



# VIOLATIONS OF KEY POPULATIONS RIGHTS IN MOLDOVA

Evidence collected through the instrument of REAct during 2020

### **ABOUT THE INSTRUMENT OF REACT**

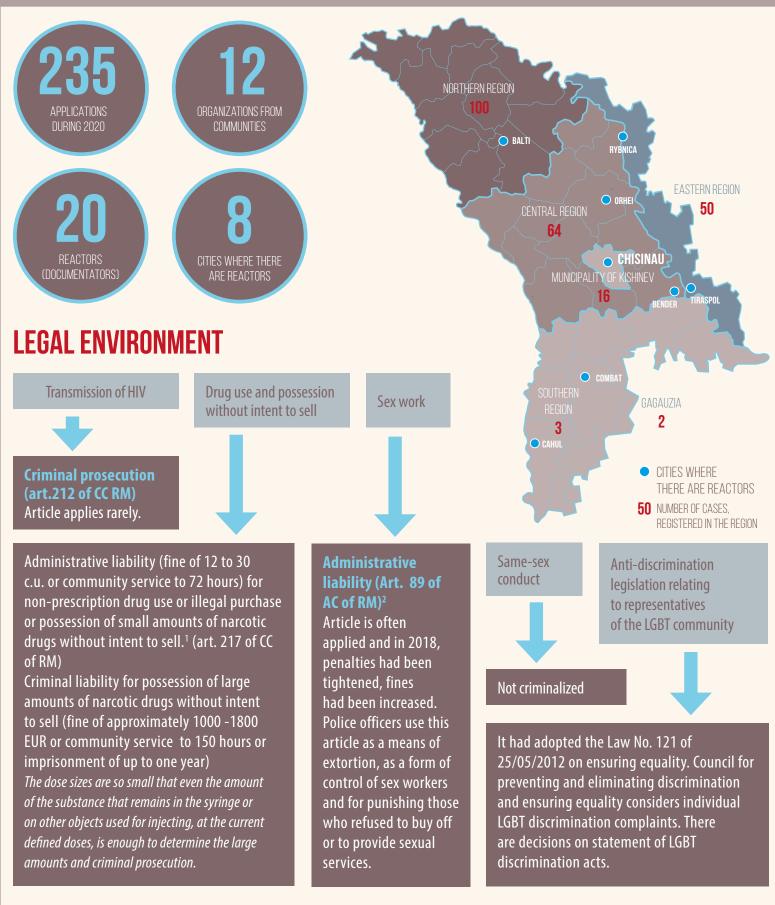
REAct (Rights – Evidence – Action) is an instrument that had been developed by the organization of Frontline AIDS (Great Britain) for monitoring and instant response to human rights violations at the level of the communities.

In Eastern Europe and Central Asia region, REAct system is being implemented by the Alliance for Public Health in the framework of the regional project #SoS project with The Global Fund to Fight AIDS, Tuberculosis and Malaria financial support.

REAct allows you to document and respond to barriers related to human rights, access to services and HIV prevention and treatment.

In Moldova, REAct system implementation coordinator is the subrecipient of #SoS project-non-governmental organization «Positive Initiative». The cases are documented by 12 partner organizations working with key groups. Some REActors are also paralegals.





The Moldovan legislation regarding key population groups remains repressive and discriminatory. The criminal law contains an explicit prohibition of the HIV transmission and exposure to the virus. The sex work and drug use are under strictly administrative prohibitions. The drug possession without intent to sell could be qualified as an offense or a crime depending on the dose size of the illicit substance. The doses for criminal prosecution are so small that all cases are generally criminal. LGBT persons were discriminated but not to the same degree than in most other Eastern European countries. The same-sex conducts were not prohibited but the same-sex marriages were not recognized. Moldova is moving towards integration into the European community. The existing anti-discrimination legislation contains explicit prohibitions of discrimination based on sexual orientation and HIV status.

<sup>&</sup>lt;sup>1</sup> Criminal Code of Republic of Moldova, Article 217 of CC,

http://lex.justice.md/viewdoc.php?action=view&view=doc&id=331268&lang=2

<sup>&</sup>lt;sup>2</sup> https://www.legis.md/cautare/getResults?doc\_id=125094&lang=ru#

### **CLIENTS**



representatives of key groups sought the assistance of the REActors with regard to violations of their rights in 2020. One person applied twice therefore the number of applications have grown by one more – 235.

**The largest number of clients** was registered from among **people who inject drugs.** This is because the organizations involved in cases in REAct documenting have a longer history of cooperation just with this key group. At the same time, occasionally, clients are simultaneously representatives of several key groups (sex worker + PLHIV, PLHIV + PWID), therefore the sum of values for key groups will exceed the total number of registered clients (234).

The clients from key groups («migrants,» «prisoners,» «former prisoners» «people affected by tuberculosis,» «people with disabilities») in 85% of cases are also PLHIV or representatives of the main 4 key risk groups, therefore their cases are taken into account in statistics of main groups if violations in cases often covered specifically HIV status, drug use, sex work or sexual orientation. The cases in which a rights violation was caused by the criminal record, the existence of a disability or the presence of tuberculosis are described in the section "Other vulnerable groups".

