

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

ANALYTICAL REPORT 2021





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For more details on the REAct, see:

[www.react-aph.org](http://www.react-aph.org)

<https://www.facebook.com/REAct.Ukraine>

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<https://react-aph.org/join-react/>

**REACT**  
PROJECT

 **Alliance**  
for Public Health

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# GLOSSARY



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



# ACKNOWLEDGMENTS

**Clients** who have approached the REAct to report about their cases are the basis of the REAct project. ICF 'Alliance for Public Health' sincerely thank the clients for their openness and readiness to share.



Implementation of the REAct project would be impossible without a significant contribution of **REActors** representing regional partner NGOs. They are those who directly work with clients and provide the required support. ICF 'Alliance for Public Health' highly appreciates the efforts and personal contribution of each of them when registering and responding to cases. Successful implementation of the REAct project is our joint achievement!

In addition, ICF 'Alliance for Public Health' would like to express sincere gratitude to the **regional coordinators** enabling REAct to be a holistic system with a regional feedback. We thank you for your active participation, support to REActors and contribution in responding to clients' cases.



# SUMMARY



**REAct** (*Rights – Evidence – Action*) is a community-based tool for monitoring and response to violations of human rights. In Ukraine, the system has been implemented **since 2019 by the ICF 'Alliance for Public Health'** with the financial support from the Global Fund.



Altogether, **77 non-government organizations (NGOs)** and **103 REActors** from **17 regions** are engaged in documenting and responding to cases of human rights violation of key populations.



In 2021, **2021 cases of human rights violations** of key populations were registered in Ukraine. **1944 clients** reported about such cases; some of them reached REAct several times.



**87% of response services were provided to clients by REActors directly** at their NGOs locations. **94% of cases have been fully or partially resolved.** The REActors provided several types of services: **primary legal aid (74%), psychosocial support (24%), and secondary legal aid (2%).** Referrals of clients were made mostly as a part of psychosocial support and secondary legal aid.



### Most of the cases in the REAct system were registered from:



- ▶ people living with HIV (PLWH) – **602**;
- ▶ OST patients – **446**;
- ▶ people who inject drugs (PWID) – **365**;
- ▶ men having sex with men (MSM) – **191**;
- ▶ people with TB – **169**;
- ▶ sex workers (SWs) – **112**;
- ▶ prisoners – **56**;
- ▶ former prisoners – **28**;
- ▶ trans\*people – **25**;
- ▶ homeless people – **20**;
- ▶ sexual partners of members of vulnerable populations (PLWH, PWID) – **5**;
- ▶ adolescents at risk – **2**.

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### The perpetrators were most often:



- ▶ health workers of public health care facilities (**43%**);
- ▶ police (**17%**);
- ▶ clients' inner circle (**12%**).

---

### Among the registered violations by all perpetrators:



- ▶ **41%** were denial of services (*mostly by public health care facilities*);
- ▶ **27%** – emotional abuse;
- ▶ **15%** – physical abuse;
- ▶ **8%** – confidentiality breach/information disclosure;
- ▶ **8%** – material damage.

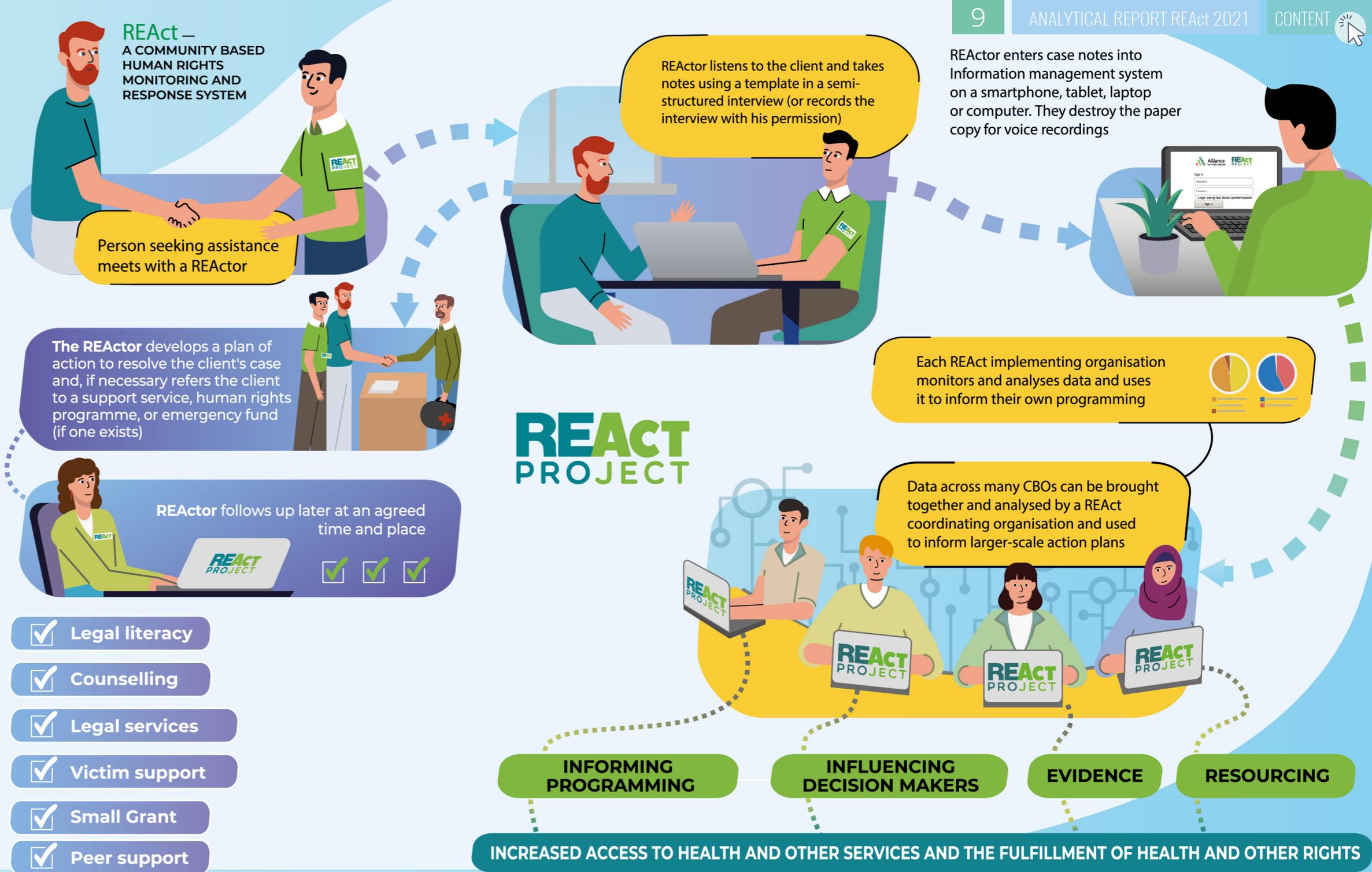
# 1. ABOUT REAct

**REAct** (*Rights – Evidence – Action*) is a tool developed by **Frontline AIDS** for monitoring and response to human rights violations at the community level. The system has been implemented since 2019 by **ICF 'Alliance for Public Health'** with the financial support of the **Global Fund**. Besides Ukraine, the system operates in five other countries of Eastern Europe and Central Asia (EECA): Georgia, Kyrgyzstan, Moldova, Tajikistan, and Uzbekistan.



f REAct page in Facebook

Through REAct, NGOs can document cases of human rights violations and provided response (*directly or through referrals to other organizations*) in accessing health, legal and other services. These data can also be used to inform HIV and TB programs, policies and advocacy on the national, regional and global levels.



## 2. REAct key data in 2021



REGISTERED  
**2021**  
CASES



APPEALS SUBMITTED BY  
**1944**  
CLIENTS

**17** REGIONS  
OF UKRAINE

**103** USERS OF REAct  
DATABASE

**77** PARTNER  
NGOs



**94%** OF CASES HAVE BEEN FULLY  
OR PARTIALLY RESOLVED



**1431** CASES HAVE MANIFESTATIONS OF STIGMA  
AND DISCRIMINATION COMMITTED BY PERPETRATORS



**4297** SERVICES OF PSYCHOSOCIAL  
AND LEGAL SUPPORT PROVIDED



**87%** OF SERVICES PROVIDED  
DIRECTLY BY REActors



### 3. BRIEF HISTORY OF REAct IMPLEMENTATION IN UKRAINE

2019

2020

2021

- Start of REAct implementation in Ukraine (November)
- Pilot cities are Kyiv, Odesa, Dnipro, and Kryvyi Rih
- **65 cases registered**

- The system operates in **11 regions** of Ukraine
- **719 cases registered** during the year
- REAct information platform was presented: <https://react-aph.org/uk/>

- The system operates in **17 regions** of Ukraine
- **2021 cases registered** during the year
- The APH received legal rights to the REAct database from Frontline AIDS

- The REAct data were used for information campaign **'Human Rights Declaration or Decoration?'**
- Chat bots launched in Viber and Telegram where clients can submit information about violations of their rights and receive support
- Two animated videos produced

Since the beginning of REAct implementation, the total of

# 2805

cases of human rights violations of key communities have been registered



Scan the QR code

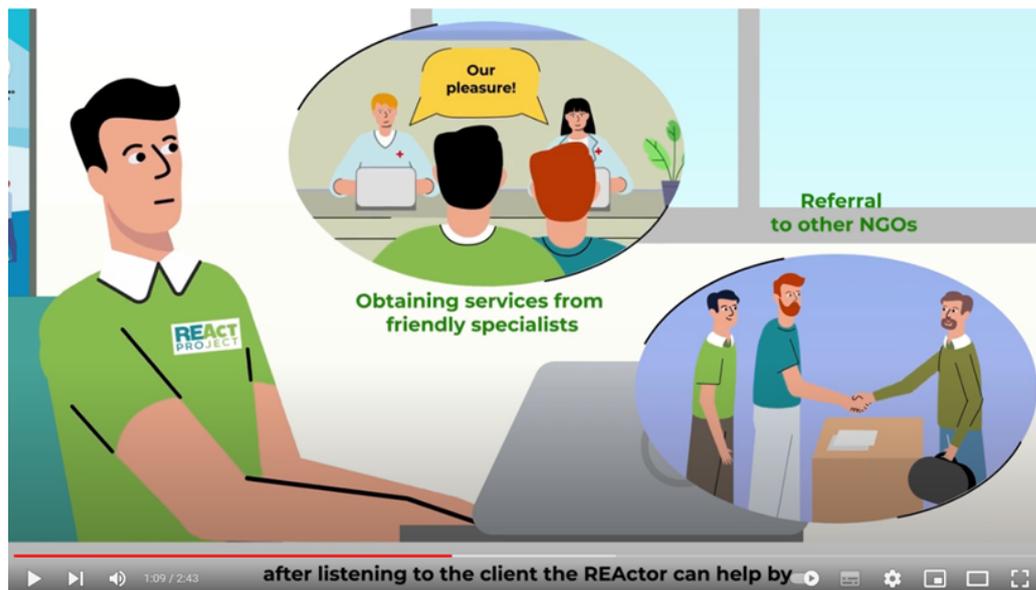
**'Human Rights Declaration or Decoration?'**, campaign based on evidence collected through REAct and 30 articles of the Universal Declaration of Human Rights showcases that the rights of vulnerable populations are actually universally violated.



## VIDEO 'ABOUT REAct'



Scan the QR code  
to view the video



## VIDEO 'WHAT TO DO IF YOU WERE DENIED IN GUARANTEED MEDICAL SERVICES' (in Ukrainian)

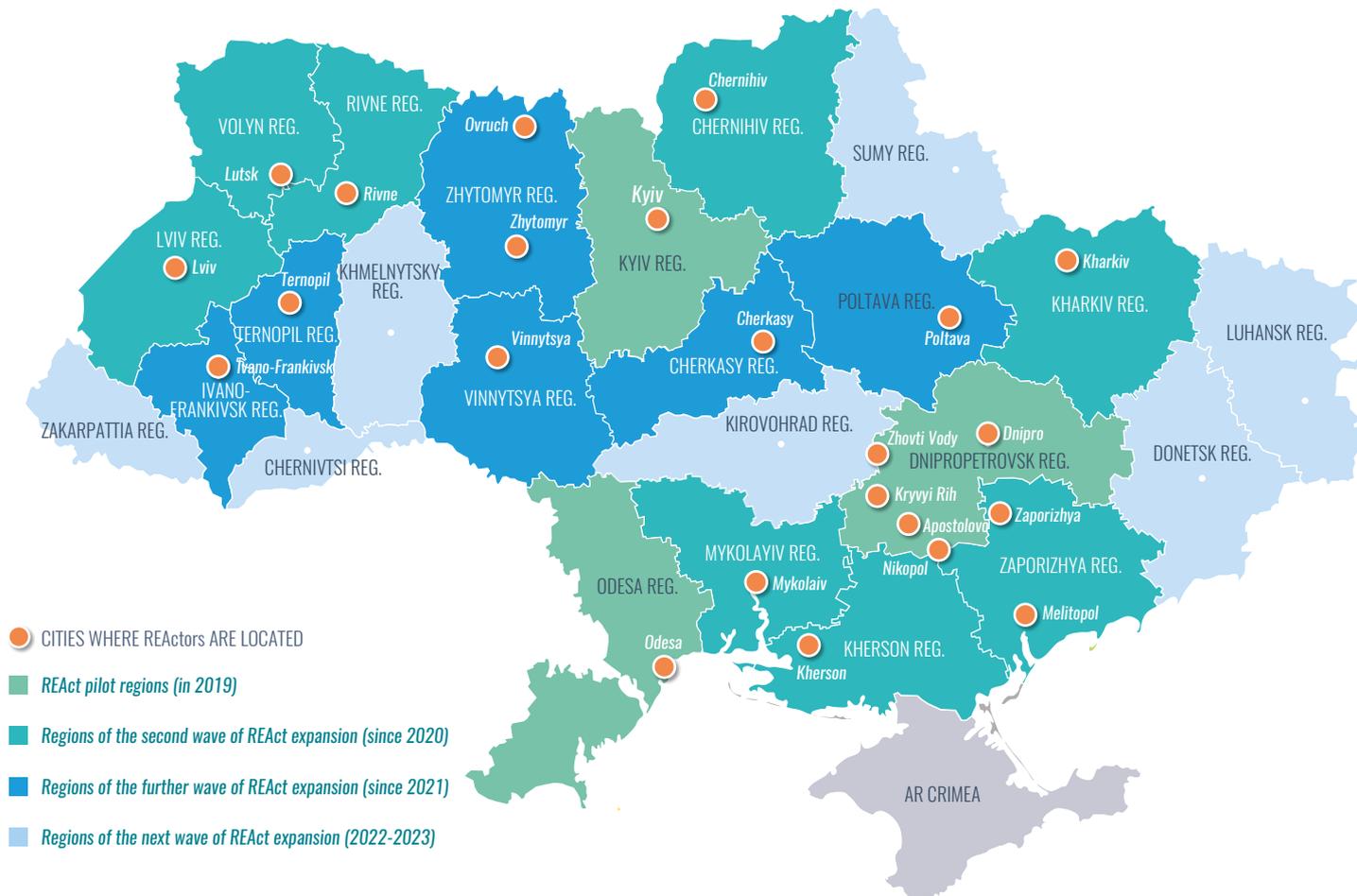


Scan the QR code  
to view the video





## 4. REAct IMPLEMENTATION REGIONS



APPEALS ARE ALSO RECORDED FROM ALL REGIONS OF UKRAINE THROUGH THE NATIONAL OST HOTLINE

The **target populations of the REAct project** are members of key populations vulnerable to HIV/TB, namely: people who inject drugs (PWID); OST patients; people living with HIV (PLWH); men having sex with men (MSM); trans\*people; sex workers (SWs); people with TB; people in prisons (*and ex-inmates*); sexual partners of clients from the risk groups (PLWH, PWID); homeless people; adolescents at risk of HIV/TB; and Roma people.

## NGOs AS A PART OF THE REAct SYSTEM IN UKRAINE:

### ▶ VINNYTSIA REGION

NGO 'Center Nezalezhnist'

### ▶ VOLYN REGION

All-Ukrainian Association of Drug-Dependent Women 'VONA'  
CF 'Our Future'

### ▶ DNIPROPETROVSK REGION

NGO 'ALLIANCE.GLOBAL', Dnipro  
CO 'Positive women. Dnipro'  
NGO 'Synergiiia Dush' (*'Synergy of Souls'*)  
NGO 'Promin'  
NGO 'Protego'  
NGO 'Rainbow Life'  
CO '100% Life Dnipro'  
CF 'Impuls Kamyanske'  
CO 'Doroha Zhyttia Dnipro'  
CO 'AUCO Dzherelo Zdorovya' (*Nikopol*)  
CO 'AUCO Dzherelo Zdorovya' (*Apostolove*)  
NGO 'Partner'  
CF 'Schastia poruch'  
NGO 'Gay Alliance Ukraine'  
CO '100% Life Kryvyi Rih'  
CO 'CF Public Health'  
CO CF 'VOLNA'  
CO 'Legalife Ukraine'

### ▶ ZHYTOMYR REGION

CF 'Let you heart beat'  
NGO 'Ukraine without Torture'  
CO 'Legalife Ukraine'  
LGBT Human Rights Center 'Nash Svit'  
NGO 'Perspective'

### ▶ ZAPORIZHZHIA REGION

CO 'CF Vse Mozhlyvo'  
CO 'CF Second Life'  
'Fialka' Crisis Center for Provision of Comprehensive Help to Survivors of Gender-based Violence

### ▶ IVANO-FRANKIVSK REGION

CO '100% Life Ivano Frankivsk'  
NGO 'Ukraine without Torture'  
CO 'Zahid Shans'  
CO CF 'VOLNA'

### ▶ KYIV REGION

AUCF 'Convictus Ukraine'  
All-Ukrainian Association of Drug-Dependent Women 'VONA'  
CO CF 'VOLNA'  
NGO 'Club Eney'  
CF 'Hope and Trust'  
NGO 'VILNA'  
NGO 'ALLIANCE.GLOBAL'





### ▶ LVIV REGION

'NGO Center "Doroha"  
NGO 'VOLNA ZAHID'  
CO '100% Life Lviv'

### ▶ MYKOLAIV REGION

NGO 'Pure Hearts Movement'  
NGO 'Chas Zhyttia'  
CF 'Vykhid'  
NCF 'Unitus'  
Ombudsman's Mykolaiv Office

### ▶ ODESA REGION

NGO 'Soniachne Kolo'  
NGO 'Razom za zhyttia'  
NGO 'Civic Movement "Hope. Trust. Love"  
CO '100% Life Odesa'  
Youth NGO 'Youth Civic Movement "Partner"  
CO CF 'VOLNA'  
CF 'Way Home'  
NGO 'Youth Development Center'  
NGO 'Cohorta'

### ▶ POLTAVA REGION

CO 'Light of Hope'  
CO 'Legalife Ukraine'  
CO 'Meridian'

### ▶ RIVNE REGION

ROCF Nashe Maybutinie ('Our Future')  
NGO 'Prometey Social Support Center'

### ▶ TERNOPIL REGION

NGO 'Healthy Planet'

### ▶ KHARKIV REGION

NGO 'Spectr Kharkiv'  
All-Ukrainian Association of Drug-Dependent Women 'VONA'  
CO 'Positive women'  
NGO 'Cohorta'  
CO 'Christian Charitable Foundation "Blago"  
LGBT Human Rights Center 'Nash Svit'

### ▶ KHERSON REGION

CO 'CA 100% Life Kherson'  
KhOCF 'Mangust'  
NGO 'Ukraine without Torture'  
Center for Registration of Homeless People  
(*at the premises of the KhOCF 'Mangust'*)  
NGO 'Positive Women Kherson'  
NGO 'Zhyva-Ya'

### ▶ CHERKASY REGION

CO '100% Life Cherkasy'

### ▶ CHERNIHIV REGION

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

# 5. REActors PROFILE

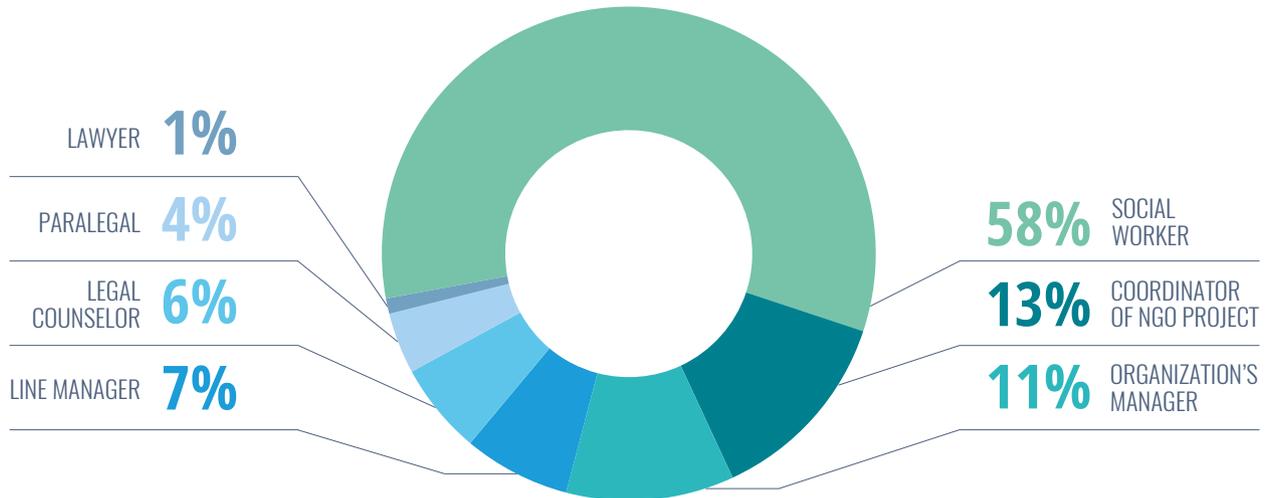
**77 non-government organizations (NGOs) and 103 REActors** are involved in documenting and responding to human rights violations of key populations vulnerable to HIV/TB in 17 regions of Ukraine.

The REActors are employees of NGOs that are in direct contact with clients from vulnerable populations: social workers, project coordinators and personnel, documenters of prevention projects, lawyers, etc. Each REActor works in their field, with specific risk groups. That is why some of the groups are represented less in REAct project results.





