total population of Ukraine at 42.6 million, excluding Crimea. Approximately 2.3 million people live in Russian-occupied Crimea and another 3 million in separatist/Russian-occupied portions of the eastern Luhansk and Donetsk regions; over 1 million people from these regions are internally displaced within Ukraine. At the beginning of 2015 there were an estimated 223,000 people living with HIV in Ukraine: 218,000 (97.7%) of these are over the age of 15. At the end of 2015, 126,600 (56.6%) were under medical supervision (most of whom now on ART). Of those, 57% live in 4 regions: Dnipropetrovsk, Donetsk, Mykolayiv and Odessa.¹⁶ An estimated 16,713 new cases of HIV infection occurred in 2016.¹⁷

In 2015, HIV accounted for an estimated 8,846 deaths (1.5% of all deaths in Ukraine in 2015) with tuberculosis (TB) causing approximately 65% of all reported deaths among people living with HIV. In 2015, 4,787¹⁸ new cases of TB-HIV co-infection were diagnosed, and 1,789 deaths were reported among co-infected individuals.

Ukraine’s HIV epidemic remains geographically concentrated, with a belt of oblasts in the South and East disproportionately affected - seven oblasts account for approximately 60% of estimated cases but only 37% of the Ukraine population. The epidemic is concentrated in a set of key populations, with a prevalence of 21.9% among people who inject drugs, 7.0% among female sex workers and 8.5% among gay men and other men who have sex with men (2015 Integrated Bio-Behavioral Survey (IBBS)). The 2015 IBBS suggests that around 30,000-35,000 people living with HIV who inject drugs and 10,000 men living with HIV who have sex with men are unaware of their HIV status. Female sexual partners of current or former people who inject drugs are also disproportionately affected.

Since March 2014, several oblasts in the East of Ukraine began hosting internally-displaced persons (IDPs) from the occupied territories (Donetsk and Luhansk oblasts). According to the

¹⁶ Ukraine Global AIDS Monitoring (GAM) report 2016

http://www.unaids.org/sites/default/files/country/documents/UKR_narrative_report_2016.pdf

¹⁷ Ukraine Global AIDS Monitoring (GAM) report 2016

¹⁸ No data are available from Russian-occupied Crimea and non-government controlled parts of Donetsk/Luhansk.

UNOCHA Report and the Ministry of Social Policy of Ukraine, as of March 2015 there were 1.178 million IDPs in Ukraine, with 310,000 located in Kharkiv and Dnipropetrovsk oblasts. Donetsk oblast is one of the oblasts most affected by HIV and TB.

Overview of the legal, policy, political and strategy context for human rights and HIV

Ukrainian legislation to address the HIV epidemic and set out HIV services remains fairly progressive, and there are few legal provisions that have a negative effect on access to HIV services for key populations. At the same time, the human rights international agreements ratified by Ukraine, the Constitution of Ukraine and the existing antidiscrimination and anti-corruption laws are in many cases not implemented in practice.

Ukraine has ratified all major human rights conventions with a few insignificant exceptions. Under the Ukrainian Constitution, international agreements have superseding force over the national laws of Ukraine. Additionally, under a separate law, the practice (i.e. decisions and precedents) of the European Court of Human Rights (ECHR) should be used by Ukrainian courts as a source of law, which makes it possible for Ukrainian judges to quote concrete decisions of ECHR as grounds for taking certain legal positions in any given case.

Although Ukraine has agreed to comply with relatively high human rights standards, a lack of internal capacity and resources, a reliance on outdated Soviet-era practices, the Soviet-era (Semashko) health system, and an outdated law enforcement system cause many violations of economic and social rights, including the right to health, along with violations of civil and political rights, including access to justice.

The on-going public health reform represents a significant opportunity for addressing legal and policy barriers and their impact throughout the prevention and treatment continuum, and move towards a public health approach in HIV treatment (decentralization of treatment, standardized and good quality first line ART regimen, removal of obsolete drugs).

Laws that positively influence access to HIV services

The Constitution of Ukraine guarantees equal protection of rights and freedoms under the law for all residents. According to Article 49 of the Constitution, medical care should be provided free of charge, but in practice most care is paid for through informal payments. The Constitution guarantees the right to access to justice, including the right to free legal assistance.¹⁹ Article 24 provides for equal constitutional rights and freedoms for all citizens, additionally stating that these rights are given without privilege or restriction based on race, skin color, political, religious, and other beliefs, gender, ethnic and social origin, property status, place of residence, language or other characteristics.

¹⁹ Constitution of Ukraine, Article 59, available at <http://www.legislationline.org/documents/section/constitutions/country/52>

The following *general laws* were cited in the 2017 Legal Environment Assessment for HIV in Ukraine²⁰ and by some KIs as having a positive effect on access to services for PLHIV and people from key populations:

1. Law of Ukraine “On Principles of Prevention and Combating Discrimination in Ukraine” № 5207-VI of 03.06.2012, amended on 05.30.2014 provides mechanisms for preventing and addressing discrimination;²¹
2. Law of Ukraine “On free legal aid” № 3460-VI of 06.02.2011 determines the right to free legal aid in Ukraine. It also outlines the procedure for exercising this right, as well as the grounds and procedures for which legal aid is granted and the state guarantees accompanying it;²²
3. Law of Ukraine “On amendments to some laws of Ukraine on ensuring timely access of patients to the necessary medicines and medical products through the implementation of state procurement with the involvement of specialized procurement organizations” introduced procurement regulations for HIV, TB medicines and tests using UNICEF, UNDP, other international organizations procurement mechanisms and improved the general legal framework of state procurements with obligatory use of an electronic procurement system and transparency.²³
4. Law of Ukraine “On Probation” (approved on 5 February 2015, № 160-VIII), by which the service of probation is created, under which social workers on a peer-to-peer basis may provide services to persons on probation;²⁴
5. Law of Ukraine “On preventing family violence” (approved by Law № 2789-III of 11.15.2001) establishes the legal and organizational foundation for the prevention of family violence and defines the entities and institutions responsible for family violence prevention. Despite this, many provisions of this law are outdated and need alignment with best international practice.²⁵

In addition to the general laws above, the following *special laws* and *specific legal provisions on HIV* were cited in the Legal Environment Assessment for HIV²⁶ and by some KIs as having a positive impact on access to services:

1. Law of Ukraine “On prevention of diseases caused by Human Immunodeficiency Virus (HIV), and legal and social security of people living with HIV” (Law on HIV) outlines the main legislative framework guaranteeing non-discrimination, equal opportunity and access to services for all HIV-infected persons. Among other provisions, this law provides for:
 - guarantees on provision of prevention and treatment services;
 - a target of 35 percent of PWID covered by opioid substitution treatment (OST) and rehabilitation programs;

²⁰ Legal Environment Assessment for HIV in Ukraine, USAID, PEPFAR, Deloitte, 2017

²¹ Available at <http://zakon2.rada.gov.ua/laws/show/5207-17>

²² Available at <http://zakon2.rada.gov.ua/laws/show/3460-17>

²³ Available at http://eupublicprocurement.org.ua/wp-content/uploads/2015/05/PPL-of-Ukraine_ENG_01.05.2015.pdf

²⁴ Available at <http://zakon3.rada.gov.ua/laws/show/160-19>

²⁵ Available at: <http://zakon3.rada.gov.ua/laws/show/2789-14>

²⁶ Legal Environment Assessment 2017 op cit.

- specific prohibition of discrimination against PLHIV and people from key populations;
 - confidentiality of HIV status and rules on disclosure of HIV status information;
 - availability of modern contraceptives to PLHIV;
 - full counseling and testing services for individuals aged 14 and over to be provided on a voluntary basis, including informed consent; (testing of children under 14 is provided upon request and informed consent of their parents or legal representatives)
 - prohibition of dismissal, limitation of rights, or denial of employment on the grounds of their HIV status, for PLHIV or their families;
 - citizens of Ukraine, foreign nationals and stateless persons who permanently reside in Ukraine, as well as persons who have sought and have been granted refugee status in Ukraine, asylum seekers, foreign nationals and stateless persons, who legally sojourn in Ukraine, having all rights and freedoms guaranteed by Ukraine's Constitution and other legislation.²⁷ Additionally, Part 1 of Article 6 of this Law states that all the above categories of persons are entitled to receive HIV testing and pre- and post-test counseling.
2. The Law of Ukraine “On approving the national special social program to prevent HIV/AIDS in 2014-2018” is the main legislative instrument mandating availability of services for PLHIV and key populations by the government at the national and local levels.²⁸ Expected targets of the program include increased tolerant attitudes towards PLHIV and members of key populations and a reduction by 50 percent in the level of discrimination against PLHIV and members of key populations.
 3. In 2006, with support of international NGOs, the criminal liability provisions of Article 303 of the Penal Code of Ukraine were amended to decriminalize prostitution by law No 3316-IV (of 01.12.2006) “On amendments to the Penal Code of Ukraine concerning responsibility for human trafficking and involvement in prostitution”. Despite this progressive action, legislative and policy gaps affecting sex workers persist due to poor coordination between governmental branches at both the national and local levels. Administrative penalties for sex work persist. These legal inconsistencies affect access to HIV prevention and support services and perpetuate discrimination, marginalization, exploitation and abuse for this vulnerable population.²⁹
 4. Criminal liability for unauthorized medical information disclosure provided in Article 132 of the Criminal Code of Ukraine provides some protection for PLHIV. The Law on HIV includes some protections for confidentiality (specifically with respect to HIV test results, post-test counseling, during registration and of information in medical records). Despite these protections, intentional and accidental disclosures of confidential information about a patient's HIV status persist.
 5. Prohibition of discrimination in the field of employment based on gender identity, sexual orientation, health status, disability, suspicion or presence of HIV introduced to Labor

²⁷ Constitution, Article 26 <http://www.wipo.int/edocs/lexdocs/laws/en/ua/ua013en.pdf>

²⁸ Legal Environment Assessment 2017 op. cit., p. 2

²⁹ Legal Environment Assessment 2017 op. cit., p.61

Code of Ukraine by Law of Ukraine № 785-VIII as of 12 November 2015 is intended to offer protection to PLHIV, however PLHIV report that violations persist. A Stigma Index survey conducted in 2014 indicated that the majority of employed PLHIV conceal their HIV status from employers and colleagues for fear of stigma, discrimination and dismissal.³⁰

Laws and initiatives that negatively influence access to HIV services

In addition to the issues noted above, the following *laws* were mentioned in the Legal Environment Assessment for HIV and by some of KIs as having a negative effect on access to HIV services for PLHIV and people from key populations:

1. Ukraine's general policy on drugs continues to be repressive. Drug-related crimes without intent to sell are included as offenses under Article 309 of the Criminal Code of Ukraine and Article 44 of the Code of Ukraine on Administrative Offenses³¹. In particular, the Criminal Code establishes criminal liability for the acquisition, manufacture or possession of drugs without intent to sell (sentencing varies from a non-custodial fine to imprisonment for up to three years). According to official statistics of the General Prosecutor's Office of Ukraine, crimes under Article 309 of the Criminal Code constituted 57.5% of the total number of drug-related crimes in 2015, which suggests that law enforcement efforts are directed mostly towards drug users rather than to drug importers, manufacturers or dealers. In 2010, the Order of the Ministry of Health of Ukraine No. 634 from 29/07/2010 "On amendments to Ukrainian Ministry of Health Order No. 188 from 01/08/2000" criminalized all opioid drug use in Ukraine. The Order enabled the amendments that significantly reduced the legal threshold for small quantities of certain types of illegal drugs, including the most commonly used ones. Anyone detained for the possession of 0.005 grams of acetylated opium or heroin (approximately the amount that can be found from residue in several used syringes) faces criminal prosecution and a possible sentence of up to 3 years in prison. The resulting criminalization of drug users hinders access to outreach and healthcare services.³² KIs reported that this order significantly complicates the work of needle-syringe program (NSP) sites, where the number of clients has decreased over time. Amending MoH Order No. 188 to raise the thresholds of illicit drugs would improve drug users' access to HIV services, but the police and the prosecutor's office are blocking the change, since it would affect their indicators on successfully investigated crimes. Focus group feedback reports that police are often involved in entrapment exercises to apprehend drug users. The European Court of Human Rights recognizes these cases as a provocation and as unacceptable practice in the view of the Court.

³⁰ The People Living with HIV Stigma Index, Ukraine, All-Ukrainian Network of PLHIV, 2014 p.30

³¹ Article 309 of Criminal Code provides for up to 8 years of imprisonment for possession, production, purchase, transportation, sending of narcotics without intent to sell, while the same actions with intent to sell qualify for up to 12 years imprisonment under Article 307 of CCU. Article 44 of Code of Criminal Offences envisions arrest for 15 days in case of possession, production, purchase, transportation, sending of small amounts of narcotics without intent to sell

³² N. Isayeva, Fulfillment of rights of women related to vulnerable groups, 2015, <http://afew.org.ua/wp-content/uploads/2015/07/Prava-ginok-for-web.pdf> p. 2

2. Apprehended sex workers generally face a fine of up to 255 UAH (approx. US\$10) under the Code of Administrative Offences of Ukraine (Art. 181-1). In addition, the application of criminal responsibility for pimping can be used against a person. For example, if a friend introduces her friend to someone, this is interpreted as pimping. Bills intended to regulate the sex industry have been proposed several times to the Ukrainian Parliament, the last time in 2016.
3. Exposing others to the risk of HIV transmission and unintentional HIV transmission are criminal offences under the Criminal Code of Ukraine (Article 130), and around 60 cases have been investigated since 2013 (including some allegations of intentional HIV transmission). According to the National Plan of the Cabinet of Ministers on Implementation of the National Human Rights Strategy, this article needs be amended. The Ministry of Internal Affairs and the National Police oppose any such amendment. At the same time, the Law on HIV requires newly diagnosed persons to sign a notification about being aware of existence of criminal liability under Article 130³³. This is cited as a reason for some newly-diagnosed PLHIV not accessing treatment and care once they are diagnosed.
4. Homosexuality and sodomy are not criminalized, but existing legislation deprives gay and other men who have sex with men and transgender people of a number of essential rights of other citizens:
 - right to family life – same-sex relationships are not recognized;
 - right to be protected from hate crimes etc. - in Article 161 on crimes based on hatred there is no recognition of discrimination by health and sexual orientation as grounds, and such discrimination is not recognized as aggravating circumstances for hate crimes.
5. Several initiatives in 2015-2016 were lobbying for the extension of the patent exclusivity period for medicines from 5 years, currently provided in the Law of Ukraine “On Medicines”, to 10 years (the EU standard), which would negatively affect affordability of new medicines. The Law of Ukraine “On Protection of Inventions and Utility Models” provides for patents on methods of diagnosis and treatment, selection patents, minor changes of known substances and patent term extensions for medicines. It does not provide for public health safeguards to ensure affordability of HIV and TB medicines for public non-commercial purposes, i.e. effective compulsory licensing or government use mechanisms, parallel importation, patent oppositions and so on.
6. There are restrictions on testing, treatment and other services by community organizations. Under paragraph 4 of Article 6 of the HIV Law, free HIV testing, pre-test counseling, delivery of test results and post-test counseling can be provided by health facilities (regardless of their ownership and status as government, private or non-

³³ Article 130 requires that immediately after HIV diagnosis, people living with HIV are notified that it is a criminal offense to transmit HIV intentionally or unintentionally, or knowingly put others at risk of HIV infection. Once the person is aware of his/her HIV-status, he/she will qualify as having met the subjective part criteria of guilt for a criminal offence in the case of HIV transmission. This constitutes overly broad criminalization of HIV (e.g., theoretically, vertical HIV-transmission may qualify as a crime, as well as any consensual sexual intercourse without contraception, or even with contraception if transmission actually occurs).

government facility), social support services and other organizations working to prevent HIV. These facilities must be duly licensed as a medical practice to carry out such activities and have an accredited medical laboratory. Under medical practice licensing requirements, a facility must meet requirements including having qualified medical personnel (e.g., physicians, nurses and non-medical staff), office space and equipment to perform counseling and testing services.³⁴ These requirements also extend to non-government organizations (NGOs) offering similar services. These requirements create barriers for NGOs and private clinics that wish to offer or extend community-based testing programs.³⁵ Some private clinics and dermato-venerologic dispensaries provide paid testing for HIV. Officially, they have no right to provide such services. They are sometimes inspected and fined, but they pay the fine and then continue to provide testing for a fee. HIV treatment is allowed only at AIDS Centers, specialized clinics and facilities. It is not allowed in primary care centers nor through NGOs. The Law on HIV (Art. 9) and MoH Order No. 585 restrict the categories of doctors who can diagnose HIV and facilities that can provide HIV medical care.

Key populations and PLHIV have the right to primary state-guaranteed legal aid (legal consultations, drawing up basic documents) but generally not to secondary free legal aid according to the law (legal defense, representation in courts, other state authorities, drafting documents for judicial and investigation proceedings).³⁶ KIs and focus group participants reported high levels of stigmatization of key populations by lawyers. Examples included refusal to represent key populations, or poor quality of representation (perceiving clients as unworthy). Many do not know how to work with PLHIV or other key populations. Funding for legal aid from external donors has decreased significantly and there is no current comprehensive project on provision of legal aid to key populations outside the State-provided legal aid system.

Regulations

Regulations that have a *positive* effect on access to HIV services:

1. *OST regulation.* Since 2013, a number of policy documents have simplified the circulation of legal narcotic drugs. These have reduced the barriers for Opioid Substitution Therapy (OST). The approval of MoH Order No. 200 on OST has improved the quality and accessibility of OST services for people who inject drugs. There are now three ways to obtain OST:
 - On prescriptions from pharmacies on a paid or free basis;
 - Free from a medical institution for up to 10 days;
 - Free from hospital or at home for people who are seriously ill.

³⁴ Medical practice licensure requirements, approved by MoH order № 49 (of 02.02.2011) (as amended by MoH order № 981 of 11.30.2012), registered with the Ministry of Justice on 02.09.2011 under №'s 171/18909. Available at <http://zakon2.rada.gov.ua/laws/show/z0171-11>

³⁵ Legal Environment Assessment 2017 op cit, pp. 28-29

³⁶ Articles 13-14 of the Law of Ukraine "On Free Legal Aid".

Focus group (FG) respondents and KIs in Mykolayv stated that OST had begun to be prescribed, improving access to OST, though generally only on a pay-for-service basis. However, there is a lack of compliance with Order No. 200 in some sites, resulting in delays in OST initiation. In some regions like Kiev, this delay may be only one day. In others, like Mykolaiv, it may be up to 21 days. Extension of OST prescriptions beyond 10 days is needed. Some local regulations on OST contradict Order No. 200. In particular, while MoH order № 200 provides that OST programs can allow people who inject drugs to receive sufficient medication for several days, reducing the burden of daily clinic visits, not all regions have adopted this practice.

2. *Gender reassignment.* MoH order 10.10.2016 № 1041 simplifies the mechanism for recognizing the identity of transgender people and the procedure for gender reassignment.
3. *PLHIV immigrating to Ukraine.* MoH order № 329 “On amending the List of infectious diseases that may give grounds for the denial of permission to immigrate to Ukraine” (of 06.11.2015, registered with the Ministry of Justice under order № 746/27191 on 06.23.2015) lifted the prohibition for PLHIV to enter and reside in Ukraine.

After the adoption of a concept paper on public health system development in Ukraine and the establishment of the Ukrainian Centre for Public Health (CPH), the Ministry of Health identified four priorities in public health for 2017-2018. An important aspect of the reforms are the political and programmatic steps towards transition from donors funding to domestic funds to reach the 90:90:90 targets. The Cabinet of Minister of Ukraine approved (in March 2017) the TB/HIV Sustainability Strategy. The next cycle of National AIDS Programme 2019-2023 is under development, with objectives aligned to 90-90-90 and other fast-track targets.

Regulations that have a *negative* influence on access to HIV services include the following

1. *Prohibition on adoption of children.* MoH Order No. 479 provides the list of conditions that preclude adoption of children, which includes a prospective parent living with HIV, being transgender people, and/or people with active tuberculosis. In January 2017, an initiative of the MoH Ukraine to amend Order 479, to allow PLHIV, transgender people and people with some limited psychological disorders to adopt, encountered significant opposition from religious groups, and the draft amendment was not approved.
2. *Prohibition on blood donation.* MoH order № 385 (of 07.01.2005) states that donation of blood (and its components) is restricted and that persons who engage in risk behaviors, including sex between men, may be excluded.
3. *Requirement for registration of people accessing drug treatment.* The current registration system is a serious access barrier for people who inject drugs attempting to use treatment services. Breaches of confidentiality of patients registered with public drug treatment facilities are a major restriction on access to treatment (especially for people living in poverty, who represent a disproportionately large number of people who inject drugs and who cannot afford anonymous treatment at a private health facility that can better protect their privacy).³⁷

³⁷ Legal Environment Assessment 2017 op cit, pp. 55-56

4. *Palliative care.* MoH Order No. 41, dated 21.01.2013, “On Organizing Palliative Care in Ukraine”, prohibits admission of people with TB and/or HIV into general palliative care facilities, while there is a lack of specialized palliative care facilities for these people.

Legal reforms and other initiatives

Update of clinical guidelines and related legislation. The Ministry of Health (MOH) with the support of the HIV Reform in Action project (USAID/Deloitte) is leading the development of new comprehensive guidelines for HIV prevention, care, and treatment which will include recommendations for pre-exposure prophylaxis (PrEP), ‘Test and Treat’, differentiated service delivery, multi-month prescriptions, increased attention to adolescents and young people, and a de-emphasis on CD4 testing. These new guidelines and related legislation amendments, which meet the UNAIDS standards, are expected to be in place by the end of 2017.

National Human Rights Plan. On 25 August 2015, the National Human Rights Strategy was approved by a Presidential Decree. In November 2015, the Cabinet of Ministers approved the Action Plan to Implement the National Human Rights Strategy for 2016 - 2020. The Action Plan includes (among other measures): amendments to criminal liability for HIV transmission; abolition of the ban on adoption of children by people living with HIV, and the introduction of a set of public health safeguards into patent law.

As part of ongoing health care reforms, many HIV and TB testing and treatment services will be transferred to primary health care level and to family doctors. This will require a significant investment in the training of family doctors on diagnosis and treatment of HIV and TB. In September 2016, as a first step in health care financing reform, the Ministry of Health (MoH) Ukraine abolished MoH Order No. 33 (“On recommended normative staffing of hospitals”), to increase of the flexibility of staffing of hospitals.

Penitentiary service reform. A Presidential Decree (May 20th 2015) approved a strategy for reforming the judicial system and related legal institutions of Ukraine for the years 2015-2020. This includes the prison system. The Implementation Plan that accompanies this Strategy, approved by the Parliament of Ukraine, indicates as first steps a reform of health care services in the prison system. The prison system in Ukraine has seen little reform since Soviet times. Oblast-level penitentiary service administrations are being abolished and six interregional administrations are being created. Services for people on probation are being created, with social workers on a peer-to-peer basis now able to provide services to people on probation.

National Drug Policy. The Cabinet of Ministers issued directive № 735 (of 08.28.2013) “The national drug policy for the period until 2020.” This policy identifies interventions for reducing supply and demand of illicit drugs and a balancing of the government’s response between punitive measures (enforcement of anti-drug trafficking laws) and prevention and treatment for people who inject drugs. The implementation of this policy is currently hampered by a lack of political will.³⁸

³⁸ Legal Environment Assessment 2017 op. cit., pp. 28-29

Political/social environment

Significant progress has been made in the past year on several of the economic and political factors that had in the past limited the scale-up of HIV testing and counseling and ART. Prior to the 2014 Maidan civil movement, endemic government corruption, limited economic activity and ineffective procurement and program management systems caused problems for availability and quality of services. The ongoing military operations and separatist forces in the East caused Ukraine's gross domestic product (GDP) per person to decline from US\$4,400 in 2013 to less than US\$2,100 in 2016. Economic growth resumed in 2016 with estimated per person GDP forecast at US\$2,250 in 2017.³⁹ Intense efforts to restructure government processes and eliminate major residual corruption and bureaucracy continue to be required. The post-Maidan governments have included reformers, but powerful residual vested interests and new populist political forces continue to slow critical changes.

Major progress has been made in the funding and efficiency of HIV medicines and commodities procurement and in improving the management structure for public health programs, including HIV/AIDS. Procurement for ARVs and laboratory commodities was transferred to international agencies for the period 2016 – 2019 to avoid a previously inefficient and ineffective government process. These procurements in 2016 produced unit-prices in line with GFATM/PEPFAR standards, with substantial cost-savings. In December 2016, after intense advocacy from civil society and the National Center for Public Health (NCPH), the government budget for HIV procurements more than doubled. Advocacy from civil society organizations with manufacturers on pricing and patent protection succeeded in obtaining very favorable pricing, including for generic Atripla, Abacavir, Abacavir/Lamivudine and Dolutegravir (DTG). These medications were included in planning for procurement and use, even though they were not yet registered in Ukraine.

Ukraine submitted a new GFATM grant proposal for 2018 – 2020 in mid-2017. Civil society organizations and the NCPH ensured that ambitious targets for ART scale-up, aligned with the UNAIDS 90-90-90 and the PEPFAR COP17 targets, were included in the proposal and explicitly supported by the Government of Ukraine (GOU). The proposal includes a request for continued support for the 25,000 patients currently on GFATM-procured ARVs. This step will allow GOU resources to support all ART patients in 2018 previously supported by GOU or PEPFAR (through Emergency Commodities Fund - ECF - and COP16) and to extend ART for an additional 8,000 patients outside the PEPFAR priority regions. The human rights, key populations, missing TB patients and RSSH matching funds requests were approved by TRP in January 2018, further catalyzing the allocation.

Other policy reforms are also helping set the stage for improving coverage. Ukrainian ART guidelines issued in December 2015 called for the offer of initiation of all PLHIV on ART at any CD4 level, with emphasis on certain subgroups, including people who inject drugs.

³⁹ IMF. World Economic Outlook Database, October 2016.
<https://www.imf.org/external/pubs/ft/weo/2016/02/weodata/index.aspx>

HIV prevention and ART coverage targets are set out in the Strategy for Sustainable Development, approved in March 2017 by the Resolution of Cabinet of Ministers of Ukraine. Many KIs mentioned the lack of sustainability of prevention programs, and the implementation of this resolution should assist to address this.