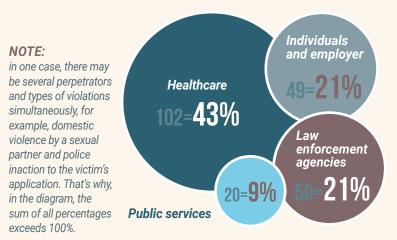
4 cases in which the victim is **an HIV-positive child** up to 16 years of age were registered. These cases concerned the refusal in provision of public services for children or failure to discharge parental responsibilities to comply with the regular intake of ARV therapy by their children. Unfortunately, the agencies responsible for tutorship and guardianship respond to such cases only after repeated requests by NGOs.

No cases were registered among adolescents aged 16-18 years. In the 19-35 age group, women predominate (often sex workers) and in the 36-55 age group, men predominate and most often they are drug users.

## **ALL KEY GROUPS**

### **MAIN PERPETRATORS**

Number of cases and their proportion of all cases registered



**Individuals:** sex partner, family members, neighbors, clients of the sex worker, employer, people walking along the street, unknowns

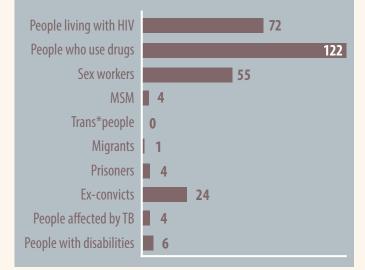
Healthcare: doctors / institutions that specialize in HIV (infection disease doctors, laboratory staff), other doctor unrelated to HIV treatment (dentist, gynecologist, etc.), maternity hospital staff, inpatient department personnel, narcologists and OST site staff.

Law enforcement agencies: detectives, police officers, military commissariat employees, customs service officers, representatives of the judicial system (judges, prosecutors, public defenders)

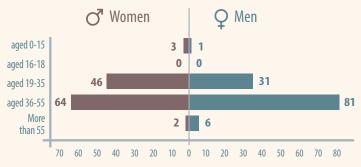
**Public services:** education sector, staff of the civil registry office, social services, tutorship and guardianship authorities.

### NUMBER OF CLIENTS

For each key group

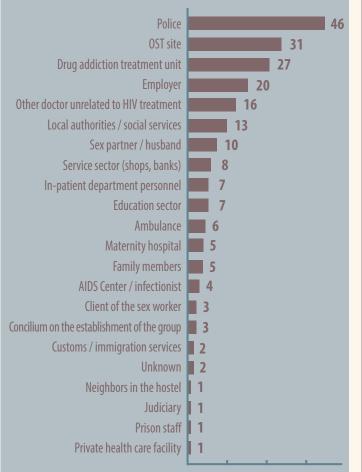


### **GENDER – AGE STRUCTURE**



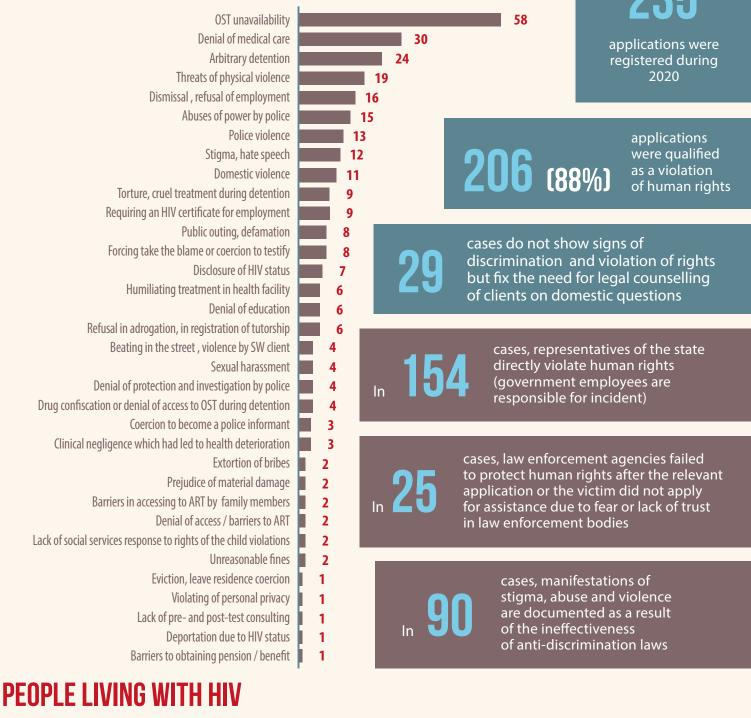
### **ALL PERPETRATORS OF VIOLATIONS**

Number of registered cases for all key groups



### ALL TYPES OF VIOLATIONS

Total number of cases summary of all key groups



From all **72** cases for this group of clients, **33** cases have clear evidences **of discrimination namely due to HIV status** which is reflected **in refusal of employment**, **in provision of health-care services or in registration of tutorship of a child**.