## REActor's PROFILE BY THEIR ROLE AT THE NGO



## REActor's PROFILE BY THEIR GENDER



# 6. APPEALS REGISTERED BY REAct



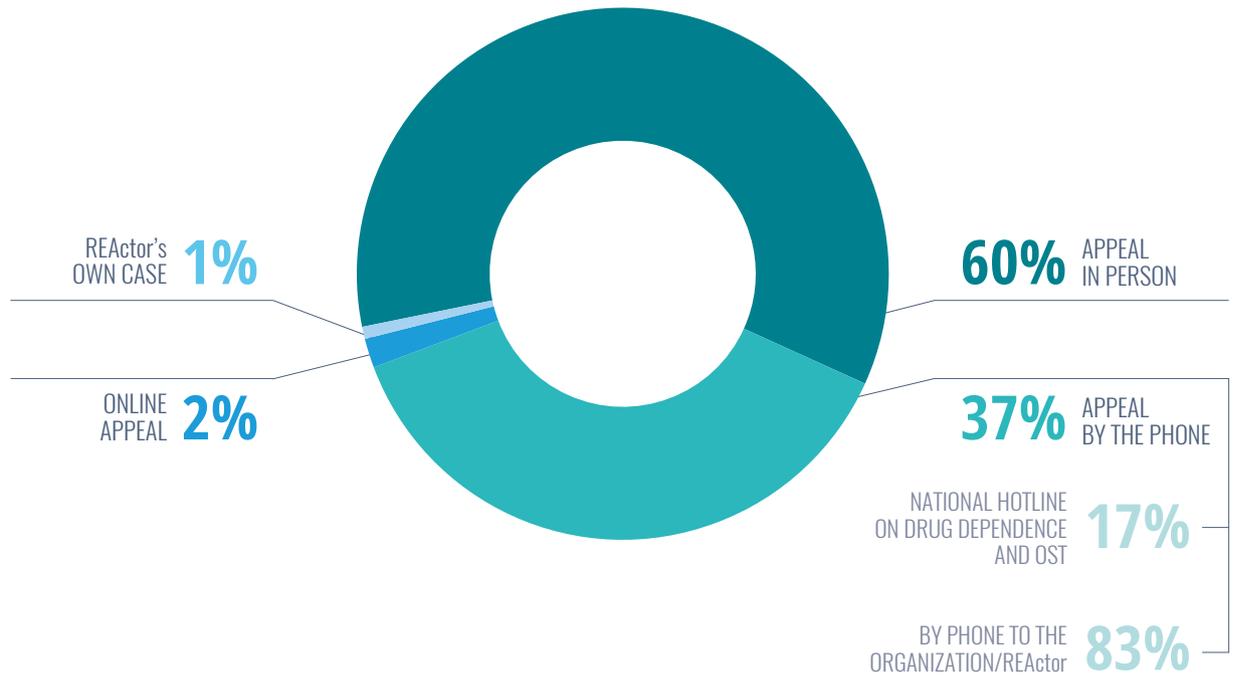
**1944** PROGRAM CLIENTS



**2021** REGISTERED CASES

In 2021 (from January 1 to December 31), the total of **2021 cases of human rights violations** of HIV/TB vulnerable communities were registered. Cases came from **1944 clients**; some of them appealed to the project several times.

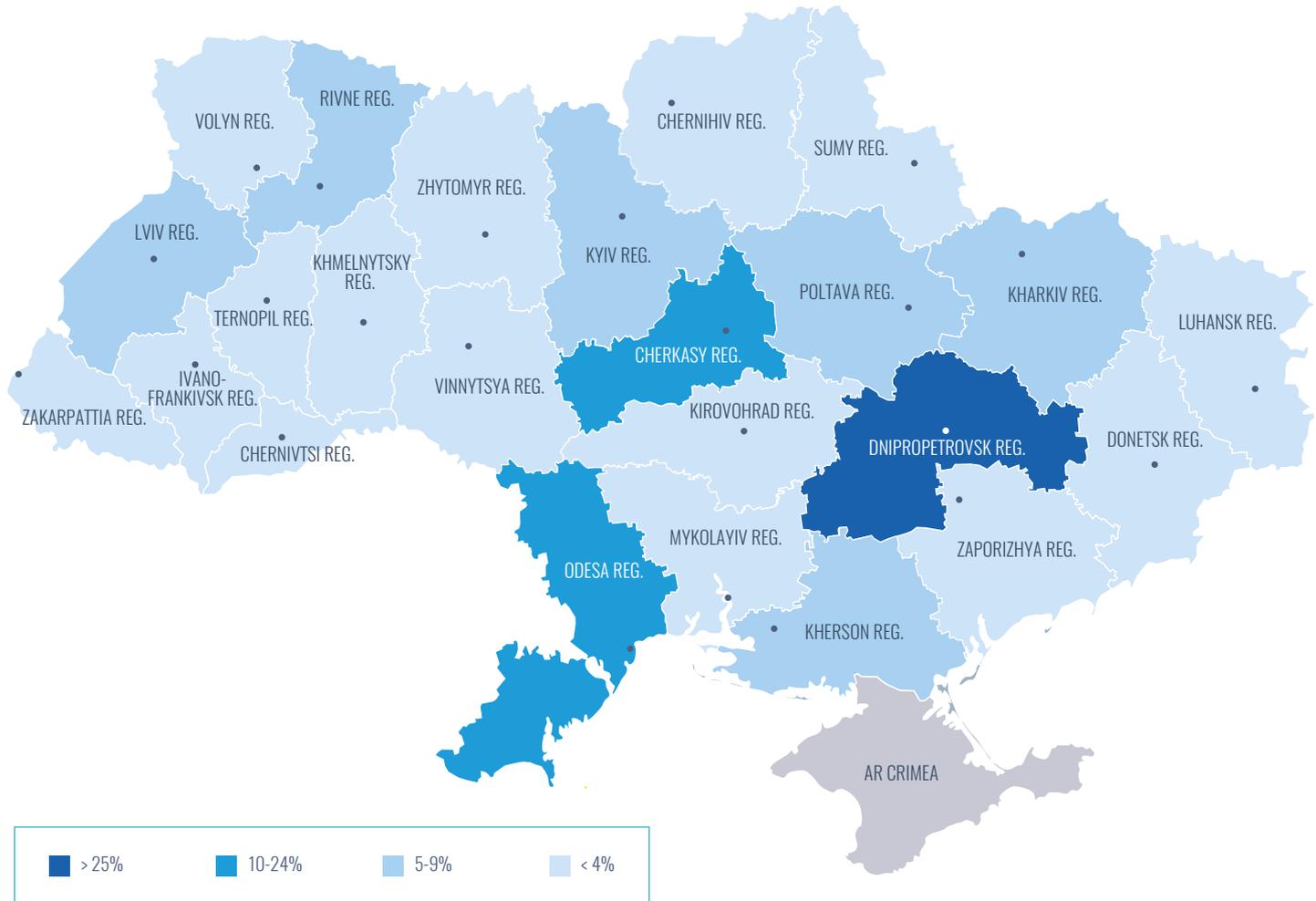
## CHANNELS OF HOW CASES WERE REPORTED



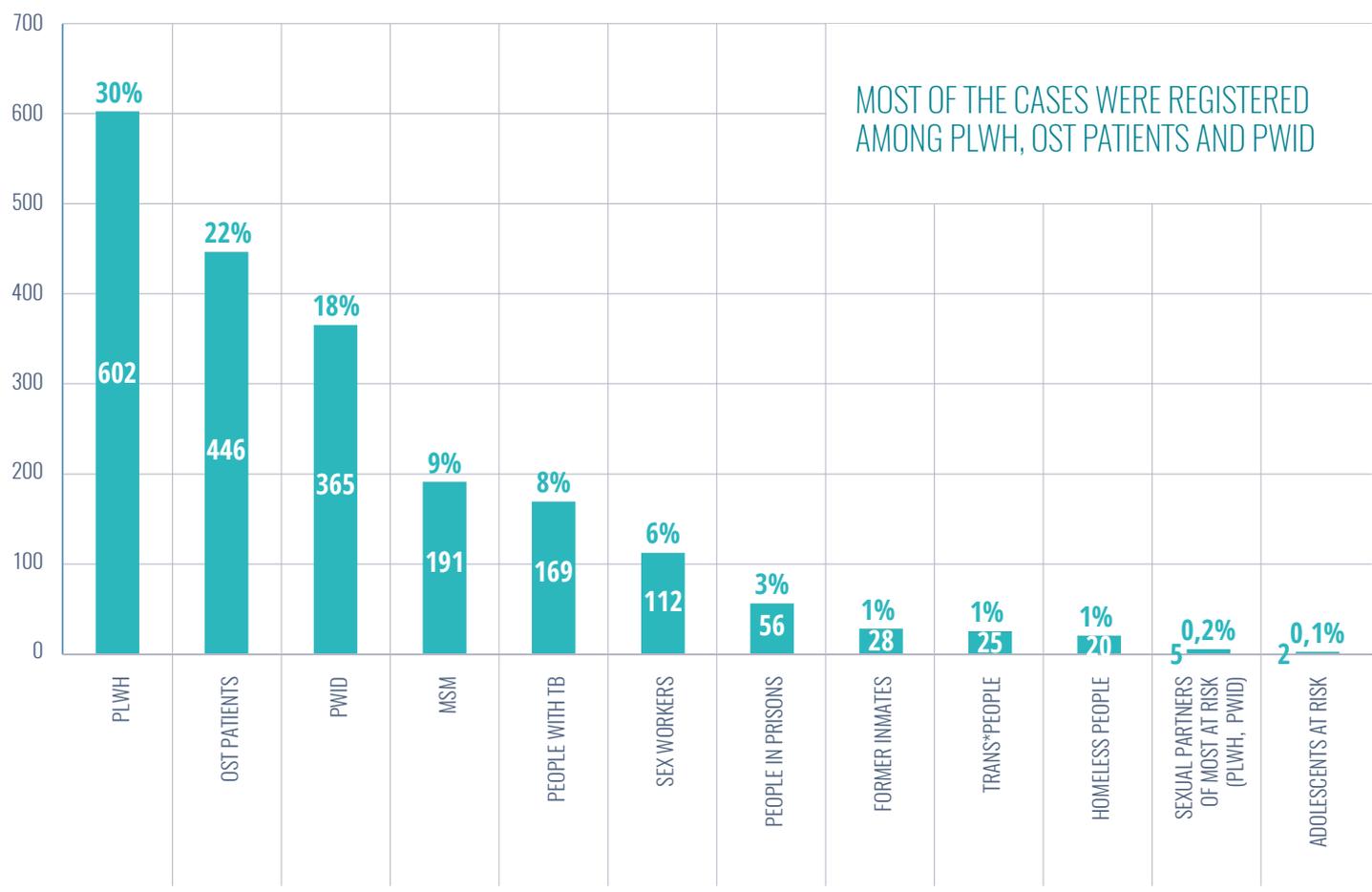


## DISTRIBUTION OF CASES REGISTERED BY REGIONS

REGION WHERE THE CASE OF CLIENT'S VIOLATION OCCURRED



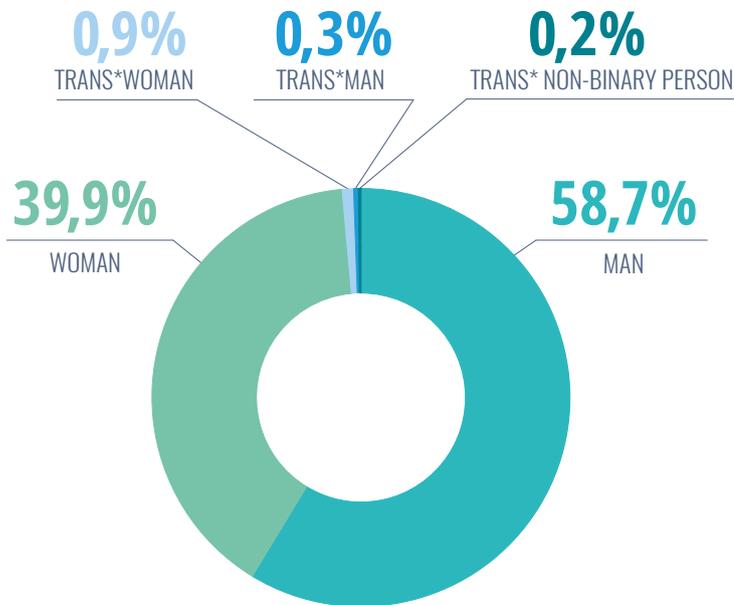
### KEY GROUP THAT IS ASSOCIATED WITH CLIENT'S CASE OF HUMAN RIGHTS VIOLATION



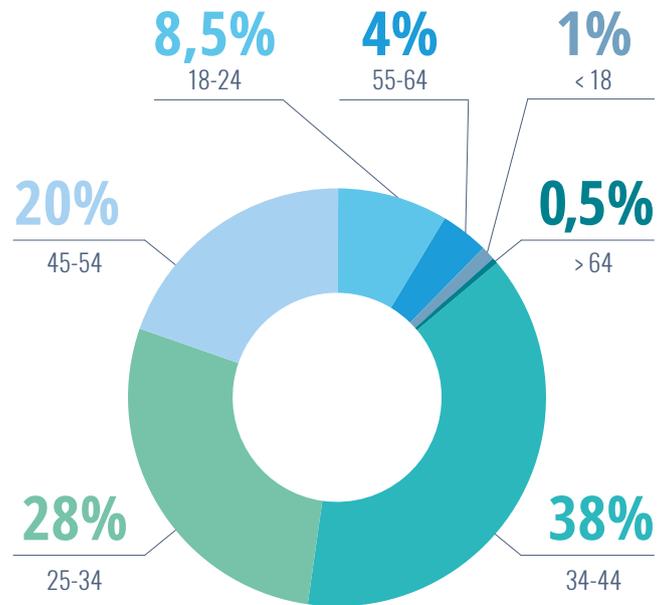
The evidence shows that numeric representation of some of the populations in the structure of cases is less compared with that of the others, but it absolutely does not mean that these populations encounter violations of their rights less often. **Clients' distribution by key populations is linked primarily to what communities the NGOs serve, and what risk groups the REActors work with, as well as the numbers of such NGOs and REActors.**



## GENDER OF THE CLIENTS

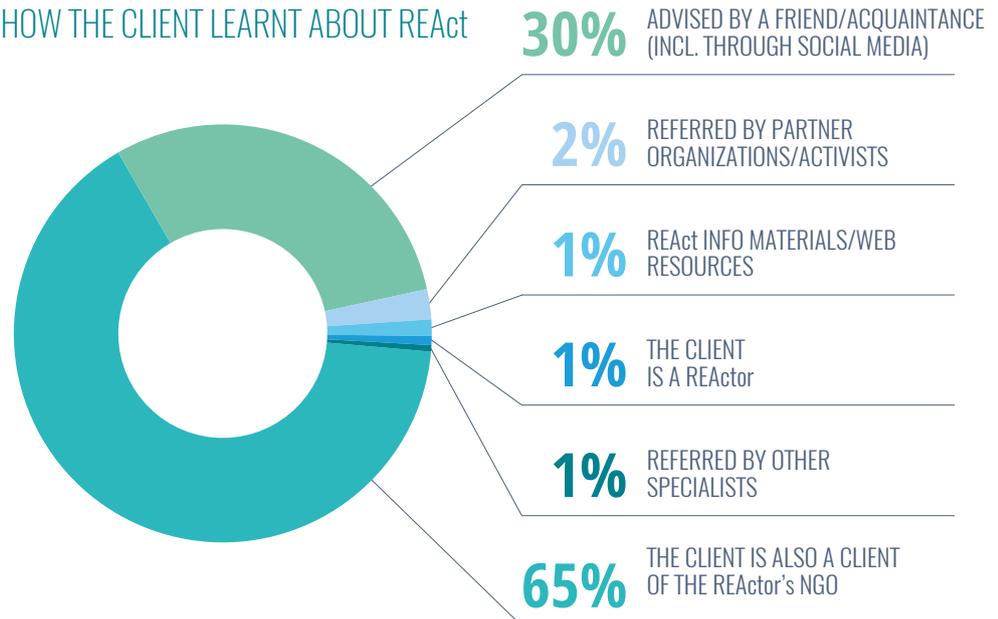


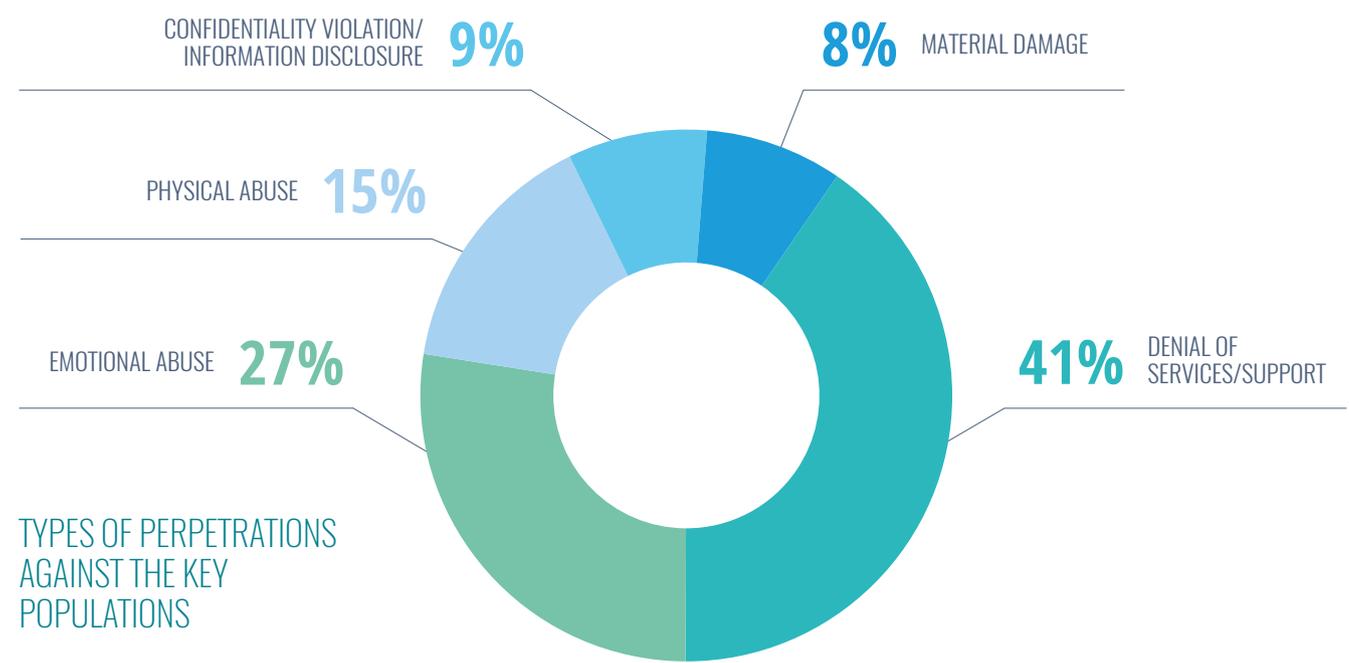
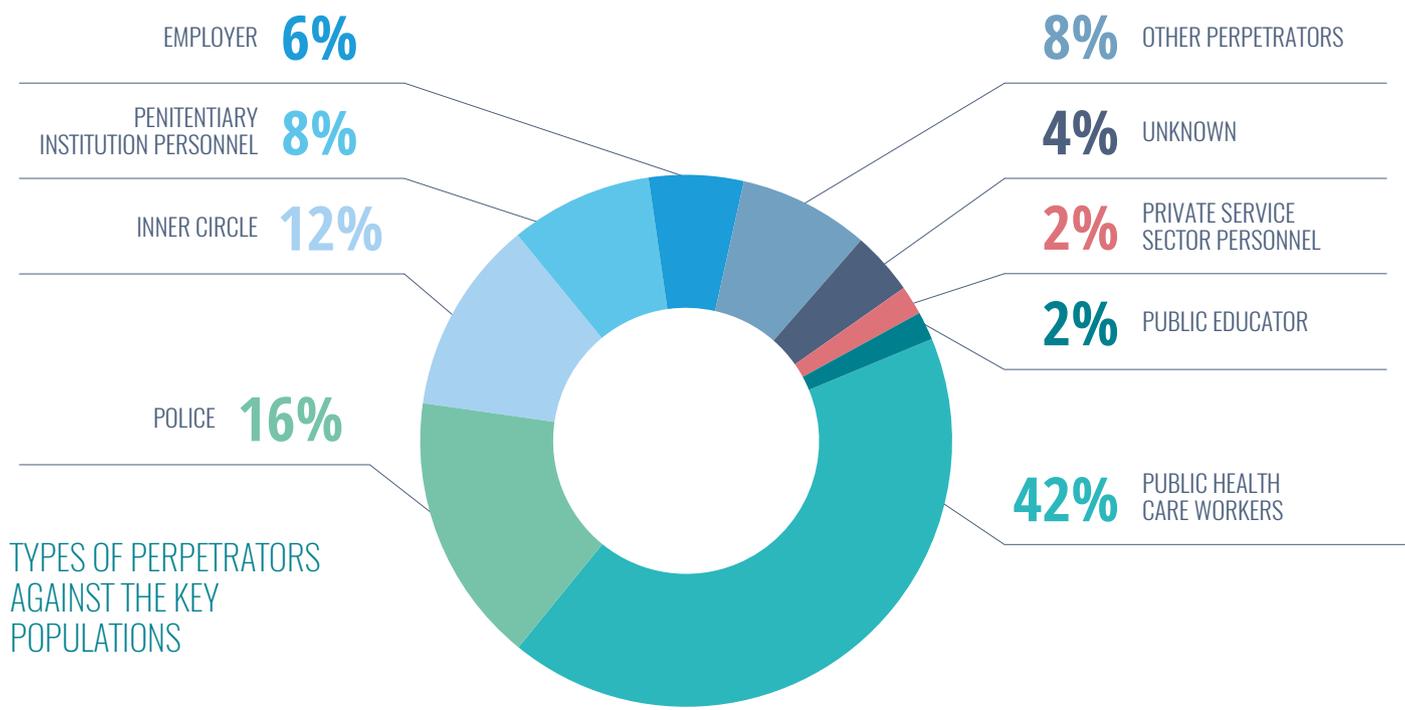
## AGE GROUPS OF THE CLIENTS



A significant share of the clients (65%) has received information about REAct from the NGOs involved in the project; 30% informed having learnt about it from their friends or acquaintances. Other ways of receiving the information were less common.

## HOW THE CLIENT LEARNT ABOUT REAct







## 7. STATE GUARANTEES AND THE RIGHTS OF KEY POPULATIONS IN CERTAIN DOMAINS

In Ukraine, there are several effective laws and regulations concerning state policy in **health care, social services, education, employment, powers of law enforcement agencies**, etc.

REAct has registered a lot of violations of the current legislation of Ukraine and its guarantees on the rights of key populations members in the above domains. **Some examples of such regulations and related guarantees are listed below.**



**IN THE CONTEXT OF HEALTH CARE, THERE HAVE BEEN VIOLATIONS OF LEGISLATION REGULATING ACCESS TO:**

- ▶ *OUTPATIENT, INPATIENT AND EMERGENCY CARE;*
- ▶ *HIV PREVENTION AND TREATMENT;*
- ▶ *TB PREVENTION AND TREATMENT;*
- ▶ *TREATMENT OF DRUG DEPENDENCE USING OPIOID SUBSTITUTION THERAPY (OST);*
- ▶ *HEALTH CARE AT PRISON FACILITIES.*

**RIGHT TO HEALTH CARE AND ACCESS TO HEALTH SERVICES**



ANALYSIS OF REGISTERED CASES OF VIOLATIONS SHOWS THAT THE MOST PROBLEMATIC IS ACCESS TO **PRIMARY** (STARTING WITH SIGNING A MEDICAL DECLARATION) AND **INPATIENT AND EMERGENCY CARE** FOR PLWH, PEOPLE WITH TB, PWID, AND OST PATIENTS (HOSPITALIZATION AND PROVISION OF ADEQUATE TREATMENT). SWs ALSO ENCOUNTER BARRIERS WHEN ACCESSING **OUTPATIENT CARE**, ESPECIALLY **OBSTETRIC-GYNECOLOGIC CARE**.