Armed conflict in certain districts of Donetsk and Luhansk regions presents significant challenges. In January 2017, the GOU approved a plan to ensure access for people in these districts to essential medical and social services. UNICEF has been permitted to deliver ART medication to these districts, but psychological help is generally not available, even to victims of sexual violence. Legislation of these affected regions currently prohibits OST, and there are reports of people who inject drugs dying due to lack of access to drug treatment. Conflict-related sexual violence is a significant issue.

Human rights barriers to access, uptake and retention in HIV services

Ukraine is one of the few countries that can demonstrate a significant reduction in stigma towards people living with HIV. Stigma Index studies carried out in 2010, 2013 and 2016 reveal a substantial reduction in various forms of stigma. However, stigma was still cited by most key informants as one of the most important barriers to key populations accessing health and other services.

Other major barriers highlighted in the Desk Review and confirmed through KI interviews and focus group discussions include:

- Levels of unauthorized HIV-status disclosure remain high; people who inject drugs and sex workers are the people most affected.
- State funding of healthcare is very limited, though in 2016 the Government of Ukraine decided to increase funding for ARVs (up 132%), and for the first time in 2017 will procure OST medicines. Very little state funding is available for harm reduction outreach, care and support and other HIV-related services or human rights programs.
- Ukraine's policy on drugs continues to be repressive, affecting Ukraine's ability to treat people with HIV. Poor treatment by law enforcement agencies and fear of the police are barriers to accessing prevention and treatment services.
- Sex workers, even in the absence of a legal basis for criminalization of sex work, are harassed and punished by law enforcement agencies that apply administrative fines.
- Homophobic and transphobic climate, especially in Crimea, Donetsk, and Luhansk where authorities express homophobic views and increased levels of violence against MSM is reported.
- Current regulatory documents do not provide a proper basis for delivering comprehensive HIV prevention and treatment services in prisons or pre-trial detention centers.
- People who inject drugs accessing HIV prevention, OST and HIV treatment (if HIV-positive) must be registered with multiple health programs (often located many kilometers apart) to receive the services. There is little coordination.

- The healthcare financing system forces state healthcare providers to require official registration of residence for a person to be able to receive free health care services. This is a barrier for persons living away from their official place of residence, or those without documents (IDPs, undocumented foreigners, ex-prisoners). Health reforms currently being implemented should address these issues.

Law enforcement

Many KIs stated that the criminalization of drug use is the single most significant barrier to HIV prevention and treatment in Ukraine. Some changes have occurred with the massive reforms that have transformed the former “militia” into the National Police. Past problems for OST clients have eased (according to many focus group participants), but some police have mistaken ARVs for illicit drugs and detained HIV-positive OST clients. A focus group of ex-prisoners in Kyiv was not convinced that much had changed - “same cops, different uniforms”.

There was a significant difference between the experiences reported by people who inject drugs and sex workers in Kramatorsk (near the conflict zone) and other centers, such as Kyiv and Odessa. While many key population members in other parts of the country mentioned recent favorable changes to police behavior, sex workers in Kramatorsk stated that physical assaults, illegal detentions and extortion of bribes continue to be common there. Ex-prisoners reported cases of profiling, illegal detentions and searches, being forced into giving information about other people or just paying bribes to the police.

Internal Security Services sometimes block ex-prisoners from finding employment by warning employers not to employ them. Respondents cited cases of forced labor, with the militias forcing ex-prisoners to dig trenches and carry sandbags to military fortifications.

Police often refuse to open cases of criminal investigation when men who have sex with men suffer physical and verbal attacks. Police KIs said there was little information on HIV provided to police, which led to fears about infection and consequent stigma and discrimination.

KIs were unanimous in expressing concern (and often dismay) about the situation of medical services in prisons. If a medication is not available in prison, the prisoner (or her/his family) have the option of buying the medication. This happens often due to procurement and supply management and funding issues in the system. As one KI pointed out, healthcare for prisoners is not necessarily the highest priority for the prison administration. Prisons do not have access to analgesic drugs. Mortality in prisons related to TB, HIV and some non-communicable diseases remains high.

There are neither needle-syringe programs nor opioid substitution programs in prisons. The prisons health system KIs reported that there are 16 specialized hospital facilities in the prison system (including 8 TB hospitals). Currently, there are around 60,000 prisoners in Ukraine, down from more than 100,000 prisoners 10 years ago; 3,860 inmates are registered as having HIV, of whom 2300 patients receive ART.

Since 2012, OST is supposed to be available in the pre-trial detention centers. OST is available in some other parts of the prison system, but on a very limited basis. The average cost of medical services per year is 4,800 UAH (USD185) per prisoner, while the average cost for a citizen in

civilian healthcare is only 210 UAH (USD8.15). The bulk of the additional costs are for guarding and transporting prisoners to hospitals and specialist facilities. Families are obliged to bear these costs in some cases. *Actirovka* (compassionate release due to poor health status) is in place only for terminally ill people who usually die soon after release. One informant reported the case of a prisoner from Mikolaev who was receiving palliative care in prison for his untreated HIV and TB, was released under *actirovka* in a terminal state, was provided TB and HIV treatment after release and then recovered.

Key informants admitted there are limited interactions between the penitentiary healthcare system and the general healthcare system. The National Public Health Center does not provide ARVs to prisons when a PLHIV on ART is sent to prison, causing treatment interruption and a decline in health. Doctors from local healthcare facilities are unwilling to provide care in prisons as there is no additional payment for such services from local budgets. Local authorities are not generally inclined to fund services for prisoners, who are in general not local residents.

Stigma and discrimination

While the Stigma Index found significant decreases in various types of stigma experienced by PLHIV, most KIs referred to ongoing stigmatizing practices. Many KIs referred to stigma and discrimination from health care professionals, with leading HIV doctors admitting this was still an important issue for many doctors and nurses. Participants in PLHIV focus groups cited examples of verbal abuse from primary care doctors and nurses. Some KIs reported that many myths about HIV transmission still prevail.

A common concern expressed by PLHIV was about disclosure of HIV status without their consent. This was mentioned in several focus groups and by several KIs. In some cases, medical records are marked openly with “HIV” or “AIDS”. In others, a tag system is used (“B20” under MoH regulations) but the use of red tags on files of PLHIV has led to disclosure, as most staff know what the color-coded tags represent. In small towns and rural areas, people do not want to get tested or seek counseling or treatment at a room marked as a HIV or AIDS Centre or office. If hospitalized in a general hospital (not an AIDS center facility), some PLHIV focus group participants reported HIV status disclosure and said that, once their HIV status became known, medical nurses were asked by other patients to move them to another room.

The stigmatizing behavior of doctors was reported by most focus groups. Examples included doctors announcing to waiting rooms that HIV-positive people will be seen last at reception or writing “HIV” on referral documents to other doctors without use of codes (B20). Focus group attendees reported that many doctors seemed not to be familiar with key regulations related to HIV (such as MoH Order No. 955). Specialist doctors often mistrusted primary care physicians. Doctors do not perceive patients as ‘treatment literate’ or possessing any knowledge about HIV treatment.

Stigma and discrimination among dentists was also mentioned in most PLHIV focus groups. There were cases of refusal of provision of dental services and surgery and dentists demanding that PLHIV buy protective equipment for doctors prior to surgery (masks, covers, special gloves, etc.).

Most key population focus group members referred to AIDS Centers as being the health care institutions where they are least likely to face stigma. Sex workers referred specifically to problems with gynecologists who refused services or referred them quickly to other specialists, rather than providing adequate examinations.

KIs and FGDs of gay and other men who have sex with men discussed several levels of stigma and discrimination affecting gay and bisexual men. They reported profound stigma and sometimes violence from the general community and family members. Internalized stigma also results in inadequate attention to their health and avoidance of the health care system. There is also a high level of stigma within the community of men who have sex with men towards gay and bisexual PLHIV. Ex-prisoners also reported significant problems with stigma in prisons health services. There is stigma and discrimination towards people with TB and HIV among prison guards and other prisoners.

According to legislation, gender reassignment surgery should be performed free of charge, but in reality it seems no one performs free services.

Poverty

PLHIV reported the need to pay for regular (quarterly) biochemistry blood tests, urine tests, other procedures and treatment monitoring required as a pre-requisite for dispensing ARVs to patients. In addition, they were often required to pay 'voluntary' charitable donations to medical facilities for CD4 and viral load tests and for chest X-rays. Focus groups of people who inject drugs reported that these charges – often 100-200 UAH – were hard for drug users to find and this often resulted in dropping out of ongoing care.

Unemployment in Ukraine is severe. The Crimea (with its tourism) and the Donetsk/ Lugansk region (with its coal mines and heavy industries) were large employers prior to Russian occupation and internal insecurity. With more than 1 million internally displaced people and the loss of some of the country's major industries, the official unemployment rose to 10% in 2016. KIs suggested that this hides a large group of rural Ukrainians who are not actively looking for work, but who survive by carrying out occasional tasks for cash or food. Poverty limits access to treatment services because patients have to pay for many medical services out of their own pocket. This is particularly onerous for rural populations.

Gender

HIV-positive women mentioned several important gender differences. There are OST sites where women are enrolled on OST very rarely: only 12% to 24% of OST patients are women, depending on the site⁴⁰ – yet women make up, on average, about 27% of people who inject drugs in Ukraine.⁴¹ Some OST sites do not put women on the register or waiting list because there is misinformation, even among social workers, about whether women would benefit from OST. It is particularly difficult for pregnant women to access OST. Mother to Child Transmission (MTCT) programs are

⁴⁰ According to Information about quantitative and qualitative non-personal data about OST patients as of 1 July 2017 http://phc.org.ua/pages/diseases/opioid_addiction/stat-docs

⁴¹ UNICEF (2013) *Population Size Estimate of Drug-Addicted Women of Reproductive Age and Drug-Addicted Pregnant Women* Kyiv

not working well with women who inject drugs, who are 3.5 times more likely to have a HIV-positive baby than other HIV-positive women.⁴²

The Law on HIV establishes the possibility of access to modern contraceptive methods for women with HIV, but in practice this does not happen, as there are no subordinate regulations. In sparsely populated areas, at small hospitals, women with HIV are often less likely to seek help because of fear of HIV disclosure. Some KIs mentioned need to reform services to women victims of violence (including sexual violence) and update the outdated Law of Ukraine “On prevention of family violence”.

Legal services and knowledge of rights

KIs from the prisons system called for information materials to be provided to prisoners about HIV, TB and prisoners’ rights. These materials need to counteract myths, for example that ART causes health problems, which the officials believe is the cause of many HIV-positive inmates refusing to enroll on ART.

Specific issues for mobile populations and internally displaced people

The issues for people displaced from Crimea, Donetsk and Lugansk are particularly severe. As noted in Section 4.1, 18% of all PLHIV lived in the Donetsk/Lugansk region and 5% in Crimea prior to the occupation. Since then, an unknown number of PLHIV and other key population members have been resettled across the country. In addition to having human rights barriers related to HIV status or membership in a key population, these IDP are often traumatized by having been in violent conflict environments and/or having to leave homes, possessions, friends and sometimes family behind. Access to ART in places where they are not registered also presents problems.

Specific issues for children and adolescents

Adolescents are not identified as a risk group by major funders of HIV programs in Ukraine. Current legislation and protocols do not regulate procedures for providing services to adolescents. Doctors require passports from adolescents under 16, though the passport is issued only at the age of 16. The legislation allows for independent HIV testing from the age of 14, but in practice doctors often require parents to be present and are often unwilling to test adolescents aged 16-18. Treatment is possible independently only from 16 years of age, but there are no standards for providing services to adolescents (so there are, for example, no programs for adolescents who use drugs in many oblast). A new HIV protocol is being prepared with new interventions to fast-track testing and enrolment to treatment, including for adolescents.

KIs also reported that adolescent girls find it more difficult to access services and that they face greater stigma (cases of refusal of medical assistance in maternity homes have been recorded, where the girls had to involve social workers to help solve the problem). There are reports of cases of violence towards adolescent girls, which even social workers have not regarded as worthy of

⁴² Ibid.

reporting, indicating a low level of awareness among social workers of what constitutes a violation of rights.

Description of the main interventions used to address barriers and recommendations for a comprehensive approach

This section describes existing or recent programs in Ukraine to reduce human rights-related barriers to services under the seven Program Areas set out in the Global Fund Technical Brief, as well as the comprehensive program that, if put in place at scale, would help to minimize these barriers to service access.⁴³ Several non-government and community-based organizations, as well as government entities, have been working to address human rights-related barriers to HIV. However, these activities do not fully cover each Program Area, and most are being implemented at a scale that is unlikely to bring about major change. Ukraine has institutions, protective laws and civil society organizations that can all be strengthened and engaged to significantly reduce these barriers. However, this will require better alignment, coordination and increased and sustained investment in interventions and activities that provide important human rights-related knowledge and skills to officials and to the populations of those affected by HIV. Many key informants referred to the important role that NGOs have played in working with key populations, especially in advocacy for the reduction of human rights barriers to services.

A summary description of existing or recent interventions to address human rights-related barriers to HIV services for each Program Area is presented below.

PA 1: Stigma and discrimination reduction for key populations

The National HIV and TB Council of Ukraine (CCM) includes representatives of KPs and is responsible for ensuring better representation of key populations during preparation of funding requests to the Global Fund and implementation of the Global Fund program. A National Platform of Key Populations has been established in January 2017.⁴⁴ Its main goals include formation of a single voice of key populations in dialogues with decision makers, donors and service NGOs; representation of interests of key populations to state authorities and coordination mechanisms; representation on expert working groups and donor organization planning committees; participation in the development of national programs and legislative proposals to ensure transition of funding of prevention services from donors to state; exchange of advocacy experience; community mobilization; and consulting with communities about their needs.

The platform has:

- coordinated participation of representatives of key populations in meetings with MoH officials⁴⁵,
- conducted a working meeting on 21-23 June 2017 to discuss current processes in the context of the transition from Global Fund support to national funding with a special focus

⁴³ Technical Brief HIV, Human Rights and Gender Equality Global Fund to Fight AIDS, TB and Malaria, April 2017

⁴⁴ <http://afew.org.ua/en/why-did-representatives-of-key-communities-of-ukraine-create-the-country-platform/>

⁴⁵ First meeting with MoH of KPs representatives was on 28th January 2017 <http://afew.org.ua/navishho-predstavniki-klyuchovih-spilnot-ukrayini-stvorili-natsionalnu-platformu/#more-6569>

on ensuring the significant participation of civil society and community representatives in the implementation of the transition plan and the role that civil society actors can play in monitoring its implementation⁴⁶;

- strengthened capacity of its members in budget advocacy skills during a thematic workshop on 30 Sep – 3 Oct 2017⁴⁷;
- established a closed Facebook group⁴⁸.

The platform will provide financial support to selected members of the platform in representing Ukraine at AIDS2018.⁴⁹

KIs reported that the community mobilization carried out by groups like Positive Women, Gay-Alliance and coordination councils on HIV and TB at local level authorities were good examples of activities to improve participation of key populations in decision-making processes.

Self-help groups for gay and other men who have sex with men with HIV that provided peer-to-peer information about effective means of HIV prevention and treatment (through night clubs, social media) were cited as effective in reducing self-stigma.

In 2011, 54 Ukrainian NGOs established a Coalition on Fighting Discrimination that united efforts to advance equality in society and formulate legal and institutional tools and mechanisms for ensuring equality.⁵⁰

NGO Insight has established an emergency accommodation shelter for LGBT who are homeless following rejection from family or other discrimination. The LGBT support hotline reports a high volume of calls since its re-establishment in March-April 2017.

The table below provides a summary of current or recent interventions under the program area stigma and discrimination reduction, a brief description of the activities undertaken, the scale, budget, location and implementer.

Focus	Summary	Scale	Budget	Location	Implementer
PWID	OST Hotline, funded by Alliance of Public Health within Global Fund program: Consulting OST-patients and	National: 2564 calls	USD 21,197	Kyiv	NGO “Hope and Trust”

⁴⁶ <http://afew.org.ua/zaproshennya-do-uchasti-u-roboty-zustrichi-zabezpechennya-znachushhoyi-uchasti-klyuchovih-grup-naselennya-v-realizatsiyi-perehidnogo-planu-v-ukrayini-ta-monitoringu-tsogo-protsezu/>

⁴⁷ <http://afew.org.ua/zaproshennya-do-uchasti-u-shkoli-byudzhethnoyi-advokatsiyi-program-profilaktiki-vil-infektsiyi/>

⁴⁸ <https://www.facebook.com/groups/370283263029415/>

⁴⁹ <http://afew.org.ua/em-afew-ukrayina-em-ogoloshuye-konkurs-na-otrimannya-stipendiyi-na-uchast-mizhnarodniy-konferentsiyi-zi-snidu-aids2018/>

⁵⁰ <http://antidi.org.ua/en/about-us/mission>

	representatives of the most vulnerable populations, registering violations of rights of OST patients and PWID, management of rights violation cases				
MSM	Trainings on reducing the level of stigma and discrimination against MSM / LGBT ("Schools of Tolerance") for journalists, psychologists, social workers, students.	Overall conducted 6 trainings for 120 participants	USD 9062	Zaporizhya, Vynyt'sa, Odessa	NGO "Gender Zed"
Key populations, PLHIV	Educational activities for PLHIV, key groups and IDPs	Not reported	USD 34,900	Krivoy Rog	Krivoy Rog Branch of the Network of People Living with HIV
Key populations, PLHIV	Reducing stigma and discrimination towards members of the most vulnerable populations, improving access to healthcare services, lawyers services in managing violations of rights of PLWH and representatives of vulnerable populations at healthcare facilities	Not reported	USD 63,468	Krivoy Rog	Krivoy Rog Branch of the Network of People Living with HIV, with NGO "Merezha Krivoy Rog"
Key populations, PLHIV	Reducing stigma and discrimination towards members of the most vulnerable populations, improving access to healthcare services, lawyers services in managing violations of rights of PLWH	Not reported	USD 44,476	Cherkassy	Cherkassy Branch of the Network of People Living with HIV, with NGO "Merezha Cherkassy"

	and representatives of vulnerable populations at healthcare facilities				
Key populations , PLHIV	Reducing stigma and discrimination towards members of the most vulnerable populations, improving access to healthcare services, lawyers services in managing violations of rights of PLWH and representatives of vulnerable populations at healthcare facilities	Not reported	USD 52,634	Lviv	Lviv Branch of the Network of People Living with HIV, with NGO “Merezha Lviv ”
Key populations , PLHIV	Reducing stigma and discrimination towards members of the most vulnerable populations, improving access to healthcare services, lawyers services in managing violations of rights of PLWH and representatives of vulnerable populations at healthcare facilities	Not reported	USD 73,836	Kyiv	Network of People Living with HIV, with National Shupik Academy
Key populations , PLHIV	Reducing stigma and discrimination towards members of the most vulnerable populations, improving access to healthcare services, lawyers services in managing violations of rights of PLWH and representatives of vulnerable populations at healthcare facilities	Not reported	USD 50,791	Kyiv	Network of People Living with HIV, with NGO “Merezha Kyiv”

PLHIV	Reducing stigma and discrimination against PLHIV, social support for PLHIV women, holding support actions, training, raising community awareness of their rights - distribution of legal information booklets, counseling by lawyers and social workers on rights issues.	Not reported	Not reported	Odessa	NGO "Solnechniy Krug"
LGBT	Production and dissemination of information materials aimed at knowing rights (for example, the brochures: "Guide on discrimination and crimes motivated by homophobia and transphobia", "Transgender people in Ukraine: social barriers and discrimination").	Not reported	Not reported	Kyiv	NGO "Insight"
MSM	Community mobilization and training on stigma and discrimination. Involving MSM in discussing stigma and discrimination. Community mobilization and training for MSM on "knowledge of their rights". Providing legal advice to MSM.	Not reported	Not reported	Odessa	Alliance Global Odessa
PLHIV	Community mobilization and training on stigma	Not reported	Not reported	Odessa	The Way Home

	and discrimination. Involvement and support of People Living with HIV. Training medical professionals on human rights and medical ethics in the context of HIV. Providing legal advice to key populations. Legal information and redirection for key populations. Age-appropriate sex education programs and life skills programs				
PLHIV	Involvement and support of PLHIV. Communication with health professionals about laws and policies on human rights and medical ethics related to HIV. Legal information and redirection for PLHIV.	Not reported	Not reported	Odessa	Odessa Branch of Network of PLHA
PLHIV	Community mobilization and training on stigma and discrimination (trainings and master classes). Involvement and support of PLHIV. Community mobilization and training of key population groups on "knowledge of their rights". Campaigns to raise awareness of human rights and HIV. Legal information	Not reported	Not reported	Odessa	NGO "Zhyttya"

	and redirection for PLHIV. Community mobilization and education on gender and HIV.				
PLHIV	Involvement and support of PLHIV. Dialogue sessions and outreach work. Community mobilization and training of key population groups on "knowledge of their rights".	Not reported	Not reported	Odessa	NGO 'Vera Nadezhda Lubov'
Key populations	Eurovision-2017 Information campaign "Counteract Discrimination" and the Corporate Equity Index (a national study among businesses to prevent discrimination in the workplace).	Not reported	Not reported	Kyiv	Coalition Against Discrimination (funded by IRF Ukraine)
Key populations	The project "European choice: accessible services without stigma and discrimination" in cooperation with the NGO "ALLIANCE.GLOBAL" (May-December 2016): trainings for primary health care workers in Kiev to reduce stigma and discrimination against IDUs, SWs, MSM / LGBT, PLHIV; Development of a training video module; Round	Not reported	USD 13,975	Kyiv	NGO "Club of Aeneas"

	tables with officials and health workers; Holding a film festival in the cinema "Zhovten"; Flash mob; Cases with violations of rights; A telephone line of trust on the issues of violation of the rights of IDUs, SWs and LGBT people in medical institutions.				
Adolescent girls in key populations	Reducing discrimination against adolescent girls from vulnerable groups, peer-to-peer counseling (UNICEF)	Not reported	Not reported	Zaporizhye	NGO "Spodivannya"
MSM	MSM mobilizing and supporting	Not reported	Not reported	Nikolaev	NGO Association of LGBT Liga
PWID	Press conference and film screening of a documentary about drug users (2017)	Not reported	USD 500	Kyiv	NGO "Club of Aeneas"

The approach to reducing stigma and discrimination towards key populations, including mobilizing key population networks and communities, has been piecemeal to date. Some cities and oblasts such as Kyiv, Odessa and Kriviy Rog have been the site of a wide range of activities covering most key populations to at least some extent. But for much of the country, few activities have been implemented and large gaps exist in programming.

Moving to more comprehensive programming

The following recommendations are made to move towards comprehensive programming in stigma and discrimination:

- Continue the major programs set out in the table above – following evaluations and adjustments where these have not been carried out.
- Design and implement (together with Ministry of Health, National Public Health Center, major civil society organizations) national communication campaigns to counter stigma and discrimination, tailoring these to each specific audience and channel.
- Expand community mobilization and education through KP outreach on stigma and discrimination for all HIV key populations, with the aim to increase understanding of the dimensions of S&D and to work out ways to combat them.
- Building upon existing legal services provision, provide psychological counseling for victims of the manifestations of stigma and discrimination, and to prevent self-harming actions due to self-stigma.
- Ensure that KP NGO outreach staff are trained in human rights issues, a rights-based approach to health and ways to react when human rights violations are reported, including through referral to existing redress mechanisms.
- Conduct communication sessions with opinion leaders.
- Continue to implement Stigma Index Research.

PA 2: Training for health care providers on human rights and medical ethics related to HIV

Several projects have conducted trainings for doctors that address stigma and discrimination towards PLHIV. Many KIs stressed the importance of extending these interventions to cover people with TB.

Kiev, Poltava, Dnipropetrovsk, Odessa, Nikolaev have been well covered by these trainings, but there is a need for more training in other areas. In Kiev, HIV Reform in Action and the Response Initiative has trained almost 500 primary care professionals. The Reform in Action project has developed a system for assessing health worker knowledge and attitudes.

The All-Ukrainian Network of PLWHA under the RESPECT/USAID project has developed and circulated a set of gender-sensitive PLHIV- and key population-friendly healthcare facility policies; organized and provided trainings to address HIV-related stigma and discrimination among doctors towards PLHIV/ key populations; implemented information campaigns on decreasing stigma and discrimination; and has developed a post-graduate training program for family doctors and general practitioners on management of PLHIV with specific topics aimed at minimizing stigma and discrimination. Evaluation of the trainings for HCWs within RESPECT/USAID project⁵¹ showed that:

⁵¹ Report on results of research “Evaluation of influence of knowledge of family doctors, obtained during passing cycle of trainings “Managing patient with HIV-infection/AIDS by family doctor” on involvement of PLHIV and KPs to VCT and treatment of HIV-infection”, L. Matyuh, N. Gusak et al., Kyiv, 2017, p. 38

- knowledge received during trainings helped to significantly raise the level of awareness of HCWs on ethics in working with HIV patients;
- almost all doctors confirmed that they would use the new knowledge in practice;
- doctors felt the training allowed them to understand better how to behave and communicate with HIV-positive patients: this made it possible to overcome certain barriers and misunderstandings in communication between family doctors and HIV-positive patients;
- after participating in the training, family doctors 2-3 times more often sent their patients for HIV testing.

The curriculum of trainings for HCWs developed within RESPECT/USAID project is included into the state-funded curriculum of 5 medical universities. Alliance Ukraine conducted trainings for multi-disciplinary teams (peers of people who use drugs and co-trainers, social workers) on sensitization of medical professionals who treat PLHIV.

Project RESPOND developed one- and two-week trainings on HIV prevention and voluntary counseling and testing (VCT) under the National Medical Academy of Postgraduate Education. The need for trainings aimed at primary healthcare doctors was mentioned by many KIs. Under the PEPFAR allocation, the Department of Defense trained 250 military doctors on VCT, including informed consent and confidentiality.

Many KIs and FG members supported including people from key populations as co-facilitators in trainings. Legalife included sex workers as co-facilitators in their continuous medical education sessions for medical professionals.

Three types of palliative care trainings that included aspects related to medical ethics were conducted for doctors through medical colleges and medical universities in the regions:

- Training on general approaches: what is palliative care; 4-6 trainings per year for students, social workers, family doctors, chief medical officers, priests, relatives, NGOs;
- A 2-week palliative care practice training conducted twice per year;
- Intensive clinical training for doctors and nurses.