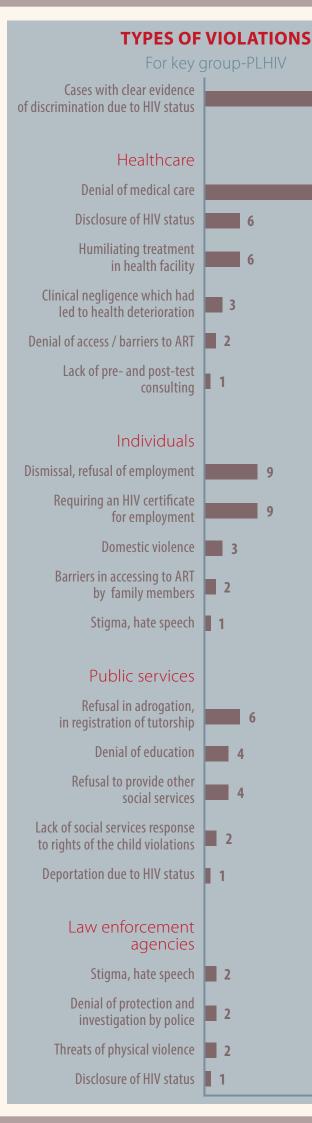
The most of all violations of the rights of people living with HIV were documented by health care workers (33 cases). PLHIV were often refused for carrying out the surveys by subject-matter experts (dentist, gynecologist, dermatologist, etc.), for medical procedures (gastroscopy, for example), as well as hospitalization due to their HIV-positive status. The refusal is often accompanied by hate speech against the patient. Four cases describe discriminatory and humiliating treatment of HIV + pregnant women in the same maternity hospital. The partner organization held talks with this maternity hospital chief physician, REActor also monitors the activities of this health care facility for response to PLHIV rights violations. The disclosure of HIV status often occurs as notes or special marks in patient chart. In this way, the status is disclosed to all employees of the health care facility. There was also a case of disclosure of the HIV status by a nurse of the village first-aid station causing a stigma by the patient's fellow villagers.

### **PERPETRATOR OF VIOLATIONS**

Number of cases for each violator

Employer Other doctor unrelated to HIV treatment Social services, guardianship authorities Police Ambulance In-patient department personnel AIDS Center / infectionist Sex partner / husband Maternity hospital Education sector Family members Concilium on the establishment of the group Customs / immigration services Neighbors in the hostel





The cases involving the AIDS center describe situations of refusal to issue ART for a long period, incorrectly selected treatment regimen or unavailability of ART due to quarantine restrictions at the beginning of the COVID pandemic. Overall, such violations do not have a 33 systemic nature and are incidents on a sporadic basis. By private individuals, most violations are recorded on the part of employers in the form of requiring an HIV certificate for employment, forcible testing for HIV among employees as well as dismissal if the employee's positive HIV status becomes known. Although despite the prohibition in law of all forms of discrimination on the basis of HIV-positive status at all stages of employment, career development or allocation of positions of responsibility in any field of public or private sector activity, in elections or appointments of public posts<sup>3</sup>, discriminatory practices at local level still occur. For the strategic judicial process, one of the cases registered in the REAct database was selected by organization «Positive Initiative", the national REAct coordinator in Moldova. In this case, the Client was represented by the lawyer of the organization «Positive Initiative» by which the complaint was initially submitted to the Council for ensuring equality. After considering the case, the Council has admitted the discrimination based on health (HIV status) and the right to work violation. The case was won in court with the participation of lawyer, the client was reinstated in his previous post and material and moral compensation was recovered

20

In everyday life, people living with HIV still face stigma from family members and neighbors. The case of discrimination by neighbors of PLHIV in the hostel who did not allow him to use the communal kitchen because of his HIV status was documented. Furthermore, three cases of domestic violence in which the victim, a woman living with HIV, applied to law enforcement agencies, but never didn't wait for an appropriate reaction from them were documented.

from the culprit. This case was widely covered by media,

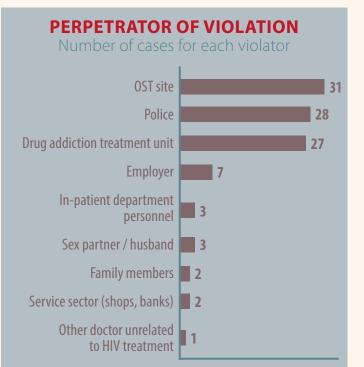
including the main television channels, because the court decision was on the eve of World AIDS Day.

11 cases of discrimination due to HI status by social services and guardianship authorities in the form of refusal in adrogation or in registration of tutorship of child were documented. Based on evidence, «Positive Initiative» has entered into discussions with the Ministry of Health of the Republic of Moldova to modify existing practices. As part of the World AIDS Day 2020 campaign, an agreement was reached with the Ministry of Health to develop an order that remove any obstacles to adoption/guardianship for PLHIV. December 22, 2020 The Ministry of Health issued an order in which the right to adoption, tutorship and guardianship for PLHIV was recognized.