*The Law of Ukraine 'Foundations of the Legislation of Ukraine on Health Care' dd. 19.11.1992 no. 2801-XII<sup>1</sup>*

- ▶ Guarantees of legal protection against any unlawful forms of health-related discrimination (*article 6*)
- ▶ The right of every citizen to receive free health services such as emergency care, primary care, specialized care, and palliative care at state-run and communal health care facilities (*article 8*)

*The Law of Ukraine 'On Preventing the Spread of Diseases Caused by Human Immunodeficiency Virus (HIV) and legal and social protection of people living with HIV' dd. 12.12.1991 no. 1972-XII<sup>2</sup>*

- ▶ Guarantees of accessibility and adequate quality of HIV testing, including anonymous one (*item 4 of article 4*)
- ▶ Guarantees of access to harm reduction programs, including OST, for people who inject drugs (*item 8 of article 4*)
- ▶ Guarantees of free access to HIV prevention services and vertical HIV transmission prevention (*item 11 of article 4*)
- ▶ Guarantees of protection of information about positive HIV status from revelation or disclosure to third parties (*article 13*)
- ▶ Prohibition of discrimination against a person based on their HIV-status or belonging to populations at risk of HIV infection (*article 14*)
- ▶ The right to free provision of antiretroviral medicines for people living with HIV (*article 15*)

1 <https://zakon.rada.gov.ua/laws/show/2801-12#Text>

2 <https://zakon.rada.gov.ua/laws/show/1972-12#Text>



The Law of Ukraine '**On Tuberculosis Response'** dd. 5 July 2001  
no. 2586-III<sup>3</sup>

- ▶ Guarantee of state procurement of relevant tests for TB and medicines for TB prevention and treatment (*articles 4, 6*)
- ▶ Guarantees of detecting people with TB and those infected with tuberculosis mycobacteria, as well as obligation for medical personnel to refer a newly-detected person with TB to a specialist doctor (*phthisiologist*) or specialized health facility for further examination (*article 8*)
- ▶ Guarantee of the right for free TB treatment for people with TB (*article 15*)
- ▶ Guarantee of TB treatment provision to the patients located in prison facilities (*article 17*)

Order of the MoH of Ukraine / Ministry of Education and Science of Ukraine / Ministry for Youth, Family and Sports of Ukraine / State Penitentiary Department of Ukraine / Ministry of Labor and Social Policy of Ukraine '**On Measures to Organize Prevention of Vertical HIV Transmission, Medical Care and Support for Children with HIV-infection and Their Families'** dd. 23.11.2007 no. 740/1030/4154/321/614a<sup>4</sup>

- ▶ Prevention of vertical HIV transmission is provided for all children born by women living with HIV according to the applicable clinical guidelines. These children are provided with adapted milk formulas (*items 4.3.4. and 4.3.6.*)

<sup>3</sup> <https://zakon.rada.gov.ua/laws/show/2586-14#Text>

<sup>4</sup> <https://zakon.rada.gov.ua/laws/show/z1405-07#Text>



REAct HAS REGISTERED CASES WHEN PWID WERE DENIED ACCESS TO OST PROGRAM DESPITE THEIR MEETING THE ELIGIBILITY CRITERIA. OST PATIENTS ARE OFTEN DENIED SWITCHING TO OST TAKE-HOME. CONTINUITY OF OST IS NOT ALWAYS ENSURED IN CASE OF HOSPITALIZATION OF PATIENTS.

PERSONS IN PRISON FACILITIES ENCOUNTER DENIAL OF ACCESS TO HEALTH EXAMINATION, ART, AND TB DIAGNOSIS AND TREATMENT.

*Order of the MoH of Ukraine 'On Adoption of the Procedure for Opioid Substitution Therapy for People with Mental or Behavioral Disorders due to the Use of Opioids' dd. 27.03.2012 no. 200<sup>5</sup>*

- ▶ Health care facilities' (HCF) responsibility to ensure uninterrupted OST in case of hospitalization (*routine or emergency*) of patients to inpatient departments (*part 5 of the Procedure*)
- ▶ Defined grounds for priority prescription of OST based on a number of criteria, including in presence of at least one of the following conditions: HIV, TB, pregnancy, hepatitis B or C, septic conditions, cancer (*part 8 of the Procedure*)
- ▶ Guarantees of the right to confidentiality of health information, the fact of seeking medical aid, diagnosis or treatment (*part 10 of the Procedure*)
- ▶ Conditions for prescription-based dispensing of drugs or provision of takeaway drugs at OST sites for their independent reception under the outpatient conditions (*part 11 of the Procedure*)

*Resolution of the CMU 'On Approval of the Procedure for Provision of Health Care to People with TB in Detention or in Prison Facilities' dd. 25.06.2014 no. 205<sup>6</sup>*

- ▶ Guarantees of provision of inpatient care to detained people with contagious TB in pre-trial detention facilities of specialized TB hospitals of the State Penitentiary Service (*part 5 of the Procedure*)
- ▶ Guarantees of provision of outpatient care to detained people with non-contagious TB in penitentiary health care facilities located on the premises of pre-trial detention centers (*part 5 of the Procedure*).
- ▶ Guarantees for provision of health care in penitentiary TB hospitals for people with TB sentenced to a term in prison or to a detention (*part 5 of the Procedure*)

<sup>5</sup> <https://zakon.rada.gov.ua/laws/show/z0889-12#Text>

<sup>6</sup> <https://zakon.rada.gov.ua/laws/show/205-2014-%D0%BF#Text>



- ▶ The algorithm for referring detained or imprisoned people with TB or sending their biologic materials to respective facilities, including for conducting necessary studies (*microbiologic, radiologic, etc.*) that cannot be conducted by the penitentiary health facilities (*part 7 of the Procedure*)

**Criminal Executive Code of Ukraine** dd. 11.07.2003  
no. 1129-IV<sup>7</sup>

- ▶ Guarantees of the right to health and medical care (*article 8, 116*)

*Order of the MoH/Mol/Ministry of Justice of Ukraine 'On Approval of the Procedure for Interaction between Health Care Facilities, Territorial Bodies of internal affairs, Penal Facilities and Pre-trial Detention Centers to Ensure Continuity of Follow-up Care of Persons with HIV-infection, Conducting Clinical and Laboratory Monitoring during Disease and Administering Antiretroviral Therapy'* dd.

05.09.2012 no. 692/775/1311/5<sup>8</sup>

- ▶ Responsibility of law enforcement authorities to ensure provision of ART to detained or arrested people kept at temporary detention facilities (TDFs) or in detention rooms (DRs) (*part 2 of the Procedure*)
- ▶ Responsibility of penitentiary facilities administrations and pre-trial detention centers to appoint health professionals responsible for measures against HIV/AIDS (*part 3 of the Procedure*)

WHEN LEARNING FROM DETAINED OR ARRESTED PLWH ABOUT THEIR NEED TO TAKE ART, A DUTY OFFICER AT A TDF USUALLY DOES NOT RECORD THIS IN THE JOURNAL OF EXAMINATION OF DETAINED PERSONS, AND DOES NOT INFORM THE NEAREST HCF ABOUT THE NEED FOR AN INFECTIOUS DISEASE DOCTOR TO ASSIST THIS PERSON. IF THE PLWH IS TRANSFERRED TO OTHER FACILITIES, POLICE OFFICERS ALSO DO NOT SUBMIT INFORMATION ABOUT THE NEED PROVIDE THE PERSON WITH ART.

<sup>7</sup> <https://zakon.rada.gov.ua/laws/show/1129-IV#Text>

<sup>8</sup> <https://zakon.rada.gov.ua/laws/show/z1615-12#Text>



## THE RIGHT TO PROTECTION AND ADEQUATE POLICE INVESTIGATION

TORTURE OR ABUSE BY LAW ENFORCEMENT OFFICERS ARE UNACCEPTABLE

THERE ARE MANY REGISTERED CASES OF HUMAN RIGHTS VIOLATIONS OF PWID AND OST PATIENTS. PERSONAL DOCUMENTS CHECK, SUPERFICIAL INSPECTION WERE CONDUCTED WITH VIOLATIONS OF EXISTING REGULATIONS AND WERE ACCOMPANIED WITH ARROGANT, DISRESPECTFUL TREATMENT AND HUMILIATION.

**LAW ENFORCEMENT OFFICERS VIOLATING THE RIGHTS OF MEMBERS OF KEY POPULATIONS BREACHED UKRAINIAN LAWS PROVIDING THE FOLLOWING GUARANTEES:**

- ▶ POLICE RESPECTING HUMAN RIGHTS AND FREEDOMS OF PEOPLE IN THE COURSE OF POLICING ACTIVITIES;
- ▶ PROHIBITION OF TORTURE, ABUSE AND DEGRADING TREATMENT;
- ▶ BRINGING TO JUSTICE PERPETRATORS COMMITTING UNLAWFUL ACTS AGAINST A PERSON.

*The Law of Ukraine 'On the National Police' no. 580-VIII dd. 02.07.2015*<sup>9</sup>

- ▶ Prohibition of torture, abuse, inhuman or degrading treatment or punishment by the police (*article 7*)
- ▶ Police officers must inform the person subjected to preventive measures (*personal documents check, superficial inspection, forced entry into dwelling*) on the reasons for applying such measures, and notify them of laws and regulations serving as the grounds for such actions (*article 31*)
- ▶ Defines grounds for police to check personal documents (*article 32*), start asking a person questions (*article 33*) and conduct their superficial inspection (*article 34*)
- ▶ Defines grounds for legitimate use of force by the police (*article 44*)

9 <https://zakon.rada.gov.ua/laws/show/580-19#Text>



**Law of Ukraine 'On Domestic Violence Prevention'** dd. 07.12.2017 no. 2229-VIII <sup>10</sup>

- ▶ Police's responsibility to prevent and act against domestic violence cases by detecting facts of domestic violence cases and timely responding to them (*article 10*)

**Criminal Code of Ukraine**  
dd. 05.04.2001 no. 2341-III <sup>11</sup>

- ▶ Coercion to sex (*article 154*)
- ▶ Extortion (*article 189*)
- ▶ Abuse of power by a law enforcement officer (*article 365*)
- ▶ Knowingly unlawful detentions, bookings, home arrest or custody (*article 371*)
- ▶ Coercion to testify (*article 373*)
- ▶ Violation to the right to defense (*article 374*)

THERE HAVE BEEN VIOLATIONS OF THE RIGHTS OF KEY COMMUNITIES CAUSED BY POLICE OFFICERS ABUSE OF POWER. THOSE CASES INVOLVED VIOLENCE OR THREATS: EXTORTION, ILLEGAL SEARCH, VIOLATION OF PROPERTY RIGHTS, ILLEGAL DETENTION, PHYSICAL VIOLENCE, CONFISCATION OF OST OR ART DRUGS, BEATING, FORCED SEX OR FREE-OF-CHARGE FORCED SEX, AND INDIVIDUAL CASES OF PLANTING DRUGS TO PWID FOR FURTHER FALSIFICATION OF A CRIMINAL CASE AND ABETTING COMMISSION OF A CRIME TO 'SOLVE' IT LATER.

THERE ARE NUMEROUS CASES OF POLICE REFUSAL TO RESPOND TO CASES OF DOMESTIC VIOLENCE AGAINST WOMEN FROM PLWH AND PWID COMMUNITIES, OST PATIENTS AND SWs.

PWID AND OST PATIENTS DETAINED BY THE POLICE ENCOUNTER VIOLATION OF THEIR RIGHT TO LEGAL AID GUARANTEED BY THE STATE.

<sup>10</sup> <https://zakon.rada.gov.ua/laws/show/2229-19#Text>

<sup>11</sup> <https://zakon.rada.gov.ua/laws/show/2341-14#Text>



## THE RIGHT TO SOCIAL SERVICES AND SOCIAL PROTECTION

**IN THE SOCIAL SERVICE DOMAIN, THE FOLLOWING RIGHTS OF KEY POPULATIONS GUARANTEED BY THE LEGISLATION OF UKRAINE WERE VIOLATED:**

- ▶ RIGHTS OF PARENTS TO RAISE THEIR CHILDREN AND RIGHT OF CUSTODY;
- ▶ RIGHTS TO STATE SOCIAL PROTECTION AND SOCIAL AID BY THE STATE BASED ON PROPERTY STATUS;
- ▶ RIGHT TO RECEIVE SOCIAL SERVICES AND AID BASED ON HEALTH STATUS.

PLWH HAVE REPEATEDLY ENCOUNTERED DENIAL OF SOCIAL SUPPORT DESPITE HAVING GROUNDS FOR RECEIVING IT, AND OF SERVICE PROVISION IN GENERAL BECAUSE OF THEIR HIV STATUS SOCIAL WORKERS WERE AWARE OF.

The Law of Ukraine **'On Prevention of Spread of Diseases Caused by Human Immunodeficiency Virus (HIV), and Legal and Social Protection of People Living with HIV'** dd. 12.12.1991 no. 1972-XII<sup>12</sup>

- ▶ Prohibition of denial to admit people at social care institutions and social services or to provide social services based on HIV-positive status (*article 16*)

PWID, OST PATIENTS AND PEOPLE WITH TB HAVE ENCOUNTERED SITUATIONS WHERE SOCIAL SERVICE STAFF PREVENTED THEM FROM BEING GRANTED A DISABILITY PENSION BECAUSE OF THEIR KEY POPULATION STATUS. BESIDES THAT, THEY FACED BARRIERS DURING DISABILITY BOARDS OF REVIEW EXAMINATIONS AND DETERMINATION OF THE SCOPE OF SOCIAL PROTECTION THEY NEEDED.

The Law of Ukraine **'On Foundations of Social protection of People with Disabilities in Ukraine'** dd. 21.03.1991 no. 875-XII<sup>13</sup>

- ▶ Guarantees of social protection of people with disabilities (*article 4*)

12 <https://zakon.rada.gov.ua/laws/show/1972-12#Text>

13 <https://zakon.rada.gov.ua/laws/show/875-12#Text>



The Law of Ukraine '**On Social Services**' dd. 17.01.2019  
no. 2671-VIII<sup>14</sup>

- ▶ Guarantees of the right of a social service beneficiary to receive social services, enjoy respect to their honor and dignity, careful and humane attitude from personnel of the social service system, confidentiality of personal information, protection of rights and legitimate interests (*article 12*)

**Family Code of Ukraine** dd. 10.01.2002 no. 2947-III<sup>15</sup>

- ▶ Ensuring parents' right to raise their child (*article 151*)
- ▶ Responsibility of child protection services to resolve child custody and visitation disputes (*article 158*)
- ▶ Determining the person who can be child's carer (*article 244*)

THERE HAVE BEEN CASES WHEN A CHILD PROTECTION BODY IGNORED VISITATION APPEALS OF A PARENT LIVING SEPARATELY FROM THE CHILD IF THAT PARENT WAS A MEMBER OF A KEY POPULATION (SUCH AS OST PATIENTS OR PWID). THERE HAVE ALSO BEEN VIOLATIONS OF RIGHTS OF PWID WHEN CHILD PROTECTION SERVICES REJECTED THEM AS CARERS OF THEIR MINOR RELATIVES.

The Law of Ukraine '**On Social Adaptation of People Serving or Having Served a Prison Sentence**'  
dd. 17.03.2011 no. 3160-VI<sup>16</sup>

FORMER INMATES REGULARLY ENCOUNTER VIOLATIONS OF THE GUARANTEES OF SOCIAL SUPPORT AND ASSISTANCE IN POSTPENITENTIARY PERIOD.

- ▶ Organization of social case work activities (*article 8*)

14 <https://zakon.rada.gov.ua/laws/show/2671-19#Text>

15 <https://zakon.rada.gov.ua/laws/show/2947-14#Text>

16 <https://zakon.rada.gov.ua/laws/show/3160-17#Text>



## THE RIGHT TO EDUCATION

PLWH HAVE ENCOUNTERED REFUSALS TO ADMIT CHILDREN TO EDUCATIONAL FACILITIES AND WITH DENIAL OF EDUCATION BECAUSE OF THEIR HIV STATUS PERSONNEL OF EDUCATIONAL FACILITIES WERE AWARE OF.

THERE HAVE BEEN CASES OF BULLYING OF PUPILS/STUDENTS FROM AMONG PLWH, MSM AND TRANS\*PEOPLE.

THERE HAVE BEEN CASES WHERE THE HEAD OF AN EDUCATIONAL INSTITUTION CONCEALED CASES OF BULLYING DESPITE LEGAL OBLIGATION TO NOTIFY POLICE ABOUT THEM.

### IN THE EDUCATION DOMAIN, THE FOLLOWING RIGHTS OF KEY POPULATIONS GUARANTEED BY THE LEGISLATION OF UKRAINE WERE VIOLATED:

- ▶ *OTHE RIGHT TO PRE-SCHOOL, SECONDARY, VOCATIONAL AND HIGHER EDUCATION;*
- ▶ *THE RIGHT TO PROTECTION FROM CHILD ABUSE, INCLUDING ANY FORMS OF PHYSICAL, PSYCHOLOGICAL OR OTHER KINDS OF VIOLENCE AGAINST CHILDREN;*
- ▶ *THE RIGHT TO CONFIDENTIALITY OF INFORMATION OF THE PERSON RECEIVING EDUCATION.*

The Law of Ukraine '***On Preventing the Spread of Diseases Caused by Human Immunodeficiency Virus (HIV) and legal and social protection of people living with HIV***' dd. 12.12.1991 no. 1972-XII <sup>17</sup>

- ▶ Prohibition of refusal of enrolment to educational facilities to people living with HIV based on their HIV-positive status (*article 16*)

The Law of Ukraine '***On Education***' dd. 05.09.2017 no. 2145-VIII <sup>18</sup>

- ▶ Guarantees of universal rights to quality and accessible education (*article 3*)
- ▶ Guarantees of equal access to education without any discrimination (*article 6*)

The **Administrative Offence Code of Ukraine** dd. 07.12.1984 no. 8073-X <sup>19</sup>

- ▶ Liability for bullying (*article 173-4*)

17 <https://zakon.rada.gov.ua/laws/show/1972-12#Text>

18 <https://zakon.rada.gov.ua/laws/show/2145-19#Text>

19 <https://zakon.rada.gov.ua/laws/show/80731-10#Text>



## THE RIGHT TO LABOR

### IN THE LABOR DOMAIN, THE FOLLOWING RIGHTS OF KEY POPULATIONS GUARANTEED BY THE LEGISLATION OF UKRAINE WERE VIOLATED:

- ▶ PROHIBITION OF LIMITATION OF RIGHTS OF EMPLOYEES BASED ON THEIR HEALTH STATUS, GENDER IDENTITY, SEXUAL ORIENTATION, SUSPECTED OR ACTUAL HIV STATUS;
- ▶ FREEDOM OF CHOICE OF OCCUPATION, AND PROTECTION FROM UNGROUNDED DENIAL OF EMPLOYMENT;
- ▶ PROHIBITION OF DISMISSAL OF AN EMPLOYEE BECAUSE THEY HAVE CONTRACTED TB, UNLESS OTHERWISE IS STIPULATED BY THE LAW;
- ▶ PROHIBITION OF DEMANDING SUBMITTING DOCUMENTS NOT REQUIRED UNDER APPLICABLE LEGISLATION;
- ▶ PROHIBITION OF WAGE DISCRIMINATION BASED ON ANY CHARACTERISTICS OF THE EMPLOYEE;
- ▶ LEGAL PROTECTION AGAINST UNFAIR DISMISSAL.

BEING MEMBERS OF THE KEY POPULATIONS, REAct CLIENTS HAVE OFTEN FACED DEMANDS TO RESIGN BECAUSE OF THEIR HIV STATUS OR TB, SEXUAL ORIENTATION, ETC.

ON A NUMBER OF OCCASIONS, EMPLOYERS REFUSED TO PAY UP AFTER DISMISSAL.

The Law of Ukraine '**On Foundations of Preventing and Fighting Discrimination in Ukraine**' dd. 06.09.2012 no. 5207-VI<sup>20</sup>

- ▶ Prohibition of all forms of discrimination based on any characteristics (article 6)

The Law of Ukraine '**On Preventing the Spread of Diseases Caused by Human Immunodeficiency Virus (HIV) and legal and social protection of people living with HIV**' dd. 12.12.1991 no. 1972-XII<sup>21</sup>

- ▶ Prohibition of denial of employment, dismissal of people living with HIV based on their HIV-positive status (article 16)

The Law of Ukraine '**On Tuberculosis Response**' dd. 5 July 2001 no. 2586-III<sup>22</sup>

- ▶ Prohibition to dismiss an employee because of their TB-status unless the disease is a counterindication for their occupation as per the list of professions (article 21)

20 <https://zakon.rada.gov.ua/laws/show/5207-17#Text>

21 <https://zakon.rada.gov.ua/laws/show/1972-12#Text>

22 <https://zakon.rada.gov.ua/laws/show/2586-14#Text>



THERE HAVE BEEN CASES WHERE PLWH WERE DEMANDED TO PRESENT A HIV STATUS CERTIFICATE OR GET TESTED FOR HIV AND PRESENT TEST RESULTS.

IN SOME CASES, EMPLOYERS DEMANDED TESTING FOR HIV DURING HEALTH CHECKS DESPITE THE FACT SUCH TESTS ARE NOT INCLUDED IN THE LIST OF MANDATORY TESTS.

### Labor Code of Ukraine

dd. 10.12.1971 no. 322-VIII <sup>23</sup>

- ▶ Prohibition of limitation of rights of employees based on their sex, health status, gender identity, sexual orientation, suspected or actual HIV/AIDS status (*article 2-1*)
- ▶ Prohibition of ungrounded denial of employment, i.e. denial without any reasons or based on the reasons irrelevant to qualification or professional skills of the employee, or due to other reasons not provided for by law (*article 22*)
- ▶ Prohibition to demand submitting documents not required by the law for closing an employment contract (*article 25*)
- ▶ Employer's obligation to pay up in due time when dismissing an employee as per article 116 of the Code (*article 47*)

*Order of the Ministry of Health of Ukraine 'On Organizing Mandatory Prevention Health Checks for Employees of Certain Professions, Industries and Organizations Serving Public to Prevent Spreading Infectious Diseases'*

dd. 23.07.2002 no. 280 <sup>24</sup>

- ▶ Item 6 of the Rules of conducting mandatory prevention health checks for employees of certain professions, industries and organizations serving public to prevent spreading infectious diseases provides a list of necessary medical examinations with specialist doctors, types of clinical, laboratory and other tests required for such health checks.