Under the HIV Reform in Action project, Medicine without Discrimination in Mykolaiv has developed and circulated leaflets, stickers and brochures to address stigma in healthcare. ILO disseminated 2,000 brochures to workplace inspectors on HIV prevention and anti-discrimination in workplaces.

The following table provides current or recent interventions under this Program Area and a brief description of the activities undertaken, the scale, costs, location and implementer.

Focus	Summary	Scale	Budget	Location	Implementer
Key populations	Sessions with primary health care workers on a tolerant attitude towards key groups, violence, stigma and discrimination - the project "Prevention of violence: access to social services in Ukraine" (EU Commission/Healthright)	Not reported	Not reported	Zaporizhye	NGO "Spodivannya"
Key populations	RESPECT/USAID: 30 trainings for doctors on HIV treatment and anti-stigma;	720 HCWs trained in 6 medical facilities; 10 legal cases in 9 months	Not reported	Mykolayv	Mykolayv Branch of Network of PLWHA
Key populations	Within Deloitte funded project Medicine without Discrimination there were made leaflets, stickers and brochures to address stigma in healthcare. Conducted 18 trainings (10-15 participants) for doctors in 3 general hospitals.	180-270 doctors trained	Unable to obtain data from PEPFAR		
Key populations	Project RESPOND implements interventions to reduce stigma and discrimination, including training of doctors.		Not reported	Kyiv	RESPOND/USAID
	PEPFAR/DoD Project conducted trainings for military doctors on VCT that included	10 trainings, in each 25 military	USD 56,160	Kyiv	Institute of HIV/AIDS and TB

Focus	Summary	Scale	Budget	Location	Implementer
	informing on confidentiality of status, that doctors may not inform commanders on HIV status of soldier	doctors trained			
Training for penitentiary staff	Trainings for health workers (doctors, nurses from OST sites) included component on rights and medical ethics (RESPOND/USAID, Alliance/CDC)	Not reported	Not reported	Kyiv	Institute for Public Health Policy

Given the extent of stigma and discrimination from healthcare workers described by key populations during this assessment, it is evident that the level and type of work carried out on these issues is insufficient. A truly national approach involving multiple levels of health care staff and administrators, from undergraduate to continuing education level, is required as well as methods of encouraging collaborative work between HIV NGOs and healthcare agencies.

Moving to more comprehensive programming

The following recommendations are made to move towards comprehensive programming in training for health care providers on human rights and medical ethics related to HIV:

- Incorporate human rights topics and themes into pre-service and post-graduate education, and continuous education of medical professionals, especially for primary care physicians
- Adapt training materials and provide training for oblast and city health administration staff on human rights in access to health, medical ethics.
- Expand healthcare worker training to all oblasts and cities with substantial concentrations of PLHIV and of key and vulnerable populations.

PA 3: Sensitization of law-makers and law enforcement agents

Many KIs reported that trainings for police were important activities to improve police behavior towards key populations, including trainings for patrol police and departments who fight drug-related crimes. Various trainings with police have been conducted, mainly focused broadly on the requirement to allow access to legal aid in detention and on addressing stigma and discrimination and gender-based violence (15 grants to NGOs within IRF Ukraine and US Embassy program “Community and Police”). Some training programs focused specifically on LGBT rights (e.g. NGO Social Action training for police) or drug use (Alliance for Public Health within the GF program).

In 2016, UNODC trained 1,284 police and probation staff on HIV and policing among key populations, particularly people who inject drugs. In 2016 an on-the-job training manual for police on HIV and the role of police in HIV prevention among key populations was developed by

UNODC. The manual includes information and educational materials covering: (i) occupational health and safety: HIV and hepatitis; (ii) risk and vulnerability: policing Key Affected Populations and protecting human rights; (iii) introduction to drugs, policing and harm reduction; and (iv) overview of the role of police in public health and importance of working with vulnerable communities. The manual is published and disseminated among police units throughout Ukraine. Documentary films for law-enforcers on harm reduction, OST, drug use and upholding human rights⁵² have been developed by UNODC with the help of experts from the Alliance and shown to National Police officers during sensitization trainings, and had been instrumental for raising awareness of police officers.

Several courses were adopted by the Academy of Internal Affairs (e.g. an AIDS Foundation East West course for patrol officers) or conducted through the Academy of Internal Affairs: International Renaissance Foundation (IRF) Ukraine supported trainings on infection control, and Alliance for Public Health conducted trainings on drug use. These trainings included among their aims building knowledge of law-enforcement agents on the rights of key populations.

In 2016, specific offices on human rights compliance (Upravlinnya Zabezpechennya Prav Lyudyny – hereinafter ‘UZPL’) were created in the National Police Department and in 2017 in the Ministry of Internal Affairs. The functions of such UZPL include rapid response to human rights violations in police activity, conduct of internal investigations, referral of human rights violations cases to the prosecutor’s office, inspecting police temporary holding facilities (isolators tymchasovogo trymannya - the ‘ITT’), maintaining statistical data on violations, cooperation with the Ombudsman, participation in working groups on improving legislation and conducting trainings on human rights for police.⁵³ Several NGOs working with KPs had cooperated with UZPL of National Police in conducting trainings on LGBT and sex workers’ rights.

Training for new police recruits have been conducted, with a focus on adolescents who use drugs. In the regions where this training has occurred, KIs reported a reduction in adolescent arrests for drug use and a corresponding increase in referral by police of these adolescents to local NGOs that can provide services for them. Services for adolescent drug users (14-19 years) include day centers that provide psychologists, social workers, HIV and TB testing, school liaison and referral for drug, HIV and TB treatment.

Several KIs recommended that moving responsibility for prison health from the Ministry of Justice to the Ministry of Health would improve accountability, access and quality. It was also recommended that each prison have a designated doctor with appropriate training in HIV and TB. Prisons that are covered by NGO-based programs have much better health services, with access to treatment, testing and timely diagnosis.

⁵² <https://www.youtube.com/watch?v=5f-i3vm2-zI>

<https://www.youtube.com/watch?v=RwikSzmODdg>

<https://www.youtube.com/watch?v=EuY85UtrykA>

⁵³ Description of functions of National Police UZPL (in Ukrainian) - <https://www.npu.gov.ua/uk/publish/article/1998717>

Since October 2014, prisoners have the right to legal aid, but this rarely happens in practice.⁵⁴ Visits by multi-disciplinary teams (including a lawyer) to assist prisoners with renewal of documents, application for social assistance/benefits, application for disability assistance, temporary residence registration and so on were cited by FG participants as an effective intervention.

Support programs for newly-released prisoners were also cited as effective. As of end of 2016, the RESPECT/USAID project assembles multi-disciplinary teams (MDTs) that conduct case management for prisoners for the first 3 months post-release to assist prisoners with HIV to transfer to community-based health care facilities. Lawyers within the MDTs provide legal assistance for renewal of documents, application for disability services, custody issues, admission documents to uncontrolled zones (Non-government Controlled Areas). A detailed resources guide is being prepared for newly-released prisoners with HIV. Training workshops on stigma and discrimination will also soon be conducted by RESPECT/USAID project sub-grantees for prison personnel, administrators and social-education unit officers.

The Ukraine has a National Preventive Mechanism ('NPM') to implement the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment Adopted on 18 December 2002 in place under the Commissioner for Human Rights in line with UN Guidelines, with the Ombudsman's Office cooperating with NGOs. The NPM in Ukraine comprises a network of civil society monitors who work with the Office of the Ombudsman and conduct monitoring visits to penitentiary institutions and other closed settings to detect and report on violations of human rights, including denial of (or delays in) medical care for PLHIV and/or people with TB. Amendments to the legislation are being prepared so that the NPM can function more independently of the Ombudsman. In Ukraine, around 2,000 violations per year are identified by NPM monitors: 30%-50% are violation of the right to access medical care.

An Association of NPM Monitors was created in 2017. The NPM program is partially supported by the Global Fund, particularly in relation to the right to health. Thirteen NPM monitors were trained in medical care monitoring in places of deprivation of liberty in 2016. There were supported NPM visits in 23 oblasts. There are NPM monitoring visits planned for communal correction centers (for those who are sentenced to corrective labor) in 9 oblasts later in 2017. Violations reports have been forwarded to the Ukrainian Parliament Commissioner for Human Rights who has made recommendations to administrations for remedial action. These were also presented in the Commissioners' Annual Report. The Commissioner intended to publish a report on the work of the NPM in late 2017.

During second half of 2016, the Ministry of Justice created a Unit responsible for inspections in respect of human rights and staff from this unit conducted ten visits to prisons.

The following table provides current or recent interventions under this Program Area and a brief description of the activities undertaken, the scale, costs, location and implementer.

⁵⁴ Article 8 of the Penitentiary Code.

Focus	Summary	Scale	Budget	Location	Implementer
Harm reduction training course at Police Academy	Trainings at the Academy of the Ministry of Internal Affairs for the police on drug use; trainings at the regional level for law enforcement agencies; information materials on the myths about OST and rights have been developed; films for defending the rights to OST were screened.	Not reported	Not reported	Kyiv, whole country	Alliance for Public Health
Training for police and probation staff	UNODC Pledge project: trainings for police and probation staff on HIV and policing among key populations, particularly people who inject drugs.	1,284 police and probation staff	Not reported	Kyiv, national	UNODC
Training for police	Trainings with the police on tolerant attitude to key groups and PLHIV	Not reported	USD 13,200	Krivoy Rog	Krivoy Rog Branch of the Network of People Living with HIV
Training for police	Meetings with law enforcement officers, local officials, round tables, informational	Not reported	Not reported	Not reported	Human Rights LGBT Center "Nash Mir"

Focus	Summary	Scale	Budget	Location	Implementer
	materials for LGBT people, holding of national conferences and international conferences; trainings for LGBT representatives in the regions				
Adolescents within key populations (focus on adolescents who inject drugs)	<p>Work with the Academy of the Ministry of Internal Affairs - development of modules and training on KPs, human rights, harm reduction, HIV, law enforcement. Work with the National Police and with their regional missions - outreach work to raise awareness of the police on the KPs.</p> <p>Program 3: educational activities among the KPs carrying out "civil investigations" - regional teams for responding and investigating violations of rights, conducting</p>		\$42,215	Kyiv	Expert Center for Human Rights together with AFEW

Focus	Summary	Scale	Budget	Location	Implementer
	trainings and practical work.				
Training for penitentiary staff	Trainings for a tolerant attitude towards prisoners for Penitentiary Service employees	Not reported	USD 35,130	Krivoy Rog	Krivoy Rog Branch of the Network of People Living with HIV
Services for prisoners	Within RESPECT project there were created multi-disciplinary teams (MDTs) that conduct case-management for prisoners that are to be released within 3 months to make smooth transfer of released prisoners with HIV to civilian HCFs. Lawyers within the MDTs provide legal aid on renewal of documents, application for disability, custody, admission documents to NGCA (ATO zone)	Not reported	Not reported	Kyiv	Network PLWHA
Monitoring prison HIV programs	National Preventive Mechanism of Ukrainian Parliament Commissioner	visits in 23 oblasts to places of confinement, approx. 2000	USD 7,473	Volyn', Zakarpattya, Ivano-Frankivs'k, Lviv, Rivne, Ternopil', Khmelnytskyi,	Network of PLWHA

Focus	Summary	Scale	Budget	Location	Implementer
	for Human Rights (NPM) in the aspect of right to health is partially supported within the Global Fund program: conducting the assessment of the access to medical services in penitentiary system by monitoring visits to prisons	violations found per year		Chernivtsy, Cherkassy, Vinnytsya, Zhytomyr, Kyiv, Kherson, Kropyvnytskyi, Odesa, Mykolaiv, Kharkiv, Poltava, Sumy, Luhansk', Dnipropetrovs'k, Donetsk, Zaporizhzhya oblasts	
Monitoring prison HIV programs	National Preventive Mechanism of Ukrainian Parliament Commissioner for Human Rights (NPM) in the aspect of right to health is partially supported within the Global Fund program: Training for preparing and conducting a monitoring visits to prisons, detention isolators, other facilities of penitentiary system	22 monitors trained	USD 1,518	Kyiv	Network of PLWHA

The interventions to sensitize law enforcement agents, primarily at the police level, have had impact and have been cited as effective by the key populations in reducing the illegal police practices that act as barriers to their uptake on HIV services. However, only a small proportion of the total police force has been covered and there is a serious lack of funding for such training.

Moving to more comprehensive programming

The following recommendations are made to move towards comprehensive programming in sensitization of law-makers and law enforcement agents:

- Trainings for patrol police and Temporary Holding Isolators (ITT) personnel should be expanded to all oblasts and cities with substantial concentrations of PLHIV and of key and vulnerable populations using the capacity of the National Police Human Rights Compliance Department⁵⁵, providing professional certification/courses on a tolerant attitude and ensuring the right to medical care for key populations (especially people who inject drugs). HIV NGOs should advocate for studies to determine the impact of these trainings.
- HIV NGOs should work with the Academy of Penitentiary Service, Bila Tserkva Center for Personnel Development, Khmelnytskyi Center for Personnel Development, Dniprovskiy Center for Personnel Development of State Penitentiary Service of Ukraine, etc. (6 educational institutions in total)⁵⁶ to conduct training workshops for medical staff, social workers and guards in the penitentiary system on human rights and access to health services; as well as prisons non-medical personnel on obligations related to the right to medical assistance, including HIV and TB related services, tolerant attitudes and personal measures of protection.
- Availability of visits by multi-disciplinary teams (including a lawyer) should be expanded to assist prisoners with renewal of documents, application for social assistance/benefits, application for disability assistance, temporary residence registration and so on.
- The National Preventive Mechanism should continue monitoring access to medical care in prisons, SIZO, ITTs
- Expansion should continue of educational activities and support among members of Regional Teams on Fighting Violations of KPs Rights⁵⁷ carrying out "civil (public)

⁵⁵ The functions of the Human Rights Compliance Department of the National Police (Upravlinnya zabezpechennya prav lyudyny 'UZPL') include: departure to the scene, conducting internal investigations (they are part of the National Police Internal Investigations Commission), referral of cases to the Prosecutor General's Office, maintaining internal statistics of violations and cooperation with the Office of the Ombudsman. It was created in the middle of 2016. Approximately 70 employees work in the department including at the oblast level. The UZPL directly subordinated to the Head of National Police. There was not found evaluations of effectiveness of the Department.

⁵⁶ Based on data for 2016 of State Penitentiary Service website
<http://www.kvs.gov.ua/peniten/control/main/uk/publish/article/628075>

⁵⁷ Regional team on Fighting Violations of KPs Rights includes civic detectives, advocates, journalists, representatives of vulnerable groups and service organizations that deal with the problems of HIV key populations and work in 15 oblasts of Ukraine. Team members collect information on violations of the rights of vulnerable groups, take part in civil (public) investigations of such cases, and conduct educational activities. More details pls <http://ecpl.com.ua/activities/rozsliduvannja-pravoporushen-posylennya-rehionalnyh-mehanizmiv-zahystu-prav-vrazlyvyh-hrup-naselennya/>

Example of reaction of regional team in Sumy: when allegedly illegal detention by police of two OST program clients was reported to regional team they had involved representative in Sumy of UZPL (Human Rights Compliance Department) of National Police and KP friendly advocate <http://ecpl.com.ua/news/sumska-rehionalna-komanda-zahyschaje-prava-poterpilyh-vid-nezakonnih-dij-politsiji/>

investigations" in each oblast of Ukraine - regional teams for responding and investigating violations of rights, conducting trainings and practical work on gathering evidence for advocates and law-enforcement authorities to defend rights of representatives of KPs.

- Build broad coalition to provide analysis of statistics and practices that show inefficiencies of the current repressive drug control system, to develop proposals for changes in the regulatory framework to the drug laws of Ukraine, to organize expert discussions with Deputies and Ministries, and to achieve public attention to the issue through press briefings, street actions, etc.

PA 4: legal literacy (“know your rights”)

Several projects developed information materials on ‘knowing your rights’, including on general criminal process rights, crimes related to homophobia and transphobia (by CO Insight/OSF) and myths about OST and rights (Alliance/GF). ILO disseminated 50,000 booklets on ‘knowing your rights’ in the HIV context and on anti-discrimination were among workers. The Ukrainian Minister of Internal Affairs agreed to scale up the successful Legal Aid Foundation pilot project on distribution of materials on main criminal procedural rights of detained people. National Police officers will be obliged to give these information leaflets to all suspects during arrests.

IRF Ukraine, commissioned by the Ministry of Justice, is supporting a study on the legal needs of the general population in order to improve provision of state free legal aid.

It should be noted that interventions aimed at improving legal literacy and legal empowerment more broadly, such as ‘street lawyers’ were noted occasionally by sex worker and former prisoner respondents and mostly in the context of minor legal work (submitting requests to receive IDs, apply for disability status). Some former prisoners reported that that former prisoners do not usually try to get legal aid when facing rights violations, even though they need it, because they have no information about free legal aid services and do not believe that anything can be done. Many of them are extremely weary of the legal and court system.

The OST Hotline provides information about OST sites, right to access, regulations that govern OST, and assists people with problems regarding OST access and quality. Each region also has an OST coordinator.

The following table provides current or recent interventions under this Program Area and a brief description of the activities undertaken, the scale, costs, location and implementer. Many of the “know your rights” programs described above are listed under PA1 as they are closely linked with community mobilization.

Focus	Summary	Scale	Budget	Location	Implementer
Transgender	Trainings among TG, TG-SW and TG-IDUs on the knowledge of human rights in the transgender community ("know your rights")	Not reported	USD 5,500	Kyiv	HPLGBT
Key populations	Increase the legal literacy of PWID, OST clients, MSM / LGBT and SW	Not reported	USD 2,046	Kherson	NGO "Mangust"

While many “know your rights” activities are interspersed among the programs in PA 1, they suffer from the same limitations as the PA 1 activities: uneven coverage geographically and of the full range of key populations.

Moving to more comprehensive programming

The following recommendations are made to move towards comprehensive programming in legal literacy:

- Expand the scale of “know your rights” education and legal literacy interventions to reach all key populations for HIV with a view to increase community protection and to develop advocacy around health issues.
- HIV NGOs should also be supported to develop key population members as community monitors to develop a feedback mechanism through street lawyers and human rights defenders, and report annually.
- The expanded street lawyer program described in the Legal Service section below will also serve to educate HIV KPs on rights, create an advocacy agenda and identify community priorities for activism.
- Build capacity of civil society and key population representatives to serve as watchdogs and monitors.

PA 5: HIV-related legal services

In the past, there were dedicated projects assisting key populations to access legal aid - many KIs praised the availability and quality of these services - but funding for these has ceased.

Small-scale legal aid to PLHIV for stigma and discrimination cases against health care facilities is being provided by the Network of PLWH within the RESPECT/USAID project. The Coalition Against Discrimination provides legal consultation in relation to discrimination issues: a strategic litigation fund had been created within the Coalition, which funds cases where there is discrimination based on race, nationality, religion, sexual orientation or gender identity and

disability, serious cases of incitement of hatred (involving violence) against ethnic and religious minorities or the LGBT community, and/or where a positive decision may assist in the reform of legislation or administrative or judicial practice.⁵⁸ There are several non-HIV-focused NGOs providing legal services that are being accessed by key populations. The Network of Legal Development is a coalition of 23 legal NGOs in 14 oblasts of Ukraine with 63 lawyers with funding from IRF Ukraine and UNDP.⁵⁹ It provides legal services to more than 3,000 clients each month. The Ukrainian Helsinki Human Rights Union has 33 public advice centers in 23 oblasts of Ukraine, providing free legal aid with support of SIDA, Global Affairs Canada and USAID projects.⁶⁰ The Union supports strategic litigation.

Although each oblast has free state-funded legal aid services, their capacity or motivation to take on cases of violation of rights of KPs is low. Official statistics on cases addressed by free state legal aid indicates that only 0.78% of all issues addressed are related to healthcare⁶¹ while the demand seems to be higher⁶². Unwillingness to involve a defender by law enforcement officers and low awareness of the general population on availability of free legal aid were mentioned as problems in an evaluation of secondary level free legal aid system in Ukraine⁶³. Existing evaluations recommend improving access to information on free legal aid to patients in hospitals and psychiatric facilities⁶⁴.

AIDS Foundation East-West (AFEW) Ukraine, within the Bridging the Gaps project, developed a Human Rights Monitoring Tool to assist in identifying and addressing violations of the rights of adolescents among key populations.⁶⁵ The All-Ukrainian Network of PLWH has conducted training sessions on the documenting of human rights violations and defending human rights for lawyers, human rights defenders and social workers.

Several initiatives are in place to improve access to free legal aid services for all populations as well as for key populations. For example, in 2016, IRF-funded projects conducted trainings for lawyers in state free legal aid and other lawyers on the specifics of the right to medical care.

Several other innovative initiatives are being implemented:

- The Ukrainian Legal Aid Foundation developed a network of students' legal clinics (approx. 70 clinics) for providing legal consultations to vulnerable populations;
- development of a network of pro-bono advocates and a register of pro-bono advocates - these advocates are conducting cases free-of-charge in exchange for training; a Secretariat was created for the network to manage the pro-bono network, managed by a taskforce of highly-regarded lawyers, doctors and academics;

⁵⁸ <http://antidi.org.ua/ua/fond>

⁵⁹ <http://legalspace.org/en/>

⁶⁰ <https://helsinki.org.ua/en/activities/public-advice-centers/>

⁶¹ <https://docs.google.com/spreadsheets/d/1W8oB31gxB5XrKJmXWFpXG4qpWbMBNVs7qE-lXJpcpmI/edit#gid=0>

⁶² In an evaluation, more than 8% of respondents showed interest in legal aid on healthcare issues, p. 20 <http://ngo-ednist.com.ua/wp-content/uploads/2016/11/ANALITYCHNYJ-ZVIT.pdf>

⁶³ CoE <https://rm.coe.int/16806aabb13>

⁶⁴ https://helsinki.org.ua/wp-content/uploads/2017/12/NEW_ZVIT-Rezultaty-monitorynhu-BPP3-1.pdf

⁶⁵ <http://afew.org.ua/monitoring-prav/forma-reyestratsiyi-vipadkiv-porushennya-prav-pgr/>

- Two years ago, with the support of the International Renaissance Foundation, the ECDL began the formation of an independent mechanism to investigate violations of the rights of vulnerable groups by law enforcement agencies. The Expert Center for Human Rights developed a process for civil (public) investigation by civil society activists of human rights violations of people who inject drugs and sex workers trying to access OST and medical care. Under this mechanism, human rights defenders from NGOs and the Office of the Ombudsman conduct interviews, request information, gather evidence and then file the complaints on crimes committed or disciplinary violations with a full set of documentary evidence needed for official investigation (mainly for cases of unlawful detention, refusal of medical aid to detained, etc.). There were 6 investigations in 2016. Multi-disciplinary teams (MDTs), with an advocate of state free legal aid, HIV-service key population representative and local journalist, were created in 10 oblasts to investigate cases. These MDTs are closely connected in their work as rapid response groups with oblast level ombudsman in police, oblast representative of parliamentary ombudsman, local prosecutors' office and the center of free legal aid.

The following table provides current or recent interventions under this Program Area and a brief description of the activities undertaken, the scale, costs, location and implementer.

Focus	Summary	Scale	Budget	Location	Implementer
Training lawyers	Trainings for lawyers of free legal aid focused on quality of legal service provision to key populations (the course included lectures on palliative care and OST)	Approx. 5000 lawyers of free legal aid were trained	Approx USD 100,000	National	IRF Ukraine
Training lawyers	Program on work with state-funded free legal aid lawyers, case management in courts on KPs and PLHIV, writing of information	35 trainings for 900 advocates	USD 56,270	Kyiv, regional level	Ukrainian Foundation of Legal Aid

Focus	Summary	Scale	Budget	Location	Implementer
	materials on rights, popularization of activities among NGOs and KPs				
PLHIV	Legal support was provided under the palliative treatment program	Not reported	Not reported	Rovno	Rovno branch of Network of PLWHA
PLHIV, key populations	PLWH and members of vulnerable groups are offered lawyers' consultations and legal support in cases of rights' violation	Not reported	USD 2400	Krivoy Rog	Krivoy Rog Branch of the Network of People Living with HIV, with NGO "Merezha Krivoy Rog"
PLHIV, key populations	National Hotline on HIV and TB: lawyers consultations for PLWH, TB-patients and representatives of vulnerable groups on cases such as denial of treatment in ambulatories and hospitals, receiving disability aid; stigma at work, peer-to	(Jan-Sept 2016): 547 legal consultations and 76 legal cases for rapid response	USD 33,452	National	Fund for the Prevention of Chemical Dependence and AIDS and Network of PLWHA

Focus	Summary	Scale	Budget	Location	Implementer
	peer consultations on lowering stigma and discrimination towards vulnerable groups;				
PWID, SW	Services of two free lawyers from the center of rendering free secondary legal aid for PWID and SWs.	Not reported	Not reported	Kyiv	NGO "Club of Aeneas"
IDPs	EC project for IDPs in 2017: within 2 subgrants (Donetsk and Dnepropetrovsk oblasts) 1 lawyer per oblast provides legal services in cases of rights violations and documents such violations. There was one training conducted in winter 2017 for rights defenders in regions on documenting violations of rights on access to	Not reported	Not reported	Donetsk, Dnepropetrovsk oblasts	Network PLWHA

Focus	Summary	Scale	Budget	Location	Implementer
	medical care for IDPs.				
Key populations	"Improvement of access to justice and defence of the right to a fair trial for vulnerable groups in Ukraine". The project aimed to carry out research into the access to justice and the right to a fair trial, contribute to the implementation of the judgements and recommendations of international bodies into legislation and legal practice; provide legal aid to victims of human rights violations and members of vulnerable groups; further develop and improve the mechanisms for monitoring	Not reported	USD 73,250	Kharkiv	Kharkiv Human Rights Protection Group

Focus	Summary	Scale	Budget	Location	Implementer
	corrective institutions;				
SW	Program on mobilization of sex workers, legal protection, training among the SW, advocacy for the decriminalization of sex work	Not reported	Not reported	Kyiv	NGO "LEGALIFE-Ukraine"

The provision of legal assistance to PLHIV and other key populations is significantly greater in Ukraine than in many neighboring countries. But coverage is again uneven, with some cities receiving great attention while few services are available in other areas.