Furthermore, **2 cases** when the REActors applied to children's rights protection authorities to influence the mother who **refused or impeded in accessing to ART therapy for HIV+ child were documented.** However, the employees of the protection service never did respond.

<sup>&</sup>lt;sup>3</sup> The article 22 of the Law No. 23 of 16/02/2007 on HIV/AIDS prevention.

### **PEOPLE WHO INJECT DRUGS**



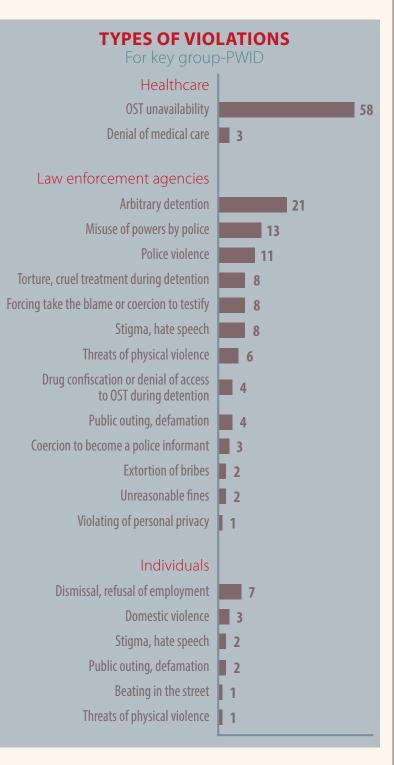
**123** cases in which the victim is also a drug user were documented. 49% of the total number of those who have applied are the members of the opioid substitution therapy (OST) program.

58 appeals concerning **barriers in accessing to OST** were registered in the database, 27 of which were documented in the city of Orhei during the period May-July and 31 cases were documented during the period September-December 2020 and reported the absence of OST drug (buprenorphine) in the country.

To resolve the situation, negotiations have been initiated with the Ministry of Health to open a OST site in Orhei. The Ministry of Health issued an order to open a OST site in this city but the order has not yet been implemented. Now, advocacy work in that area is under way including the possibility an opportunity to address the court. Read more about the progress of solution to the situation in the article (https://cutt.ly/bvT7L4K)

The absence of buprenorphine in the country was related to COVID-19 pandemic restrictions therefore the purchase of a new lot of the drug has been interrupted. It was proposed to beneficiaries the methadone replacement therapy as an alternative but, unfortunately, not everyone is good enough for this program. NGO "Positive Initiative" has made a substantial effort to address this problem: participated in working meetings with state institutions, engaged experts from other countries to solve the problem of drug delivery to Moldova. To date, the country has buprenorphine and all patients are provided with therapy.

In comparison with the first half-year, the percentage of **violations by law enforcement agencies** has significantly increased. **The unjustified detentions, the use of force, the** 

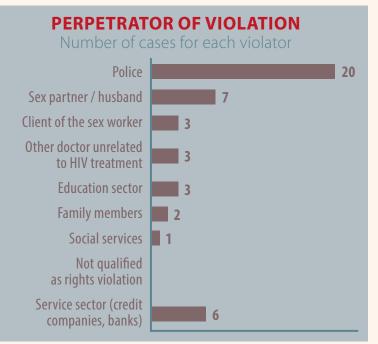


**horrification in order to extract confessions or to testify** against their acquaintances – consumer were reported. The misuse of powers consisted of **unauthorized searches and inspections**, as well as conducting of investigative actions without attesting witnesses and against protocol.

The arbitrary detention in 4 cases out of 21 occurred at the exit from the OST site. The cases of preparation confiscation were also recorded even the confirmatory prescriptions were available.

In 8 cases, police actions recorded are considered as torture, most often this either a severe beating in the police station in order to extract confessions or the creation of barriers to access to OST during detention which caused the abstinence symptoms.

### **SEX WORKERS**



A total of **56 cases** were registered in which the victim is a commercial sex worker (CSW).

Among them, **6 cases** with the participation of representatives of the service sector (banks, shops, credit firms) **were not qualified as human rights violations.** However. it was recorded in the database because REActors provided legal advice and the cases describe aggravation of the financial situation of sex workers **in relation to the pandemic and inability to repayment of loans previously made.** 

The most frequent violators in the cases of sex workers are **the police officers. 5 cases of unjustified detention of sex workers to extort a bribe or punishing those sex workers** who previously refused to buy off or to provide sexual services for policemen free of charge were documented.