<sup>23</sup> <https://zakon.rada.gov.ua/laws/show/322-08#Text>

<sup>24</sup> <https://zakon.rada.gov.ua/laws/show/z0639-02#Text>



## 8. THE ROLE OF THE STATE IN THE CASES OF HUMAN RIGHTS VIOLATIONS OF THE KEY POPULATIONS

### STATE HUMAN RIGHTS COMMITMENTS



#### RESPECT

REFRAIN FROM PROHIBITING OR RESTRICTING EQUAL ACCESS TO HEALTH SERVICES, FROM INTRODUCTION OF DISCRIMINATION AS A POLICY OF THE GOVERNMENT

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#### PROTECT

ENSHRINE IN THE LAW OR TAKE OTHER ACTIONS TO ENSURE EQUAL ACCESS TO HEALTH SERVICES PROVIDED BY THIRD PARTIES

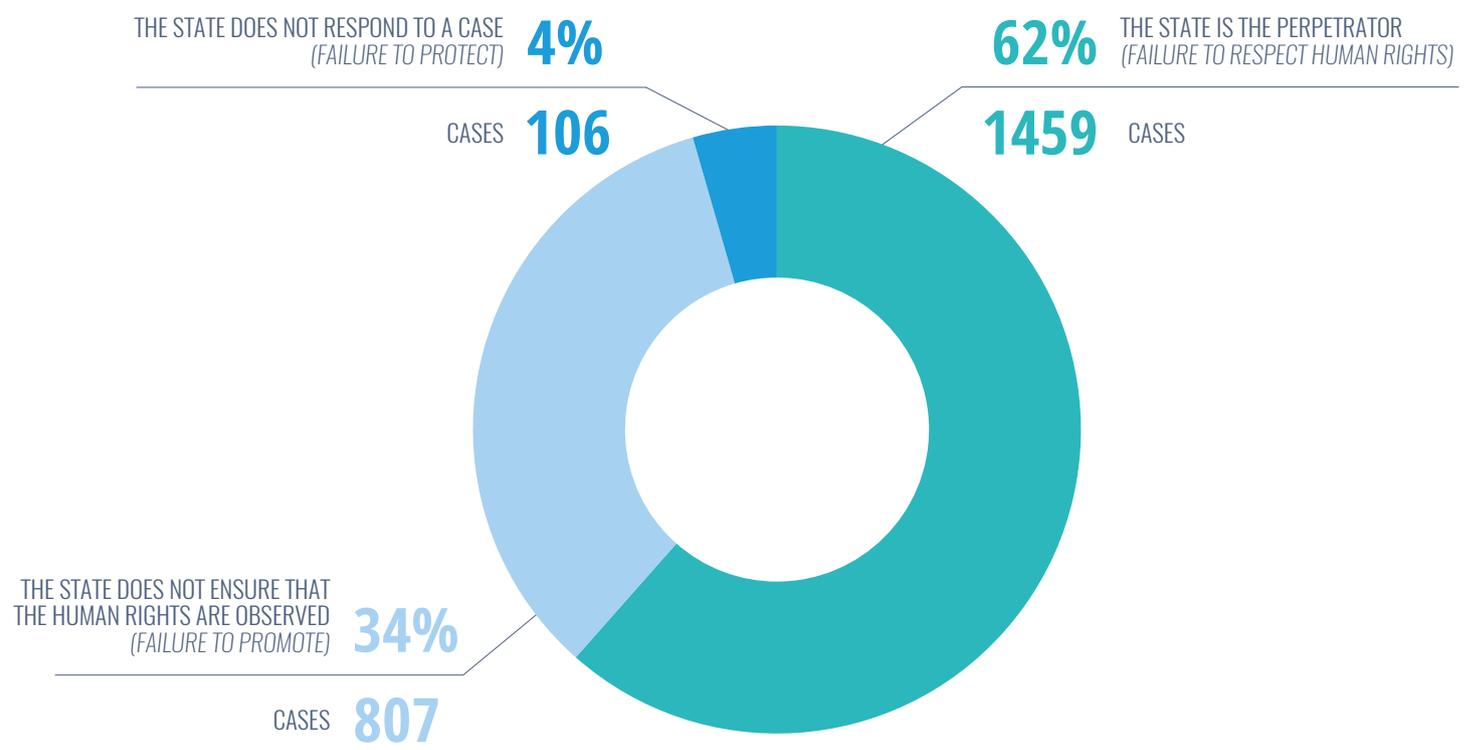
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#### PROMOTE

ENSURE THE RIGHT TO HEALTH ENJOYS PROPER ATTENTION IN THE NATIONAL POLITICAL AND LEGAL SYSTEM, MOSTLY BY ENSURING IT IN THE LAW, AND APPROVE A NATIONAL HEALTH CARE POLICY WITH A DETAILED PLAN OF ENSURING THE RIGHT TO HEALTH

### ROLES OF THE STATE IN REAct CASES\*



In most cases registered by REAct, **the state was the actual perpetrator**. The state has obligations to the citizens. **The state is obliged to ensure observation of human rights based on principles of respect, protection and promotion of human rights.**

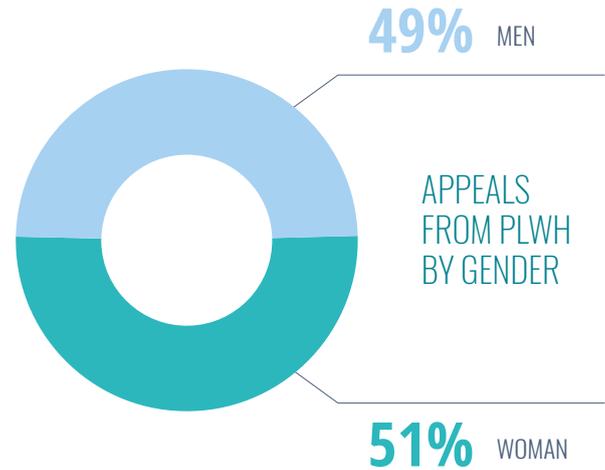
\* The state can have several roles within a case



## 9. HUMAN RIGHTS VIOLATIONS FACED BY KEY POPULATIONS

### 9.1. PEOPLE LIVING WITH HIV

Human rights of people living with HIV (PLWH) were most often violated by **public health care workers** – **57%**. Most cases of human rights violations are **denial of service/support** (46%) and **emotional abuse** (22%).



APPEALS REGISTERED

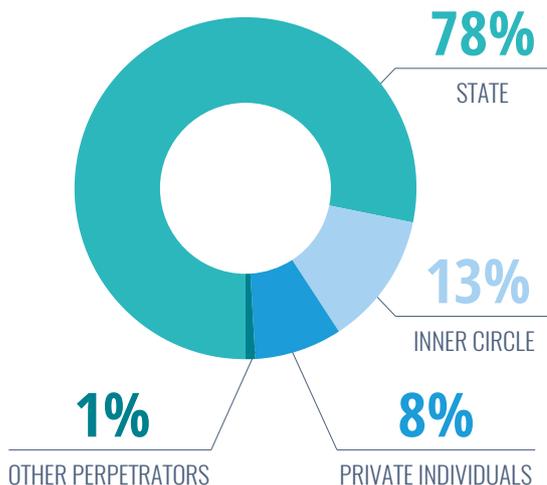
602

AMONG THEM

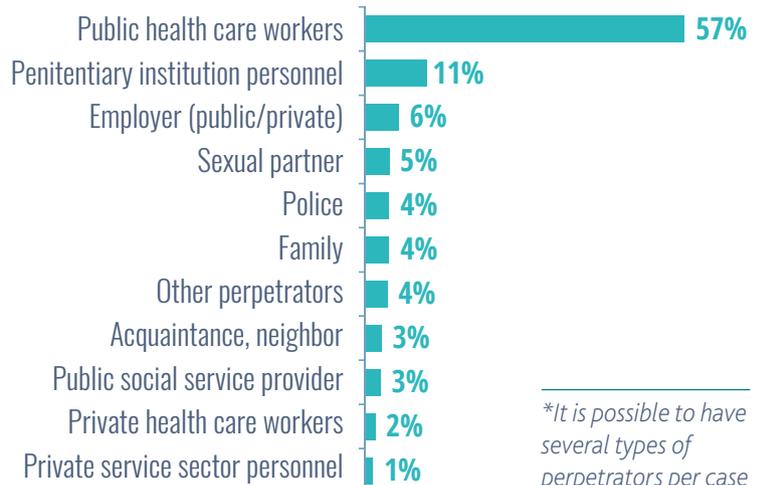
65%

OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO CLIENT'S HIV STATUS

#### PERPETRATORS OF PLWH RIGHTS\*

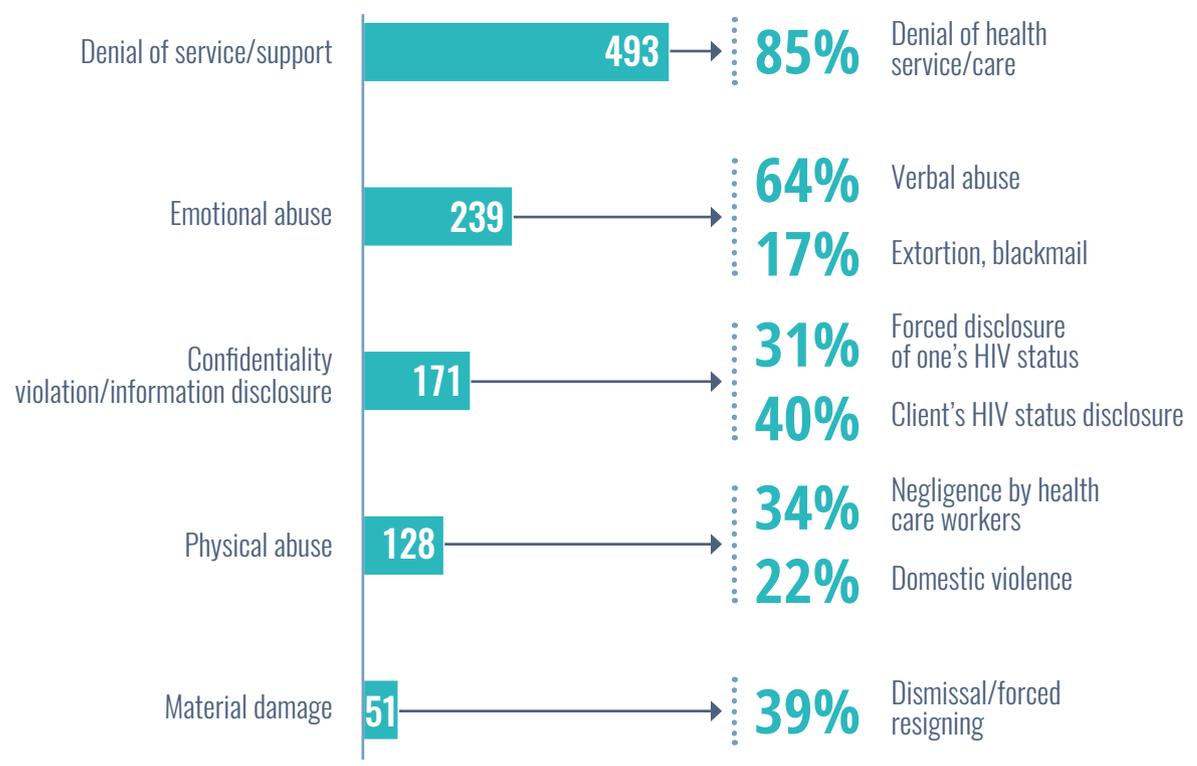


#### PERPETRATORS OF PLWH RIGHTS\*



*\*It is possible to have several types of perpetrators per case*

TYPES OF HUMAN RIGHTS VIOLATIONS OF PLWH AND KEY TYPES OF INCIDENTS\*



Barriers to accessing services or support for people living with HIV prevail over other kinds of perpetrators against PLWH registered by REAct. **Denial of service or support** to a PLWH community member was registered in 493 cases. PLWH most often faced barriers when trying to **access health services** – 85% of denials of different services.

The highest number of registered cases concerned barriers for PLWH's accessing **in-patient, outpatient and polyclinic care** unrelated to HIV or TB, **emergency care**, dental or other services.

In general, it was **biased attitude of doctors caused by client's HIV status** that created barriers for PLWH seeking health services.

\* Several types of rights violations are possible within one client's case

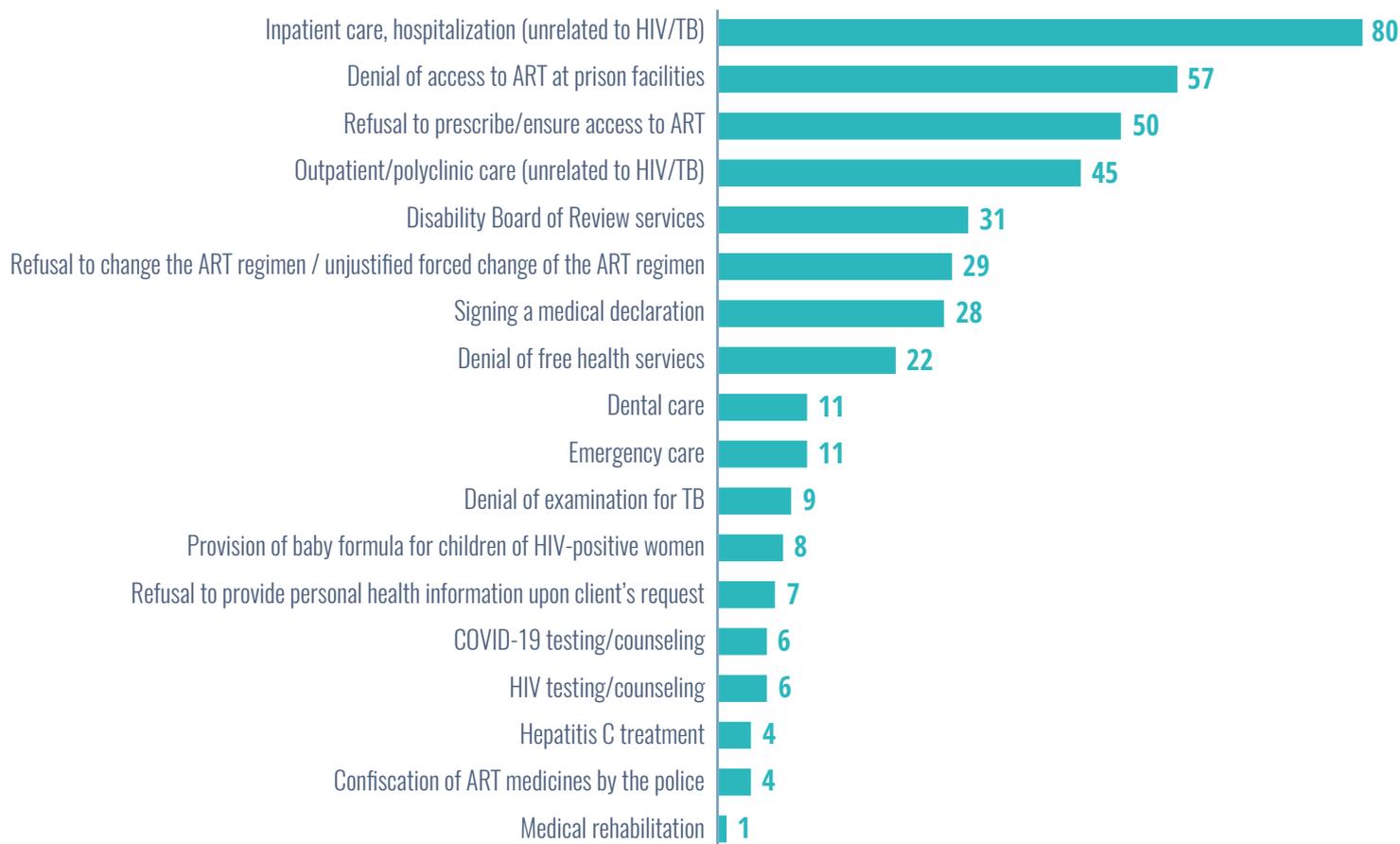


When PLWH visited family doctors, their HIV status could be the reason for **denial of signing health declaration or referring to health examinations**. Emergency doctors after learning about client's HIV status advised them to seek medical aid at a so-called 'specialized' clinic.

PLWH faced **verbal abuse** by health personnel because of their HIV status. There were multiple cases when doctors openly insulted clients after learning about their HIV status, psychologically harassed and humiliated them.

A CLIENT OF THE ORGANIZATION INFORMED THAT HE VISITED A THERAPIST WHO HAD NOT KNOWN OF HIS HIV STATUS. THE DOCTOR SAW IN HELSI SYSTEM THAT THE MAN HAD BEEN OFTEN VISITING AN INFECTIOUS DISEASE DOCTOR, AND ASKED WHY HE HAD NOT BEEN TAKING REFERRALS FROM HIM. THE CLIENT SAID HE WAS HIV-POSITIVE AND HAD BEEN RECEIVING ARV MEDICINES FROM THE INFECTIOUS DISEASE DOCTOR. THE THERAPIST RESPONDED BY SAYING HE WOULD NOT WORK WITH A 'SPIDOZNY' (A SLUR FOR A HIV-POSITIVE PERSON) AND WOULD REQUEST FOR TERMINATION OF THE DECLARATION, AND THAT CLIENT SHOULD GET TREATMENT AT AN AIDS CENTER, AND NOT AMONG NORMAL PEOPLE.

## HEALTH SERVICES PLWH HAVE BEEN DENIED OF



THE DOCTOR PERSISTENTLY DEMANDED FROM THE CLIENT MONEY FOR SUBMISSION OF ANALYZES TO BE ISSUED TO HER ARV DRUGS FOR ANOTHER THREE MONTHS. SHE SAID THAT ONLY AFTER PAYING FOR THE ANALYSIS IT WILL BE POSSIBLE TO ISSUE DRUGS TO THE CLIENT.

A CLIENT TAKES ART. IN THE LAST SIX MONTHS, HER REGIMEN HAS BEEN CHANGED SEVERAL TIMES. SUCH CHANGES HAVE CAUSED SIDE EFFECTS: NAUSEA, WEAKNESS, DROWSINESS. SHE CALLS IT 'TORMENTING OF HER BODY AND SOME EXPERIMENTS': ONE MONTH SHE RECEIVES MEDICATIONS ACCORDING TO HER REGIMEN, THEN ONE OF THE DRUGS IS SUBSTITUTED WITH ANOTHER ALLEGEDLY BECAUSE OF A STOCK-OUT, IN A MONTH OR TWO THEY RETURN HER TO HER ORIGINAL REGIMEN, AND THEN ANOTHER SUBSTITUTION HAPPENS. AND EVERY TIME THEY GIVE HER ART MEDICINES ONLY FOR A MONTH, SO THE BODY HAS TO ADAPT TO SOMETHING NEW, AND THEN RETURN TO THE PREVIOUS REGIMEN.

PLWH informed about violations of their rights, including state-guaranteed right to free health services. **A doctor demanded to pay for tests** that are provided free of charge in exchange for possibility of continuing ART.

Most cases when infectious disease doctors refused to provide medical follow up and/or dispense ARV medications were related to **clients' not having required documents** (*passport, individual tax number*) and **local registration**.

**Absence of the position of infectious disease doctor in the staff list of penitentiary facilities** or unavailability of such a doctor at their workplace because of some reason were a barrier for accessing treatment. For example, a client **was never able to catch the infectious disease doctor at his workplace** to get ART, and the nurse refused to dispense the medications without testing and doctor's approval. In such a situation, a person living with HIV faces significant risks of treatment interruption. Other reasons preventing PLWH from receiving health services included COVID-19 lockdown measures

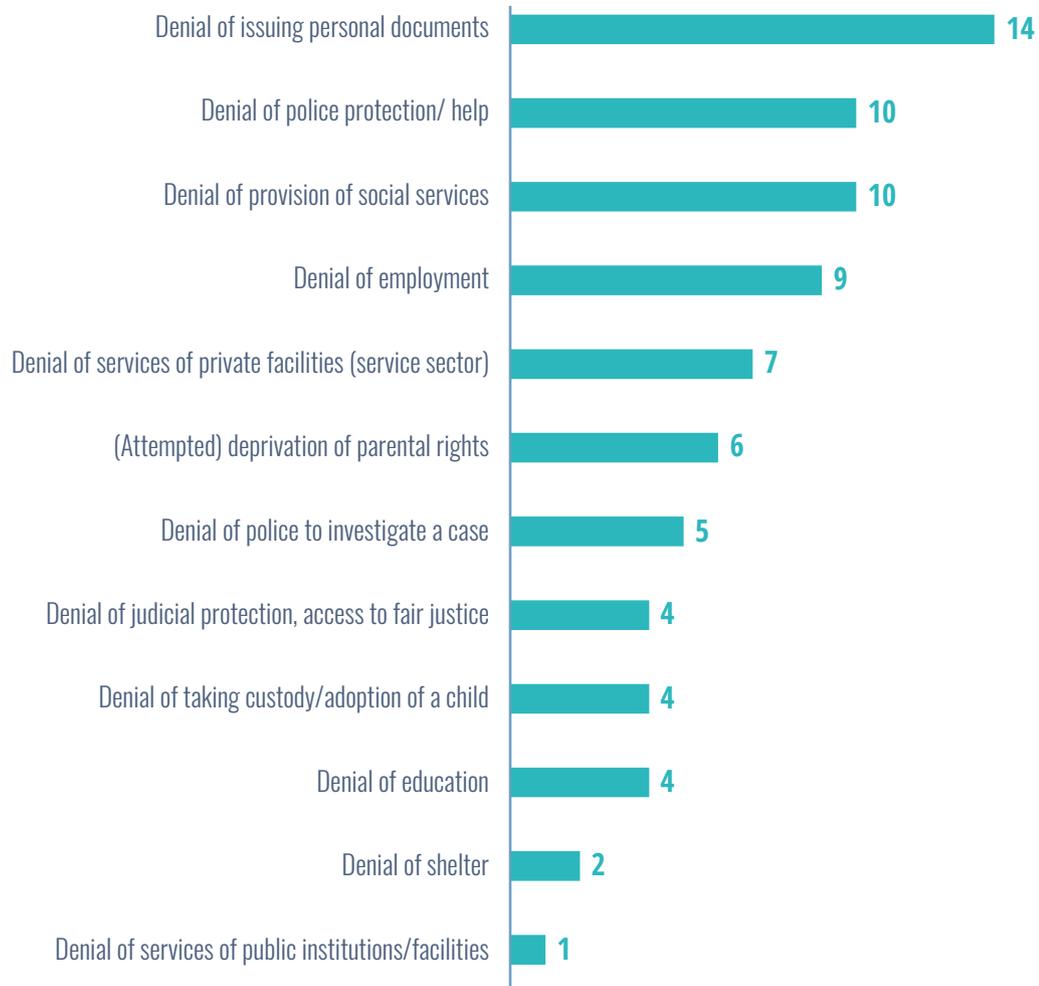
There were cases when institutional factors were barriers for accessing ART. In particular, such were delays in sharing information on a client who had moved between healthcare facilities from different regions.

Because of the **deficit of medicines** at healthcare facilities, clients **had their ART regimens changed forcibly**, which affected their health.

**Other services PLWH mostly were denied** of included obtaining ID, receiving social services, employment, and protection/help from the police.



## DENIAL OF OTHER SERVICES TO PLWH\*



HIV status was a barrier for employment for some PLWH. Besides, some **employers demanded that job-seekers presented an HIV status certificate.**

A MAN LIVING WITH HIV WANTED TO GET EMPLOYED IN THE PUBLIC SECTOR FACILITY, BUT THEY DEMANDED A CERTIFICATE PROVING HE WAS HIV-NEGATIVE. THE CLIENT DID NOT GET THE JOB.