Moving to more comprehensive programming

The following recommendations are made to move towards comprehensive programming in legal services, in addition to continuing the current effective programs:

- Expansion of the street lawyer program to sufficient coverage to educate and offer services to key populations in all oblasts and cities with a substantial concentration of PLHIV and key populations, and work towards attestation, quality control and institutionalization of street lawyers/paralegals
- HIV NGOs should provide assistance for PWID and former prisoners in restoring documents for access to HIV services.
- Training for advocates of free legal aid and stimulation of pro-bono services (by creation of pro-bono services open register, awarding best pro-bono lawyers, incentivizing pro-bono lawyers by inviting to participate for free in legal trainings of postgraduate education).

To implement this comprehensive approach over five years is estimated to cost USD2.1 million.

PA 6: Monitoring and reforming laws, regulations, policies and practices related to HIV

Several KIs mentioned the detailed Legal Environment Assessment conducted in 2016 by PEPFAR/USAID Deloitte as an important intervention helping to identify priority legal issues for focused coordinated efforts. KIs also stressed the need for a comprehensive approach in HIV and TB related interventions, aligned strongly with general healthcare reforms, so key populations could benefit from general reforms.

The Deloitte project *HIV Reform in Action* in collaboration with MoH Ukraine and the National Public Health Center commenced in 2016 and has developed new HIV clinical

guidelines, by-laws and amendments to legislation needed to increase knowledge of HIV status among key populations and improve provision of services according to best international practice. Government approval of the Strategy of Sustainability of HIV and TB Response in Ukraine and the Concept of Public Health have been important developments.

^{66,67}

Advocacy work on the legalization or regulation of the sex industry has been conducted since 2013 without much success.

Several stakeholders, such as the Network of PLWH and Deloitte involving the Ministry of Justice and the Ombudsman's Office, are working to reform the overly broad criminalization of HIV.

Activities under PEPFAR-funded projects in 2017 involve support for comprehensive technical assistance to treatment facilities for implementation of the new HIV guidelines, including supportive mentoring and monitoring, training in the new guidelines including development of 'Test and Start' practices, and improvement of procedures and policies at regional and facility levels.

Under the Global Fund program, concept notes have been developed to reform medical services in the prison service and to regulate health services within Ministry of Justice/Penitentiary Service.

The Tripartite Strategy on Prevention of HIV in Workplaces 2012-2017 (between government, employers and professional unions) expires at the end of 2017. One KI emphasized the importance of advocacy to extend the strategy, or adopt a new strategy. The current strategy contains provisions on reducing stigma and discrimination in the workplace.

"E-liky" is an electronic database for monitoring the availability of free medications on the basis of medical facilities. It may lead to reduction of corruption risks in health care, access to treatment, availability of information about the availability of drugs. There are mobile applications Android and Apple. A patient at a doctor's appointment can open them and check for medications. Project "E-liky" is being implemented now based on the decree of Ministry of health of Ukraine about the obligatory publication of the register of medicines procured by the state budget and available at healthcare facilities.

Support for the promotion of LGBT rights by several programs was implemented through monitoring, legal protection and raising public awareness; conducting meetings with law enforcement officers and local officials; conducting national conferences and international conferences, support for the adoption and implementation of the National Strategy on Human Rights with its focus on LGBT rights; and conducting trainings for LGBT people in the regions to increase legal literacy ("know your rights"). These activities contributed to securing the adoption of an amendment to the Labor Code on prohibition of discrimination

⁶⁶ <http://www.kmu.gov.ua/control/uk/cardnpd?docid=249618799>

⁶⁷ <http://zakon3.rada.gov.ua/laws/show/248-2017-%D1%80>

based on sexual orientation and gender identity and successful opposition to homophobic amendments to the draft of the new Labor Code.

The following table provides current or recent interventions under this Program Area and a brief description of the activities undertaken, the scale, costs, location and implementer.

Focus	Summary	Scale	Budget	Location	Implementer
Advocacy and monitoring of legislation	Advocacy and monitoring of criminal legislation that regulates liability for exposing to and infecting others with HIV in Ukraine	Not reported	USD 1285	Kyiv	Network PLWHA
Advocacy and monitoring of legislation	Consulting support to develop legal regulations to remove legal barriers to the access of HIV treatment and prevention	1 draft MoH order developed, discussed with MoH and published for public consultation	USD 1560	Kyiv	Network PLWHA
Advocacy and monitoring of legislation	UNITAID/ITPC project "Improving Access to Treatment for PLWH in MICs": patent law reform, patent oppositions	3 patent oppositions on ARVs filed	USD 201,807	Kyiv	Network PLWHA
Advocacy and monitoring of legislation	Advocacy and lobbying on international procurement, enlargement of state budget on treatment of HIV/TB/HCV/OST, advocacy and lobbying of legislative changes, patent reform	1 legislative proposal on state budget increase succeeded	USD 100,945	Kyiv	Network PLWHA, plus Patients of Ukraine
Advocacy and monitoring	Advocacy on access to medicines: state procurement,	Not reported	USD 67,000	Kyiv	IRF Ukraine, plus Patients of Ukraine

of legislation	monitoring of implementation, E-liky in three oblasts; IT-support				
Advocacy and monitoring of legislation	Decriminalization of drug use and drug policy reform (submission of proposals to the Criminal and Administrative Codes), analysis of statistics and practices that show the system's ineffectiveness; Development of proposals for changes in the regulatory framework to the four laws of Ukraine; Expert discussions with deputies and ministries; Round tables; Lobbying for adoption in parliament	Not reported	Not reported	Kyiv	The Eurasian Institute of Drug Policy
Advocacy and monitoring of regulations	Develop concept of reform of medical services in penitentiary service and draft Regulation on state medical institution within Ministry of Justice/Penitentiary Service.	Not reported	Not reported	Kyiv	PLWH Network

Great progress has been made in monitoring and reforming laws and regulations in Ukraine that hinder access to HIV services. But much remains to be done.

Moving to more comprehensive programming

The following recommendations are made to move towards comprehensive programming in monitoring and reforming laws, regulations and policies related to HIV:

First-band priorities

- a. Advocate for raising the minimum threshold of drug possession to be required for prosecution.
- b. Decriminalization of sex work by abolishing administrative sanction (article 180-1 of Administrative Offences Code) for voluntary individual sex work, as a first step; secondly, decriminalization of organizing places of debauchery (sex work) by abolishing Article 302 of Criminal Code of Ukraine.
- c. Decriminalization of exposure to and transmission of HIV.
- d. Support the reform of medical care in prisons aimed at gradual transition of care to MoH. In the interim, advocate for MoH funding for infectious diseases doctors to be able to visit prisons (as ART cannot be started until a PLHIV prisoner has seen such a doctor), especially for rural prisons. (State Penitentiary Service and Ministry of Health).

Second-band priorities

- e. Introduction of explicit reference to sexual orientation and gender identity (SOGI) as grounds in anti-discrimination legislation.
- f. Advocating for a law on the treatment and rehabilitation of people who inject drugs at the expense of the state budget through a system of free rehabilitation centers.
- g. Introduction of penalties for denial of services to PLHIV and key populations (Ministry of Health).
- h. Advocate for the legal basis for introducing OST and making it widely available in prisons; regulation ensuring provision of ART, TB and OST treatment in transit of prisoners and during investigation actions/trial hearings; and clarifying the procedure for release due to health status (State Penitentiary Service and Ministry of Health).
- i. Lifting the ban on blood donation for MSM.
- j. Lifting the ban on adoption of children by PLWH, transgender.
- k. Advocacy for and participation in the development of a system by which HIV NGOs can be funded from State budgets at national, oblast, rayon and city level.
- l. Advocacy by HIV NGOs for development of budget lines and recruitment and management practices to encourage health facilities to hire key population members as peer educators, social workers, “expert patients” and members of multidisciplinary team.
- m. Advocacy for provision of VCT using rapid tests by NGOs without a medical license.
- n. Advocacy for a component on social support in the HIV program, to be funded by the Government of Ukraine.
- o. Advocacy for policy changes enabling an integrated approach so that a woman can get OST, contraception, ART and TB drugs in one place for three months.
- p. Advocating for changing laws that regulate monopolies on medicines to improve economic affordability of medicines needed by key populations and PLHIV
- q. Regular scans of the legal environment, as part of the mid-term and end-term assessments

To implement this comprehensive approach over five years is estimated to cost USD4.6 million.

PA 7: Reducing discrimination against women in the context of HIV

The 5% French Initiative Alliance project provides gender trainings for multidisciplinary teams in OST sites. These have been attended by the directors, narcologists and social workers: 78 persons were trained in 4 trainings per year. These trainings should be taken to all OST sites in order to train a further 600-700 workers. Gender workshops were also conducted to medical workers, social workers, social service centers, NGOs, probation services and penitentiary workers. Gender-oriented policies are being developed and implemented in three pilot regions. A distance learning course for social workers and healthcare workers is being developed on the basis of the National Pedagogic University named for M. Dragomanov. Brochures for social workers with approaches to gender-sensitivity have been distributed. A socio-psychological game "YaNova" with gender-based messages has been developed and pilot tested.

In 2014/2015 the State Service of HIV, with support from UNICEF, developed a model for the management of treatment for women who use drugs. An order was issued for the management of pregnant women in OST services.

The outcomes of master classes for HIV-positive women on empowerment, reducing self-stigma, rights protection and self-management were referred to by several FG participants as promising. Other interventions to address gender issues were also reported: a phone hotline for women with HIV; monthly meetings of the self-help group of women with HIV; online counseling and support of women with HIV using a closed Facebook group; monthly joint events for women with HIV, with master classes, trainings and leisure activities; training of female peer leaders in medical and social support; professional training and further assistance in employment; individual and group counseling by a psychologist; and social support and accompanied referral to other services.

A photograph exhibition "Positive Women", prepared by the Network of Women with HIV, was reported by a KI as an effective intervention for reducing discrimination against women and girls in the context of HIV. A shadow/alternative report to the UN Committee on Combating Violence Against Women has been submitted covering women with HIV.

The Reintegration Center for Women (which is about to be transferred back to the State from an NGO for management), provides a 3-step reintegration process for women released from prison: 1) before release, an interview to establish needs, resources and capacity; 2) accompanied referral to the center, 3) up to 6 months accommodation in the center, with assistance in restoring documents (in partnership with the Ministry of Social Policy and the penitentiary service), psychological rehabilitation, addiction management groups and restoring relationships with family and relatives. Of the women who have passed through the program, 87% have remained socially stable, in work and reconnected with families. The center is able to host up to 50 women per year. A total of 210 women have been assisted.

There is also a temporary housing project for women and girls who are at risk of violence, (including people who use drugs and sex workers) that provides psychologists, lawyers, social

workers, registration of documents, registration of children in kindergarten, assistance with job applications and vocational training courses.

The following table provides current or recent interventions under this Program Area and a brief description of the activities undertaken, the scale, costs, location and implementer.

Focus	Summary	Scale	Budget	Location	Implementer
Ensuring access to health services for women who inject drugs	Capacity Development for Quality Assured Gender Sensitive Harm Reduction Interventions in Ukraine (5% Initiative): trainings for multidisciplinary OST teams on gender stereotypes	78 people trained; 4 training sessions were held for a year	USD 119,965	Kyiv	Alliance for Public Health
Ensuring access to health services for women who inject drugs	5% INITIATIVE Capacity Development for Quality Assured Gender Sensitive Harm Reduction Interventions in Ukraine: Formative research to develop gender sensitive program in HR (qualitative data collection, desk reviews, interviews)	Not reported	USD 13,620	Kyiv	Alliance for Public Health
Ensuring access to health services for women who inject drugs	5% INITIATIVE Capacity Development for Quality Assured Gender Sensitive Harm Reduction Interventions in Ukraine:	Not reported	USD 6,545	Kyiv	Alliance for Public Health

	Analysis of pilot projects data collected during gender-sensitive peer driven intervention and development of standard operating procedures for gender sensitive harm reduction interventions				
Women in key populations	Shadow report to the UN Committee on Combating Violence Against Women (since 2016); Legal support for sex workers, female PLHIV and transgender people (since 2017)	Not reported	Not reported	Kyiv	NGO "Positive women"
Women PLHIV	Within RESPECT project until July 2016 there were conducted 2 master-classes for women on rights protection with lawyer. 4 other master-classes each month were conducted for PLWHA women to empower and reduce self-stigma. One master-class	Not reported	USD 923	Kyiv	Kyiv branch of Network PLWHA

	included costs on honorarium of trainer, tea/coffee; premises are provided by Kiev Branch of Network PLWHA				
Women in key populations	A women-friendly clinic for women's health, targeted at vulnerable groups and at-risk groups in partnership with the Kyiv City Center for Reproductive and Peripheral Medicine 2017 - 2018	Not reported	USD 339,000	Kyiv	Olena Pinchuk Foundation
Women PLHIV	Project Kiyanka: focus groups to identify needs, phone hotline for positive women; monthly meetings of the self-help group of HIV-positive women; monthly meetings of the self-help group of HIV-positive women on hepatitis C treatment; online counseling and support of HIV-positive women via Facebook secret group "Kyianka+"; monthly joint		€ 49,980.00	Kyiv	Kyiv branch of Network PLWHA/ AFEW/ Gilead

	events for HIV-positive women, such as master classes, trainings, leisure activities; trainings for female peer leaders, medical and social workers (on most crucial issues); professional training and further assistance in employment; individual and group counseling of psychologist; social support and referral to other services, on request				
--	--	--	--	--	--

To date, most of the focus in this area has been on women with HIV and women drug users. Substantial work is needed to scale up coverage of these programs and to address issues affecting female sex workers, trans women, female partners of people who inject drugs and men who have sex with men. Interlocking gender-based discriminatory practices that harm communities most impacted by HIV, including transgender people, MSM, and women need to be addressed. Gender-sensitive HIV services need to also account for barriers men more generally encounter in accessing services, to ensure that no one is left behind.

Moving to more comprehensive programming

Many of the interventions proposed in other Program Areas will benefit women from key populations and vulnerable groups, provided that they are gender sensitive. In addition to this a set of interventions that specifically address the discrimination and service barriers faced by women need to be developed.

The following is proposed as a comprehensive program to address the discrimination faced by women in relation to HIV:

- Continue current programs that support women from key populations and vulnerable groups experiencing gender-based violence;

- Expand gender-sensitive harm reduction interventions and peer counseling among adolescent girls in key and vulnerable populations
- Advocate for additional services for women at OST sites and drop-in centers including condoms, sanitary napkins, etc.
- Expand online counseling and “secret” Facebook pages for HIV-positive women and other women from key populations, including trans women
- Provide trainings on gender issues at the level of OST sites

To implement this comprehensive approach over five years is estimated to cost USD570,000.

Sources and uses of funds for HIV in 2016 and costing for a five-year comprehensive program

In 2016, a total of about USD1.15m was spent from donor funds on activities to reduce human rights barriers to HIV services in Ukraine. This was out of a total of about \$52 million spent on the national HIV response.⁶⁸

Major funders for reduction of human rights barriers to HIV services in 2016 were:

PEPFAR (USAID and CDC)	USD 374,815
UNITAID	USD 201,807
Global Fund	USD 141,439
FIE (French 5% Initiative)	USD 162,094
IRF/ Soros	USD 128,770

The Bridging the Gaps program funds important programs at the nexus of human rights and health of key populations, but the assessment team has not been able to disaggregate investments in the programs to reduce human rights-related barriers recommended by UNAIDS and the Global Fund.

Although several funders stated that they were unable to provide exact figures for the amounts allocated to each program area, the assessment team calculated the likely split between program areas by acquiring expenditure data from the funded organizations and matching these to activities under each program area. This gave the following split of funding across program areas:

HIV	2016
PA 1: Stigma and discrimination reduction for key populations	USD 108,926

⁶⁸ PEPFAR (2016) Ukraine Country Operational Plan: <https://www.pepfar.gov/documents/organization/257626.pdf>

PA 2: Training for health care workers (HCW) on human rights and medical ethics related to HIV	USD 373,704
PA 3: Sensitization of law-makers and law enforcement agents	USD 8991
PA 4: Legal literacy (“know your rights”)	USD 65,208
PA 5: HIV-related legal services	USD 183,863
PA 6: Monitoring and reforming laws, regulations and policies relating to HIV	USD 381,588
PA 7: Reducing discrimination against women in the context of HIV	USD 42,545

The other component of the assessment was to estimate the five year cost of implementing the comprehensive approach. A high level summary is shown in the Table below, with more details provided in Annexes 1-3.

The costing for the 5-year comprehensive program is set out in the following table:

HIV Human Rights Barriers Program Area	Year 1	Year 2	Year 3	Year 4	Year 5	Total
PA 1: Stigma and discrimination reduction for key populations	\$343,625	\$313,896	\$338,446	\$313,896	\$301,827	\$1,611,690
PA 2: Training for health care workers on human rights and medical ethics related to HIV	\$694,299	\$671,765	\$682,359	\$671,765	\$682,359	\$3,402,547
PA 3: Sensitization of law-makers and law enforcement agents	\$594,877	\$185,931	\$173,932	\$161,738	\$161,738	\$1,278,215
PA 4: Legal literacy (“know your rights”)	\$338,542	\$321,814	\$321,814	\$104,250	\$104,250	\$1,190,670
PA 5: HIV-related legal services	\$571,624	\$498,667	\$562,693	\$214,463	\$274,958	\$2,122,404
PA 6: Monitoring and reforming laws, regulations and policies relating to HIV	\$896,838	\$896,838	\$946,916	\$896,838	\$946,916	\$4,584,347
PA 7: Reducing discrimination against women in the context of HIV	\$186,415	\$96,148	\$96,148	\$96,148	\$96,148	\$571,005
Total	\$3,626,218	\$2,985,059	\$3,122,308	\$2,459,098	\$2,568,195	\$14,760,878

Gaps, challenges and opportunities

The picture that emerges from the data collected by this assessment is of a large number of activities which have either shown major impacts – for example in the reduction of stigma experienced by PLHIV – or show promise of reducing human rights barriers to HIV services. Unlike most other countries in the region, substantial work has been carried out over a long period to address these barriers, mostly by NGOs that have increased in professionalism as their budgets and activities have expanded.

One of the greatest opportunities for Ukraine is the extraordinary number and quality of NGOs and NGO staff that currently work with key populations across the country. Due to the unusual history of the HIV response in Ukraine – with much less involvement by government services in HIV prevention, testing and treatment than in other EECA countries – there are experienced NGOs in much greater numbers than in any other countries in the region. A related opportunity is that many of the significant advances in the country's HIV response have been a result of either NGOs working together with structures outside government (to influence legislative, regulatory and policy changes) or NGOs working with government services (on establishing OST, assisting adherence for ART, assisting testing for key populations and so on). Much of this work has been carried out at least partly by outreach or social workers.⁶⁹

One major challenge is to find ways to perpetuate and strengthen the NGO-government services partnership that has been built over the past decade. At present, it is virtually impossible for State institutions to hire social workers or outreach workers as staff of health facilities. There is also no widely-used process through which government at various levels – national, oblast, rayon or city – can fund NGOs to work alongside health facilities.

In addition, it should be noted that most KIs and virtually all FGDs found significant barriers that have not yet been significantly reduced by this wide range of activities. Part of both the impetus for changes that may result in the reduction of these barriers and a strong factor in the continuation of these barriers is the political and administrative situation of the Government of Ukraine. While, since the Maidan, many positive political developments have occurred, leading to a dramatic increase in government funding for HIV programs and major health and justice reforms, the administrative structure of the government has changed little since Soviet times so that well-crafted laws and effective changes to regulations cause little difference to the lived experience of people with HIV and other key populations.

The ongoing conflict in eastern Ukraine, the lack of control over Crimea, and the large displaced population, through their impacts on the economy (both through lost resources and the ongoing reduction of productivity as Ukrainian militias seek volunteers for the front) seem likely important factors in the country's ability to adopt the reforms that are being discussed.

⁶⁹ “social worker” has a dual meaning in Ukraine. As in most countries in the region, its most common meaning is similar to “outreach worker” or “peer educator”, but there is also a professional group of social workers in Ukraine. Both types of social workers mostly work for NGOs.

Unemployment and consequent poverty are likely to continue to cause problems for key populations for years to come.

Perhaps as important as these other factors is a widespread lack of belief in the role of law, lawyers, and even of court cases and strategic litigation in attempting to seek redress for human rights violations. In many focus groups, there was widespread knowledge among participants that legal assistance was available, but most participants had never sought legal aid. When probed for reasons for not seeking legal help, the overwhelming response was that there was no justice system and that, in reality, justice is purchased as are good health care and all other services in Ukraine today. This represents a major challenge for the Comprehensive Approach to try to overcome.

V. Findings: Tuberculosis

Overview of epidemiological context and focus populations

Ukraine is in the top 5 countries in the WHO European region with the largest absolute number of incident TB cases (39000), outpaced only by Russia⁷⁰. The male-to-female ratio in new TB cases and relapses was 2.7. Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB), is the leading contributor to HIV-related mortality in Ukraine.⁷¹ In 2014, DeHovitz and colleagues estimated that the proportion of new cases of TB, including relapses, among HIV positive individuals was 20%.⁷² In 2016, 3957 persons died in Ukraine from tuberculosis. The TB mortality rate was highest in the WHO Europe region (9.5 deaths per 100 000). In 2016 the incidence of TB was 87 cases per 100,000⁷³, which is more than in 2014 (71,2 per 100,000).⁷⁴ There is a significant regional variation in the incidence of TB (from 50.1 to 123.8 per 100 thousand population). In 2016, the TB notification rate in prisons exceeded 1000 cases per 100,000 detainees. The TB relative risk in prisons was 21.5⁷⁵.

The analysis of the social structure of new TB cases in 2015 shows that among the patients who first became ill with TB, almost 75% are representatives of socially vulnerable groups of the population (58.4% are unemployed among economically-active age, 12.2% are pensioners, 1% persons who returned from places of detention, 2.5% without permanent residence). Among new TB cases, 12.5% are alcoholics and 3.0% injecting drug users.⁷⁶

The estimated incidence TB/HIV is 18 per 100,000⁷⁷ and has registered an increase from 16 per 100,000 in 2010. The rate of ART coverage for TB/HIV patients remains low at 68% (100% is recommended by WHO).⁷⁸ Against the background of a significant decrease in the mortality rate of TB/HIV patients in Ukraine over the past 9 years (in 2008 - 22.4 per 100,000 , in 2015 - 10.8), mortality rate in patients with TB/HIV co-infection decreases slowly and in 2015 is 4.5 per 100,000 population.⁷⁹

⁷⁰ Tuberculosis surveillance and monitoring in Europe 2018 (2016 data), <https://ecdc.europa.eu/sites/portal/files/documents/ecdc-tuberculosis-surveillance-monitoring-Europe-2018-19mar2018.pdf>

⁷¹ Altice, F. L., Azbel, L., Stone, J., Brooks-Pollock, E., Smyrnov, P., Dvoriak, S., ... & Stöver, H. (2016). The perfect storm: incarceration and the high-risk environment perpetuating transmission of HIV, hepatitis C virus, and tuberculosis in Eastern Europe and Central Asia. *The Lancet*, 388(10050), 1228-1248

⁷² DeHovitz, J., Uuskula, A., & El-Bassel, N. (2014). The HIV epidemic in Eastern Europe and Central Asia. *Current HIV/AIDS Reports*, 11(2), 168-176

⁷³ Tuberculosis surveillance and monitoring in Europe 2018 (2016 data), <https://ecdc.europa.eu/sites/portal/files/documents/ecdc-tuberculosis-surveillance-monitoring-Europe-2018-19mar2018.pdf>

⁷⁴ <http://phc.org.ua/pages/diseases/tuberculosis/surveillance>

⁷⁵ <https://phc.org.ua/pages/diseases/tuberculosis/surveillance/statistical-information>

⁷⁶ Ukrainian center for disease control MoH Ukraine. Tuberculosis in Ukraine: Analytical and statistical bulletin, 2016, <http://ucdc.gov.ua/uploads/files/%20%D0%A2%D0%91%202015.doc> p. 14

⁷⁷ WHO Global TB database

⁷⁸ WHO Global TB report (2016 data)

⁷⁹ Ukrainian center for disease control MoH Ukraine. Tuberculosis in Ukraine: Analytical and statistical bulletin, 2016, <http://ucdc.gov.ua/uploads/files/%20%D0%A2%D0%91%202015.doc> p. 19

Successful treatment of TB cases in Ukraine is growing and in 2015 was 75% for new and relapse cases; 56% of previously treated cases; 63% of HIV positive TB cases; and 46% of the MDR/RR cohort (based on 2014 data) (WHO recommended coverage indicator - 85%). The reasons for the low efficiency of treatment are: interrupted treatment (8.5%), treatment failure (8.9%) and death (11.3%) due to:

- Inadequate organization of treatment of TB patients with primary treatment in the hospital, nosocomial infection contributing to TB strains resistant to anti-TB medicines;
- Ineffective control of treatment;
- Human rights barriers and the lack of social - psychological support to patients during treatment and management of adverse reactions to therapy.⁸⁰

Due to inefficient allocation, the significant government spending on TB is not sufficient to ensure adequate conditions in TB facilities and compliance with infection control requirements for both patients and medical staff.⁸¹

Overview of the law, policy, political and strategy context for human rights and TB

There are few legal provisions in Ukrainian legislation that have a negative effect on access to TB services for key populations. At the same time, the human rights international agreements ratified by Ukraine, the Constitution of Ukraine and the existing antidiscrimination and anti-corruption laws are in many cases not implemented in practice.

Ukraine has ratified all major human rights conventions with a few insignificant exceptions. Under the Ukrainian Constitution, international agreements have superseding force over the national laws of Ukraine. Additionally, under a separate law, the practice (i.e. decisions and precedents) of the European Court of Human Rights (ECHR) should be used by Ukrainian courts as a source of law, which makes it possible for Ukrainian judges to quote concrete decisions of ECHR as grounds for taking certain legal positions in any given case. There are many cases lost by Ukraine in ECHR on complaints related to lack of adequate medical care in detention or during imprisonment⁸², some of which are related to people living with HIV, e.g. Kats and Others v. Ukraine, Logvinenko v. Ukraine, Salakhov and Islyamova v. Ukraine, Kushnir v. Ukraine.