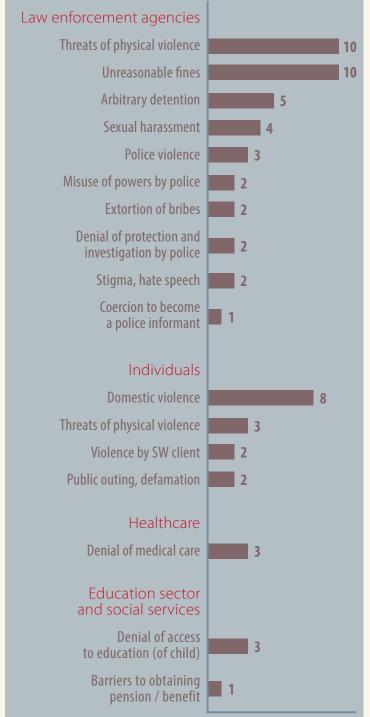
Often, detentions or simply «friendly conversations» with police officers conclude the **threats**, **the blackmail and the sexual harassment right up to rape**. Furthermore, **10 cases** were documented in which the police officers were writing **unreasonable fines** that were not related to administrative responsibility for the provision of sex services. Out of 10 cases, 6 are related to the COVID-19 pandemic, because the girls have **been fined for being without a mask** or for client service during the quarantine period. Details of the situations are described in the section «Cases related to the COVID-19 pandemic».

The sex workers, taking into account the specifics of their activities, are **particularly vulnerable in cases of domestic violence and violence by clients** as well as acts of violence by law enforcement agencies. In every of such case, REACtors suggest to the victim to apply with application to the police. However the victims did not often agree to further resolve the case due to lack of trust in policemen because they were the ones who often threaten sex workers, demand bribes, unreasonably punish them with a fine or force them to provide sexual services free of charge

In 3 cases, in small towns, the child **of sex worker woman** is the victim of stigma and discrimination **by classmates and** 

### TYPES OF VIOLATIONS

For key group-Sex workers



**even teachers.** Therefore, sex workers face discriminatory treatment not only by police officers but also in other spheres they'd have found out about their work.

It was reported only 3 cases of refusal of provision of health-care services by medical workers.

The small number of applications, in comparison with other vulnerable groups, concerning violations of rights by health workers indicates that CSW remain a very closed group and are not always ready to apply for legal and medical and social services in cases of violation of their rights and discrimination.

### **MEN WHO HAVE SEX WITH MEN**

The key MSM group is also one of the most closed groups that is reluctant to make the complaints about violations of their rights, even in cases of violence both lack of trust in law enforcement bodies and high levels of discrimination and stigma.

Only **4 cases of rights violations** were recorded, two of which concerned **barriers to access to ART** during quarantine restrictions, because victims are at the same time both PLHIV and MSM. Two other cases concerned

# **OTHER VULNERABLE GROUPS**

### PRISONERS

**4 cases** were documented in which the victim is a person in place of detention and does not related to other main key groups. The National Program to Fight HIV / AIDS / STD defines prisoners as a vulnerable population group and the regulatory framework<sup>4</sup> regulates the provision of medical care to prisoners.

However, in practice, the **right of the detainee/prisoner to receive general medical care is not always ensured.** Exactly such one case was registered in REAct database and identified as strategic.

A private medical facility refused to provide medical services to a person because he is a prisoner, reasoning that a private medical facility has the discretion to determine who to provide medical services. That position was in violation of the provisions of the current legislation,

### FORMER PRISONERS

The issue of former prisoner's social reintegration remains a priority matter for Republic of Moldova. The post release period is very difficult for people who were prisoners because in a relatively short period they face many problems that arise in all spheres of life, from social difficulties to economic ones.

Out of **24 cases** where the victim is, among other things, a former prisoner, only **4 cases** concerned **discrimination or denial of employment and medical** 

### PEOPLE AFFECTED BY TB

4 cases were documented in which there is clear discrimination precisely because of the presence of tuberculosis in the victim. The cases report barriers to access to health and social services as well as discrimination by employer.

The diagnosis and treatment of tuberculosis in Republic of Moldova are free of charge and seeking timely medical

**hate-motivated violence** against members of the LGBT community. The REActors offered to victims to apply with application to law enforcement agencies but the victims would prefer do not decide these cases due to self-stigma and unwillingness to disclose their orientation.

The efforts by implementators of the REAct project will be invested in greater involvement of NGOs from this key group in the process of documenting and responding to the rights of MSM violations.

namely, art. 25 of the Law No. 411 of 28/03/1995 on health protection, which states: «Citizens of the Republic of Moldova have the right to request medical care in medical and sanitary units of any form-private or public». It also should be noted that the defendant provides public services.

The Council for prevention and elimination discrimination and ensuring equality in Republic of Moldova fully satisfied the victim's complaint and found that the facts in petition are discrimination based on social status (of prisoner) in access to medical care.

During the proceedings, representatives of the A. O. «Positive Initiative», who were directly involved in the organization of medical care for the beneficiary, were heard as witnesses.

**services precisely because of the person's criminal record.** The remaining 20 cases are either positive HIV status or drug use by a former prisoner on the outside.