\* Number of incidents. Several types of incidents are possible within one client's case



A WOMAN WITH HIV IS ALONE MOTHER WITH TWO KIDS (ONE OF THEM IS A CHILD WITH DISABILITY). SHE HAS TEMPORARY JOBS. THE LAST PLACE WHERE SHE WORKED WAS A GREENGROCERY. ONE DAY, THE STORE OWNER SAW THE WOMAN TAKE MEDICINES, AND THAT WAS HOW HE LEARNT SHE HAD HIV. HE DISMISSED HER ON THE SAME DAY. THE WOMAN TRIED TO DEFEND HER RIGHTS, AN ARGUMENT STARTED. THE MAN BEAT THE WOMAN AND BROKE HER PHONE. POLICEMEN DID NOT REAct, THEY DID NOT REGISTER THE INCIDENT, AND FAILED TO PROTECT THE WOMAN OR CALL AN AMBULANCE (THE WOMAN ASKED THEM TO PROVIDE HER MEDICAL AID). THE ONLY THING THEY SUGGESTED WAS TO WIPE OFF THE BLOOD AND GO HOME.

A CLIENT WITH HIV HAS THREE UNDERAGE CHILDREN. SHE LIVES TOGETHER WITH A PARTNER WHO RESOLVES ALL CONFLICTS WITH FIGHTING. THE WOMAN CALLED THE POLICE MULTIPLE TIMES. AFTER THE MOST RECENT CALL, THEY PROPOSED HER TO GO TO A SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE. THERE, THEY ASKED HER TO PRESENT HEALTH CERTIFICATES, FROM WHICH THEY LEARNT ABOUT HER HIV STATUS. BASED ON IT, SHE WAS DENIED ACCESS TO THE SHELTER.

A WOMAN LIVING WITH HIV AND HER HUSBAND DECIDE TO ADOPT A SIX-YEAR OLD BOY. HER HEALTH RECORD MENTIONED HER HIV STATUS, AND IT BECAME THE PRETEXT TO REJECT THEIR ADOPTION APPLICATION.

There have been cases when **dismissal of an employee because of their HIV status** escalated into **physical violence from the employer**. Besides, in such a situation, the police that was supposed to protect the client trying to defend their rights, did nothing.

Women living with HIV were **denied access to shelter** because of their status. Such a denial, in some cases, for survivors of domestic violence seeking protection meant they had to further stay with the perpetrator.

Because of their HIV status, PLWH **were rejected when trying to obtain personal documents** such as internally displaced person's certificates, certificates for Disability Board of Review, etc. There have been multiple cases when **PLWH were not allowed to adopt or take custody of a child**. Personnel of the social services referred to the HIV status as the main reason.

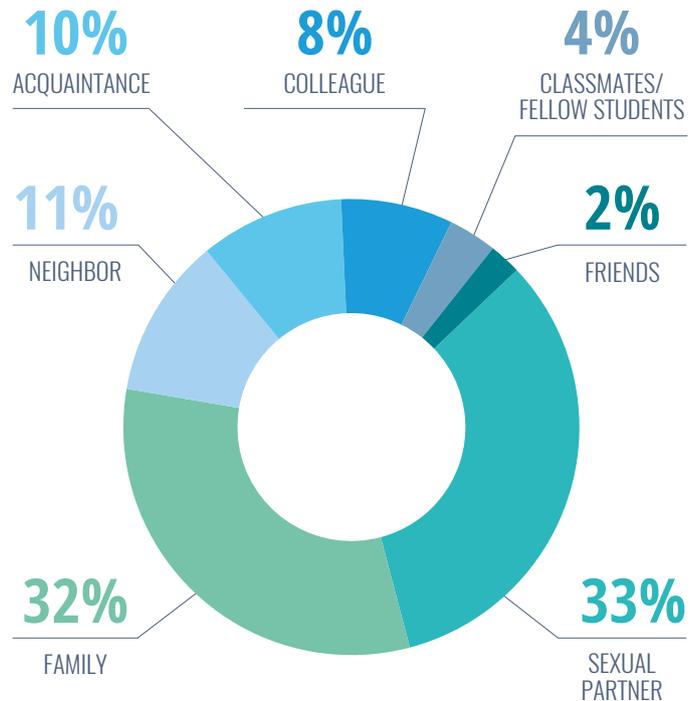


IN **82** CASES, RIGHTS OF PLWH WERE VIOLATED BY PEOPLE FROM THEIR INNER CIRCLE

**Domestic violence, HIV status disclosure, harassment, threatening, verbal abuse, expelling from home** are common examples of violation of rights of PLWH by their inner circle. The victims in such cases are mostly women living with HIV. Sexual partners and family members of such women are equally frequent perpetrators.

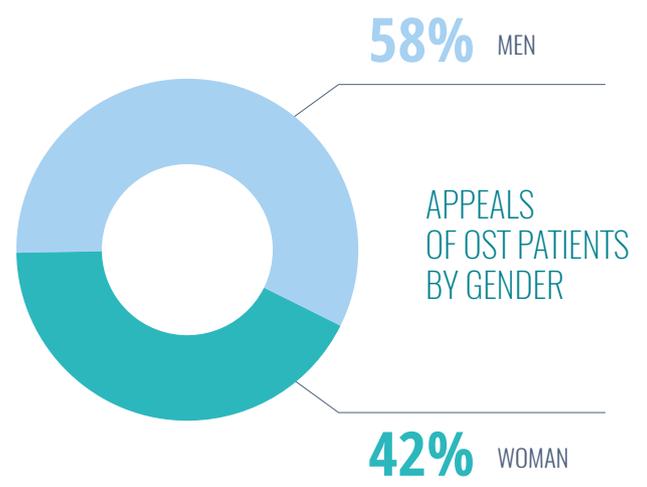
AN HIV-POSITIVE WOMAN INFORMED THAT SHE WAS SUBJECTED TO DOMESTIC VIOLENCE BY HER SISTER. SHE SAID SHE SHARED HOME WITH HER PARENTS AND THE SISTER. THE ELDER SISTER WANTED TO GET RID OF THE YOUNGER TO REMAIN THE ONLY OWNER OF THE TWO-ROOM APARTMENT. SHE WAS CONSTANTLY BULLYING AND THREATENING THE YOUNGER SISTER. THERE HAD BEEN EVEN A MURDER ATTEMPT WHEN THE ELDER SISTER ATTACKED THE CLIENT WITH A KNIFE AND INSULTED HER. AT THE SAME TIME, SHE TOLD NEIGHBOURS HER SISTER HAD AIDS AND TB, THAT HER BEHAVIOR WAS ABNORMAL AND SHE WAS A THREAT TO THEM. THE CLIENT FILED A REPORT OF DOMESTIC VIOLENCE WITH THE POLICE, BUT HER ELDER SISTER ALSO FILED A REPORT IN WHICH SHE DISCLOSED CONFIDENTIAL INFORMATION OF HER SISTER'S HEALTH, I.E. DISCLOSED HER HIV STATUS AND OTHER PRIVATE LIFE DETAILS.

## PERPETRATORS OF PLWH RIGHTS BY THEIR INNER CIRCLE



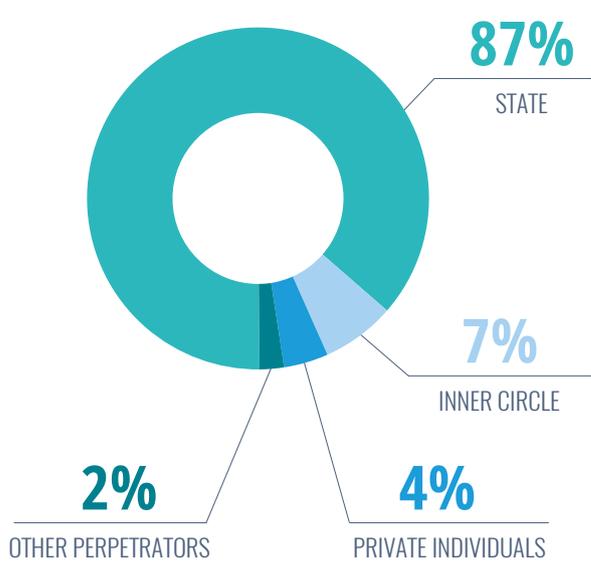
## 9.2. OST PATIENTS

The most common perpetrators were **public health care workers** – **50%**. Most cases of human rights violations are **denial of service/support** (46%) and **emotional abuse** (25%).

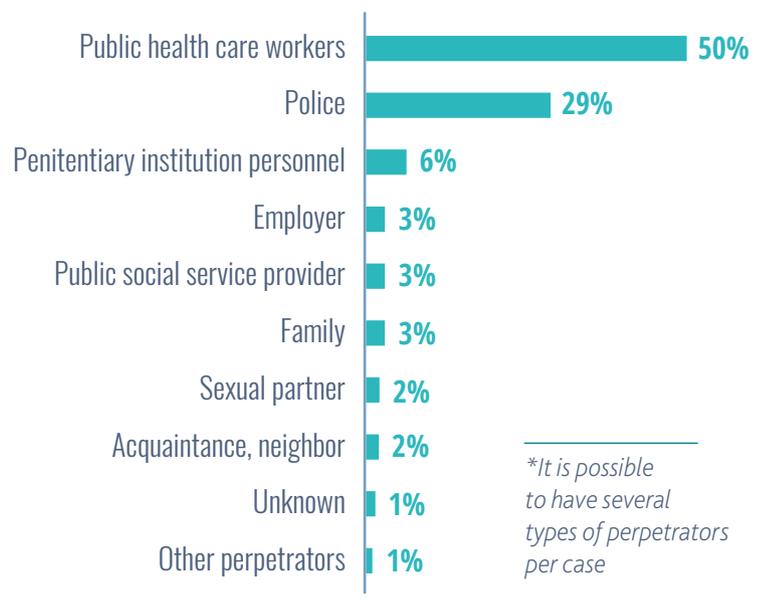


APPEALS REGISTERED **446** AMONG THEM **65%** OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO THE FACT THE CLIENT WAS AN OST PATIENT

### PERPETRATORS OF OST PATIENTS RIGHTS\*



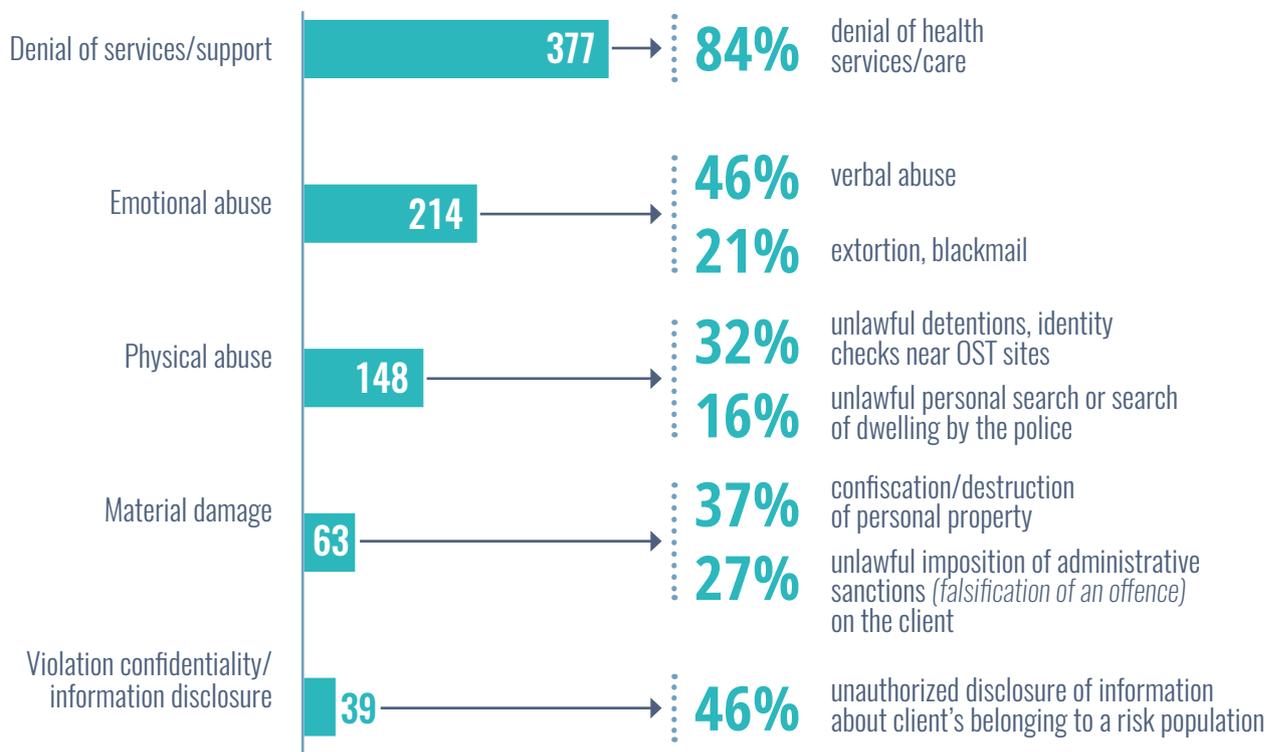
### PERPETRATORS OF OST PATIENTS RIGHTS\*



*\*It is possible to have several types of perpetrators per case*



## TYPES OF HUMAN RIGHTS VIOLATIONS OF OST PATIENTS AND KEY TYPES OF INCIDENTS\*

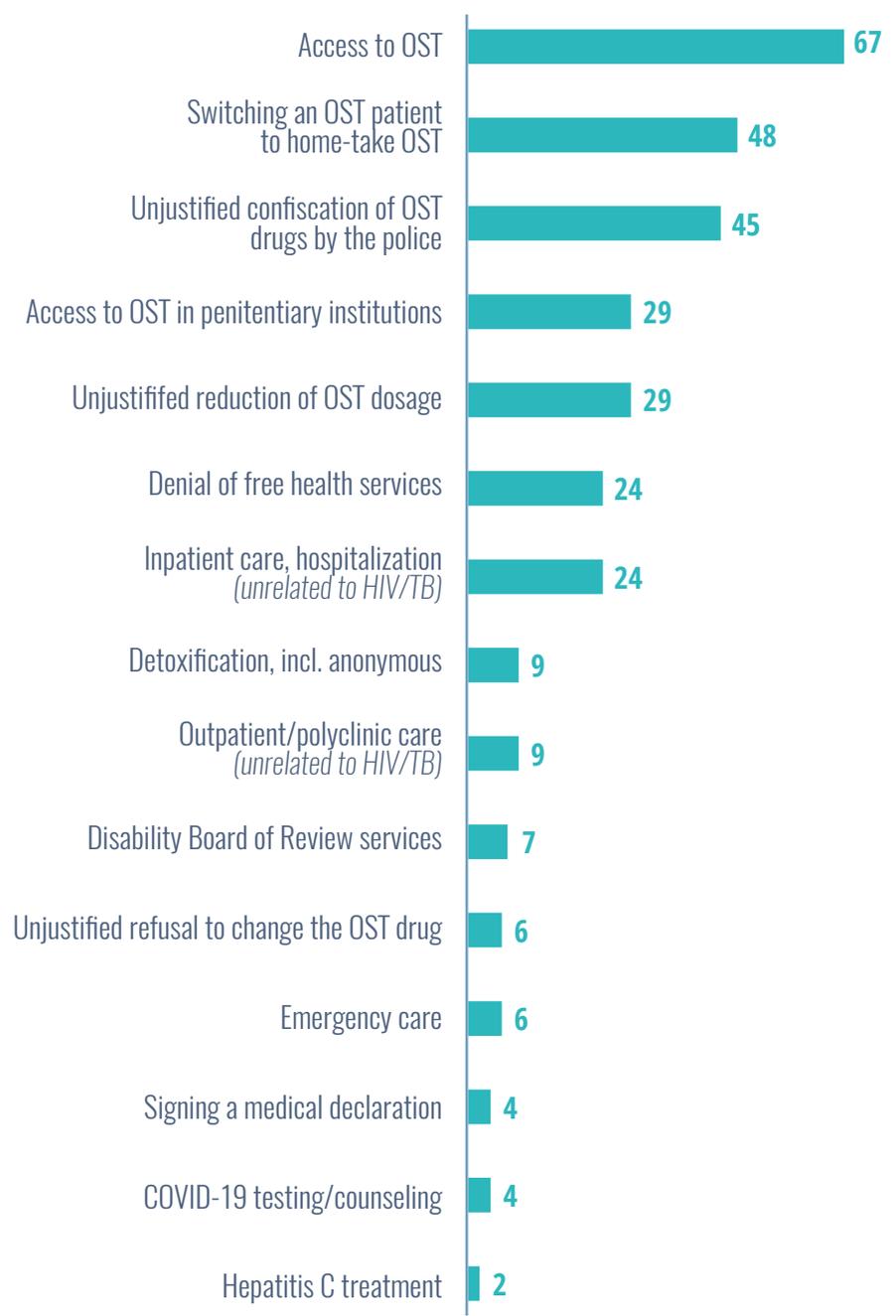


Barriers to accessing services or support for OST patients prevail over other kinds of rights violations registered by REAct with regard to this community. **Denial of support or service** to an OST patient was registered in 377 cases. OST patients most often faced barriers when trying to **access health services** – **84%** of denials of different services.

*\* Several types of rights violations are possible within one client's case*

Most often OST patients encountered **unwarranted refusal of doctors to prescribe OST (or to extend the prescription)**. The reasons the doctors named in such cases included absence of a signed medical declaration with a family doctor, patient's having no ID, or shortage of the medicines at the site.

TYPES OF HEALTH SERVICES OST PATIENTS HAVE BEEN DENIED OF



There have been cases when **doctors practiced extortion and blackmail**. They demanded 'charitable' donations for their OST sites to procure stationary and so on, **demanding mandatory vaccination against COVID-19**. However, there have also been cases when doctors provided no explanation for their refusals.

A narcology doctor **refused to ensure continuity of treatment at another health care facility** for OST patients receiving inpatient treatment.

Sometimes **OST patients could not reach the site because of poor health** to get their treatment. In these cases, doctors did not take into consideration clients' explanation, which led to interruption of the treatment and worsening of patients' condition.

THE OST PATIENT AT THE DAILY ADMISSION BROKE AN ARM AND WAS DELIVERED TO HOSPITAL FOR SURGICAL INTERVENTION.

THE NARCOLOGIST REFUSED TO ISSUE THE DRUG IN THE CONDITIONS OF ANOTHER MEDICAL INSTITUTION, ARGUING IT IS INCOMPATIBILITY WITH NARCOTICS. THOUGH THE SURGEON INSISTED ON THE NECESSITY CONTINUATION OF OST.



OST patients who felt unwell because of the prescribed OST dosage or ART (*if the patient was HIV-positive*) asked the narcology doctor to **revise the dosage or change the drug**, but the doctors refused in most cases. There have been cases when doctors made certain **demands that had to be met for the clients to continue receiving the same dosage of OST**, e.g. signing a medical declaration with a family doctor. Forced reduction of OST drug dosage was caused by a shortage at the site.

**Barriers for receiving takeaway OST drugs** were caused by changes in clients' employment and doctor's own judgment.

COVID-19 lockdown measures also had some effect: those patients who received takeaway OST drugs during the lockdown were switched to outpatient therapy after it was over.

**Biased attitude and stigma** prevented OST patients from **receiving polyclinic and inpatient care**. Information that the client was receiving OST sometimes angered doctors who refused to help receiving medical care.

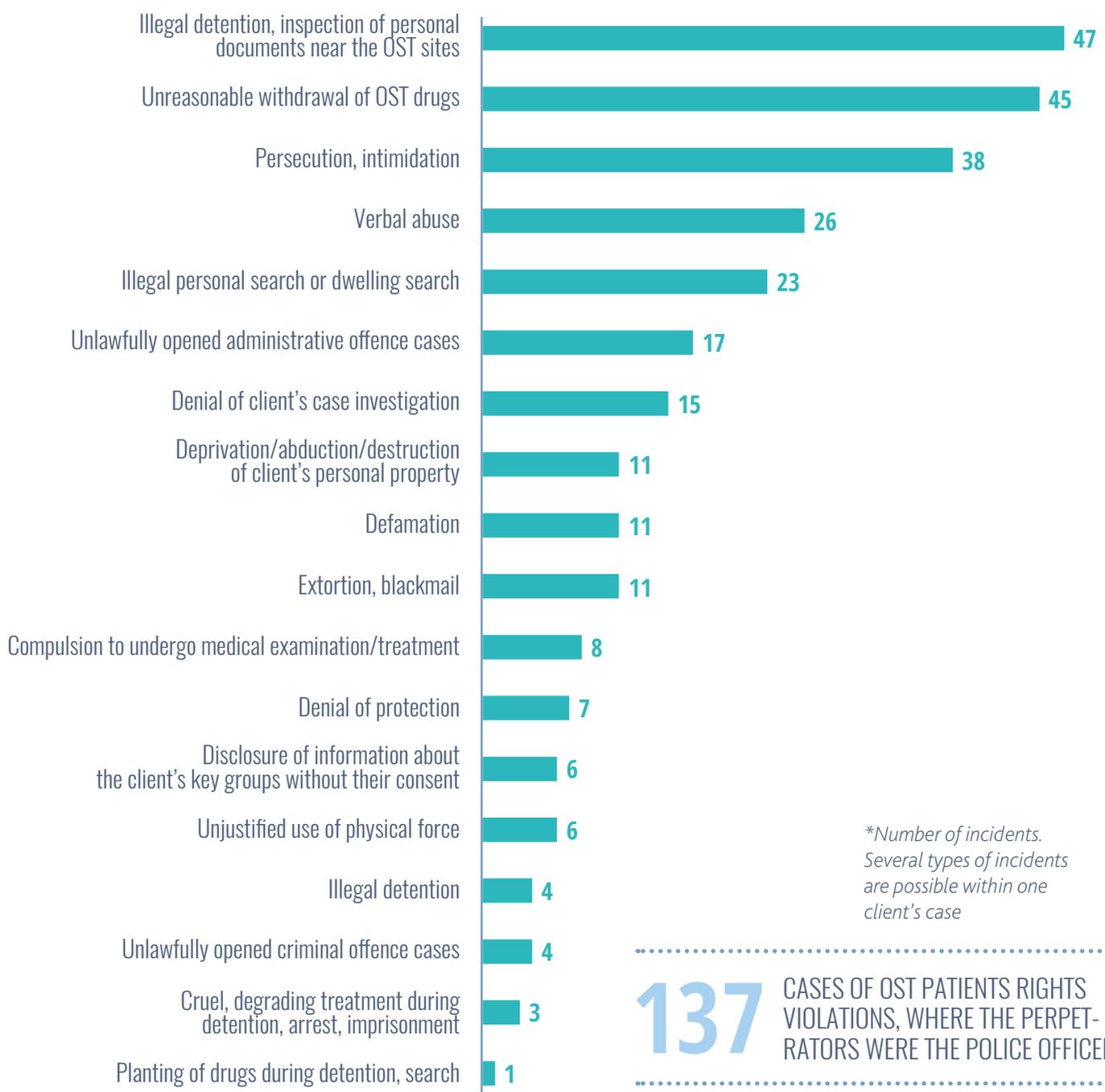
AN OST PATIENT ASKED FOR HELP. SHE COULD NOT WENT TO THE OST SITE BECAUSE SHE FELT UNWELL. SHE HAD LOWER LIMB VENOUS THROMBOSIS, SO SHE COULD NOT WALK. SHE CALLED THE DOCTOR AND ASKED TO DELIVER THE DRUG TO HER HOME. THE DOCTOR RESPONDED RUDELY THAT NO-ONE WOULD DELIVER THE DRUGS BECAUSE THEY DID NOT HAVE A TRANSPORT FOR THIS. THE WOMAN DID NOT COME TO THE OST SITE IN TIME BECAUSE OF HER CONDITION, AND SHE SPENT A DAY WITHOUT THE DRUG, FEELING SICK (GENERAL DISCOMFORT, INSOMNIA, AND RHEUMATIC PAIN).