Although Ukraine has agreed to comply with relatively high human rights standards, a lack of internal capacity and resources, a reliance on outdated Soviet-era practices, the Soviet-era (Semashko) health system, and an outdated law enforcement system cause many violations of economic and social rights, including the right to health, along with violations of civil and political rights, including access to justice.

⁸⁰[Ibid.](#), p. 20

⁸¹[Ibid.](#), p. 24

⁸² https://www.echr.coe.int/Documents/FS_Prisoners_health_ENG.pdf

Many respondents identified that the legislative framework is not as problematic as the practice of implementation of the laws.

The on-going public health reform represents a significant opportunity for addressing legal and policy barriers and their impact throughout the prevention and treatment continuum. The move towards a public health approach in the TB response includes a shift to an ambulatory model in TB treatment that is a progressive policy reducing health complications, including the risk of MDR TB, allowing budget savings and much better treatment results.

Major legal gaps affecting access of key populations to TB services include:

- limited palliative/hospice care for people with HIV and /or TB;
- requirement for drug treatment registration of drug users, which reduces access for drug users to health services (people who inject drugs are among the largest group of PLHIV in Ukraine and are thus at high risk for or have high rates of TB);
- unbalanced legislation on patent and clinical trials monopolies, which impacts medicine affordability;
- absence of choice of health care providers, as categories of doctors who can treat TB are limited.

Laws that positively influence access to TB services

The Constitution of Ukraine guarantees equal protection of rights and freedoms under the law for all residents. According to Article 49 of the Constitution, medical care should be provided free of charge, but in practice most care is paid for through informal payments. The Constitution guarantees the right to access to justice, including the right to free legal assistance.⁸³ Article 24 provides for equal constitutional rights and freedoms for all citizens, additionally stating that these rights are given without privilege or restriction based on race, skin color, political, religious, and other beliefs, gender, ethnic and social origin, property status, place of residence, language or other characteristics.

The following *general laws* are seen as having a positive effect on access to services for people with TB:

1. Law of Ukraine “On Principles of Prevention and Combating Discrimination in Ukraine” № 5207-VI of 03.06.2012, amended on 05.30.2014 provides mechanisms for preventing and addressing discrimination;⁸⁴
2. Law of Ukraine “On free legal aid” № 3460-VI of 06.02.2011 determines the right to free legal aid in Ukraine. It also outlines the procedure for exercising this right, as well as the grounds and procedures for which legal aid is granted and the state guarantees accompanying it;⁸⁵
3. Law of Ukraine “On amendments to some laws of Ukraine on ensuring timely access of patients to the necessary medicines and medical products through the implementation of

⁸³ Constitution of Ukraine, Article 59, available at <http://www.legislationline.org/documents/section/constitutions/country/52>

⁸⁴ Available at <http://zakon2.rada.gov.ua/laws/show/5207-17>

⁸⁵ [Ibid.](#)

state procurement with the involvement of specialized procurement organizations” introduced procurement regulations for HIV, TB medicines and tests using UNICEF, UNDP, other international organizations and improved the general legal framework of state procurements with obligatory use of an electronic procurement system and transparency.⁸⁶

4. Law of Ukraine “On Probation” (approved on 5 February 2015, № 160-VIII), by which the service of probation is created, under which social workers on a peer-to-peer basis may provide services to persons on probation;⁸⁷

The current legal framework on TB includes the Law of Ukraine “On fighting disease of tuberculosis” (dated 5 July 2001 № 2586-III). This sets out competencies of various state authorities in fighting TB, the legal basis for the provision of prevention and treatment of TB to general population, detained, prisoners, foreigners, migrants, the rights, duties and social protections for people with TB and the social protections for healthcare workers in TB facilities.

The Law of Ukraine “On Approval of the National Targeted Social Program for Tuberculosis Control for 2012-2016” No. 5451-17, dated 16 October 2012, sets out targets of TB response, strategies and financing allocations. Currently the absence of National TB Program contributes to uncertainty in state financing of measures for fighting TB in Ukraine.

Article 25 of the Law of Ukraine “On Protection of Population from Infectious Diseases”, dated 6 April 2000 N 1645-III sets out some additional social guarantees for people, living with TB:

- for persons of working age, who were first diagnosed with TB (initial diagnosis or recurrence), are provided with sick-leave for up to 10 months, during this period their position at work will be preserved;
- family members of a person with TB living with them in one apartment are entitled to a free of charge chemoprophylaxis for tuberculosis at the expense of local budgets.

Laws and initiatives that negatively influence access to TB services

Several KIs reported that there was no prohibitive or discriminatory legislation aimed at people with TB. However, existing regulatory norms, such as those relating to involuntary hospitalization of non-adherent TB patients, are not being implemented properly, and are not worded well enough to balance the patient's rights and the public good. There are no sufficient due process safeguards aimed at ensuring that compulsory isolation is a last resort in Ukrainian law, e.g. no formal warning to the patient that in case of non-compliance with treatment regimen he/she could be detained, and no mention of other preliminary, less restrictive measures to be used to help a patient to adhere to treatment, etc⁸⁸. There have been many complaints that the forced isolation

⁸⁶ Available at http://eupublicprocurement.org.ua/wp-content/uploads/2015/05/PPL-of-Ukraine_ENG_01.05.2015.pdf

⁸⁷ Available at <http://zakon3.rada.gov.ua/laws/show/160-19>

⁸⁸ Neither Art. 9 of the law on the fundamentals of health care nor Art. 11 of the law on countering TB mention that involuntary hospitalization is a last resort measure only to be used in exceptional cases. Neither do these legal provisions mention other less restrictive measures that should be used to help the patient adhere to the treatment regimen and protect the public from the spread of the infection. The law on countering TB does not prescribe that patients should receive a formal and written warning that they may be detained if they do not comply with the treatment. Art. 10-2 mentions solely that prior to treatment, the patient has to give his or

system does not work effectively,. A WHO monitoring visit recommended the need for revision of regulations to ensure improved adherence and the need to advocate for legal measures to use other means, such as social support, incentives and enablers, before considering coercive measures.⁸⁹

Exposure to risk of HIV or incurable disease transmission and unintentional HIV or incurable disease transmission are criminal offences under Criminal Code of Ukraine (Article 130). In some cases, investigators and courts applied this article to TB patients, as they treat TB as “incurable disease”. This may have a stigmatizing effect on people with TB

In addition to the issues noted above, the following *laws* were mentioned by some of KIs as having a negative effect on access to TB services for people from key populations:

1. Ukraine's general policy on drugs continues to be repressive. Drug-related crimes without intent to sell include offenses under Article 309 of the Criminal Code of Ukraine and Article 44 of the Code of Ukraine on Administrative Offenses. In particular, the Criminal Code establishes criminal liability for the acquisition, manufacture or possession of drugs without intent to sell (sentencing varies from a non-custodial fine to imprisonment for up to three years). According to official statistics of the General Prosecutor's Office of Ukraine, crimes under Article 309 of the Criminal Code constituted 57.5% of the total number of drug-related crimes in 2015, which suggests that law enforcement efforts are directed mostly towards drug users rather than to drug importers, manufacturers or dealers. In 2010, the Order of the Ministry of Health of Ukraine No. 634 from 29/07/2010 “On amendments to Ukrainian Ministry of Health Order No. 188 from 01/08/2000” criminalized all opioid drug use in Ukraine. The Order enabled the amendments that significantly reduced the legal threshold for small quantities of certain types of illegal drugs, including the most commonly used ones. Anyone detained for the possession of 0.005 grams of acetylated opium or heroin (approximately the amount that can be found from residue in several used syringes) faces criminal prosecution and a possible sentence of up to 3 years in prison. The resulting criminalization of drug users hinders access to healthcare services.⁹⁰ KIs reported that this order significantly complicates the work of needle-syringe program (NSP) sites that serve as an entry point to all health services for people who use drugs, where the number of clients has decreased over time. Amending MoH Order No. 188 to raise the thresholds of illicit drugs would improve drug users' access to TB services, but the police and the prosecutor's office are blocking the change, since this will affect their indicators on successfully investigated crimes. Focus group feedback reports that police are often involved in entrapment exercises to apprehend drug

her informed consent to treatment and shall be informed about the necessity to adhere to the treatment. This does not, however, constitute an adequate step prior to the adoption of the decision to detain a patient.

Sanctions exist for not complying with the court decision for involuntary hospitalization. According to Art. 394 of the Criminal Code, “escape from a specialized treatment facility, or on the way to it, shall be punishable by arrest for a term up to six months, or imprisonment for a term up to two years”. Such a mechanism for criminalizing TB patients does not, however, seem to be the appropriate answer for the purpose of protecting the population against the spread of the disease.

⁸⁹ WHO, Prevention, control and care of Tuberculosis in Ukraine, 14-22 April 2015, p. 11

⁹⁰ N. Isayeva, Fulfillment of rights of women related to vulnerable groups, 2015, <http://afew.org.ua/wp-content/uploads/2015/07/Prava-ginok-for-web.pdf> p. 2

users. The European Court of Human Rights recognizes these cases as a provocation and as unacceptable practice in the view of the Court.

2. Several initiatives in 2015-2016 were lobbying for the extension of the patent exclusivity period for medicines from 5 years, currently provided in the Law of Ukraine “On Medicines”, to 10 years (the EU standard), which would negatively affect affordability of new medicines. The Law of Ukraine “On Protection of Inventions and Utility Models” provides for patents on methods of diagnosis and treatment, selection patents, minor changes of known substances and patent term extensions for medicines. It does not provide for public health safeguards to ensure affordability of HIV and TB medicines for public non-commercial purposes, i.e. effective compulsory licensing or government use mechanisms, parallel importation, patent oppositions and so on.

KIs and focus group participants reported high levels of stigmatization of key populations by lawyers. Examples included refusal to represent key populations, or poor quality (perceiving clients as unworthy). Many do not know how to work with people with TB, PLHIV or other key populations. Funding for legal aid has decreased significantly and there is no current comprehensive project on provision of legal aid to key populations.

Legal reforms and other initiatives

National Human Rights Plan. On 25 August 2015, the National Human Rights Strategy was approved by a Presidential Decree. In November 2015, the Cabinet of Ministers approved the Action Plan to Implement the National Human Rights Strategy for 2016 - 2020.

The following tasks related to the tuberculosis response are included in the Action Plan:

Task	Deadline	Responsible Implementer
Statutory definition that 14 years is an age from which the child has the right to make decisions about his or her own health, including the right to pass tests for HIV / sexually transmitted infections, tuberculosis and other socially dangerous diseases, as well as to pass appropriate treatment of these infections without the consent of the parents	1-2 quarter 2016	MoH Ukraine
Drafting a bill on amendments to the Laws of Ukraine "On the Protection of Rights to Inventions and Utility Models", "On Medicines", draft Act on Amendments to the Resolution of the Cabinet of Ministers of Ukraine dated December 4, 2013 No. 877 "On Approval of the Procedure for Granting The Cabinet of Ministers of Ukraine permission to use the patented invention (utility model) concerning the medicinal product "for the purpose of full use by Ukraine of the flexible provisions of	4 quarter 2015 – 4 quarter 2016	MoH Ukraine Ministry of Economic Development and Trade

the TRIPS Agreement of the World Trade Organization and the maximum reduction of the negative impact the so-called TRIPS-plus provisions to ensure the availability of essential medicines		
Decriminalization of HIV infection and other infectious diseases (Articles 130 and 133 of the Criminal Code of Ukraine) and the need to distinguish these diseases from other types of harm to health in the norms of the Criminal Code of Ukraine	Quarter 2, 2016	Ministry of Internal Affairs MoH MoJ Ministry of Social Policy Ombudsman Committee of Verkhovna Rada on human rights

Healthcare Reform. As part of ongoing health care reforms, many HIV and TB testing and treatment services will be transferred to primary health care level and to family doctors. This will require a significant investment in the training of family doctors on diagnosis and treatment of HIV and TB. In September 2016, as a first step in health care financing reform, the Ministry of Health (MoH) Ukraine abolished MoH Order No. 33 (“On recommended normative staffing of hospitals”), to increase of the flexibility of staffing of hospitals.

Penitentiary service reform. A Presidential Decree (May 20th 2015) approved a strategy for reforming the judicial system and related legal institutions of Ukraine for the years 2015-2020. This includes the prison system. The Implementation Plan that accompanies this Strategy, approved by the Parliament of Ukraine, indicates as first steps a reform of health care services in the prison system. The prison system in Ukraine has seen little reform since Soviet times. Oblast-level penitentiary service administrations are being abolished and six interregional administrations are being created. Services for people on probation are being created, with social workers on a peer-to-peer basis now able to provide services to people on probation.

Social services reform. Social services are in the process of being transferred to local authority funding. Services currently provided by state general social service departments do not cover key populations as target groups. These services can only be provided to groups that are categorized as in "difficult living conditions". New standards for the provision of social services are being developed and are aimed at providing services to the entire population. Key populations are not a priority for local authorities and state social services providers. The Ministry of Health and the Ministry of Social Policy are in the process of negotiating who should finance and provide social services to HIV and TB key populations. Several KIs supported MoH financing and providing these social services.

National Drug Policy. The Cabinet of Ministers issued directive № 735 (of 08.28.2013) “The national drug policy for the period until 2020.” This Policy identifies interventions for reducing supply and demand of illicit drugs and a balancing of the government’s response between punitive measures (enforcement of anti-drug trafficking laws) and prevention and treatment for

people who inject drugs. The implementation of this Policy is currently hampered by a lack of political will.⁹¹

Regulations

Integration of TB control into primary healthcare is part of the general health reform and is reflected in the guidelines updated by Ministry of Health Order No. 620 in 2014 on “Comprehensive clinical protocol for primary, secondary and tertiary level health care providers to adults on tuberculosis”. The protocol clearly defines the main aspects and responsibilities of health care staff in both primary health care and TB facilities in providing care for people with TB.⁹² One KI noted that Clinical Guidelines on TB provide ambulatory care scenarios of treatment, according to international standards while, in practice, TB facilities in regions do not comply with these scenarios and prefer to hospitalize patients due to financing requirements and indicators of Ukrainian healthcare system. Another KI noted that the protocols simply recommend the Directly Observed Treatment Short course (DOTS), but the details are not spelled out in other regulations. This leads to variations in the way DOTS is implemented. There is a need for explicit by-laws that regulate in more detail the preferred strategies for provision of TB treatment, in line with best practice standards and patient-centered approaches.

Contact tracing under Clinical Guidelines (MoH Order 620) is focused mainly on household contacts. The WHO mission recommended extending contact tracing beyond household contacts to ensure early TB diagnosis, especially in children, and changing regulations to enable more active case finding, with attention to ethical considerations, privacy and confidentiality.⁹³

Regulations that have a *negative* influence on access to TB services include the following

1. *Prohibition on adoption of children.* MoH Order No. 479 provides the list of conditions that preclude adoption of children, which includes a prospective parent living with HIV, being transgender people, and/or people with active tuberculosis.
2. *Requirement for registration of people accessing drug treatment.* The current registration system is a serious access barrier for people who inject drugs attempting to use drug treatment services. Breaches of confidentiality of patients registered with public drug treatment facilities are a major restriction on access to treatment (especially for people living in poverty, who represent a disproportionately large number of people who inject drugs and who cannot afford anonymous treatment at a private health facility that can better protect their privacy).⁹⁴
3. *Palliative care.* MoH Order No. 41, dated 21.01.2013, “On Organizing Palliative Care in Ukraine”, prohibits admission of people with TB and/or HIV into general palliative care facilities, while there is a lack of specialized palliative care facilities for these people.
4. Current regulations do not permit continuation of work or study during TB treatment. The regulations should be revised to allow all patients to continue to work or study during

⁹¹ Legal Environment Assessment 2017 op cit, pp. 28-29

⁹² Ibid

⁹³ Ibid p. 29

⁹⁴ Legal Environment Assessment 2017 op cit, pp. 55-56

treatment once non-infectious and existing regulations should be revised to allow non-infectious children to go to school during TB treatment.⁹⁵

5. The requirement for obligatory hospitalization of all children during the intensive phase of TB treatment prevents those with non-infectious forms of TB from receiving ambulatory treatment when the family situation is favorable. According to national regulations, only nurses can give DOTS to children, while WHO accepts parents as DOT providers, except in socially vulnerable families.⁹⁶

Human resources are regulated by laws that do not take into account the changing epidemiology, including drug-resistant TB and TB/HIV co-infection. There are no social workers, psychologists or visiting nurses at TB hospitals or outpatient TB dispensaries, although these cadres are necessary to deal professionally with the support of people with TB, including improving their adherence to treatment.⁹⁷

The existing list of diseases, symptoms and syndromes, which prompts health care officials to recommend counseling and testing services (as approved by Ministry of Health Order 288) is incomplete and does not include a diagnosis of TB or STIs as part of the algorithm.⁹⁸ Social protection for people such as social workers, who give medical and social support to patients ill with TB, is not specifically provided for. Only medical doctors have this protection.⁹⁹

There is significant variability in integration of TB/HIV services. For example, some locations offer coordinated care with ARVs available at TB facilities (based on the “one stop shopping” principle with infectious disease specialists, ARVs and laboratory tests available onsite), while in other facilities patients have to go to multiple departments to obtain services and medication. Coordinated care is more likely to be available at the central level or in oblast centers, and much less likely to be available at the rayon level. At the oblast level and their main cities, TB facilities have access to an infectious disease specialist onsite, and AIDS Centers have access to a TB specialist, though the mechanism for this access and frequency of visits vary.¹⁰⁰ In prisons, at TB-specialized colonies patients can receive antiretroviral treatment. Treatment of TB in SIZOs and ITT is not available. Detainees from SIZOs are transferred for TB treatment to special guarded rooms in general TB-facilities. While, persons with TB detained in ITTs cannot be transferred to TB-facilities due to deficient regulations/system and thus cannot access treatment while in detention in ITTs.¹⁰¹

There are no regulations that describe and direct the collaboration between TB, HIV and primary health care (PHC) facilities or non-governmental organizations (NGOs) that provide support to

⁹⁵ Ibid, p. 38

⁹⁶ Ibid, p. 43

⁹⁷ Ibid p. 7

⁹⁸ USAID Deloitte (HIV Reform in Action) Legal Environment Assessment for HIV in Ukraine, 2016 (draft), p. 21

⁹⁹ Stephanie Dagon. Tuberculosis control and human rights in the national legislation of Ukraine, Report of a WHO consultant mission 20-24 April 2015

https://www.researchgate.net/publication/309811966_Tuberculosis_control_and_human_rights_in_the_national_legislation_of_Ukraine_Report_of_a_mission_20-24_April_2015 p. 6

¹⁰⁰ Bonita Mangura, Nisha Ahamed, Nina Roman, Olena Kheylo, Konstantin Lezhentsev, USAID Strengthening Tuberculosis Control in Ukraine project. TB/HIV Coinfection Services Gap Analysis, analytical report, 2014, http://stbcu.com.ua/wp-content/uploads/2015/09/FINAL_STbCU-TB-HIV-Gap-Analysis_ENG.pdf p. 1-2

¹⁰¹ According to expert from ombudsman office.

people with TB. This results in developing local orders at the regional level which do not cover every aspect of TB/HIV collaboration and/or do not take into consideration the role of PHC facilities.¹⁰²

Political and social environment

Significant progress has been made in the last year on several of the economic and political factors that had in the past limited the scale-up of TB treatment. Prior to the 2014 Maidan civil movement, endemic government corruption, limited economic activity and ineffective procurement and program management systems caused problems for availability and quality of services.

The Soviet-style ‘Semashko’ public health care system is a vertical system that is centered around hospitalization, while patient-centered TB services are generally provided through outpatient services. This creates a higher risk of re-infection in TB health care facilities due to prolonged hospitalizations in cases when hospitalization is not needed. While the National Public Health Center of the MoH is emphasizing the importance of wider introduction and use of patient-centered ambulatory care, local level TB facilities are less receptive to the reform efforts conveyed from the central level.

¹⁰² [Ibid.](#), p. 2

VI. Human rights barriers to access, uptake and retention in HIV and TB services

Overall, the TB care system was seen by KIs as not being sensitive to patients' needs. A new national program towards a patient-centered approach has been spelled out, but there is no implementation plan for reform of the TB care system towards such an approach. Details setting out where TB patients should be treated are still being determined.

Many diagnostic services are concentrated on the tertiary level, for example, in regional dispensaries, and referral between tertiary and primary facilities is often not effective.

Other major barriers highlighted in the Desk Review and confirmed through KI interviews and focus group discussions include:

- TB patients are stigmatized, particularly people who inject drugs and prisoners.
- State funding of healthcare is very limited, though in 2016 the Government of Ukraine decided to increase funding for TB treatment. Very little state funding is available for related services such as harm reduction outreach, care and support and other services for key populations.
- Ukraine's policy on drugs continues to be repressive, affecting Ukraine's ability to treat people who use drugs with TB. Poor treatment by law enforcement agencies and fear of the police are barriers to accessing prevention and treatment services.
- Current regulatory documents do not provide a proper basis for delivering comprehensive TB services in prisons or pre-trial detention centers.
- For people who inject drugs accessing TB services, OST and HIV treatment (if HIV-positive) must be registered with multiple health programs (often located many kilometers apart) to receive the services. There is little coordination.
- The healthcare financing system forces state healthcare providers to require official registration of residence for a person to be able to receive free health care services. This is a barrier for persons living away from their official place of residence, or those without documents (IDPs, undocumented foreigners, ex-prisoners). Health reforms currently being implemented should address these issues.

Law enforcement

KIs and FG participants reported that the TB care system in prisons is not sensitive to patients' needs and is not built around the need to effectively prevent and treat TB. In fact, several KIs pointed out that inmates often contract TB in prison (including MDR and XDR) as quality prevention and care are not available. TB mortality rates in prison remain high.

Many KIs stated that the criminalization of drug use is the single most significant barrier to TB treatment of drug users with TB in Ukraine. Some changes have occurred with the massive reforms that have transformed the former "militzia" into the National Police. Past problems for OST clients have eased (according to many focus group participants), but some police have mistaken ARVs for illicit drugs and detained HIV-positive OST clients. A focus group of ex-prisoners in Kyiv was not convinced that much had changed - "same cops, different uniforms".

Internal Security Services sometimes block ex-prisoners from finding employment by warning employers not to employ them. In eastern Ukraine, respondents cited cases of forced labor, with the militias forcing ex-prisoners to dig trenches, and carry sandbags to military fortifications.

KIs were unanimous in expressing concern (and often dismay) about the situation of medical services in prisons. If a medication is not available in prison, the prisoner (or her/his family) has the option of buying the medication. This happens often due to procurement and supply management and funding issues in the system. As one KI pointed out, healthcare for prisoners is not necessarily the highest priority for the prison administration. Prisons do not have access to analgesic drugs. Mortality in prisons related to TB, HIV and some non-communicable diseases remains high.

There are neither needle-syringe programs nor opioid substitution programs in prisons. The prisons health system KIs reported that there are 16 specialized hospital facilities in the prison system (including 8 TB hospitals). Currently, there are around 60,000 prisoners in Ukraine, down from more than 100,000 prisoners 10 years ago. In 2016 there were registered 1586 new cases of TB and 1398 persons started treatment in 2016 in penitentiary system.¹⁰³

Since 2012, OST is supposed to be available in the pre-trial detention centers. OST is available in some other parts of the prison system, but on a very limited basis. The average cost of medical services per year is 4,800 UAH (USD185) per prisoner, while the average cost for a citizen in civilian healthcare is only 210 UAH (USD8.15). The bulk of the additional costs are for guarding and transporting prisoners to hospitals and specialist facilities. It is also necessary for families to bear these costs in some cases. *Actirovka* (compassionate release due to poor health status) is in place only for terminally ill people who usually die soon after release. One informant reported the case of a prisoner from Mikolaev who was receiving palliative care in prison for his untreated HIV and TB, was released under *actirovka* in a terminal state, was provided TB and HIV treatment after release and then recovered.

Stigma

While there are no stigma studies related to TB in Ukraine, many KIs spoke of stigma experienced by people with TB, including those who had been successfully treated. There is particularly high stigma at the level of primary care among family doctors. A 2011 general population study found that 92% of respondents declared abstract empathy for TB patients, but 73% agreed with at least one of the five stigma statements regarding people who have recovered from TB: most respondents saw no difference between interaction with active TB patients (that can actually lead to TB transmission), and successfully treated people. The majority of respondents wished to stay away from both categories of people in hypothetical situations of interaction.¹⁰⁴ Other studies have shown a low level awareness among the general public of TB symptoms, and that stigma is

¹⁰³ <https://phc.org.ua/pages/diseases/tuberculosis/surveillance/statistical-information>

¹⁰⁴ Demchenko I. Analysis of the survey report “TB-related knowledge, attitudes, practices and behavior among the general population of Ukraine and target groups, 2011” http://stopTB.in.ua/sites/default/files/tb_PDFbook_cover_content.pdf p. 27

greater for ex-prisoners, PLHIV and people who inject drugs.^{105,106} Compounded discrimination (on an intersection of grounds like HIV, drug injection, tuberculosis, incarceration, etc.) imposes special restrictions on vulnerable groups, especially in villages and small towns, creating barriers to prevention, treatment, care and support.¹⁰⁷

Many KIs and FG participants suggested that there is a lack of information, including among primary care doctors and nurses, about TB illness, symptoms, how it is transmitted and potential effects on healthcare workers. As noted in Section 6.2.2, forced hospitalization causes major problems with the necessity to stay in a TB hospital for 3-6 months depriving patients of the possibility to work and to have social contact. A major fear for people with TB is disclosure to an employer, leading to loss of employment. Fear of disclosure to the extended family was also mentioned by many KIs.

A 2011 survey of people who inject drugs found that 96% sought medical care if they had a cough lasting 2-3 weeks) but only 57% do so immediately, due to fears of the high cost of treatment, the negative attitude of health worker and poor conditions in TB hospitals.¹⁰⁸

There is no consistent access to the diagnosis and treatment for TB in prisons. Particular issues include medications not following inmates transferred from one prison to another and a lack of infection control practice and supplies. Some KIs reported improvements in coordination between prison and community health service when inmates with TB leave prison.