It is important to note that 20% of the cases described an arbitrary detention, use of force by police and forcing to confess to a crime that the client did not commit. In understanding of law enforcement officers, former prisoners are potential criminals therefore it is easiest way to "pin" an unsolved crime for them.

attention as well as faithful adherence of the referred treatments are essential core elements of successful treatment. Despite this, patients affected by tuberculosis often face discrimination against them, which complicates the treatment process and detection of new cases. Republic of Moldova is among the 30 countries in the world with a high level of multi-drug-resistant tuberculosis<sup>5</sup>

<sup>5</sup> https://rovienna.iom.int/media/moldova-tb-video

<sup>&</sup>lt;sup>4</sup> https://www.legis.md/cautare/getResults?doc\_id=63829&lang=ru

### **COVID-19-RELATED CASES**

It may be observed that the health sector of Republic of Moldova has mainly coped with the challenge with regard to COVID-19 pandemic. At the same time, the cases that describe new types of PLHIV and representatives of key group's rights violations and indicate that there are gaps in the provision of medical services during the period of quarantine restrictions were registered in the REAct system.

About **33% (76 cases)** of all cases registered in 2020 were directly related to the COVID-19 pandemic or quarantine restrictions.

Among them, **52% (41 cases)** reported **barriers to access to health services** provoked by:

- drugs delivery delays, in particular, buprenorphine, for OST patients (31 cases)
- premature release from the hospital due to re-profiling of the medical facility for response to COVID-19 or closure of the medical facility for quarantine (3 cases)
- ambulance services refusing to go to remote villages (3 cases)
- barriers to access to health services due to movement and border crossing restrictions (4 cases)

At the same time, **10% (7 cases)** reported new types of human rights violations by law enforcement officials **who used quarantine restrictions to harass vulnerable groups.** 

**6 cases** in which **unreasonable fines** were imposed on beneficiaries with regard to alleged quarantine measures violations were documented.

Also, 13% (10 cases) reported violations by employer.

Besides dismissals and non-payment of salaries during the quarantine period, the employees also affected by stigma and discrimination when one of their family members is sick with COVID-19, though they do not even live together and do not have contact with the employee.



#### Sex worker, 43 years old August 2020

As usually, the beneficiary meets the clients on the street. In August, for the first time in several months of quarantine, she went to work. She was wearing a mask, was armed with a disinfectant, and had all the necessary means of

protection. The police officers detained her and warned that if she dares to go to this job again, she'll get a fine and be detained for 15-30 days. In addition, the police officers have given to understand that it's possible to resolve the situation in other ways: if she pays the fine to them personally, without filing an report, she'll be ready to work again. Nevertheless, the beneficiary had no money, she could not resolve the situation locally and she got a fine in the amount of 1,500 lei. Also, while they were driving to the police station, she was humiliated by police officers in many ways and they offered to provide them sex services instead of fine. After she said no, she got a fine. The beneficiary does not know how to pay this fine; she sought legal assistance by REActors for this reason.

**Solution:** the client paid the fine on her own; she did not want to appeal against the protocol.



### Woman living with HIV, 38 years old May, 2020

The client is a nurse by training. She worked in a children's polyclinic for many years. After the removal of COVID-19 quarantine restrictions, all health workers of the polyclinic should have been tested for HIV ordered by the management of polyclinic. As a result, the client was dismissed from regular place of work.

**Solution:** assistance and support in appealing against decision to dismiss her were proposed for client but the client declined to pursue action due to self-stigma and unwillingness to disclose her HIV status anymore.

**16 applications** were also registered from beneficiaries wishing to obtain legal advice on dismissal (without formal labor relationship) or on resolving, the issue of loan that cannot be paid due to the loss of income related to COVID-19 pandemic.

### **Woman living with HIV, 27 years old** May 2020

During the past 3 years, the client worked as a hairdresser. After the end of the COVID-19 quarantine, the client went to work. All employees should have been tested for HIV ordered by the beauty salon management, only after receiving the result, the employees could start working. The client is being ART treated and has provided a certificate of undetectable viral load. She was recommended to write a resignation letter. As a result, the client is out of work.



**Solution:** the client got a job in another beauty salon t hat don't require an HIV test.

Such cases **are not human rights violation** but they **illustrate well the vulnerability** of representatives of key groups. In all cases, REACtors try to provide advice to beneficiary on how these material challenges could be addressed.

### **EXAMPLES OF CASES**



### Man living with HIV, viral load-undetectable, 23 years old

#### August 2020

In connection with the death of mother, the client applied to agencies responsible for tutorship and guardianship for custody of his minor brother (10 years old). When he saw a certificate of HIV-free

status in the list of necessary documents, he admitted to the employee of agencies responsible for tutorship and guardianship that he had this disease. It was explained to client that there's no point in trying to get custody because by law, people with HIV infection cannot be guardian. As a result, his brother was placed in a children's home.

**Solution:** the problem was resolved after the appearance of the child's grandmother who was given custody. The client himself refused the guardianship procedures.