A WOMAN HAS BEEN OST PATIENT WITH TAKE-HOME DRUGS FOR TWO YEARS, RECENTLY SHE CAME UNDER A REDUCTION AT HER WORKPLACE. THIS INFORMATION WAS THEN LEARNT BY DRUG DISPENSARY FACILITY AND THEY STARTED DEMAND CERTIFICATE FROM THE PLACE OF WORK, THREATENING HER THAT THEY WILL TRANSFER HER TO A DAILY ADMISSION.

AN OST PATIENT WITH A DISABILITY STARTED RECEIVING A 10-DAY STOCK OF TAKEAWAY DRUGS, BUT AFTER HE WAS LATE ONCE, THEY SWITCHED HIM TO DAILY VISITS. THE REASON FOR HIS BEING LATE WAS A TRIP TO HIS SISTER'S FUNERAL AND BAD WEATHER CONDITIONS ON THE WAY BACK. UNDERSTANDING THAT HE WOULD BE LATE, HE WARNED THE DOCTOR, AND EVENTUALLY WAS 1.5 HOUR LATE. AFTER THAT, HE BROUGHT A LETTER FROM HIS FAMILY DOCTOR WHO RECOMMENDED THAT THEY PROVIDED HIM WITH TAKEAWAY DRUGS CONSIDERING HIS POOR HEALTH (CARDIAC AND RENAL PROBLEMS, LOWER LIMB TROPHIC ULCERS). THE OST DOCTOR STILL REFUSED.

AN OST PATIENT CONTACTED HER FAMILY DOCTOR TO EXAMINE HER AND GIVE A REFERRAL TO SURGEON BECAUSE SHE HAD PROBLEMS WITH THE VESSELS. WHEN THE DOCTOR HEARD THAT SHE WAS TAKING OST, THEN IMMEDIATELY STARTED TO ARGUMENT, BE RUDE AND FINALLY EXPELLED HER FROM HIS OFFICE.

### TYPES OF OST PATIENTS RIGHTS VIOLATIONS BY THE POLICE\*



*\*Number of incidents.  
Several types of incidents  
are possible within one  
client's case*

**137** CASES OF OST PATIENTS RIGHTS VIOLATIONS, WHERE THE PERPETRATORS WERE THE POLICE OFFICERS



OST patients have been many times detained by the **police near OST sites**, subjected to unlawful personal searches and searches of dwelling, their personal property (*personal things, mobile phones, documents, etc.*) have been destroyed, they had their OST drugs confiscated even when they had the necessary documents. At the same time, the police did not document confiscation of the drugs, which made it impossible to receive the drugs once again at the OST site. Interruption of treatment in such cases led to significant deterioration of health and withdrawal syndrome.

Unlawful actions of police officers were often accompanied by **physical abuse, blackmail, threatening with opening criminal cases**.

In some cases police officers **unlawfully opened administrative offence cases against clients**. The main cause for this was their receiving OST.

In other cases, detained clients were **unlawfully subjected to criminal prosecution**.

Sometimes, having detained an OST patient, police officers harassed them **demanding that they will provide information on other patients** receiving OST at the site, forced them to 'cooperate' to avoid prosecution. **The police also pressured health personnel of OST sites** demanding information about people receiving the treatment.

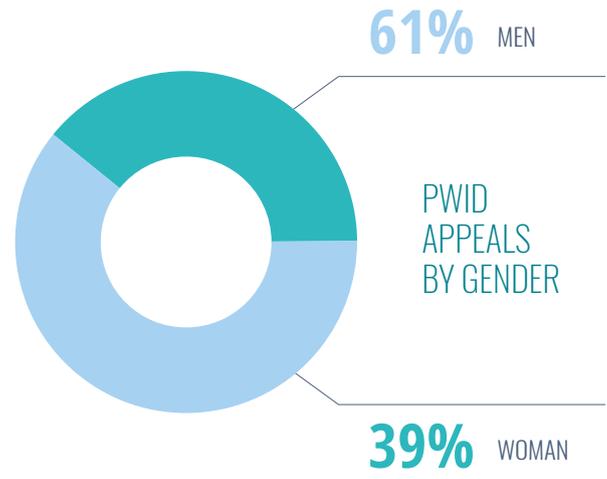
THE POLICE UNREASONABLY STOPPED THE CLIENT'S VEHICLE AND ACCUSED HER BEING IN A VEHICLE IN THE STATE OF NARCOTIC INTOXICATION. DESPITE THE NUMBER OF VIOLATIONS OF POLICE IN PROCEDURE OF ASSIGNMENT PROCEDURAL DOCUMENTS, HELD VIDEO RECORDINGS OF THE EVENT, I.E., ARE NOT ALLOWED AND IMPROPER EVIDENCE, TRIAL COURT ONLY ON THE GROUND THAT WOMAN IS AN OST PATIENT, CONSIDERED HER GUILTY AND INSTALLED HER FINE 17, 000 UAH AND FOR ONE YEAR WITHDREW THE RIGHT TO DRIVE THE VEHICLE.

AN OST PATIENT RECEIVED A 10-DAY TAKEAWAY DRUG STOCK. ABOUT AN HOUR LATER HE WAS STOPPED BY POLICE OFFICERS WHO SEARCHED HIM AND CONFISCATED LEGALLY OBTAINED DRUGS (25 TABLETS IN AN INTACT PACKAGE). THE MAN PRESENTED THE DOCUMENTS CONFIRMING THE DRUG WAS LEGALLY OBTAINED, AND CONTACT INFORMATION OF THE SITE.

THE POLICE OFFICERS CONTACTED A NURSE OF THE SITE WHO CONFIRMED THAT THE MAN IS A PATIENT OF THE STATE-RUN OST PROGRAM, AND TOLD WHAT QUANTITY OF THE TABLETS HE WAS ALLOWED TO HAVE. DESPITE THAT, THE DRUGS WERE CONFISCATED, AND A CRIMINAL CASE WAS INITIATED (WITH THE DETAILS ENTERED IN THE UNIFIED REGISTRY OF PRE-TRIAL INVESTIGATIONS). THE POLICEMEN DID NOT GIVE THE MAN A PROTOCOL OF SEIZURE, SO HE WAS DEPRIVED OF THE ESSENTIAL TREATMENT FOR THREE DAYS, UNTIL HE RECEIVED HELP.

### 9.3. PEOPLE WHO INJECT DRUGS

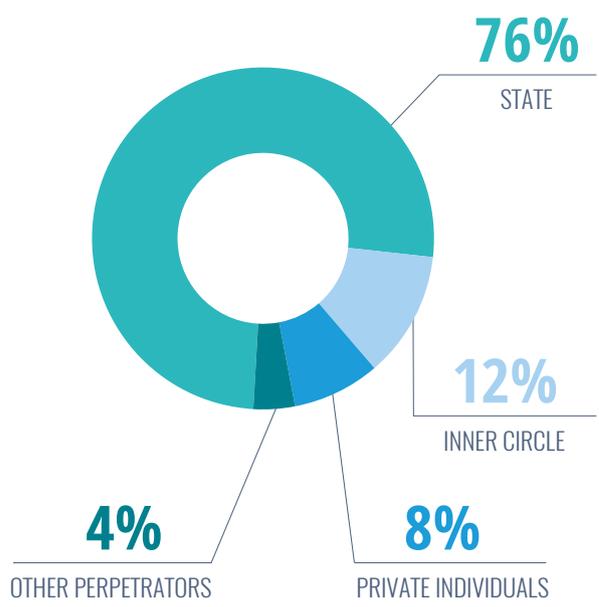
Most often, the perpetrators of PWID rights were **public health care workers (44%)** and the **police (26%)**. Most cases involve **denial of service/support (37%)** and **emotional abuse (33%)**.



APPEALS REGISTERED **365** AMONG THEM **83%**

OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION BASED ON CLIENTS' BELONGING TO THE COMMUNITY OF PEOPLE WHO INJECT DRUGS (PWID)

PERPETRATORS OF PWID RIGHTS\*



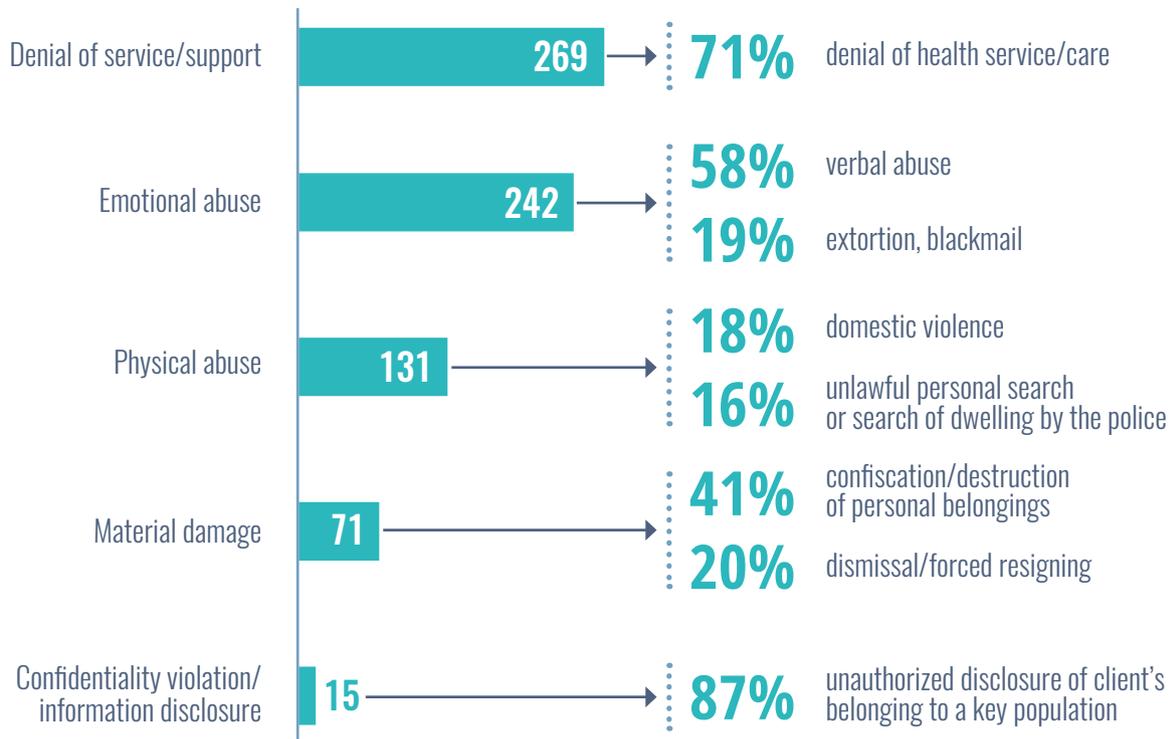
PERPETRATORS OF PWID RIGHTS\*



\* It is possible to have several types of perpetrators per case



## TYPES OF HUMAN RIGHTS VIOLATIONS OF PWID AND KEY TYPES OF INCIDENTS\*



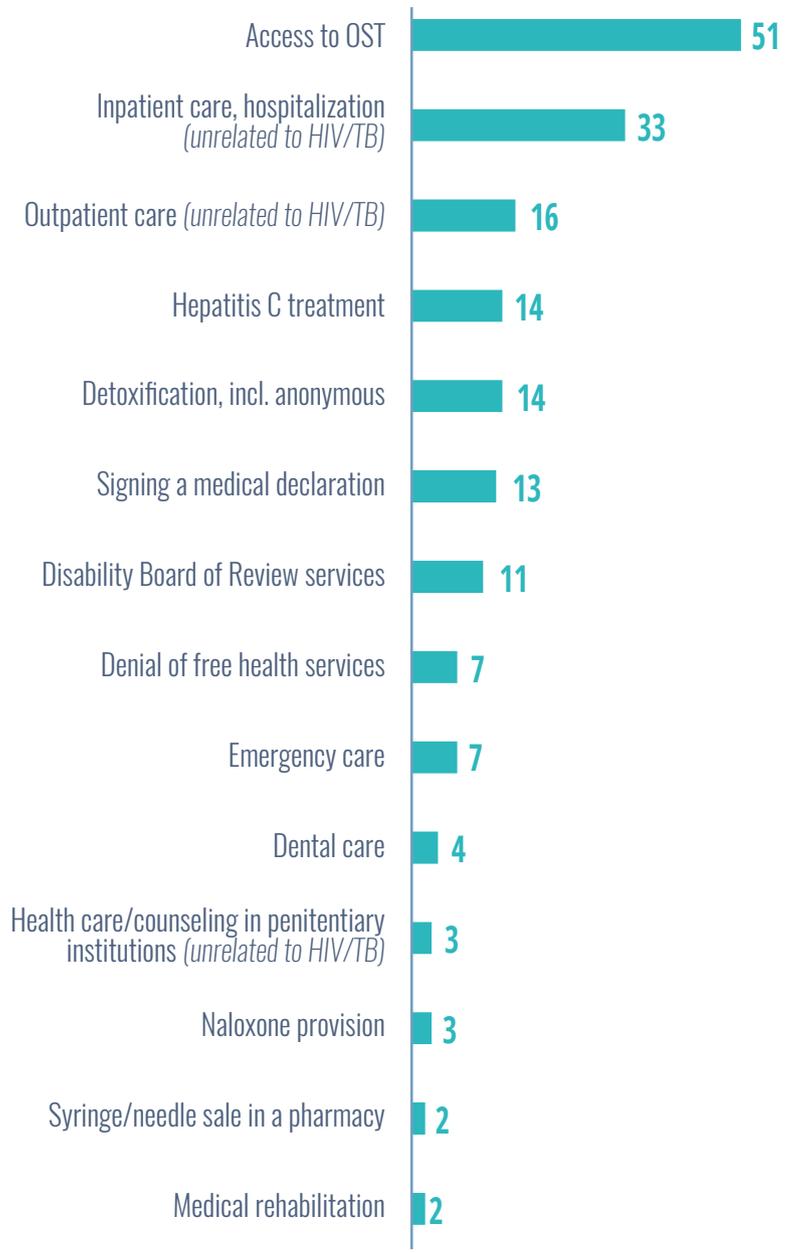
PWID mostly encountered barriers trying to access **health services** – 191 cases. Majority of the cases concerned enrolment on the OST program, receiving health services in outpatient or inpatient mode, hepatitis C treatment (*including free of charge*), detoxification (*including anonymously*), signing a medical declaration, or receiving emergency care.

The reasons of the denial of **access to OST** were absence of registration of residence in the particular region and lack of openings at specific OST sites, COVID-related lockdown measures – such as region's 'red zone' status and restrictions for enrolment of new patients. Sometimes, receiving essential treatment was accompanied by extremely biased attitudes to the clients because of their drug use practices.

A DRUG DEPENDENT WOMAN DECIDED TO JOIN THE OST PROGRAM. SHE WENT TO A NARCOLOGY DOCTOR WHO TOLD HER SHE HAD POSITION 29 ON THE WAITING LIST. WHEN SHE ASKED WHEN SHE WOULD BE ABLE TO JOIN THE PROGRAM AND GET THE TREATMENT, A NURSE AT THE SITE ANSWERED THAT AFTER 28 PATIENTS OF THE PROGRAM DIED, SHE WOULD BE NOTIFIED IMMEDIATELY AND START RECEIVING OST.

\* Several types of rights violations are possible within one client's case

HEALTH SERVICES PWID HAVE BEEN DENIED OF\*



Other barriers for **signing a medical declaration or receiving outpatient or inpatient treatment** included absence of ID, registration in another region, and doctors' demands to pay for state-guaranteed free treatment. Yet, the biggest barrier was discrimination against PWID clients. Health workers could openly demonstrate enmity, use offensive language and deny required treatment to patients. Instead of performing their professional duties, health workers would lecture PWID on their way of life.

A CLIENT WAS DENIED A SURGERY – THEY TOLD IT WAS BECAUSE HE WAS A 'DRUG ADDICT' AND HAD LOTS OF INFECTIONS THAT HEALTH PERSONNEL COULD CATCH.

A FAMILY DOCTOR REFUSED TO SIGN A MEDICAL DECLARATION WITH HER CLIENT AFTER HE INFORMED HE USED DRUGS. SHE PROVIDED NO EXPLANATION EXCEPT SAYING SHE DID NOT NEED SUCH CLIENTS.

A WOMAN ASKED HER FAMILY DOCTOR FOR A REFERRAL FOR HOSPITALIZATION. THE DOCTOR REMINDED HER OF COVID AND ADVISED TO WAIT. THE WOMAN SAID SHE HAD BEEN WAITING FOR MORE THAN TWO MONTHS. THEN THE DOCTOR ASSURED HER SHE WOULD BE HOSPITALIZED AS SOON AS POSSIBLE AND PROMISED TO CALL LATER. TODAY, THE WOMAN NOTED IT WAS ALREADY TWO MORE MONTHS. THE DOCTOR RESPONDED BY YELLING: 'AND WHAT WERE YOU THINKING WHEN YOU STARTED SHOOTING UP!? YOU GOT YOURSELF INTO SUCH A BAD CONDITION, WHAT A DISGRACE!'

\*Number of incidents. Several types of incidents are possible within one client's case



This biased attitude of health workers prevailed even when clients required **urgent aid**. Health professionals from different levels of care passed the client over between them, wishing to avoid 'dealing with such clients', which created health risks for the patients.

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CASES OF PWID RIGHTS VIOLATIONS  
WHERE THE PERPETRATORS WERE  
THE POLICE OFFICERS

IN THE NIGHT, A POLICE PATROL STOPPED A MAN WHO LOOKED SUSPICIOUS TO THEM. THE OFFICERS SEARCHED HIM AND SEIZED NARCOTICS. HOWEVER, THEY SUGGESTED A DEAL, SO THAT THEY WOULD NOT ARREST HIM OR TAKE FOR MEDICAL EXAMINATION. THE MAN GAVE THEM ALL THE MONEY HE HAD ON HIM (1000 UAH). HOWEVER, HAVING TAKEN THE MONEY, THE OFFICERS ALSO TOOK HIS MOBILE PHONE AND DOCUMENTS (DRIVER'S LICENSE).

A DRUG DEPENDENT CLIENT REPORTED HAVING BEEN STOPPED BY THE POLICE: THE OFFICERS SEARCHED HIM AND TOOK AWAY SYRINGES HE HAD RECEIVED AT THE EXCHANGE SITE; THEY ALSO INSULTED HIM, SHOVED HIM AND THREATENED TAKING TO A POLICE STATION NEXT TIME, EVEN THOUGH HE HAD NO ILLEGAL SUBSTANCES ON HIM.

A DRUG DEPENDENT MAN WITH A CRIMINAL RECORD WENT TO THE POLICE BECAUSE HIS MOBILE PHONE HAD BEEN STOLEN ON HIS WORKPLACE. THEY DID NOT ACCEPT HIS STATEMENT SAYING HE WAS A DRUG USER AND, PROBABLY, HE HAD STOLEN THE PHONE HIMSELF.

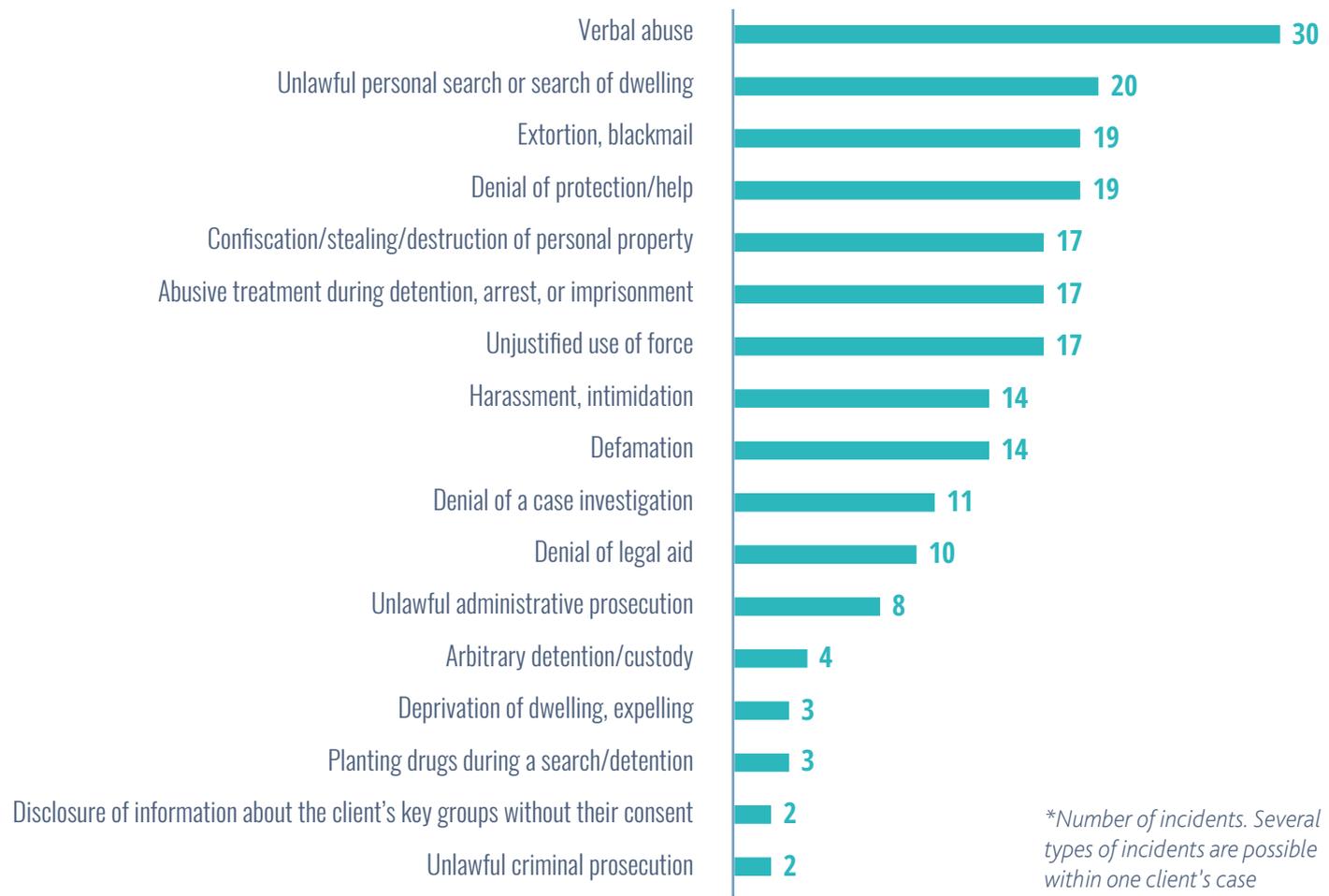
A MAN HAD INGUINAL VEIN INFLAMMATION, HIS LEGS WERE SWOLLEN, HE HAD FEVER (39.2), AND TROPHIC ULCERS ON BOTH LEGS, SO HE COULD NOT EVEN STAND UP. HE WAS LIVING ALONE AND HAD NO RELATIVES. IN THE MORNING, HE CALLED AN AMBULANCE. HAVING ARRIVED, THE DOCTOR STARTED DISCUSSING HIM WITH A NURSE IGNORING THE FACT THAT THE MAN HEARD HIM. 'WHAT DOES HE EXPECT FROM US? TAKING THIS STINKING BODY TO THE HOSPITAL? HE NEEDED NO HELP TAKING DRUGS, BUT WHEN HE IS DYING – SAVE HIM EVERYBODY! SHOULD HE KICK THE BUCKET – IT WILL BE A RELIEF TO HIS PARENTS'. THE AMBULANCE TEAM REFUSED TO HOSPITALIZED HIM, THEY TOLD HIM TO CALL A FAMILY DOCTOR. THE MAN CALLED THE FAMILY DOCTOR, AND THE DOCTOR TOLD HIM TO CALL AN AMBULANCE.