Roma in Ukraine face specific issues in accessing TB treatment, including stigmatization of Roma by some health workers, absence of registration documents, language barrier, need to pay for medical care, and a lack of belief that “official” medicines can cure certain diseases. Traditions in the lives of Roma play an important role, including a focus on self-treatment and traditional healers: this is especially the case among people living outside major cities.¹⁰⁹

Poverty

Costs of diagnostic tests such as Computer Tomography are a significant barrier to TB treatment. Further, financial support is needed for hospitalization, food, medicines to reduce side-effects, X-rays and other tests, hormone assays and surgical care. Focus groups of people who inject drugs reported that funds for these charges were hard for drug users to find and this often resulted in dropping out of ongoing care.

¹⁰⁵ Stephanie Dagon. Tuberculosis control and human rights in the national legislation of Ukraine, Report of a WHO consultant mission 20-24 April 2015 https://www.researchgate.net/publication/309811966_Tuberculosis_control_and_human_rights_in_the_national_legislation_of_Ukraine_Report_of_a_mission_20-24_April_2015 p. 6

¹⁰⁶ Demchenko I., Pivovaro N., Analytical report «Gender Aspects of Behaviour of patients suffering from tuberculosis, USAID Chemonics STbCU project, 2013, http://stbcu.com.ua/wp-content/uploads/2015/03/%D0%9E%D1%82%D1%87%D0%B5%D1%82_%D0%B3%D0%B5%D0%BD%D0%B4%D0%B5%D1%80.pdf p. 40

¹⁰⁷ Feschenko U., Vievskiy. A et al Epidemiological and organizational aspects of provision of integrated medical care to patients with HIV, TB, Infectious hepatitis and opioid dependence in Ukraine http://www.ifp.kiev.ua/doc/journals/upj/13_dop/34.pdf p. 35

¹⁰⁸ Demchenko I. op.cit., p. 96

¹⁰⁹ Ibid., p. 97

Unemployment in Ukraine is severe. The Crimea (with its tourism) and the Donetsk/ Lugansk region (with its coal mines and heavy industries) were large employers prior to Russian occupation and internal insecurity. With more than 1 million internally displaced people and the loss of some of the country's major industries, the official unemployment rose to 10% in 2016. KIs suggested that this hides a large group of rural Ukrainians who are not actively looking for work, but who survive by carrying out occasional tasks for cash or food. Poverty limits access to treatment services because patients have to pay for many medical services out of their own pocket. This is particularly onerous for rural populations.

TB facilities are mostly in a poor material and technical condition and in outdated buildings that need repair and do not comply with standards of infection control in medical institutions: this promotes the spread of nosocomial infections and MDR TB and TB with expanded resistance.¹¹⁰

Gender differences

Women with TB experience particular challenges and barriers. There is a reluctance on the part of doctors to refer pregnant women with TB to maternity clinics. Women with TB need access to modern contraception for the period of TB treatment. There are OST sites where women are almost never enrolled on OST. Some OST sites do not put women on the register or waiting list, because there are stereotypes even among social workers. It is particularly difficult for pregnant women to access OST.

Legal services and knowledge of rights

KIs from the prisons system called for information materials to be provided to prisoners about HIV, TB and prisoners' rights.

Specific issues for mobile populations and internally displaced people

The issues for people displaced from Crimea and Donetsk are particularly severe. As noted in Section 4.1, 18% of all PLHIV live in the Donetsk/ Lugansk region and 5% in Crimea prior to the occupation. In 2014 in Donetsk oblast (incl. NGCA) there were 68.6 per 100,000 population, while in Donetsk oblast GCA in 2016 there were 71.9 cases per 100,000, in 2017 – 71.7. In 2013 in Lugansk oblast (incl. NGCA) there were 90 per 100,000 population, while in 2016 – 65.4 per 100,000 population and in 2017 – 63.6.¹¹¹ In 2016 in Crimea there were 64.2 TB cases per 100,000 persons, while in 2015 – 71.4 cases per 100,000 population¹¹². Since then, an unknown number of people with TB, PLHIV and other key population members have been resettled across the country. In addition to having human rights barriers related to TB and/or HIV status or membership in a key population, these IDP are often traumatized by having been in violent conflict environments and/or having to leave homes, possessions, friends and sometimes family behind. Access to TB treatment in places where they are not registered also presents problems.

¹¹⁰ Feschenko et al., op.cit.p. 43

¹¹¹ <https://phc.org.ua/pages/diseases/tuberculosis/surveillance/profiles>

<https://phc.org.ua/pages/diseases/tuberculosis/surveillance/statistical-information>

¹¹² <http://mzdrav.rk.gov.ru/rus/index.htm/news/357474.htm>

Specific issues for children and adolescents

The management of children with TB is not effectively regulated. Children and adolescents with TB are generally hospitalized. Stigma for TB exists among health workers and in schools and kindergartens. There are fears about transmission and children are sometimes refused readmission to school after effective TB treatment

KIs also reported that adolescent girls find it more difficult to access services and that they face greater stigma (cases of refusal of medical assistance in maternity homes have been recorded, where the girls had to involve social workers to help solve the problem). There are reports of cases of violence towards adolescent girls, which even social workers have not regarded as worthy of reporting, indicating a low level of awareness among social workers of what constitutes a violation of rights.

Description of main interventions to address barriers to TB treatment, including analysis of any information on effectiveness

This section describes the current or recent programs that have been implemented in Kyrgyzstan to remove human rights-related barriers to TB services and proposes a comprehensive program based on the ten program areas set out in the Global Fund *HIV, Human Rights and Gender Equality Technical Brief*.¹¹³

The ten Program Areas are:

PA 1: Reducing stigma and discrimination

PA 2: Reducing gender-related barriers to TB services

PA 3: TB-related legal services

PA 4: Monitoring and reforming policies, regulations and laws that impede TB services

PA 5: Know your TB-related rights

PA 6: Sensitization of law-makers, judicial officials and law enforcement agents

PA 7: Training of health care workers on human rights and ethics related to TB

PA 8: Ensuring confidentiality and privacy

PA 9: Mobilizing and empowering patient and community groups

PA 10: Programs in prisons and other closed settings

The State Targeted Social Program to fight TB for 2012-2016 lapsed last year¹¹⁴, and treatment of TB is now decided in the MoH budget allocation each year without a new program being developed. A priority for the TB service in 2015 was reform focused on the patient-centered

¹¹³ Technical Brief *Tuberculosis, Gender and Human Rights*, Global Fund to Fight AIDS, TB and Malaria (April 2017)

¹¹⁴ <http://zakon3.rada.gov.ua/laws/show/5451-17/print1478554956297119>

approach to providing medical care for TB.¹¹⁵ Ukraine continues implementation of ambulatory TB treatment pilot projects in Poltava, Dnipropetrovsk, Donetsk, Kherson, Vinnytsia oblasts and the city of Kyiv. In addition, outpatient treatment has started to be used more widely in other areas to strengthen TB control (financed by donors and international organizations such as Global Fund, USAID, etc.).¹¹⁶

Ukraine is one of 10 priority countries receiving assistance from the US Government to strengthen the response to the epidemic of TB and MDR-TB in Ukraine. A National Action Plan to overcome MDR-TB was developed with USAID and CDC assistance.¹¹⁷ A MoH working group was established in 2015 on ensuring sustainable responses to epidemics of TB and HIV beyond funding by Global Fund. With the technical support of the UN, donors and other partners group developed a draft "Strategy to ensure sustainable response to TB epidemic, including chemistry-resistant TB and HIV / AIDS for the period till 2020 and approved plan for its implementation", providing optimization of services of prevention, treatment, care and support, to stop TB and HIV as a threat to public health by 2030.¹¹⁸

A key component of the Global Fund MDR-TB project has been twice-monthly food packages delivered by the Red Cross Society to 2957 MDR-TB outpatients. Additionally, social support is being provided by the All-Ukrainian Network of PLWHA to 2512 TB patients who have other risk factors such as: HIV, injecting drug use, homelessness, Roma, MSM, former prisoners, female sex workers and internally displaced persons. The frequency of successful treatment outcomes for patients with MDR TB receiving medical and social support of Red Cross Society in 2012 - 2013 years is significantly different from the total cohort of people with MDRTB (88.7% and 50.4% respectively) and among patients with comorbidity TB / HIV (83.5% and 45.3% respectively).¹¹⁹

Currently, several non-government and community-based organizations, as well as government entities, are working in TB awareness, case finding, treatment support and on addressing some of the human rights-related barriers to TB services. However, the programs they implement do not fully cover each program area, are being implemented at a relatively small scale.

¹¹⁵ Ukrainian center for disease control MoH Ukraine. Tuberculosis in Ukraine: Analytical and statistical bulletin, 2016, p. 24

¹¹⁶ Ibid.

¹¹⁷ Ibid., p. 36

¹¹⁸ Ibid.

¹¹⁹ Ibid., p. 25

PA 1: Stigma and discrimination reduction

There are few organizations of TB patients and former patients, and they are weakly involved in TB care.¹²⁰ There is no national strategy for advocacy, communication and social mobilization. Those activities that exist are financed mainly by external donors through grants to NGOs.¹²¹

Alliance supports peer-to-peer education about TB prevention and treatment for KPs, with a special focus on Roma people, people who use drugs and ex-prisoners. It supports the development of patient-centered TB care services.

The TB Hotline was cited by several KIs as effective intervention in keeping people with TB supported and informed. The formation of a TB patients' association was regarded as important by many KIs.

Focus	Summary	Scale	Budget	Location	Implementer
Patients association	Within TB-REP project (PAS Center): 1) mobilization of community (patients' association is created); 2) raising awareness among patients, including rights protection	Not reported	USD 40,000	Kyiv	Ukrainians Against Tuberculosis

Much less work is being carried out to reduce barriers to TB services caused by stigma and discrimination than is done for barriers related to HIV. A large part of the reason for this seems to be the dearth of NGOs working on these issues in Ukraine. While some HIV-focused NGOs who work with PLHIV and people who inject drugs also advocate for stigma reduction related to TB, this is very much an adjunct to their core work on HIV. A small number of very new NGOs have been formed recently to work specifically on increasing access for key populations to TB services.

Moving to more comprehensive programming

In order to reduce stigma and discrimination related to TB, increased support needs to be provided to expand activities to measure stigma and discrimination against people with TB and to advocate for policies and practices that will reduce such stigma and discrimination in communities. It is recommended that community mobilization and education on stigma and discrimination be expanded for all TB key populations. The following activities are recommended:

- Support TB NGOs/networks to:

¹²⁰ WHO, Prevention, control and care of tuberculosis in Ukraine, 2016, p. 57

¹²¹ Ibid., p. 56

- Assist nascent TB NGOs to effectively work to reduce stigma and discrimination among key populations
 - Work with healthcare providers to reduce stigma and discrimination in healthcare settings
- Support TB NGOs/networks (and HIV NGOs working with TB key populations such as PLHIV and people who inject drugs) to:
 - Implement campaigns and support groups to reduce community, workplace and self-stigma related to TB, and
- Support to the Ministry of Health to:
 - Based on the success of previous campaigns to reduce stigma towards PLHIV, undertake a national campaign to address stigma and discrimination experienced by people with TB and people living with HIV, including promoting clear information about each disease, how it is and is not transmitted, how it is important to get tested and on treatment, and how stigma is harmful and unnecessary; and
 - Disaggregate TB diagnostics and treatment statistics by sex.
- Work with trade unions to reach enterprises with human rights interventions on TB
- Undertake regular TB stigma measurements, potentially using the instrument applied in 2011 for comparable data

To implement this comprehensive approach over five years is estimated to cost USD1.7 million if the HIV Comprehensive Approach is fully funded.

PA 2: Reducing gender-related barriers to TB services

In 2017 the Alliance of Public Health had conducted for the first time in Ukraine a TB gender assessment of the national TB/HIV response in Ukraine with support and using methodology developed by the Stop TB Partnership. Final report on results is expected in end of March-April 2018.

Moving to more comprehensive programming

- Conduct studies to define the levels of stigmatization and discrimination, violence, and rights awareness, level of access to diagnostics and treatment by key pop;
- Develop a concept for implementation of gender equality policies into TB and HIV responses and upon governmental and stakeholders' endorsement develop legislative amendment to introduce needed rules and new mechanisms;
- Support advocacy projects stimulating state political commitments concerning gender equality in provision of healthcare services at national and regional levels.

PA 3: TB-related Legal Services

Provision of legal services was regarded as an important service for key populations and vulnerable groups, but it seems that in 2016 no funds were allocated to TB legal services. To ensure that people with TB have access to legal services, the existing and future TB NGOs need access to legal support to provide legal services as needed. Most common legal services needed include renewal of documents for former prisoners, IDPs, etc.; advice on needed documentation to obtain disability pension or other material support from the state; legal support in situations of detention of PWID without legal grounds; mediation with lawyer/paralegal involvement in cases requiring payments for medical services (so called 'charitable donations') or requiring the buying of medical

devices/consumable that should be procured for state or municipal money), etc. The legal assistance processes established under the HIV comprehensive program should be sufficient to provide most of these services with little additional funding, provided that they are well targeted and accessible to people with TB and affected by TB.

Moving to more comprehensive programming:

- Expansion of the street lawyer/paralegal program to include people with and at risk of TB; ensure sufficient coverage to educate and offer services to key populations in all oblasts and cities with a substantial concentration of TB key populations, and work towards attestation, quality control and institutionalization of street lawyers/paralegals
- Continue to strengthen and expand the civic-parliamentary investigations mechanism for the most serious cases of rights violations by inclusion of some of TB key populations (e.g., homeless people) and people living with TB into target group of civil (public) investigations conducted by Regional Teams Fighting Violations of KPs rights.
- Improve access to available free legal aid by establishing a database of lawyers who are able (with knowledge and tolerance) to work with TB key populations and their main requests

To implement this comprehensive approach over five years is estimated to cost USD143,000 if the HIV Comprehensive Approach is fully funded.

PA 4: Monitoring and reforming laws, regulations and policies relating to TB

The need for increased advocacy for ambulatory care of people with TB and development of patient-sensitive service delivery were the main priorities expressed by KIs: these will require changes to MoH regulations and to the enforcement of regulations to ensure that people with TB receive appropriate services. The development and rollout of flexible DOTS systems were a key part of this. No programs specifically addressing this program area were found.

Moving to more comprehensive programming:

- Support the reform of medical care in prisons aimed at gradual transition of care to MoH. (State Penitentiary Service and Ministry of Health).
- Introduce OST and make it widely available in prisons; ensure provision of ART, TB and OST treatment in transit of prisoners and during investigation actions/trial hearings; and clarify the procedure for release due to health status (State Penitentiary Service and Ministry of Health).
- Advocacy for and participation in the development of a system by which TB NGOs can be funded from State budgets at national, oblast, rayon and city level.
- Advocacy by HIV and TB NGOs for development of budget lines and recruitment and management practices to encourage health facilities to hire key population members as peer educators, social workers, “expert patients” and members of multidisciplinary team.
- Advocacy for improvement of access to new pre-XDR and XDR-TB medicines.
- Changing laws that regulate monopolies on medicines to improve economic affordability of medicines needed by key populations and TB patients

To implement this comprehensive approach over five years is estimated to cost USD12,000 if the HIV Comprehensive Approach is fully funded.

PA 5: Knowing your TB-related rights

Legal literacy, "Know your rights", trainings for TB patients were mentioned as important by several key informants.

The following table provides the only intervention found under this Program Area.

Focus	Summary	Scale	Budget	Location	Implementer
PLHIV and patients with TB	Global Fund program: Info materials for PLHIV and patients with TB "Know your rights", as well as peer counseling for rights among clients with HIV, HIV/TB, patients on OST, adolescents	800 clients counseled	Not reported	Zaporizhzhya	Zaporizhzhya branch "100% of the life"

Focus groups and key informant discussions found there were serious deficits in knowledge of rights among a wide group of key populations. Given that large numbers of people with and at risk of TB are living in rural areas, a large-scale program of rights education is required, including use of media and outreach through a variety of community groups and associations.

Moving to more comprehensive programming:

- Expansion of "know your rights" education and legal literacy for all key populations for TB with a view to increase community protection and to develop advocacy around health issues.
- Use expanded street lawyer program to educate all TB KPs on rights, create an advocacy agenda and identify community priorities for activism.

To implement this comprehensive approach over five years is estimated to cost USD1.6 million.

PA 6: Sensitization of law-makers, judicial officials and law enforcement agents

One KI reported that police are not sufficiently involved in trainings on referral to TB care or in adopting tolerant attitudes. The following table provides the only intervention found under this Program Area.

Focus	Summary	Scale	Budget	Location	Implementer
Police and penitentiary staff training	USAID's "Strengthening TB Control" Project is holding working meetings with police and penitentiary institutions. As part of the monitoring groups, HCWs-phthisiatricians visited detention centers and prisons.			Kyiv	Institute of Phthisiology and Pulmonology named after Yanovsky

Evidently, significantly more work needs to be done in this area.

Moving to more comprehensive programming

- Trainings for patrol police and Temporary Holding Isolators (ITT) personnel should be expanded to all oblasts and cities with substantial concentrations of TB and of key and vulnerable populations using the capacity of the National Police Human Rights Compliance Department, providing professional certification/courses on a tolerant attitude and ensuring the right to medical care for key populations (especially people who inject drugs). TB NGOs should advocate for studies to determine the impact of these trainings.

To implement this comprehensive approach over five years is estimated to cost USD40,000 (for TB content development) if the HIV Comprehensive Approach is fully funded.

PA 7: Training of health care providers on human rights and medical ethics related to TB

KIs supported the importance of training for doctors to reduce stigma experienced by people with TB. Trainings on TB and HIV need to be a part of doctors' obligatory accreditation system. Institute of HIV/AIDS and TB with support of USAID/StTBCU project has been conducting TB stigma reduction training for health workers. The USAID-funded Challenge TB project under implementation by PATH included activities aimed at strengthening patient-centered approaches, but none were found to correspond to the program areas for reducing human rights-related barriers to services.

While some donors reported allocation some funds that in 2016 for the training of health care providers on human rights and medical ethics related to TB, it was difficult to find evidence of the results of this expenditure. It is true that there were many donor-funded programs in recent years to train medical staff in aspects of TB care such as case-finding ambulatory care and in the use of

new medicines, but training specifically on human rights and ethics has been a minor part of this larger training program.

The following table provides the only intervention found under this Program Area.

Focus	Summary	Scale	Budget	Location	Implementer
HCW training	USAID/StTBCU project - component Shoulder to Shoulder: improving adherence to TB treatment through provision of social-psychological support to patients: 1. There were organized meetings of working group of Coordination Council on HIV/AIDS of Kyiv city 2. Development of brochure on recommendations on social-psychological support to improve adherence to TB 3. Training of HCWs and social workers on psychosocial support to improve adherence	2 days training, 30 participants	USD6220	Kyiv	Institute of HIV/AIDS and TB

It is recommended that a substantial program, linked to the suggested program for HIV, be undertaken to fully institutionalize training of doctors, nurses and health administrators on medical ethics and human rights

Moving to more comprehensive programming:

- Incorporate TB-related human rights topics and themes into pre-service and post-graduate education, and continuous education of medical professionals, especially for primary care physicians.
- Adapt training materials and provide training for oblast and city health administration staff.
- Expand healthcare worker training to all oblasts and cities with substantial concentrations of TB and of key and vulnerable populations.

To implement this comprehensive approach over five years is estimated to cost USD118,000 if the HIV Comprehensive Approach is fully funded.

PA 8: Ensuring confidentiality and privacy related to TB

It seems unlikely that a stand-alone program attempting to address confidentiality and privacy for TB patients would be effective, given that similar issues exist for people living with HIV and many other diseases. For this reason, it is recommended that confidentiality is emphasized in institutionalized training of doctors on TB and in training and support for NGOs and people from key populations. No programs were found in this Program Area.

Moving to more comprehensive programming:

- Measure level of TB status disclosure within studies in people with TB/that have recovered from TB, and studies in healthcare providers

To implement this comprehensive approach over five years is estimated to cost USD60,000.

PA 9: Mobilizing and empowering TB patient and community groups

One of the most important activities of the project “Creating a Favorable Sociopolitical Situation for Transfer to the Outpatient TB Treatment Model in Ukraine”, implemented by the NGO Ukrainians Against Tuberculosis and funded by the Global Fund, focused on a greater involvement of TB-affected communities in the response to TB. As part of this program, the NGO held a workshop on the outpatient TB treatment model for activists from the TB-affected community in 2016, after which 15 representatives of TB-affected communities from various regions of Ukraine decided to found a national network, the All-Ukrainian Association of people who have recovered from tuberculosis.¹²²

The following table provides current or recent interventions under this Program Area and a brief description of the activities undertaken, the scale, costs, location and implementer.

The CCM includes TB community representation.

What is required is a major expansion of NGOs working on community mobilization among TB patients nationally and in the areas with the highest TB burden.

Moving to more comprehensive programming:

The following initiatives are recommended:

¹²² <http://www.tbcoalition.eu/wp-content/uploads/2015/03/TBEC-Case-studies-UKR-2016.pdf>

- Develop capacities of key population members as community monitors to develop a feedback mechanism through street lawyers and human rights defenders; report annually
- Build capacity of civil society and key population representatives to serve as watchdogs and monitor

To implement this comprehensive approach over five years is estimated to cost USD210,000.

PA 10: Programs in prisons and other closed settings

The head of the State Penitentiary Service and State Criminal Executive Service Health department of Ukraine approved new guidelines, including "Local clinical protocol for tertiary (highly specialized) medical care for TB," developed with assistance from USAID. These guidelines will be used by the inter-regional specialized TB hospitals of the penitentiary system.¹²³

The practice of joint visits of technical and organizational and methodological assistance from Ukrainian Center for Control of Social Diseases specialists for organization and providing medical assistance in medical facilities of Ministry of Health and the State Penitentiary Service of Ukraine, providing services to patients with TB and HIV (36 visits) continued during 2015. This made it possible to raise to a higher level the interaction between services at a regional level and organize the work of prevention, diagnosis and treatment of TB and HIV in prisons. A similar practice of supervision and monitoring visits is provided from the regional levels to district levels.¹²⁴

Alliance support of continuation of TB care in closed settings, including drug rehabilitation centers. In Mykolaiv, under the PATH project, a lawyer provides legal consultations to prisoners with TB. This project pays prisons for transportation of released prisoners with active TB to a TB dispensary in the community.

The following table provides the only intervention found under this Program Area.

Focus	Summary	Scale	Budget	Location	Implementer
Police and penitentiary staff training	USAID's "Strengthening TB Control" Project is holding working meetings with police and penitentiary institutions. As part of the			Kyiv	Institute of Phthisiology and Pulmonology named after Yanovsky

¹²³ USAID Strengthening Tuberculosis (TB) Control in Ukraine (STbCU) project annual report 2016 http://pdf.usaid.gov/pdf_docs/PA00MH8V.pdf p. 2

¹²⁴ Ukrainian center for disease control MoH Ukraine. Tuberculosis in Ukraine: Analytical and statistical bulletin, 2016, <http://ucdc.gov.ua/uploads/files/%20%Do%A2%Do%91%202015.doc> p. 31

	monitoring groups, HCWs-phthisiatricians visited detention centers and prisons.				
Monitoring prison HIV programs	National Preventive Mechanism of Ukrainian Parliament Commissioner for Human Rights (NPM) in the aspect of right to health is partially supported within the Global Fund program: conducting the assessment of the access to medical services in penitentiary system by monitoring visits to prisons	Visits in 23 oblasts to places of confinement , approx. 2000 violations found per year	Costs reported in HIV section	Volyn', Zakarpattya, Ivano-Frankivs'k, Lviv, Rivne, Ternopil', Khmel'nitskyi, Chernivtsy, Cherkassy, Vinnytsya, Zhytomyr, Kyiv, Kherson, Kropyvnytskyi, Odesa, Mykolaiv, Kharkiv, Poltava, Sumy, Luhansk', Dnipropetrovs'k , Donetsk, Zaporizhzhya oblasts	Network of PLWHA
Legal consultations	Provision of legal consultations to prisoners by lawyer visiting prisons within a multidisciplinary team visits (funded by PATH)			Mykolayv	Penitentiary Initiative

Moving to more comprehensive programming:

- Availability of visits by multi-disciplinary teams (including a lawyer) should be expanded to assist prisoners with renewal of documents, application for social assistance/benefits, application for disability assistance, temporary residence registration and so on.

- The National Preventive Mechanism should continue monitoring access to medical care in prisons, SIZO, ITTs.
- HIV and TB NGOs should work with the Academy of Penitentiary Service, Bila Tserkva Center for Personnel Development, Khmelnytskyi Center for Personnel Development, Dniprovskiy Center for Personnel Development of State Penitentiary Service of Ukraine, etc. (6 educational institutions in total)¹²⁵ to conduct training workshops for medical staff, social workers and guards in the penitentiary system on human rights and access to health services; as well as prisons non-medical personnel on obligations related to the right to medical assistance, including HIV and TB related services, tolerant attitudes and personal measures of protection.

To implement this comprehensive approach over five years is estimated to cost USD6000 if the HIV Comprehensive Approach is fully funded. It should be noted that fully funding reduction of HIV human rights barriers in prisons would cost approximately \$443,000 over 5 years.

Sources and uses of funds for HIV in 2016 and costing for a five-year comprehensive program

It is estimated that a total of USD 46,000 was allocated in Ukraine to reduce human rights-related barriers to TB services (out of a total expenditure on TB of about \$52 million in 2016¹²⁶). Major funders for reduction of human rights barriers to TB services in 2016 were as follows:

USAID	USD6,220
PAS (GF Regional Project)	USD40,000

The assessment team calculated the likely split between program areas by acquiring expenditure data from the funded organizations and matching these to activities under each program area. This gave the following split of funding across program areas to remove human rights-related barriers to TB services:

TB Program Area	2016
PA 1: Stigma and discrimination reduction for key populations	USD15,000
PA 2: Reducing gender-related barriers to TB services	USD 0
PA 3: TB-related legal services	USD20,000
PA 4: Monitoring and reforming laws, regulations and policies relating to TB	USD 6220

¹²⁵ Based on data for 2016 of State Penitentiary Service website
<http://www.kvs.gov.ua/peniten/control/main/uk/publish/article/628075>

¹²⁶ WHO TB Country Profile Ukraine
https://extranet.who.int/sree/Reports?op=Replet&name=/WHO_HQ_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=UA&outtype=html.