Man living with HIV, 50 years old

March 2020

Client lives in hostel. The neighbors, after learning about his positive HIV status, banned him to use the communal kitchen and bathroom.

**Solution:** the client sold his room in hostel and refused to further resolve the case.

### Child living with HIV, 7 years old

#### June 2020

The client – a child who has an HIV-positive status since birth, takes therapy, has an undetectable viral load. The situation is reported by the guardian. When client was placed in the school, the school administration refused to place her without affixed vaccinations (the status is a contraindication for a number of vaccinations). The guardians didn't categorically want to disclose the child's HIV status.

Solution: to resolve this problem, partnerships with health care facility were engaged. The note «Recusal on medical grounds» was affixed in child's vaccination booklet that, at the same time, is strongest argument why some vaccinations were not made, while does not disclose the status of the client. The case is resolved satisfactorily – the child was placed in the school.

### Pregnant woman living with HIV, 25 years old

#### April 2020

The client brought into obstetric unit of the CMC in\*\*\*. She was placed in isolation unit because of her HIV-positive status. The joint use the toilet with other women was prohibited. At discharge from the maternity hospital, the mother's HIV-positive status was indicated in the child's prenatal record. During entire stay in CMC obstetric unit, there is degrading treatment by paramedical personnel because of her HIV-positive status.



**Solution:** local NGOs are monitoring the situation in this medical facility; the meeting with management took place.

After detection of new cases, a collective NGO appeal will be made to the Ministry of Health about the high number of cases of discrimination demanding to issue an order with guidelines on non-discrimination of patients, as well as to train maternity hospital staff in cooperation with SA «Center on prevention and control of AIDS and infectious diseases».



#### Member of the OST program, 34 years old

### August 2020

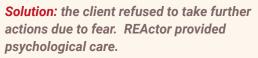
The police officers detained the beneficiary who was coming from the site of substitution therapy. They took the drug (methadone) that was with him that the doctors gave him officially for one week. The police officers did not take a protocol but took the drug with brazenly manner and disappeared, leaving the beneficiary with abstinence symptoms.

Solution: an application was made to the prosecutor's office, and it is expected to be considered. The client filled out an application, the case is still in the prosecutor's office, the victim was summoned to the prosecutor's office for once and that'll do for now.

#### Sex worker, drug user, 34 years old

### August 2020

The police officers arrested her and in the office began to induce false testimony against client's acquaintances otherwise they threatened to put her in a cell with men and then find someone who would tell that the client had committed some crimes for which she would be brought to justice.







### Sex worker, 36 years old

#### November 2020

The client addressed the challenges of violence by a client to whom she provided services. The police didn't want to accept her application because they explained that her work (commercial sex work) is illegal and even for this she should be fined.

**Solution:** redirected to a professional lawyer in order to file a complaint.

### Former prisoner, 25 years old

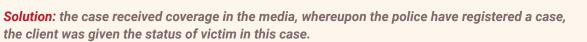
August 2020

The client was resident of children's home. While still a teenager, he went to prison. When released in 2020, he started drawing-up of the passport and the preparation of documents for obtaining housing guaranteed by the state as resident of children's home. By requesting the archive of the children's home to obtain a duplicate of the birth certificate, but children's home staff refused in a brutal manner. As has been stated to client, people like him did not have the right to residential property and documents.

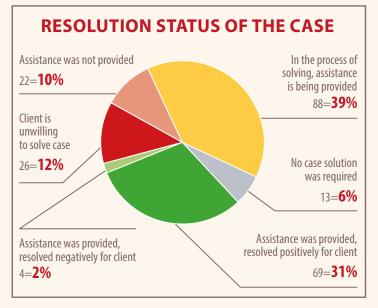
**Solution:** after legal and social assistance for client by REActor, the documents were restored and the client received the housing guaranteed him by the state.

### Man who has sex with men, 22 years old May 2020

The client was walking on the street in the evening. A car stopped and two unknown persons forcibly took him away. They drove him to the street \*\*\*\* and forced to say in front of the camera that he had anal sex on this street for the sum of 200 lei. They beat him and forced to put a condom on his head and then chew on another condom. They forced to show everything he had in his bag and therefore checked his personal documents from which they learned his home address. They demanded money, blackmailing him that they would tell entire village about the client's orientation. He had no money to give them. At some point, one of them told him to run away. When he ran, someone else caught up with him and kicked him in the head. They beat him. When he regained consciousness, he was dirty and blood running from his mouth and eyes. The video that was shot, they distributed in social networks.



### **RESPONSE TO VIOLATIONS**



REActors document and resolve cases of rights violations and are paralegals, peer counselors, outreach workers in organizations that provide HIV prevention and treatment, as well as harm reduction services.

**Medical – social assistance** to the victim is provided in the form of consultations, redirection and escort to partner organizations or health facilities to receive other necessary services for prevention and treatment. **Primary legal aid** by REActors is to advice on legal matters and assistance in the preparation of complaints or applications. But, both the victims and REActors themselves (also being representatives of vulnerable groups) are afraid to interact with police officers yet again because of the negative experience of such interaction in the past, as well as due to fear for their safety.