In most cases, violations of PWID's rights by the police involved officers' failure to perform one of their main functions – to protect and help people affected by unlawful actions of other persons. PWID encountered **failure to act, refusal to provide protection/help or investigate complaints**.

The **police** in multiple cases **unlawfully detained** PWID for allegedly suspicious looks and possible involvement in criminal activities; visible similarity with a person on the wanted list; or upon a suspicion that the client may possess narcotics. There were multiple detentions of PWID leaving pharmacies or harm reduction sites (*in particular, syringe exchange sites*).

Criminalization of practices of PWID gives the police a ground for unlawful detentions, personal searches, imprisonment threats, blackmail, extortion, confiscation or damage of personal property, and physical abuse.

### TYPES OF PWID RIGHTS VIOLATIONS BY THE POLICE\*



*\*Number of incidents. Several types of incidents are possible within one client's case*

THE CLIENT FILED A REPORT ON A CRIMINAL ACTIVITY – A CASE OF FRAUD. UNIDENTIFIED INDIVIDUALS TOOK POSSESSION OF HIS PERSONAL DATA AND TOOK LOANS ON HIS NAME FOR THE TOTAL AMOUNT OF 8000 UAH. HOWEVER, THE POLICE OFFICER IGNORED HIS REPORT, STRESSING THAT THE CLIENT WAS A DRUG USER AND MADE THIS STORY UP. THE OFFICER WAS ARROGANT AND USED DISCRIMINATING LANGUAGE.

Contacting police because of cases of extortion, fraud, threats, property damage or loss caused by other persons (*a partner, neighbors, or unknown individuals*), or physical damage, **PWID did not receive adequate response from law enforcement officers.**



Women who inject drugs have many times been **subjected to domestic violence by their partners**. Seeking help from the police, the clients encountered failure to respond and, instead of protection and proper investigation, faced indifference, which sometimes even led to clients' loss of home.

There have been cases of **unlawful collaboration between the police and so-called 'rehabilitation centers'**, which are actually places where people with drug dependence are forced to hard work free of charge.

There have been 10 cases when police officers tried to **unlawfully impose administrative or criminal liability on PWID**. In such cases, through pressure and threats, officers tried to force PWID to assume the non-existent liability for perpetrations and sign respective documents at a police station. There have been cases when such actions of the police led to PWID being unfairly convicted and sentenced to a term in prison

A FEMALE CLIENT WHO WAS ABUSED BY A MAN, CALLED '102'. THE POLICE OFFICERS WHO ARRIVED TO RESPOND TO THE CASE OF DOMESTIC VIOLENCE, LEARNT THAT THE VICTIM WAS A PWID. THEY DID NOT ACCEPT HER STATEMENT ARGUING IT WAS ALL HER FAULT BECAUSE OF HER WAY OF LIFE. ALSO, THE POLICE OFFICERS HELPED HER PARTNER TO EXPEL HER FROM HOME BECAUSE SHE WAS INTOXICATED.

A PWID WAS LUCKY TO ESCAPE FROM A 'REHABILITATION CENTER' HIS FRIEND HAD TOLD HIM ABOUT. THE CLIENT MET REPRESENTATIVES OF THIS 'INSTITUTION', HE GAVE THEM HIS DOCUMENTS AND WENT TO THE ADDRESS. HAVING ARRIVED, HE FOUND NO 'CENTER'; INSTEAD, THERE WERE BARRACKS WITH DRUG DEPENDENT PEOPLE WHO WERE FORCED TO WORK ON CONSTRUCTION SITES FOR FREE. HE RAN AWAY TO A STORE AND ASKED TO LET HIM CALL THE POLICE. UPON THE CALL, A DISTRICT OFFICER ARRIVED WITH A COLLEAGUE FROM THE PROSECUTOR'S OFFICE. EVENTUALLY, THEY TOOK THE CLIENT BACK TO THE SO-CALLED CENTER, AND BEAT HIM. CENTER'S DIRECTOR PAID THEM FOR THAT.

THE CLIENT WAS DETAINED BY POLICE OFFICERS IN THE STREET WITHOUT ANY REASON AND TAKEN TO A POLICE STATION, WHERE THEY DREW UP AN ADMINISTRATIVE PROTOCOL FOR ALLEGED DISORDERLY CONDUCT. THE CLIENT DID NOT UNDERSTAND WHY HE WAS DETAINED AND ASSURED THE DISTRICT POLICEMAN HE HAD NOT DONE ANYTHING WRONG. HOWEVER, THE DISTRICT OFFICER FORCED HIM TO SIGN THE PAPERS CONFIRMING THE CLIENT BEAT A PERSON. BESIDES, HE THREATENED THAT HE WOULD PLANT DRUGS ON HIM, AND THAT WOULD CONSTITUTE GROUNDS FOR AN ARREST.

THE CLIENT IS A PWID WITH A CRIMINAL RECORD. ACCORDING TO HIM, POLICE OFFICERS FORCED HIM TO MAKE A PLEA DEAL ON EXTREMELY UNFAVORABLE CONDITIONS. ACCORDING TO THIS DEAL, HE HAD TO SERVE A THREE-MONTH SENTENCE IN A PTDf AFTER THE TRIAL. ALLEGEDLY, WHEN HE REFUSED TO SIGN THE DEAL, THEY KEPT HIM AT A POLICE STATION UNTIL WITHDRAWAL HIT, AND THEN HE SIGNED EVERYTHING. AT THE TIME WHEN HE CAME TO THE REActor, THE CASE WAS ALREADY IN THE COURT.

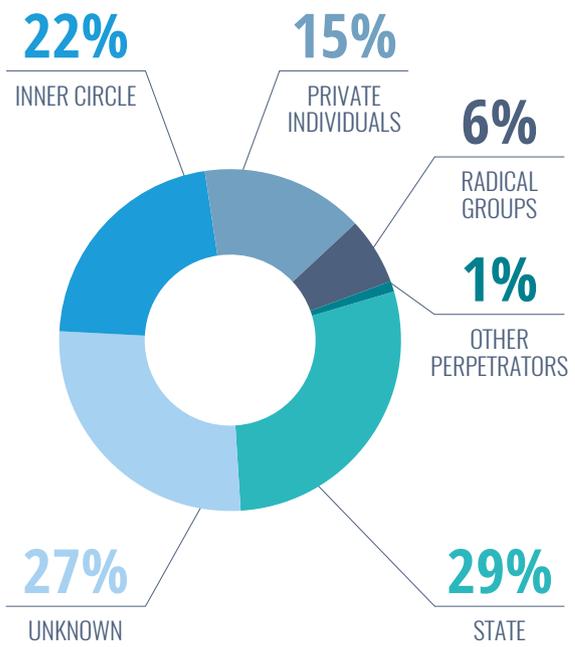
# 9.4. MEN HAVING SEX WITH MEN

Men having sex with men (MSM) most often encounter violations of their rights by **unknown people (27%)** and state representatives – i.e. **public health care workers (10%)**, **police (10%)**, and **staff of educational institutions (5%)**.

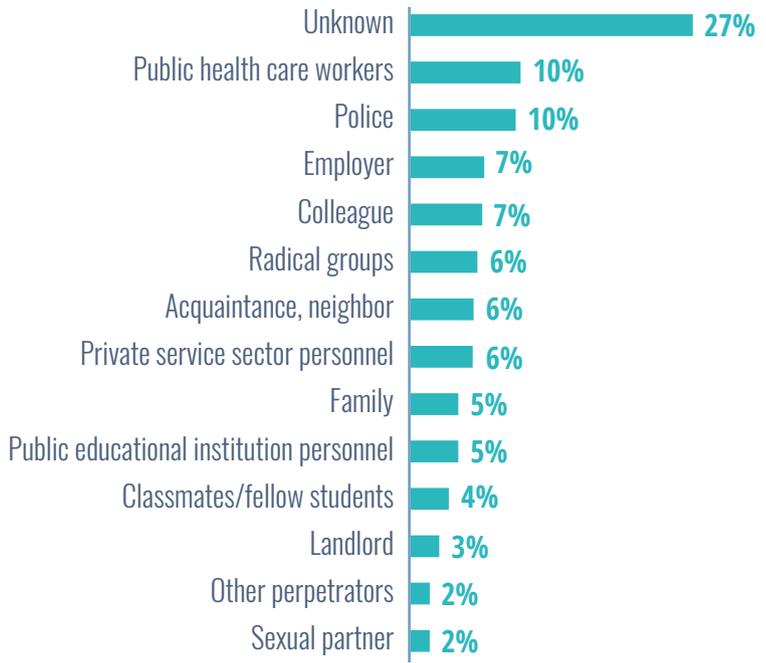
Most of the cases were related to **emotional (39%)** and **physical (17%)** abuse.

APPEALS REGISTERED **191** AMONG THEM **93%** OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO THE FACT THE CLIENT WAS A MEMBER OF THE MSM COMMUNITY

PERPETRATORS OF MSM RIGHTS\*



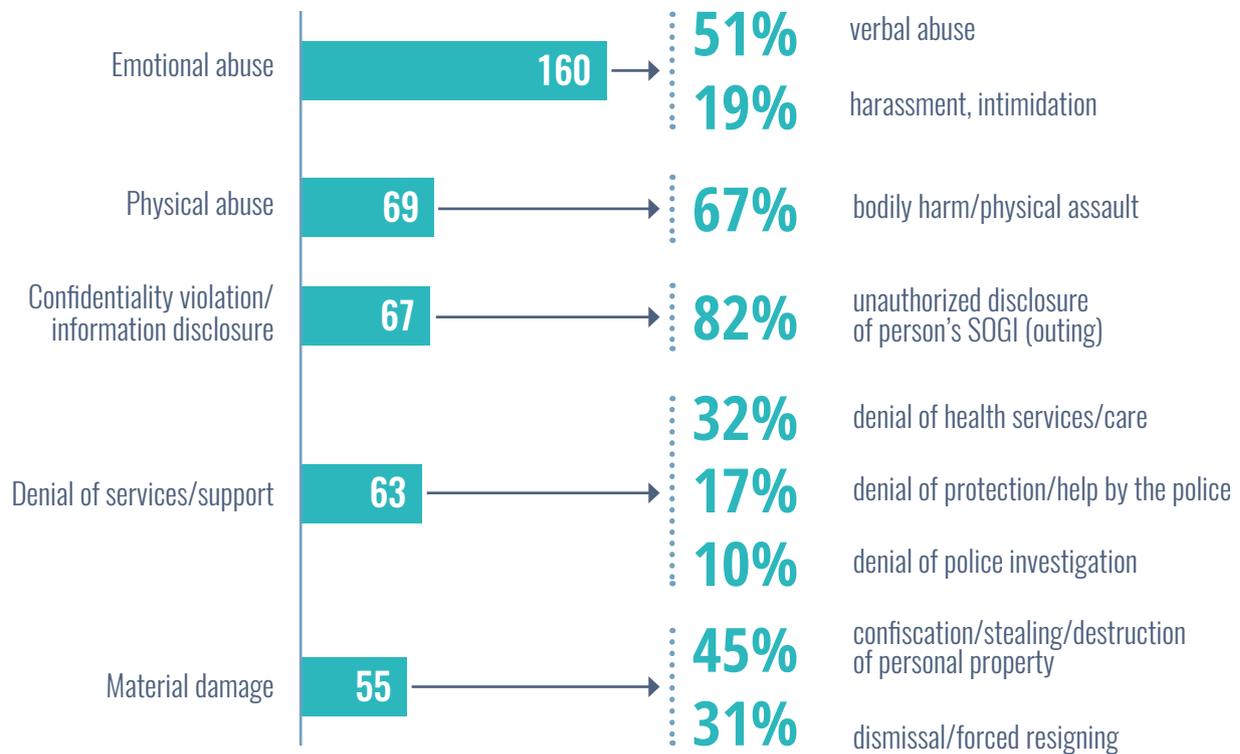
PERPETRATORS OF MSM RIGHTS\*



\* It is possible to have several types of perpetrators per case



## TYPES OF HUMAN RIGHTS VIOLATIONS OF MSM AND KEY TYPES OF INCIDENTS\*



In most cases, MSM were subjected to **emotional and physical abuse by unidentified individuals or radical groups**. Looking for new contacts through social media and dating apps, MSM sometimes found themselves in situations where instead of one person, several men would appear at a date and attack them, take away money and valuables (e.g. *smartphone*), and verbally abuse them. Having access to intimate photos and/or correspondence with members of the MSM community, unidentified perpetrators tried to extort money and valuables, blackmailed and harassed MSM, threatened to disclose information about their sexual orientation and gender identity.

THE CLIENT MET A MAN ON A DATING SITE. WHEN HE CAME TO THE DATE, HE FOUND THERE THREE THUGS WITH MASKED FACES, WHO SHOVED HIM SEVERAL TIMES, KNOCKED HIM TO THE GROUND, AND STARTED DEMANDING MONEY IN RETURN FOR LETTING HIM GO.

THE CLIENT TOLD THAT, WHILE HE WAS GOING HOME, HE RAN INTO A GROUP OF YOUNG MEN. THEY STARTED PICKING ON HIM, SCORNING HIS LOOKS AND PAINTED NAILS. THEN THEY BEAT HIM, DRAGGED INTO A CAR AND TOOK TURNS RAPING HIM.

\* Several types of rights violations are possible within one client's case



MSM MET A MAN ON 'HORNET', AND THEY AGREED TO HAVE A DATE. THEY HAD A DINNER TOGETHER, TALKED, AND THEN WENT FOR A WALK. THEY ENTERED A WOODED AREA, AND THE MAN FORCED OUR CLIENT TO HAVE ORAL SEX, INSULTING AND INTIMIDATING HIM; HE ALSO HIT HIM SEVERAL TIMES. THEN HE STARTED DEMANDING MONEY THREATENING THE CLIENT WITH A GANG RAPE WHEN HIS FRIENDS WOULD ARRIVE. THE MSM AGREED TO TRANSFER 3000 UAH TO HIS CARD TO GET FREE. THE MAN TOLD HIM NOT TO GO TO THE POLICE SAYING HE WAS WITH LAW ENFORCEMENT HIMSELF AND COULD FIND HIM AND HIS FAMILY.

MSM ASKED REAct FOR HELP AND PROTECTION. ACCORDING TO THE GUY, HE WAS BEING BLACKMAILED BY A CLASSMATE WHO REGISTERED AT THE 'HORNET' SITE AND FOUND HIS ACCOUNT THERE. THE BLACKMAILER MADE SCREENSHOTS OF HIS PHOTO ON THE SITE AND SENT TO HIM IN VIBER, ADDING A COMMENT: 'IF YOU DO NOT WANT THIS TO BECOME PUBLIC, PAY ME 500 DOLLARS, AND I WILL DELETE EVERYTHING'.

Members of **radical groups** on a number of occasions attacked MSM in the street trying to cause physical damage. There have also been cases of sexual abuse by unidentified individuals and members of radical groups.

Usually, MSM do not go to police when they become victims of physical attacks or when their property is damaged because they are reluctant to disclose their sexual orientation.

There have been cases when unidentified persons who committed emotional and physical abuse of MSM told they were **police officers**.

Underage MSM living with their parents have encountered **domestic violence, moral coercion, and physical abuse by family members**. Sometimes they found themselves on the street because of their sexual orientation as their parents **threatened them with eviction or actually expelled them from home**.

**Classmates/fellow students** bullied and humiliated MSM at educational institutions, mocked, harassed and blackmailed them. In some cases, this behavior was encouraged and supported by the staff of the educational institutions, which made it impossible for MSM to continue studies.

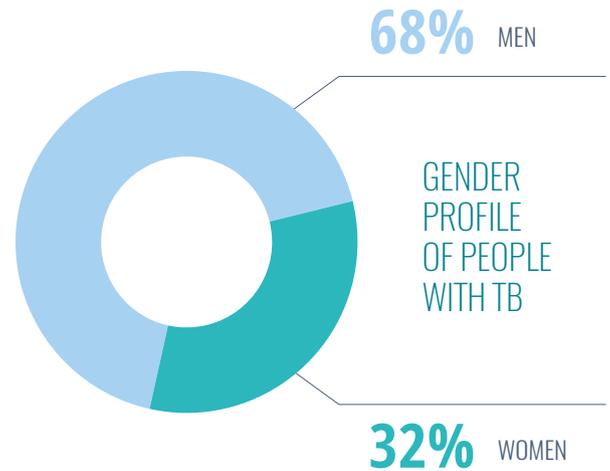
Sexual orientation and gender identity have been a reason for **denial of employment or dismissal of MSM**. When colleagues learnt about sexual orientation of clients, they were subjected to bullying, harassment, verbal abuse, and blackmail.

**Neighbors and landlords** often made threats against MSM. As a result, they were prosecuted, there were offensive signs on their doors, they were expelled by landlords – all this only because of their sexual orientation.



## 9.5. PEOPLE WITH TUBERCULOSIS

The perpetrators of rights of people with TB most often were **public health care workers** (53%). Most cases involve **denial of service/support** (62%) and **emotional abuse** (18%).