PA 5: Legal literacy (“know your rights”)	USD 5000
PA 6: Sensitization of law-makers and law enforcement agents	USD 0
PA 7: Training for health care workers (HCW) on human rights and medical ethics related to TB	USD6220
PA 8: Ensuring confidentiality and privacy	USD 0
PA 9: Mobilizing and empowering patient and community groups	USD 0
PA 10: Programs in prisons and other closed settings	USD 0

Costs for the recommended interventions for the five-year comprehensive program set out are set out in the table below. Detailed budgets and costing information is available in Annex 3.

TB Human Rights Barriers Program Area	Year 1	Year 2	Year 3	Year 4	Year 5	Total
PA 1: Stigma and discrimination reduction	\$371,763	\$325,849	\$344,159	\$330,855	\$337,096	\$1,709,721
PA 2: Reducing gender-related barriers to TB services	\$310,001	\$298,061	\$298,061	\$298,061	\$298,061	\$1,502,245
PA 3: TB-related legal services	\$29,870	\$28,361	\$28,361	\$28,361	\$28,361	\$143,315
PA 4: Monitoring and reforming laws, regulations and policies relating to TB services	\$12,000	\$0	\$0	\$0	\$0	\$12,000
PA 5: Knowing your TB-related rights	\$300,000	\$300,000	\$350,078	\$300,000	\$350,078	\$1,600,155
PA 6: Sensitization of law-makers, judicial officials and law enforcement agents	\$27,795	\$6,195	\$6,195	\$0	\$0	\$40,185
PA 7: Training of health care providers on human rights and medical ethics related to TB	\$5,703	\$5,703	\$5,703	\$95,703	\$5,703	\$118,517
PA 8: Ensuring confidentiality and privacy	\$0	\$50,000	\$0	\$50,000	\$0	\$100,000
PA 9: Mobilizing and empowering patient and community groups	\$67,661	\$62,731	\$62,731	\$8,341	\$8,341	\$209,805
PA 10: Programs in prisons and other closed settings	\$2,071	\$1,036	\$1,036	\$1,036	\$1,036	\$6,214
Total	\$1,126,865	\$1,077,936	\$1,096,324	\$1,112,357	\$1,028,675	\$5,442,157

Gaps, challenges and opportunities

The gaps in the activities to reduce human rights barriers to TB services are vast. A positive note and opportunity is the establishment last year of the All-Ukrainian Association of people who have recovered from tuberculosis and the funding this group has received from the GF regional TB project. This group requires substantial capacity building and assistance and support to carry out activities both at the national level and in oblasts with high rates of TB. Another opportunity is the increased interest shown by well-established HIV NGOs in carrying over some of their HIV outreach, education, social, psychological and legal support activities to address TB.

Unlike the HIV sector, there are few examples of good practice to call on when designing a comprehensive approach to reduce human rights barriers to TB services. But many of the effective activities on reducing barriers to HIV services are likely to have an impact on TB services as well.

Costing limitations

The costing component of the baseline assessment was a rapid investment analysis, therefore it should not be viewed as a full-fledged resource need estimation. The retrospective costing has informed the estimation of intervention-level costs, hence the limited data collected through the baseline assessment inherently affected the prospective costing.

The baseline assessment encountered certain limitations in the costing component both as pertaining to HIV and TB programs aimed at removing human rights-related barriers:

- Certain key stakeholders were not able to take part in the data collection due to competing priorities. As a result, an important viewpoint on human rights barriers and on the effectiveness of current efforts to address them may be missing from the analysis. Stakeholders that could not participate also included a number of bilateral partners and, as a result, the description of current efforts to address and remove barriers may not include what these entities are currently funding or undertaking directly.

More specific limitations and challenges to the collection of financial data included:

- It appeared that a number of organisations felt that the information requested was too sensitive to share even though it was indicated in the invitation messages that the data would be consolidated and anonymised at the implementer level.
- Some organisations appeared to take the position that the benefit of completing the exercise was not worth the level of effort required, given other pressures on them.
- Most funders and intermediaries appeared to be unable to disaggregate their investments in combination prevention interventions to the level where funding for programmes addressing human rights barriers could be identified.
- Finally, as the analysis has noted there is a large gap in current and comprehensive quantitative data on a number of the human rights barriers identified by the assessment. As a result, there may be an over-reliance on individual or anecdotal accounts or

perspectives which may not, in some cases, be an accurate reflection of an overall, country-wide trend.

The prospective costing of the comprehensive response to removing human rights-related barriers will inform the development of the five-year strategic plan and will therefore likely to change throughout the country-owned participatory plan development process.

VII. List of Annexes

Annex 1: List of sources and documents reviewed

Annex 2: Comprehensive Approach to HIV Human Rights Barriers in Ukraine

Annex 3: Comprehensive Approach to TB Human Rights Barriers in Ukraine

Annex 4: Comprehensive Approach Costing

Annex 5: 2016 Funding Summary

Annex 6: Baseline Indicators and Values

Annex 1. List of sources and documents reviewed

1. Abdullaev, T., Duric, P., Konstantinov, B., & Hamelmann, C. (2016). NGO Social Contracting: Factsheet Ukraine. *United Nations Development Program*. Retrieved from: <http://www.eurasia.undp.org/content/dam/rbec/docs/UNDP%20NGO%20Factsheet%20Ukraine%20web%20V2.pdf>
2. Ahn, J. V., Bailey, H., Malyuta, R., Volokha, A., & Thorne, C. (2016). Factors Associated with non-disclosure of HIV Status in a Cohort of Childbearing HIV-Positive Women in Ukraine. *AIDS and Behavior*, 20(1), 174-183.
3. Altice, F. L., Azbel, L., Stone, J., Brooks-Pollock, E., Smyrnov, P., Dvoriak, S., & Stöver, H. (2016). The perfect storm: incarceration and the high-risk environment perpetuating transmission of HIV, hepatitis C virus, and tuberculosis in Eastern Europe and Central Asia. *The Lancet*, 388(10050), 1228-1248.
4. Azbel, L., Wickersham, J. A., Grishaev, Y., Dvoryak, S., & Altice, F. L. (2013). Burden of infectious diseases, substance use disorders, and mental illness among Ukrainian prisoners transitioning to the community. *PloS one*, 8(3), e59643.
5. Azbel, L., Wickersham, J. A., Grishaev, Y., Dvoryak, S., & Altice, F. L. (2014). Correlates of HIV infection and being unaware of HIV status among soon-to-be-released Ukrainian prisoners. *Journal of the International AIDS Society*, 17(1).
6. Bachiredy, C., Soule, M. C., Izenberg, J. M., Dvoryak, S., Dumchev, K., & Altice, F. L. (2014). Integration of health services improves multiple healthcare outcomes among HIV-infected people who inject drugs in Ukraine. *Drug and alcohol dependence*, 134, 106-114.
7. Bojko, M. J., Mazhnaya, A., Makarenko, I., Marcus, R., Dvoriak, S., Islam, Z., & Altice, F. L. (2015). "Bureaucracy & Beliefs": Assessing the barriers to accessing opioid substitution therapy by people who inject drugs in Ukraine. *Drugs: Education, Prevention and Policy*, 22(3), 255-262.
8. Bojko, M. J., Mazhnaya, A., Marcus, R., Makarenko, I., Islam, Z., Filippovych, S., ... & Altice, F. L. (2016). The future of opioid agonist therapies in Ukraine: a qualitative assessment of multilevel barriers and ways forward to promote retention in treatment. *Journal of substance abuse treatment*, 66, 37-47.
9. Booth, R. E., Dvoryak, S., Sung-Joon, M., Brewster, J. T., Wendt, W. W., Corsi, K. F., ... & Strathdee, S. A. (2013). Law enforcement practices associated with HIV infection among injection drug users in Odessa, Ukraine. *AIDS and Behavior*, 17(8), 2604-2614.
10. Booth, R. E., Lehman, W. E., Latkin, C. A., Dvoryak, S., Brewster, J. T., Royer, M. S., & Sinitsyna, L. (2011). Individual and network interventions with injection drug users in 5 Ukraine cities. *American journal of public health*, 101(2), 336-343.
11. Beyrer, C., Baral, S. D., Walker, D., Wirtz, A. L., Johns, B., & Sifakis, F. (2010). The expanding epidemics of HIV type 1 among men who have sex with men in low-and middle-income countries: diversity and consistency. *Epidemiologic reviews*, mxq011.

12. Corsi, K. F., Dvoryak, S., Garver-Apgar, C., Davis, J. M., Brewster, J. T., Lisovska, O., & Booth, R. E. (2014). Gender differences between predictors of HIV status among PWID in Ukraine. *Drug and alcohol dependence*, 138, 103-108.
13. Datsenko, O., Smyrnov, P., & Broadhead, R. (2012). Relying on injection drug users to prevent HIV in Ukraine-follow-up results of peer-driven interventions. *Retrovirology*, 9(1), P104
14. Decker, M. R., Wirtz, A. L., Pretorius, C., Sherman, S. G., Sweat, M. D., Baral, S. D., ... & Kerrigan, D. L. (2013). Estimating the impact of reducing violence against female sex workers on HIV epidemics in Kenya and Ukraine: a policy modeling exercise. *American Journal of Reproductive Immunology*, 69(s1), 122-132.
15. Degenhardt, L., Mathers, B. M., Wirtz, A. L., Wolfe, D., Kamarulzaman, A., Carrieri, M. P., ... & Beyrer, C. (2014). What has been achieved in HIV prevention, treatment and care for people who inject drugs, 2010–2012? A review of the six highest burden countries. *International Journal of Drug Policy*, 25(1), 53-60.
16. DeHovitz, J., Uuskula, A., & El-Bassel, N. (2014). The HIV epidemic in Eastern Europe and Central Asia. *Current HIV/AIDS Reports*, 11(2), 168-176.
17. Denisiuk, O., Smyrnov, P., Kumar, A. M. V., Achanta, S., Boyko, K., Khogali, M., ... & Zachariah, R. (2014). Sex, drugs and prisons: HIV prevention strategies for over 190 000 clients in Ukraine. *Public health action*, 4(2), 96-101.
18. Deshko, T. (2015). HIV Reduction Among Women Who Inject Drugs Can Be Achieved Through Women-Specific Programs and Global Targets: A Model From Ukraine. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 69, S98-S99.
19. Dude, A. (2007). Intimate partner violence and increased lifetime risk of sexually transmitted infection among women in Ukraine. *Studies in family planning*, 89-100.
20. Dudnyk, A., Rzhepishevskaya, O., Rogach, K., Kutsyna, G., & Lange, C. (2015). Multidrug-resistant tuberculosis in Ukraine at a time of military conflict. *The International Journal of Tuberculosis and Lung Disease*, 19(4), 492-493.
21. Dvoriak, S., Karachevsky, A., Chhatre, S., Booth, R., Metzger, D., Schumacher, J., ... & Woody, G. (2014). Methadone maintenance for HIV positive and HIV negative patients in Kyiv: acceptability and treatment response. *Drug and alcohol dependence*, 137, 62-67.
22. Gamazina, K., Mogilevkina, I., Parkhomenko, Z., Bishop, A., Coffey, P. S., & Brazg, T. (2009). Improving quality of prevention of mother-to-child HIV transmission services in Ukraine: a focus on provider communication skills and linkages to community-based non-governmental organizations. *Central European journal of public health*, 17(1), 20.
23. Golovanenskaya, M., Vlasenko, L., & Saucier, R. (2012). In control?: Ukrainian opiate substitution treatment patients strive for a voice in their treatment. *Substance use & misuse*, 47(5), 511-521.
24. Gomez, G. B., Borquez, A., Case, K. K., Wheelock, A., Vassall, A., & Hankins, C. (2013). The cost and impact of scaling up pre-exposure prophylaxis for HIV prevention: a systematic review of cost-effectiveness modelling studies. *PLoS Med*, 10(3), e1001401.

25. Günther, G., Gomez, G. B., Lange, C., Rupert, S., & van Leth, F. (2015). Availability, price and affordability of anti-tuberculosis drugs in Europe: a TBNET survey. *European Respiratory Journal*, 45(4), 1081-1088.
26. Izenberg, J. M., Bachiredy, C., Wickersham, J. A., Soule, M., Kiriazova, T., Dvoriak, S., & Altice, F. L. (2014). Within-prison drug injection among HIV-infected Ukrainian prisoners: prevalence and correlates of an extremely high-risk behaviour. *International Journal of Drug Policy*, 25(5), 845-852.
27. Izenberg, J. M., Bachiredy, C., Soule, M., Kiriazova, T., Dvoryak, S., & Altice, F. L. (2013). High rates of police detention among recently released HIV-infected prisoners in Ukraine: implications for health outcomes. *Drug and alcohol dependence*, 133(1), 154-160.
28. Johns, B., Doroshenko, O., Tarantino, L., & Cowley, P. (2016). The Cost-Effectiveness of Integrating HIV Counseling and Testing into Primary Health Care in the Ukraine. *AIDS and Behavior*, 1-10.
29. Kiriazova, T. K., Neduzhko, O. O., Dufour, M. K., Culyba, R. J., & Myers, J. J. (2014). Evaluation of the effectiveness of HIV voluntary counseling and testing trainings for clinicians in the Odessa region of Ukraine. *AIDS and Behavior*, 18(1), 89-95.
30. Kiriazova, T. K., Postnov, O. V., Perehinets, I. B., & Neduzhko, O. O. (2013). Association of injecting drug use and late enrolment in HIV medical care in Odessa Region, Ukraine. *HIV medicine*, 14(S3), 38-41.
31. Kim, S. W., Pulkki-Brannstrom, A. M., & Skordis-Worrall, J. (2014). Comparing the cost-effectiveness of harm reduction strategies: a case study of the Ukraine. *Cost Effectiveness and Resource Allocation*, 12(1), 25.
32. Kutsa, O., Marcus, R., Bojko, M. J., Zelenev, A., Mazhnaya, A., Dvoriak, S.,... & Altice, F. L. (2016). Factors associated with physical and sexual violence by police among people who inject drugs in Ukraine: implications for retention on opioid agonist therapy. *Journal of the International AIDS Society*, 19(4Suppl 3).
33. Malta, M., da Costa, M. R., & Bastos, F. I. (2014). The paradigm of universal access to HIV-treatment and human rights violation: how do we treat HIV-positive people who use drugs?. *Current HIV/AIDS Reports*, 11(1), 52-62.
34. Mimiaga, M. J., Safren, S. A., Dvoryak, S., Reisner, S. L., Needle, R., & Woody, G. (2010). "We fear the police, and the police fear us": Structural and individual barriers and facilitators to HIV medication adherence among injection drug users in Kiev, Ukraine. *AIDS care*, 22(11), 1305-1313.
35. Morozova, O., Dvoryak, S., & Altice, F. L. (2013). Methadone treatment improves tuberculosis treatment among hospitalized opioid dependent patients in Ukraine. *International Journal of Drug Policy*, 24(6), e91-e98.
36. Neduzhko, O., Postnov, O., Perehinets, I., DeHovitz, J., Joseph, M., Odegaard, D., ... & Kiriazova, T. (2016). Factors Associated with Delayed Enrollment in HIV Medical Care among HIV-Positive Individuals in Odessa Region, Ukraine. *Journal of the International Association of Providers of AIDS Care (JIAPAC)*, 2325957416686194.

37. Nerlander, L. M., Zapata, L. B., Yorick, R., Skipalska, H., Smith, R. A., Kissin, D. M., ... & Hillis, S. D. (2015). Behaviors Associated With a Risk of HIV Transmission From HIV-Positive Street Youth to Non-Street Youth in Ukraine. *Sexually transmitted diseases*, 42(9), 513-520.
38. Owczarzak, J., Karelin, M., & Phillips, S. D. (2015). A view from the frontlines in Slavyansk, Ukraine: HIV prevention, drug treatment, and help for people who use drugs in a conflict zone. *The International journal on drug policy*, 26(1), 6.
39. Pokrovskiy, V. (2014). HIV epidemic in Russia and neighbouring countries. *Journal of the International AIDS Society*, 17(4Suppl 3).
40. Polonsky, M., Azbel, L., Wickersham, J. A., Taxman, F. S., Grishaev, E., Dvoryak, S., & Altice, F. L. (2015). Challenges to implementing opioid substitution therapy in Ukrainian prisons: personnel attitudes toward addiction, treatment, and people with HIV/AIDS. *Drug and alcohol dependence*, 148, 47-55.
41. Polonsky, M., Rozanova, J., Azbel, L., Bachiredy, C., Izenberg, J., Kiriazova, T., ... & Altice, F. L. (2016). Attitudes toward addiction, methadone treatment, and recovery among HIV-infected Ukrainian prisoners who inject drugs: incarceration effects and exploration of mediators. *AIDS and behavior*, 20(12), 2950-2960.
42. Rispel, L. C., Cloete, A., & Metcalf, C. A. (2015). 'We keep her status to ourselves': Experiences of stigma and discrimination among HIV-discordant couples in South Africa, Tanzania and Ukraine. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 12(1), 10-17.
43. Schaub, M., Chtenguelov, V., Subata, E., Weiler, G., & Uchtenhagen, A. (2010). Feasibility of buprenorphine and methadone maintenance programmes among users of home made opioids in Ukraine. *International Journal of Drug Policy*, 21(3), 229-233.
44. Smyrnov, P., Broadhead, R. S., Datsenko, O., & Matiyash, O. (2012). Rejuvenating harm reduction projects for injection drug users: Ukraine's nationwide introduction of peer-driven interventions. *International Journal of Drug Policy*, 23(2), 141-147.
45. Spicer, N., Bogdan, D., Brugha, R., Harmer, A., Murzalieva, G., & Semigina, T. (2011). 'It's risky to walk in the city with syringes': understanding access to HIV/AIDS services for injecting drug users in the former Soviet Union countries of Ukraine and Kyrgyzstan. *Globalization and Health*, 7(1), 22.
46. Spindler, H., Salyuk, T., Vitek, C., & Rutherford, G. (2014). Underreporting of HIV transmission among men who have sex with men in the Ukraine. *AIDS research and human retroviruses*, 30(5), 407-408.
47. Springer, S. A., Larney, S., Alam-Mehrjerdi, Z., Altice, F. L., Metzger, D., & Shoptaw, S. (2015). Drug Treatment as HIV Prevention Among Women and Girls Who Inject Drugs From a Global Perspective: Progress, Gaps, and Future Directions. *Journal of acquired immune deficiency syndromes (1999)*, 69(0 1), S155-61.
48. Takasawa, K., Denisiuk, O., Mburu, G. & Oxenham, D. (2013). Strengthening HIV-TB integration: A case study from Alliance Ukraine. International HIV/AIDS Alliance. Retrieved from:

https://www.aidsalliance.org/assets/000/000/879/Strengthening_HIV-TB_integration_case_study_original.pdf?1407430031

49. Taran, Y. S., Johnston, L. G., Pohorila, N. B., & Saliuk, T. O. (2011). Correlates of HIV risk among injecting drug users in sixteen Ukrainian cities. *AIDS and Behavior*, 15(1), 65-74.
50. UNOCHA. (2016). 2017 Humanitarian Needs Overview: Ukraine. *United Nations Office of Coordination of Humanitarian Affairs*. Retrieved from: <http://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2017-enuk>
51. Vasylyeva, T. I., Friedman, S. R., Smyrnov, P., & Bondarenko, K. (2015). A new approach to prevent HIV transmission: Project Protect intervention for recently infected individuals. *AIDS care*, 27(2), 223-228.
52. Vickerman, P., Kumaranayake, L., Balakireva, O., Guinness, L., Artyukh, O., Semikop, T., ... & Watts, C. (2006). The cost-effectiveness of expanding harm reduction activities for injecting drug users in Odessa, Ukraine. *Sexually transmitted diseases*, 33(10), S89-S102.
53. Vitek, C. R., Čakalo, J. I., Kruglov, Y. V., Dumchev, K. V., Salyuk, T. O., Božičević, I., ... & Abdul-Quader, A. S. (2014). Slowing of the HIV epidemic in Ukraine: evidence from case reporting and key population surveys, 2005–2012. *PLoS One*, 9(9), e103657.
54. Wirtz, A. L., Pretorius, C., Beyrer, C., Baral, S., Decker, M. R., Sherman, S. G., ... & Semini, I. (2014). Epidemic impacts of a community empowerment intervention for HIV prevention among female sex workers in generalized and concentrated epidemics. *PLoS One*, 9(2), e88047.
55. Wolfe, D., Carrieri, M. P., & Shepard, D. (2010). Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward. *The Lancet*, 376(9738), 355-366.
56. Zaller, N., Mazhnaya, A., Larney, S., Islam, Z., Shost, A., Prokhorova, T., ... & Flanigan, T. (2015). Geographic variability in HIV and injection drug use in Ukraine: implications for integration and expansion of drug treatment and HIV care. *International Journal of Drug Policy*, 26(1), 37-42.

Annex 2: Comprehensive Approach to HIV Human Rights Barriers in Ukraine

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate 5 year Cost
Program Area 1: Stigma and Discrimination Reduction				
Design and implement (together with Ministry of Health, National Public Health Center, major civil society organizations) national communication campaigns to counter stigma and discrimination, tailoring these to each specific audience and channel	National communication campaign to address S&D to PLWHA (big boards/city lights, social media, TV and radio shows) – 2 in 5 years National communication campaign to address S&D to KPs (social media, big boards/city lights) – 2 in 5 years	All regional centers and big cities covered	Increased reach of general population with informational campaign, Indirectly contributed to lowering stigma and discrimination in the society	\$73,239.43
Expand community mobilisation and education on stigma and discrimination for all HIV key populations	KP NGOs assist and train PLHIV, PWID, SW, MSM to decrease self-stigma and to counteract stigmatizing and discriminatory behaviors	KP representatives from 24 oblasts participate in multi-oblast trainings (6 trainings for 4 oblasts each per year for IDU, MSM, SW, PLHIV KPs)	Increased number of trainings for KPs to decrease self-stigma and counteract stigmatizing and discriminatory behaviors (600 PLHIV, 600 PWID, 600 SW and 600 MSM)	\$ 367,375.66
Provide psychological counseling for victims of the manifestations of stigma and discrimination, and to prevent self-harming actions due to self-stigma	Subgrants to NGOs for salaries of psychologists, crisis counseling for the victims of discriminatory actions. Psychological counsel salaries at National HIV/TB line, OST line	24 oblasts National	Counseling is provided to victims of stigma	\$413,302.96 \$30,751.71
Ensure that outreach staff are trained in human rights issues, a rights-based	KP NGOs train care-and-support and prevention projects outreach workers on human rights issues	24 oblasts	600 outreach workers trained on human rights issues	\$91,843.92 \$5,178.25

approach to health and ways to react when human rights violations are reported, including through referral to existing redress mechanisms	Develop online course and/or module for existing trainings for outreach workers	National level	Online training course developed and disseminated among HIV-service NGOs and	
Conduct communication sessions with opinion leaders	KP NGOs train leaders and/or spokespersons from the PLHIV, PWID, SW, MSM, communities in public speaking and communications skills	National	100 PLHIV, 100 PWID, 100 SW and 100 MSM trained in public speaking and communications skills	\$ 61,229.28
Continue implement Stigma Index Research	Research carried out by PLHIV and KP NGOs regularly (every 3 years)	National	Stigma Index reports in Years 2 and 4	\$24,138.65
Continue current effective programs	See programs list In Baseline Assessment Report	National		\$544,630

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 2: Training for health care workers (HCW) on human rights and medical ethics related to HIV				
Incorporate human rights topics and themes into pre-service and post-graduate education, and continuous education of medical professionals, especially for primary care physicians	Review current training programs at Shchupika Institute and other institutions of higher medical education, to ensure Human Rights, Medical Ethics appropriately included in the curricula of the pre-service, in-service educations	National	New curriculum developed and transferred to the institutions of higher medical education (at least 10 institutions of higher medical education)	\$11,940
Adapt training materials and provide training for oblast and city health administration staff on human rights in	KP NGOs assist in carrying out training of HCW on human rights in access to health, medical ethics	24 oblasts and city of Kyiv health administrations staff	50 representatives of health administration trained each year	\$31,781.82

access to health, medical ethics.				
Expand healthcare worker training to all oblasts and cities with substantial concentrations of PLHIV and of key and vulnerable populations.	Train health care workers in Human Rights, Medical Ethics in oblasts with the highest burden of the HIV/AIDS epidemics	Cover 12 oblasts	Train at least 5000 doctors, nurses and health administrators (as a part of post-graduate courses)	\$1,490,305.35
Continue current effective programs	See programs list In Baseline Assessment Report	National		\$1,868,520

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 3: Sensitization of law-makers and law enforcement agents				
Trainings for patrol police and Temporary Holding Isolators (ITT) personnel should be expanded to all oblasts and cities with substantial concentrations of PLHIV and of key and vulnerable populations using the capacity of the National Police Human Rights Compliance Department, providing professional certification/courses on a tolerant attitude and ensuring the right to medical care for key populations (especially people who inject drugs).	Conduct ToTs on Human Rights and HIV for at least 450 officers from 150 ITT and 70 officers from National Police Human Rights Department, 1200 patrol police officers from 12 high burden oblasts Study tours for senior police administration officials	National	450 officers of ITT, 70 officers of the National Police Human Rights Department and 1200 patrol police officers trained (7 trainings per yer for 50 officers with travel from regions) 2 Study Tours undertaken in Years 1 and 2	\$276,662.92
HIV NGOs should work with the Academy of Penitentiary Service, Bila Tserkva Center for Personnel Development, Khmelnytskyi Center for Personnel Development, Dniprovskiy Center for Personnel Development of State Penitentiary Service of Ukraine, etc. (6 educational	Ensure that at least 2500 officers of penitentiary service, 200 HCWs from penitentiary system are trained on HIV and Human Rights issues Development of training materials to be incorporated	National	At least 1250 non-medical personnel (5 trainingsx50 persons with travel each year 1 day), 200 HCWs (2 days, 2x20 persons per year) of penitentiary service are trained Training curriculums with	\$228,166.24

institutions in total) ¹²⁷ to conduct training workshops for medical staff, social workers and guards in the penitentiary system on human rights and access to health services; as well as prisons non-medical personnel on obligations related to the right to medical assistance, including HIV and TB related services, tolerant attitudes and personal measures of protection.	<p>into curriculum of state penitentiary educational institutions</p> <p>Conduct ToTs for 90 teachers from educational institutions</p> <p>Study tours for senior prison administration officials</p>		<p>training materials are developed (at least 4 types of training programs)</p> <p>At least 90 teachers from educational institutions are trained</p> <p>2 Study Tours undertaken in Years 1 and 2</p>	
Availability of visits by multi-disciplinary teams (including a lawyer) should be expanded to assist prisoners with renewal of documents, application for social assistance/benefits, application for disability assistance, temporary residence registration and so on.	Funding of lawyer honorarium and travel costs to penitentiary institutions	National	65 visits per year (travel, per diems, honorarium)	\$203,443.74
The National Preventive Mechanism should continue monitoring access to medical care in prisons, SIZO, ITTs	<p>Developing of trainings and algorithms of monitoring of rights of prisoners on access to HIV, TB, and HCV related prevention and treatment services in penitentiary institutions;</p> <p>Carrying out developed trainings for NPM monitors;</p> <p>Conducting of the educational modules on monitoring of provision of</p>	National	<p>48 monitors of the National Preventive Mechanism will improve knowledge and get needed skills to implement monitoring activities;</p> <p>120 visits of the NPM monitors took place;</p> <p>Based on the results of each visit the press-release, expert study of the consultant, report of monitoring group, act of response of the Commissioner</p>	\$327000