Legal support of the case by REActor, first of all, is in intermediation between the victim and the perpetrator. In this way, most cases are resolved where the perpetrator is a medical professional, a representative of the education sector or other services, as well as neighbors and family members. REActors give enlightening talk with the perpetrator with a view to educating about HIV and reduce stigma. If client is ready to defend his rights or he needs the **protection of professional attorney** (cases on criminalization) then such client is redirected to NGOs professional attorney or to the National Council for Legal Assistance Guaranteed by the State.

Regrettably, third of cases still remains without appropriate response, because **the victims themselves do not hesitate to defend onwards their rights** and refuse legal assistance from REActors or attorney due to fear of interaction with law enforcement agencies and lack of trust in justice system in general. Victims also prefer to tolerate systematic violation of their rights rather than disclose their HIV status, sexual orientation or belonging to key groups in the course of legal proceedings.



### RECOMMENDATIONS FOR THE PUBLIC AUTHORITIES OF THE COUNTRY ON THE PERFORMANCE OF DUTIES IN THE HUMAN RIGHTS

- 1. Addition to the Code of Offences in order to prosecution of employers in cases of refusal of employment on discriminatory grounds and / or requesting additional documents not provided for by law for employment (including HIV testing).
- **2.** Exclusion of criminal norms criminalizing PLHIV and application of general rules of the Code of Criminal. Deletion of Article 212 «AIDS infesting» from the Criminal Code of Republic of Moldova.
- **3.** Exclusion of criminal norms criminalizing CSW and deletion of Article 89 «Prostitution as an occupation» from the Code of Offences of Republic of Moldova.
- 4. Adjusting the regulatory framework in accordance with the recommendations of international organizations on the decriminalization of non-medical use of drugs and/or possession of drugs for personal use taking into account the provisions of Art. 6, Art. 8 and Art. 14 of the European Convention on Human Rights. Amendment of the Government Decree No. 79 of 23/01/2006 to adjust the amount of narcotic substances in the possession of PWID for personal use. The same should be done for prisoners.
- 5. Evaluation of the substance abuse database registration system with a view to reforming or renounce it if the evaluation identifies inefficiency or even a negative impact on public health and human rights.
- 6. Introduction of alternative measures of punishment by creating mechanisms for referral to rehabilitation, treatment and re-socialization for drug addiction.
- 7. Amendment of the article of the Criminal Code criminalizing drug use in prisons (Article 217/5) in order to removing barriers to access to medical care
- 8. Amendment of Art. 398 of the Code of Offences that provides for the competence of the administrative commission to resolve Article 75 «Disclosure of confidential information on HIV testing».
- 9. Providing adequate protection of health and / or social data at the system level. Adjusting the order No. 198 of 16/03/2015 with the provisions in the Law No. 133/2011 of 08/07/2011 on Personal Data Protection.
- **10.** Increase access to OST in small towns as well as the ability to obtain OST drugs at the place of residence.

### **STRATEGIC STEPS IN THE FRAMEWORK OF REACT FOR 2021**

Apart from documenting human rights violations and assisting victims at the individual level, the following activities are planned:

- Conducting advocacy campaigns to implement the above recommendations for the authorities.
- Involvement of paralegals and professional lawyers to protect key group's representatives rights in the courts.
- Training hub for REACtors and paralegals with a view to increase their competence in the process of providing primary legal aid
- Integrate the cases collected in shadow reports to UN bodies in cooperation with regional networks of key group's representatives.
- Media coverage of strategic cases with a view to reducing stigma towards PLHIV and representatives of key groups.
- Ensuring financial stability and continuation of REAct component implementation once regional project #SoS project has terminated its activities.

#### Authors:

Andrei Lungu – lawyer, social activist, country coordinator of REAct in Moldova

Victoria Kalyniuk – REAct Regional Coordinator in Eastern Europe and Central Asia

The information contained in this publication may be copied, published or used in any other way for non-commercial purposes upon permission of the Alliance for Public Health, with a reference to REAct as a source.

More about REAct: *www.react-aph.org* © ICF "Alliance for Public Health", 2021

The publication was published within the framework of the regional project called "Sustainability of Services for Key Populations in Eastern Europe and Central Asia" which is carried out by the Alliance for Public Health, in a consortium with the 100% Life (All Ukrainian Network of PLWH), the Central Asian HIV' Association and the Eurasian Key Populations Health Network with the aid from the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Viewpoints presented herein are solely those of its authors and may not coincide with the views or opinions of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Global Fund to Fight AIDS, Tuberculosis, and Malaria did not take part in the coordination and approval of both the immediate material and the possible conclusions stemming from it.



ICF "Alliance for Public Health" 24 Bulvarno-Kudryavska Str, building 3, floor 2, 01601, Kyiv, Ukraine

Email: kalyniuk@aph.org.ua