¹²⁷ Based on data for 2016 of State Penitentiary Service website
<http://www.kvs.gov.ua/peniten/control/main/uk/publish/article/628075>

	<p>medical care, including OST, in SIZOs (pre-trial detention centers);</p> <p>Conducting of the NPM monitoring visits to prisons, pre-trial detention centers, other place of deprivation of liberty to monitor human rights compliance, including provision of medical care;</p> <p>Preparation and printing of special report and conducting media-event to present the special report;</p> <p>Exchange of experience by participation in international conferences on national preventive mechanisms</p>		of the Parliament of Ukraine on Human Rights (ombudsman) will be prepared	
Expansion should continue of educational activities among key populations carrying out "civil investigations" - regional teams for responding and investigating violations of rights, conducting trainings and practical work.	<p>Conducting trainings for regional teams conducting 'civil investigations' (1 national training in Year 1, 2 and 3)</p> <p>Supporting 6 regional teams conducting civil investigations</p>	National	<p>At least 90 representatives of KPs, lawyers, activists are trained</p> <p>6 regional teams are supported (3 one-time honorariums 400 USD to 18 persons)</p>	\$ 40,184.72
Build broad coalition to provide analysis of statistics and practices that show inefficiencies of the current repressive drug control system, to develop proposals for changes in the regulatory framework to the drug laws of Ukraine, to organize	<p>Support a coalition secretariat</p> <p>Support work on development of legislative proposals</p> <p>Conduct stakeholders round</p>	National	<p>2 persons salaries, office, internet, travel costs</p> <p>3 legal and GR consultants honorariums (3000 per year each)</p> <p>2 round tables per year</p>	\$214,757.04

expert discussions with Deputies and Ministries, and to achieve public attention to the issue through press briefings, street actions, etc.	tables to discuss the topic with decision makers Conduct press-briefings, street actions Study tours for government, MPs, police officials		2 press-briefings and/or street actions per year 2 study tours in Year 2 and 3	
Continue current effective programs	See programs list In Baseline Assessment Report	National		\$0

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 4: Legal literacy (“know your rights”)				
Community monitoring (establishing paralegal networks)	Develop key population members capacity as community monitors to implement a feedback mechanism about human right violations through street lawyers and human rights defenders; report annually	24 regions	Mechanism developed (i.e. paralegal monitors from IDU, MSM, CSW, PLWH trained and monitoring activities supported), annual reports	\$ 666,409.01
Expansion of “know your rights” education and legal literacy for all KPs and PLHIV with a view to increase community protection and to develop advocacy around health issues.	Printing and disseminating in collaboration with HIV-service organizations and other NGOs which provide services to KPs and PLHIV ‘know your rights’ leaflets	24 regions	Awareness on rights of KP representatives is raised	\$1,508.92
Use expanded street lawyer program to educate all HIV KPs on rights, refer them to legal services, create an advocacy agenda and identify community priorities for activism.	Conduct raising awareness sessions on rights for KPs and PLHIV by paralegal monitors and trainer in human rights	24 regions	Awareness on rights of KP representatives is raised	\$141,806.05

	monitoring and protection activists			
Build capacity of civil society and key population representatives to serve as watchdogs and monitors	Increasing human rights focus of existing HIV and OST hotlines by dedicating dedicated time for human rights issues during the operational time of the hotlines. Establishment of the National web portal with information about violations	National	Legal counsels are working at HIV and OST hotlines providing legal aid services National web portal is developed	\$23,405.92 \$31.500
Continue current effective programs	See programs list In Baseline Assessment Report	National		\$326.040

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 5: HIV-related legal services				
Expansion of the street lawyer program to sufficient coverage to educate and offer services to key populations in all oblasts and cities with a substantial concentration of PLHIV and key populations, and work towards attestation, quality control and institutionalization of street lawyers/paralegals	Establishing network of legal counsels focusing on rights of KPs and PLHIV protection and legal aid Create a strategic litigation fund at the national level that will fund cases of serious rights violations related to access to HIV services, and establish a micro-fund at NGOs at the oblast level to fund strategic litigation.	24 regions	KPs and PLHIV are covered with legal aid services	\$ 961,542.37
HIV NGOs should provide assistance for PWID and former prisoners in restoring	Lawyers or social workers at HIV NGOs are trained on algorithm of restoring	24 regions	2 training sessions in Year 1 and Year 3	\$7,062.63

documents for access to HIV services.	documents, resolving the cases in the areas of the employment rights, social benefits rights, health rights for ex-prisoners and provided with relevant tools/information		Legal Network legal counsels involved as trainers	
Training for advocates of free legal aid and stimulation of pro-bono services	<p>Continue to provide specialized trainings for lawyers that work in state free legal aid services to raise the quality of advice to key populations (particularly on specific issues related to drug possession cases, medical secret disclosure cases, etc.).</p> <p>Within the National web portal with information about violations establish a database of lawyers who are able (with knowledge and tolerance) to work with key populations and their main requests on pro bono or paid basis. This database should be used to develop a broad legal network which covers both cities and the rural areas and small towns, where legal aid is currently not available at all.</p> <p>Conduct activities aimed at stimulating provision of free legal aid services to KPs by supporting student's law clinics;</p>	24 regions	400 free legal aid advocates trained and at least 10 students legal aid clinics supported	\$234,483.65
Continue current effective programs	See programs list In Baseline Assessment Report			\$919,315

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 6: Monitoring and reforming laws, regulations and policies relating to HIV				
Legal Environment Assessments	Carry out as part of Mid-Term and End-Term Assessments	National	Assessments carried out in Years 3 and 5	\$100,155.25
<p>Law and policy reform advocacy by community mobilisation</p> <ul style="list-style-type: none"> a. Advocate for Raising the minimum threshold of drug possession to be required for prosecution b. Introduction of a sexual orientation and gender identity (SOGI) component in anti-discrimination legislation c. Decriminalization of sex work d. Decriminalization of exposure to and transmission of HIV e. Advocating for a law on the treatment and rehabilitation of people who inject drugs at the expense of the state budget through a system of free rehabilitation centers f. Introduction of penalties for denial of services to PLHIV and key populations (Ministry of Health). g. Support the reform of medical care in prisons aimed at gradual transition of care to MoH. In the interim, 	Advocacy activities shall be implemented by national level community organizations of IDUs, MSM, CSW, PLWHA, women, etc	National	Advocacy carried out within advocacy subgrants provided to community based organizations	\$1,826,252.05

<p>advocate for MoH funding for infectious diseases doctors to be able to visit prisons (as ART cannot be started until a PLHIV prisoner has seen such a doctor), especially for rural prisons. (State Penitentiary Service and Ministry of Health).</p> <p>h. Advocate for the legal basis for introducing OST and making it widely available in prisons; regulation ensuring provision of ART, TB and OST treatment in transit of prisoners and during investigation actions/trial hearings; and clarifying the procedure for release due to health status (State Penitentiary Service and Ministry of Health).</p> <p>i. lifting the ban on blood donation for MSM;</p> <p>j. lifting the ban on adoption of children by PLHW, transgender.</p> <p>k. Advocacy for and participation in the development of a National Plan of Actions to address human rights barriers in access to health and social services.</p> <p>l. Advocacy for and participation in the development of a system by which HIV NGOs can be</p>				
---	--	--	--	--

<p>funded from State budgets at national, oblast, rayon and city level.</p> <p>m. Advocacy by HIV NGOs for development of budget lines and recruitment and management practices to encourage health facilities to hire key population members as peer educators, social workers, “expert patients” and members of multidisciplinary team.</p> <p>n. NGOs should be able to provide VCT without a medical license.</p> <p>o. Additional services for women at OST sites and drop-in centers including condoms, sanitary napkins, etc.</p> <p>p. A component on social support needs to be inserted into the HIV program: this will need to be funded by the Government of Ukraine.</p> <p>q. Advocacy for integrated approach so that a woman can get OST, contraception, ART and TB drugs in one place for three months.</p>				
<p>Advocating for changing laws that regulate monopolies on medicines to improve economic affordability of medicines needed by key populations and PLHIV</p>	<p>Umbrella patient coalition should be supported in conjunction with strong local patients’ organizations</p>	<p>National</p>	<p>Laws regulating monopolies on medicines are amended to reflect balance of private interests</p>	<p>\$750,000</p>

	(PLWHA, cancer groups) and research institutions (National IP Research Institute)		with public health needs	
Continue current effective programs	See programs list In Baseline Assessment Report	National		\$1,907,940

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 7: Reducing discrimination against women in the context of HIV				
Expand gender sensitive harm reduction interventions and peer counselling among adolescent girls in key and vulnerable populations	HIV-NGO in collaboration with NGO working with adolescents/girls provide focused services to adolescent girls	12 high burden oblasts	Increased access by adolescent girls to harm reduction and peer counselling services	\$116,019.58
Expand online counselling and “secret” Facebook pages for HIV-positive women	Subgrant component to NGO that can establish online counseling services platform using social media, existing online communication tools	National	Increased access by women KPs to HIV services	\$94,960.14
Provide trainings on gender issues at the level of OST sites	10 training sessions for targeted OST sites with low coverage of women	Regional	Increased access by women KPs to OST services	\$57,033.29
Carry out further research on gender-related barriers to HIV services	Gender-related barriers assessment in Year 4	National	Action plan developed based on conclusions and recommendations of the assessment	\$90,267
Continue current effective programs	See programs list In Baseline Assessment Report	National		\$212,725

Annex 3: Comprehensive Approach to TB Human Rights Barriers in Ukraine

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 1: Stigma and Discrimination Reduction				
National Campaign against TB stigma and discrimination	Undertake a national communication campaign to address stigma and discrimination towards people living with TB	National	Clear information about each disease, how it is and is not transmitted, how it is important to get tested and on treatment, and how stigma is wrong and unnecessary is provided to KPs Big boards/city lights, social media, TV and radio shows – 3 in 5 years	\$54,929.57
Support TB NGOs/networks	Ensure all staff are trained in human rights issues, a rights-based approach to health and ways to react when human rights violations are reported. Expand online counselling and “secret” Facebook pages for people who have or are at risk of TB.	National	1 Study visit for 5 persons per year 2 TB NGOs supported with 2 trainings (25 participants, travel costs) per year on human rights issues and advocacy skills in Year 1, 2, 3 Subgrant component to TB NGO that can establish online counseling services platform using social media, existing online communication tools	\$146,146.16
Support HIV NGOs/networks	Implement campaigns and support groups to reduce community and self-stigma related to TB.	National	Support groups on TB are conducted in 25 regions once in 2 weeks (salary 20% to psychologist, coffee/tee, venue, small honorariums to	\$947,822.27

	<p>Mentor and foster the development and expansion of NGOs working specifically to advocate for the needs of people with TB.</p> <p>Ensure that outreach staff are trained in TB issues.</p>		<p>invited trainers – 50 USD per 2 month)</p> <p>3 subgrants: trainings - 2 per year, consultants fee/salary for 2 mentors</p> <p>900 outreach workers trained on TB issues - 5x6 trainings for 30 persons</p>	
Decrease stigma and discrimination in educational institutions	Provide educational materials on human rights issues in the context of TB in school and university curricula, and train (with NGOs) administrators of schools, universities and other educational institutions in use of these materials	National	<p>Develop educational materials for curricula of school and university</p> <p>8 trainings per year for 25 persons</p>	\$156,787.27
Work with trades unions to reach enterprises with human rights interventions on TB	In collaboration with ILO Ukraine provide subgrants to trade unions for increasing literacy on human rights and TB at workplace	National	<p>Develop educational materials/leaflets</p> <p>Trainings for administrators/HRs of enterprises with high occupational risk factors for TB</p> <p>8 trainings per year for 25 persons</p>	\$148,797.15
Implement TB Stigma Index (if available)	Research carried out by TB, PLHIV and PWID NGOs	National	Stigma Index reports in Years 1 and 4	\$24,138.65
<p>Continue currently funded activities</p> <p>a. A TB patients association was created to begin the process of mobilizing the</p>	See programs list In Baseline Assessment Report	National		\$231,100

<p>community and raising awareness among patients, including about their rights: TB-REP project (PAS Center)</p> <p>b. Social-psychological support has been provided to TB patients to improve adherence to TB treatment, including discussions of rights, and organized meetings of working group of Coordination Council on HIV/AIDS of Kyiv city, by USAID/StTBCU project - component Shoulder to Shoulder.</p>				
---	--	--	--	--

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 2: Reducing gender-related barriers to TB services				
Provide trainings on gender issues at the level of OST sites.	10 training sessions for targeted OST sites with low coverage of women	National	Increased access by women KPs to TB services	\$28,516.64
Carry out further research on gender-related barriers to TB services.	Gender-related barriers assessment in Year 4	National	Action plan developed based on conclusions and recommendations of the assessment	\$90,000

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 3: TB-related legal services				

Expansion of the street lawyer/paralegal program to include people living with and at risk of TB; ensure sufficient coverage to educate and offer services to key populations in all oblasts and cities with a substantial concentration of TB key populations, and work towards attestation, quality control and institutionalization of street lawyers/paralegals	TB NGOs to use services of street lawyers	National	Legal services for TB KPs in need	\$0 (if HIV comprehensive approach fully funded)
Continue to strengthen and expand the civic-parliamentary investigations mechanism for the most serious cases of rights violations.	<p>Conducting trainings for regional teams conducting 'civil investigations' (1 national training in Year 1, 2 and 3)</p> <p>Supporting 6 regional teams conducting civil investigations</p>	National	<p>At least 90 representatives of KPs, lawyers, activists are trained</p> <p>6 regional teams are supported (3 one-time honorariums 400 USD to 18 persons)</p>	<p>\$18,584.72</p> <p>\$21,600</p>
Improve access to available free legal aid	Establish a database of lawyers who are able (with knowledge and tolerance) to work with TB key populations and their main requests. This database should be used to develop a broad legal network which covers both cities and the rural areas and small towns, where legal aid is currently not available at all.	National	<p>The database shall be hosted within a National web portal of violations of human rights of KPs</p> <p>Content consultant – 600 USD per year</p>	\$0 (if HIV comprehensive approach fully funded)

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 4: Monitoring and reforming laws, regulations and policies relating to TB services				
Policy Development	<p>a. Support the reform of medical care in prisons aimed at gradual transition of care to MoH. (State Penitentiary Service and Ministry of Health).</p> <p>b. Introduce OST and make it widely available in prisons; ensure provision of ART, TB and OST treatment in transit of prisoners and during investigation actions/trial hearings; and clarify the procedure for release due to health status (State Penitentiary Service and Ministry of Health).</p> <p>c. Advocacy for and participation in the development of a National Plan of Actions to address human rights barriers in access to health and social services.</p> <p>d. Advocacy for and participation in the development of a system by which TB NGOs can be funded from State budgets at national, oblast, rayon and city level.</p> <p>e. Advocacy by HIV and TB NGOs for development of budget lines and recruitment and management practices to encourage health facilities to hire key population members</p>	National	<p>TB NGOs to set up advocacy groups; hire advocacy officers; engage with people with TB and advocate for changes they need</p> <p>Advocacy agenda developed and implemented</p>	\$1 500 000 for two organizations (\$300,000 per year) (if HIV comprehensive approach fully funded)

	<p>as peer educators, social workers, “expert patients” and members of multidisciplinary team.</p> <p>f. Advocacy for strict regulation of and compliance with rules on separation of patients with different TB forms in TB facilities; in places of forced isolation; in places of detention and in prisons.</p> <p>g. Advocacy for GeneXpert machines to be available in SIZO for primary screening of HIV, TB, HCV.</p> <p>h. Advocacy for improvement of access to new pre-XDR and XDR TB medicines.</p>			
Changing laws that regulate monopolies on medicines to improve economic affordability of medicines needed by key populations and TB patients	Umbrella patient coalition should be supported in conjunction with strong local patients’ organizations (PLWHA, cancer groups) and research institutions (National IP Research Institute)	National	Laws regulating monopolies on medicines are amended to reflect balance of private interests with public health needs	\$o (if HIV comprehensive approach fully funded)
Legal Environment Assessments	As part of Midterm and End term Assessments	National	Assessments carried out in Years 3 and 5	\$100,155.25

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 5: Knowing your TB-related rights				
Use expanded street lawyer program to educate all HIV KPs on rights	TB NGOs to use services of street lawyers for educating staff and clients	National		o (if HIV comprehensive approach fully funded)
Expansion of “know your rights” education and legal	Printing and disseminating in collaboration with	24 regions	Awareness on rights of KP	\$1,508.92

literacy for all key populations for TB with a view to increase community protection and to develop advocacy around health issues.	HIV-service organizations and other NGOs which provide services to KPs for TB 'know your rights' leaflets		representatives is raised	
Use expanded street lawyer program to educate all TB KPs on rights, create an advocacy agenda and identify community priorities for activism.	Conduct raising awareness sessions on rights for KPs and PLHIV by paralegal monitors and trainer in human rights monitoring and protection activists	24 regions	Awareness on rights of KP representatives is raised	\$141806,05

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 6: Sensitization of law-makers, judicial officials and law enforcement agents				
Trainings for patrol police and Temporary Holding Isolators (ITT) personnel should be expanded to all oblasts and cities with substantial concentrations of TB and of key and vulnerable populations using the capacity of the National Police Human Rights Compliance Department, providing professional certification/courses on a tolerant attitude and ensuring the right to medical care for key populations (especially people who inject drugs).	Ensure new curriculum adequately addresses TB issues and TB KPs	National	Increased sensitization of law enforcement to TB issues and human rights	\$12,000 (if HIV comprehensive approach fully funded)

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 7: Training of health care providers on human rights and medical ethics related to TB				
Curriculum development	Incorporate human rights topics and themes into pre-service and post-	National	New curriculum developed and transferred to the institutions of higher	\$11,940

	graduate education, and continuous education of medical professionals, especially for primary care physicians.		medical education (at least 10 institutions of higher medical education)	
Adapt training materials and provide training for oblast and city health administration staff.	TB NGOs assist in carrying out training of HCW on human rights in access to health, medical ethics	National	50 representatives of health administration trained each year	0 (if HIV comprehensive approach fully funded)
Expand healthcare worker training to all oblasts and cities with substantial concentrations of TB and of key and vulnerable populations.	Train health care workers in Human Rights, Medical Ethics in oblasts with the highest burden of the HIV/AIDS epidemics	12 oblasts	Train at least 5000 doctors, nurses and health administrators (as a part of post-graduate courses)	\$1,490,305.35

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 8: Ensuring confidentiality and privacy				
Measure level of TB status disclosure within the TB stigma index	Include questions on TB status disclosure, confidentiality and privacy	National	Level of confidentiality and privacy compliance is measured	\$0 (if TB Stigma Index is fully funded)

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 9: Mobilizing and empowering patient and community groups				
Community monitoring (establishing paralegal networks)	Develop capacities of key population members as community monitors to develop a feedback mechanism through street lawyers and human rights defenders; report annually TB NGOs assist and train TB KPs to join Civil Advisory Boards	National	Mechanism developed (i.e. paralegal monitors from KPs are trained and monitoring activities supported), annual reports	\$ 166,602.25

	and Community Advisory Boards		Increased number of trained KPs on Civil Advisory Boards and Community Advisory Boards	
Build capacity of civil society and key population representatives to serve as watchdogs and monitor	Increasing human rights focus of existing TB hotline by dedicating dedicated time for human rights issues during the operational time of the hotlines. Establishment of the National web portal with information about violations		Legal counsels are working at TB hotline providing legal aid services National web portal is developed	\$11,702.96 \$31,500

Intervention	Specific Activities	Coverage/ Location	Expected results/ Comments	Approximate Cost
Program Area 10: Programs in prisons and other closed settings				
Availability of visits by multi-disciplinary teams (including a lawyer) should be expanded to assist prisoners with renewal of documents, application for social assistance/benefits, application for disability assistance, temporary residence registration and so on.	Funding of lawyer honorarium and travel costs to penitentiary institutions	National	65 visits per year (travel, per diems, honorarium)	\$0 (if HIV comprehensive approach fully funded)
The National Preventive Mechanism should continue monitoring access to medical care in prisons, SIZO, ITTs.	Developing of trainings and algorithms of monitoring of rights of prisoners on access to HIV, TB, and HCV related prevention and treatment services in penitentiary institutions;	National	48 monitors of the National Preventive Mechanism will improve knowledge and get needed skills to implement monitoring activities; 120 visits of the NPM monitors took place;	\$ 0 (if HIV comprehensive approach fully funded)

	<p>Carrying out developed trainings for NPM monitors;</p> <p>Conducting of the educational modules on monitoring of provision of medical care, including OST, in SIZOs (pre-trial detention centers);</p> <p>Conducting of the NPM monitoring visits to prisons, pre-trial detention centers, other place of deprivation of liberty to monitor human rights compliance, including provision of medical care;</p> <p>Preparation and printing of special report and conducting media-event to present the special report;</p> <p>Exchange of experience by participation in international conferences on national preventive mechanisms</p>		<p>Based on the results of each visit the press-release, expert study of the consultant, report of monitoring group, act of response of the Commissioner of the Parliament of Ukraine on Human Rights (ombudsman) will be prepared</p>	
<p>HIV NGOs should work with the Academy of Penitentiary Service, Bila Tserkva Center for Personnel Development, Khmelnytskyi Center for Personnel Development, Dniprovskiy Center for Personnel Development</p>	<p>Ensure new curriculum adequately addresses TB issues and TB KPs</p>	<p>National</p>	<p>Increased sensitization of penitentiary service personnel to TB issues and human rights</p> <p>At least 1250 non-medical personnel (5 trainingsx50 persons with travel</p>	<p>\$6,213.90 (if HIV comprehensive approach fully funded)</p>

of State Penitentiary Service of Ukraine, etc. (6 educational institutions in total) ¹²⁸ to conduct training workshops for medical staff, social workers and guards in the penitentiary system on human rights and access to health services; as well as prisons non-medical personnel on obligations related to the right to medical assistance, including HIV and TB related services, tolerant attitudes and personal measures of protection.			<p>each year 1 day), 200 HCWs (2 days, 2x20 persons per year) of penitentiary service are trained</p> <p>Training curriculums with training materials are developed (at least 4 types of training programs)</p> <p>At least 90 teachers from penitentiary educational institutions are trained</p>	
---	--	--	--	--

¹²⁸ Based on data for 2016 of State Penitentiary Service website
<http://www.kvs.gov.ua/peniten/control/main/uk/publish/article/628075>

Annex 4: Baseline Indicators and Values

Barriers to HIV services

Overview of social, political and legal environment
 Overview of barriers/populations affected
 Overview of programs (content, coverage, location, costs)

	2016	2019	2021
Total no. of police trained in working with key populations	2084		
No. narcologists trained in working with KPs	n.a		
No. dermatovenereologists trained in working with KPs	n.a		
No. infectionists trained in working with KPs	n.a		
No. gynecologists trained in working with KPs	n.a		
No. FMC doctors trained in working with KPs	n.a		
No. FMC nurses trained in working with KPs	n.a		
No. street lawyers (paralegals) employed by HIV NGOs			
No. qualified lawyers employed by HIV NGOs			
No. peer educators/ counsellors employed as part of multidisciplinary teams in health services			
No. peer educators/ counsellors employed as part of multidisciplinary teams in NGOs			
No. of cases brought by the Prosecutor's Office related to unlawful detention	3 cases (official statistical data from Prosecutor's Office), from these: 2 cases were closed; 1 case is pending		
Funding for reduction of human rights barriers (HIV)	USD1,155,834		
% of funding from Ukrainian Government authority ¹²⁹	USD 182,700 (approximate annual total salaries of 44 officers of UZPL of National Police)[1]		
KP members trained in legal literacy			
HIV Stigma Index (2016)			
% reporting denial of any medical service	8%		
% refused employment/ fired/ pressured to leave work	1%		
% feel ashamed (self-stigma)	76%		
% women reporting pressure to abort	17%		

¹²⁹ National Preventive Mechanism is not funded by the government, but supported by donors.

Barriers to TB services

Overview of social, political and legal environment

Overview of barriers/populations affected

Overview of programs (content, coverage, location, costs)

	2016	2019	2021
Total no. of police trained in working with key populations	2084		
No. narcologists trained in working with KPs	n.a.		
No. infectionists trained in working with KPs	n.a.		
No. phthysiologists trained in working with KPs			
No. gynecologists trained in working with KPs	n.a.		
No. FMC doctors trained in working with KPs	n.a.		
No. FMC nurses trained in working with KPs	n.a.		
No. street lawyers employed by TB NGOs	0		
No. qualified lawyers employed by TB NGOs	0		
Funding for reduction of human rights barriers (TB)	USD46,220		
% of funding from any Ukrainian Government authority	0		
KP members trained in legal literacy			
TB Stigma Index	Never conducted in Ukraine		
% reporting denial of any medical service	n.a.		
% refused employment/ fired/ pressured to leave work	n.a.		
% feel ashamed (self-stigma)	n.a.		
% women reporting pressure to abort	n.a.		