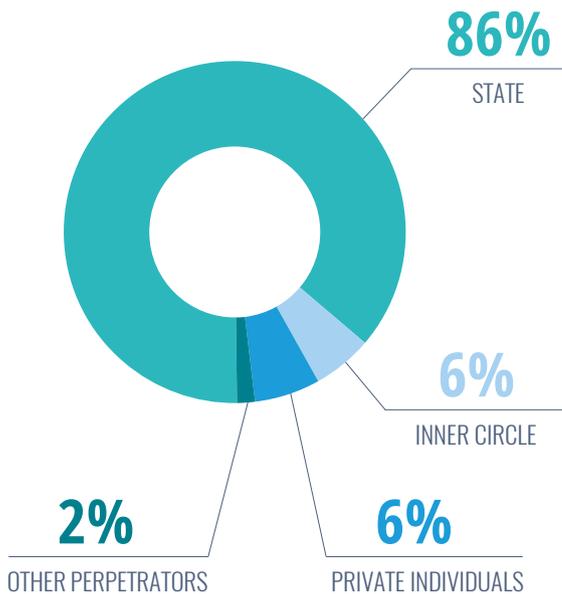


APPEALS REGISTERED

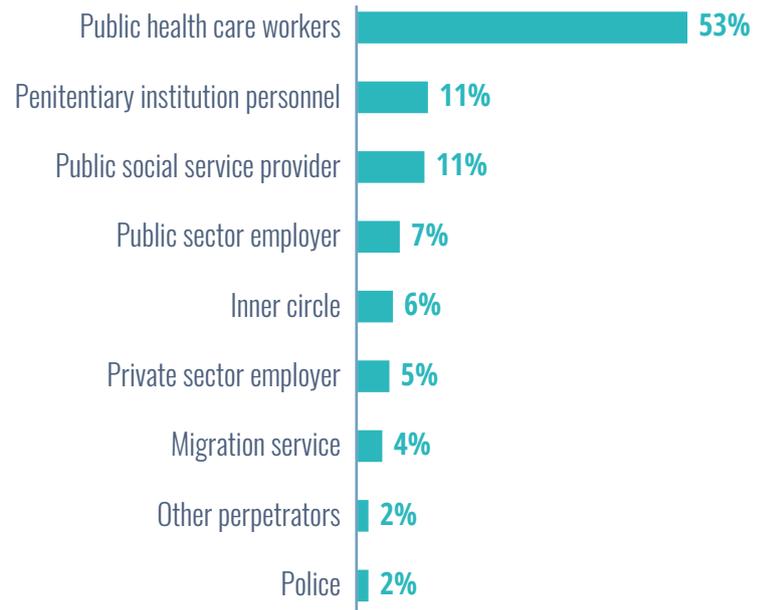
**169** AMONG THEM **50%**

OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO TB STATUS OF THE CLIENT

### PERPETRATORS OF PEOPLE WITH TB RIGHTS\*

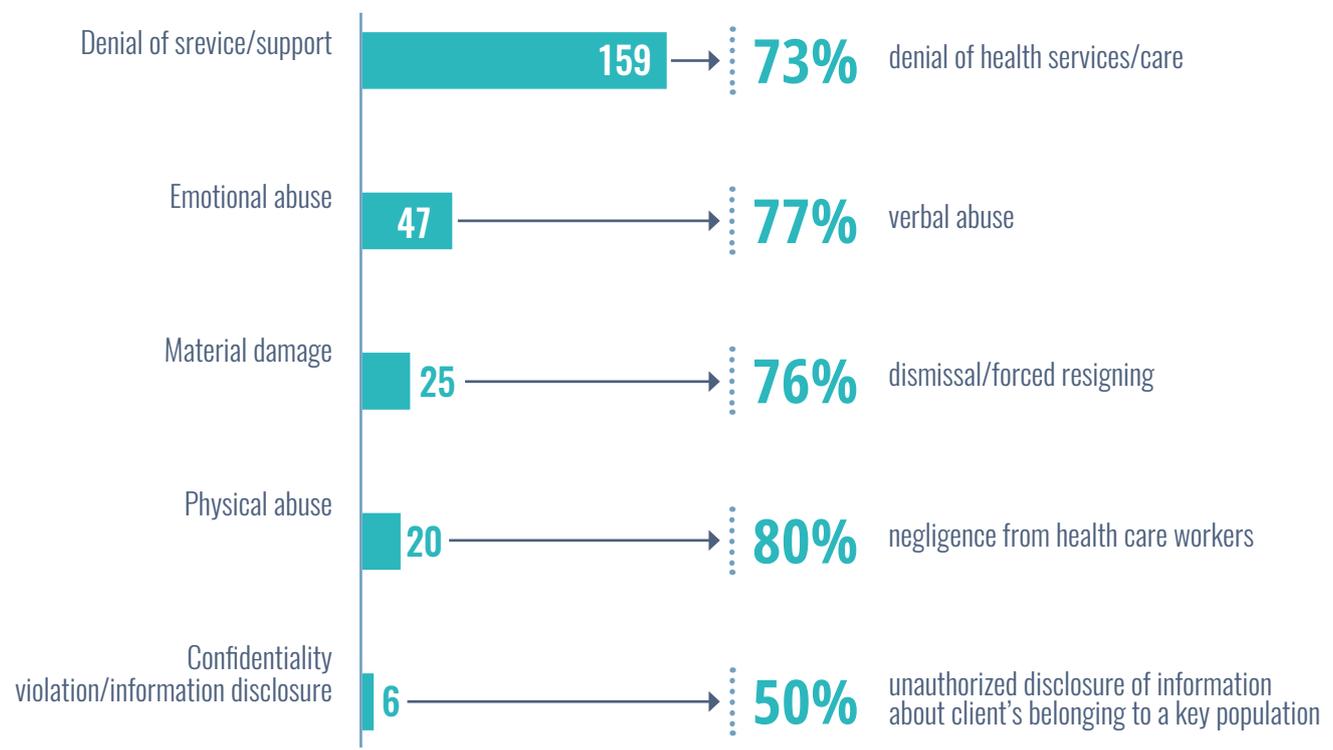


### PERPETRATORS OF PEOPLE WITH TB RIGHTS\*



\* It is possible to have several types of perpetrators per case

### TYPES OF HUMAN RIGHTS VIOLATIONS OF PEOPLE WITH TB AND KEY TYPES OF INCIDENTS\*



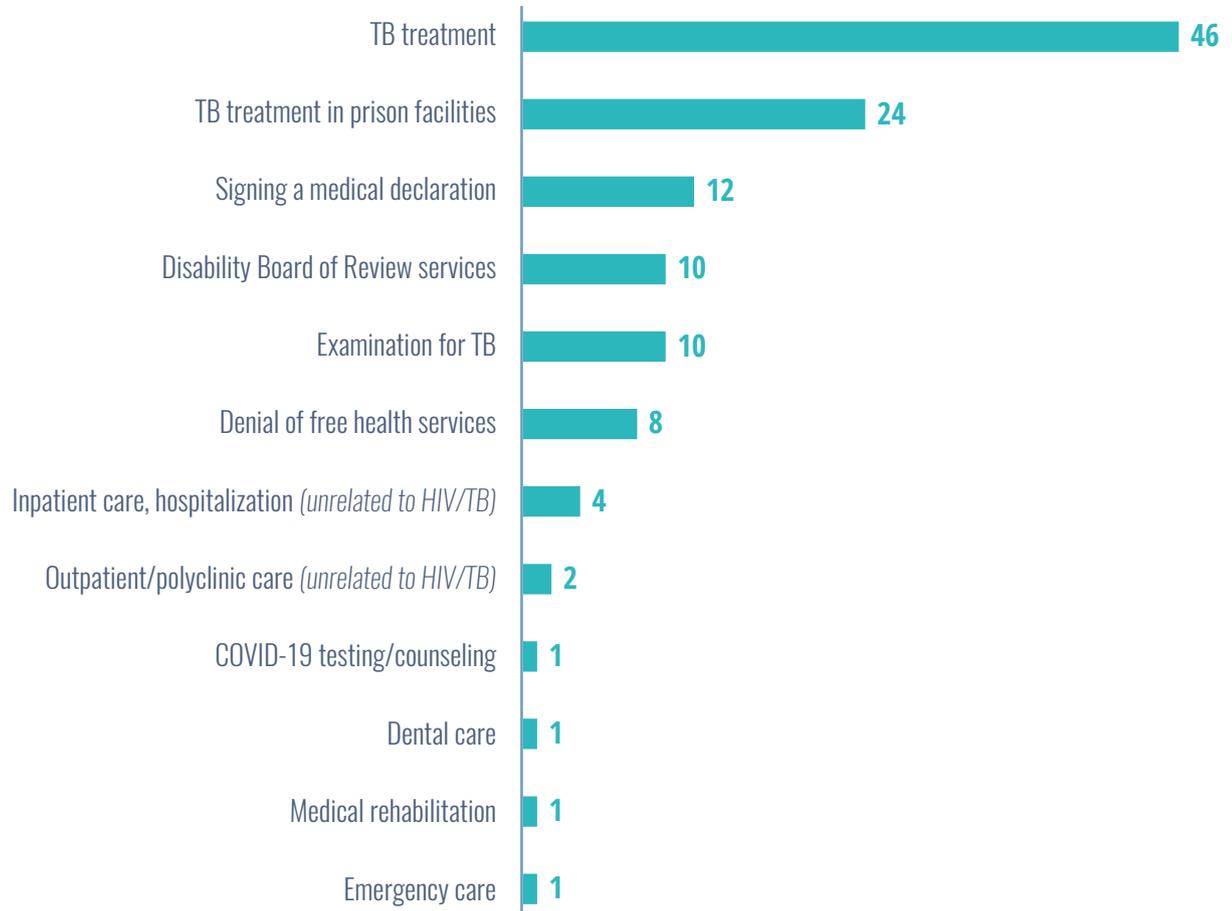
WHILE A CLIENT WAS RECEIVING TB TREATMENT, THEY FOUND OUT SHE WAS ALLERGIC TO PYRAZINAMIDE. DURING A VISIT TO A DOCTOR, SHE WAS GIVEN A COMBINED MEDICATION CONTAINING THE SUBSTANCES SHE WAS ALLERGIC TO. AS ETHAMBUTOL WAS UNAVAILABLE AS A SEPARATE DRUG AT THAT FACILITY, THE DOCTOR GAVE HER THAT MEDICATION EVEN DESPITE KNOWING THE PATIENT WAS ALLERGIC TO PYRAZINAMIDE.

People with TB most often encountered barriers when trying to **access health services** – 116 cases. Most of those cases involved receiving treatment, including in prison facilities; TB testing; signing a medical declaration; undergoing examination at the Disability Board of Review/obtaining conclusions of the Board; outpatient and inpatient care; receiving state-guaranteed free services without extra payments.

\* Several types of rights violations are possible within one client's case



## HEALTH SERVICES PEOPLE WITH TB HAVE BEEN DENIED OF



One of the main barriers when **accessing TB treatment** was the lack of medicines at the health care facility (*including health care facilities of the penitentiary system*). This was caused by interruptions in public procurement or absence of a TB doctor who had to order the drugs for the facility. The shortage of medicines affected the outcomes of treatment.

A CLIENT IS GETTING HIS MULTIDRUG-RESISTANT TUBERCULOSIS (MDR TB) TREATED, AND HAS TO GET A CERTIFICATE FROM THE DISABILITY BOARD OF REVIEW AT THE PULMONARY HEALTH CENTER. FOR THAT, HE HAS TO DO HIS TESTS WITH A TB DOCTOR. HOWEVER, THE SPECIALIST REJECTS HIM AND REFERS TO A FAMILY DOCTOR. HOWEVER, THE FAMILY DOCTOR REFERS HIM BACK TO THE TB DOCTOR, AS THE CLIENT HAS MDR TB AND NEEDS TO DO HIS TESTS WITH A TB DOCTOR. BESIDES, THE CLIENT FEELS VERY SICK, WHICH MAKES IT MUCH HARDER FOR HIM TO GET TESTED AND MOVE AROUND.

When a client moved to another city or region, the treatment became more problematic because they needed to **restore access to health records**. And a doctor could prescribe a regimen that had proven ineffective for the patient. Absence of a signed medical declaration has also sometimes been a reason for denial of treatment. Quite often, such gaps were explained by ineffective steps in TB care system reform implemented by the Ministry of Health that had led to confusion and losses within the existing framework of TB care

On a number of occasions one doctor referred a TB patient to another doctor, which led to a delay in treatment initiation, affected its outcome, created **confusion and ambiguity of responsibility of specialists** for making the diagnosis, choosing the regimen and, effectively, affected the health of the patient.

Clients often complained about **negligence of the TB** doctor treating them. E.g., a doctor could for a long time fail to examine the patient or inform about the course of the illness, ignored their complaints about feeling unwell and adverse effects of the drugs. Sometimes because of this clients violated treatment regimen, lost adherence and, eventually, terminated the treatment.

TB doctors have often **showed bias regarding people with TB**. They treated them with disdain, refused to provide health certificates (*required, for example, to receive welfare, or to obtain documents for the Disability Board of Review*), demanded payment for services supposed to be free

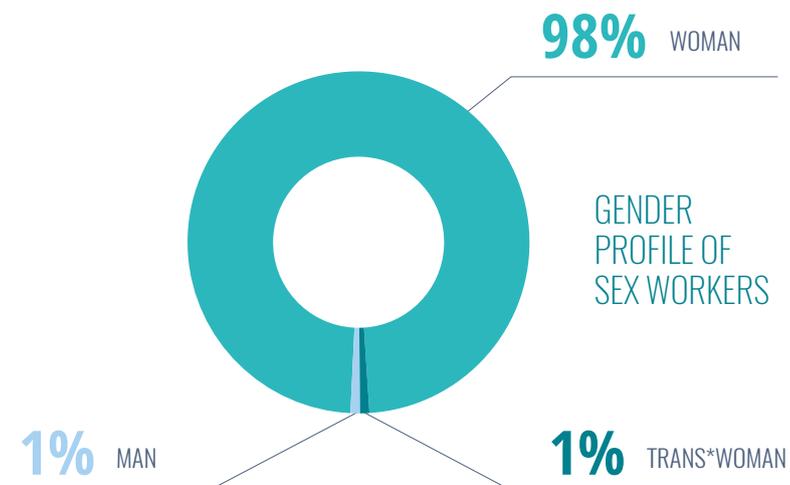
A WOMAN CAME TO A TB DISPENSARY DOCTOR ASKING TO HELP HER OBTAIN DOCUMENTS REQUIRED TO FORMALLY CONFIRM HER DISABILITY. THE DOCTOR LISTENED TO HER AND ANSWERED: 'YOU SHOULD START COLLECTING THE MONEY TO GET THE DOCUMENTS...'

Information about the diagnosis of TB caused **stigma by employer** who refused, for example, to pay for the sick leave or forced the employee to write a resignation letter. Because of their diagnosis, clients with TB have also been stigmatized by their close circle; for example, they were forbidden to see their own children.



## 9.6. SEX WORKERS

The perpetrators most frequently were **police officers (40%)**, **inner circle (19%)**, other perpetrators including **sex workers' clients (11%)** and **unidentified individuals (6%)**. Most cases involved **emotional abuse (35%)**.



APPEALS REGISTERED

**112**

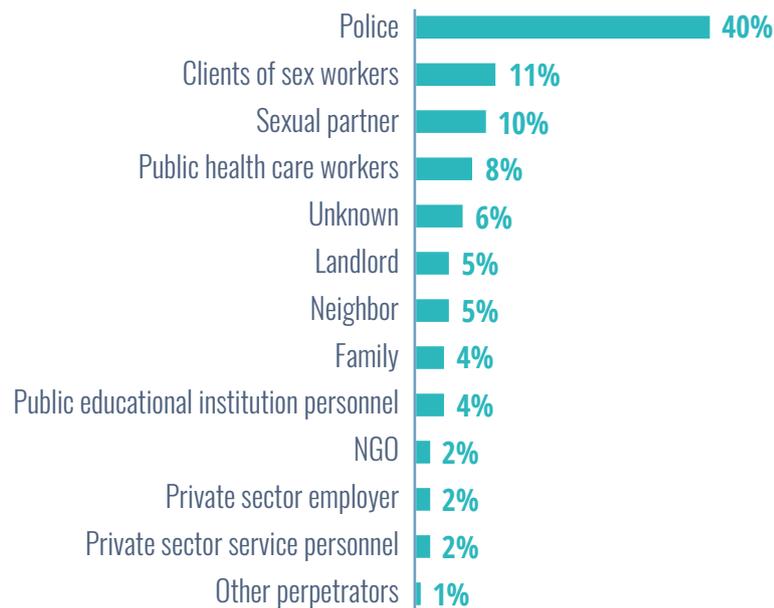
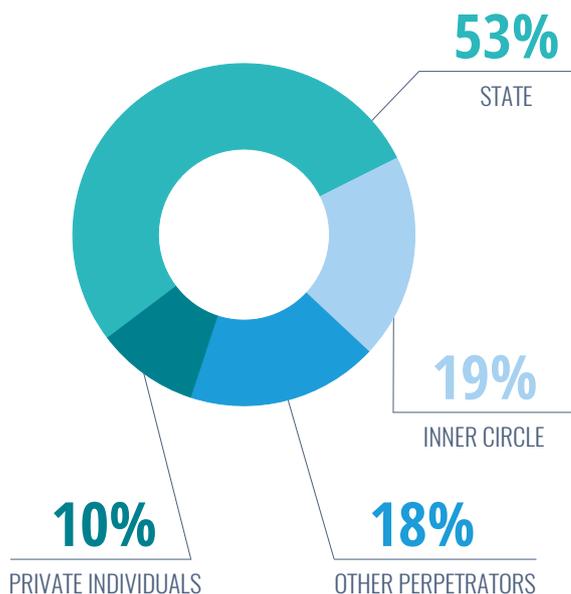
AMONG THEM

**96%**

OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO SEX WORK

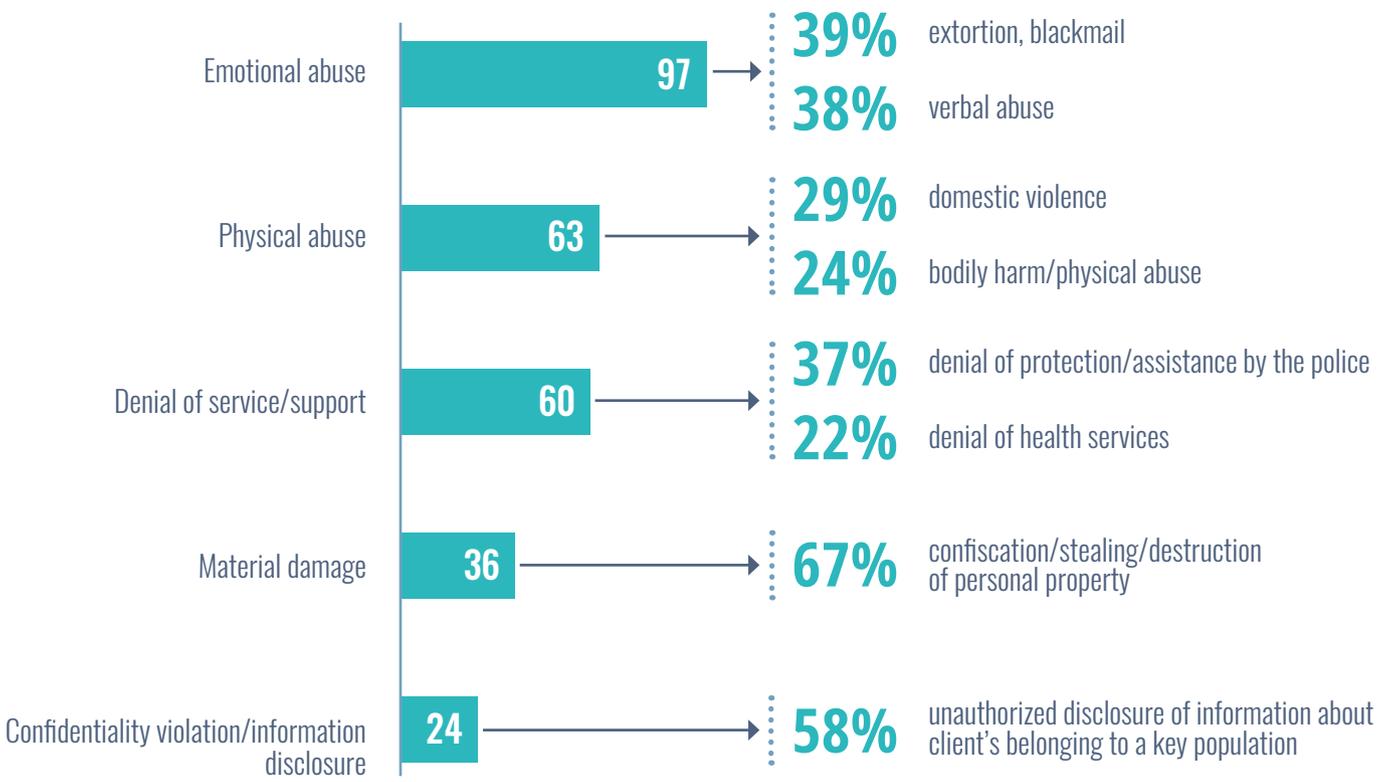
PERPETRATORS OF SWs RIGHTS\*

PERPETRATORS OF SWs RIGHTS\*



\* It is possible to have several types of perpetrators per case

TYPES OF HUMAN RIGHTS VIOLATIONS OF SWs AND KEY TYPES OF INCIDENTS\*



A YOUNG GIRL WHO BECAME AN ORPHAN SOLD HER HOUSE IN A VILLAGE AND MOVED TO A CITY. SHE MET A GUY AND STARTED USING DRUGS TOGETHER. SOME TIME LATER, AFTER THEY RAN OUT OF MONEY FOR DRUGS, HE FORCED HER TO DO SEX WORK; AFTER THAT, BEATING AND HUMILIATIONS BEGAN. THE WOMAN IS HIV-POSITIVE AND DRUG DEPENDENT. HER PARTNER DOES NOT LET HER EARN ENOUGH MONEY TO RENT A FLAT AND LEAVE HIM. THE WOMAN IS IN DESPAIR AND ON A VERGE OF A BREAKDOWN. SHE WENT TO POLICE AND WANTED TO FILE A COMPLAINT, BUT THE DUTY OFFICER REFUSED TO ACCEPT THE STATEMENT.

Sex workers most often were subjected to **emotional and physical abuse by the police, inner circle and their clients**. Sex worker experience **domestic violence from their partner** if he learns what his woman does for living. In some cases, it was domestic violence from her partner that forced the woman to engage in sex work to make living for herself and her child. There have been cases when partners themselves forced their women to do sex work and then took the money away.

\* Several types of rights violations are possible within one client's case



**Clients of sex workers** humiliated them, refused to pay for the services, or required other services beside the agreed ones. The women were beaten, verbally abused, and their property was damaged. A male sex worker whose case was registered in REAct, encountered blackmailing from female clients who threatened to disclose information about his sex work.

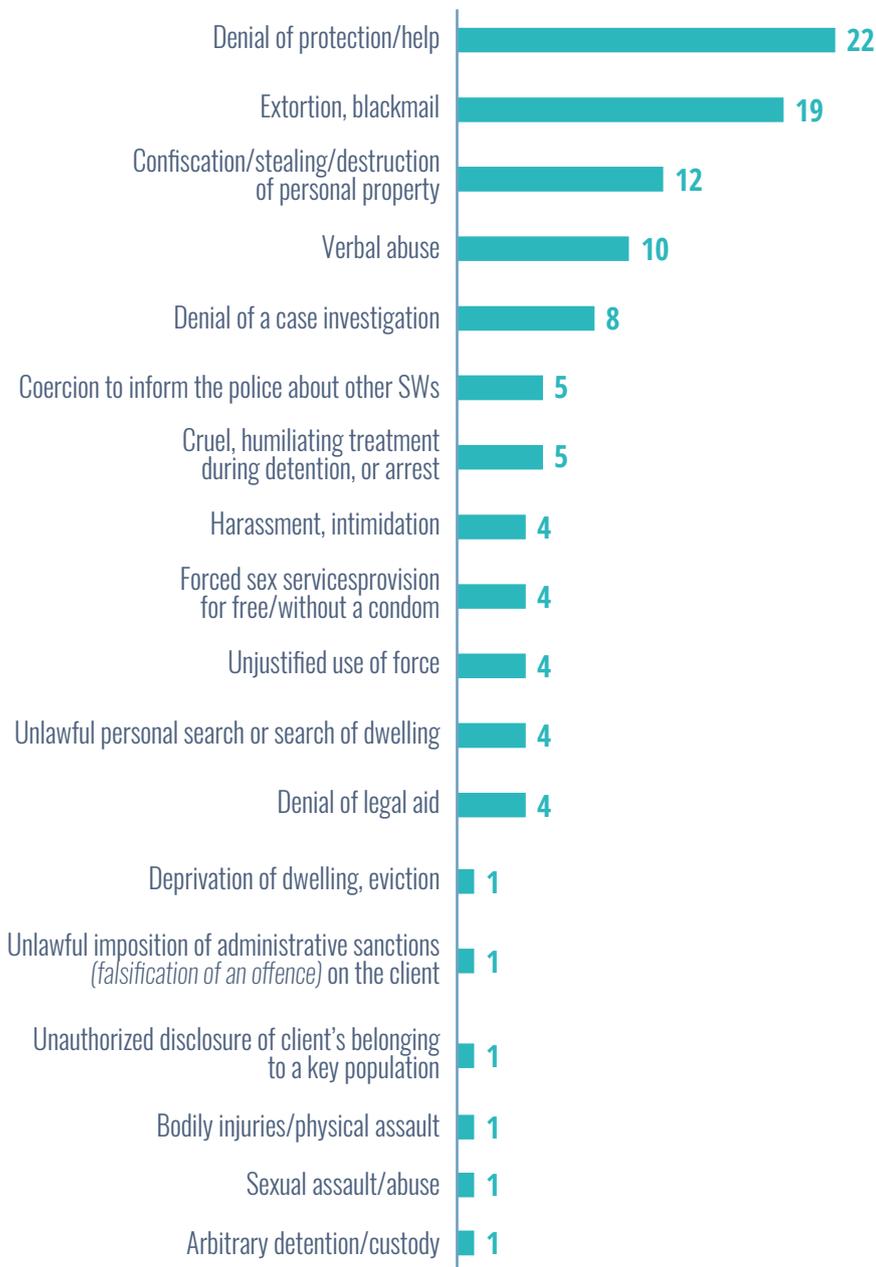
**A landlord**, after that the woman was a sex worker, **forced her to provide him sex services free of charge** or **expelled her from the rented apartment**. **Neighbors** used psychological pressure, humiliated sex workers, and wrote insulting signs on the door.

63

CASES WHEN THE PERPETRATORS AGAINST THE RIGHTS OF SEX WORKERS WERE POLICE OFFICERS

Encountering physical abuse from their clients or partners, sex workers would call the police, however, instead of help and protection, they faced **threats of administrative prosecution and failure to respond to the appeal**.

## TYPES OF SWs RIGHTS VIOLATIONS BY THE POLICE\*



\* Number of incidents. Several types of incidents are possible within one client's case



A POLICEMAN PRETENDING TO BE A CLIENT ENTERED A WOMAN'S APARTMENT, BEAT HER, THREATENED WITH CRIMINAL PROSECUTION IF SHE REFUSED TO PAY HIM AND PROVIDE INFORMATION ABOUT APARTMENTS WHERE OTHER SEX WORKERS WORKED. THE GIRL PAID 7000 HRYVNIAS, AND AFTER THAT CHANGED HER PHONE NUMBER AND THE AREA WHERE SHE WORKED. YET SHE IS VERY AFRAID OF PROSECUTION.

A WOMAN WENT TO HER FAMILY DOCTOR'S OFFICE, WHERE THE NURSE IS AN ACQUAINTANCE OF HER FAMILY. THE CLIENT CAME TO INFORM SHE HAD CONTRACTED HEPATITIS C. HAVING HEARD THAT, THE NURSE TOLD ABOUT IT TO CLIENT'S MOTHER AND ALSO MENTIONED HER OCCUPATION. WHEN SHE CAME HOME, AN UNPLEASANT SURPRISE WAS AWAITING: ALL HER BELONGINGS LAID STACKED NEAR THE FRONT DOOR, AND WHEN SHE ENTERED, HER MOTHER TOLD HER: 'GET THE HELL OUT OF HERE! I DON'T WANT NONE OF YOUR DISEASES!.. HOW COULD YOU DISGRACE OUR FAMILY SO MUCH?.. I HAVE NO DAUGHTER ANYMORE...'

A WOMAN CAME TO A GYNECOLOGIST. ACCORDING TO HER, THE DOCTOR BEHAVED VERY UNPROFESSIONAL AND STARTED TO INSULT HER, TELLING SHE 'SLEPT AROUND UNTIL SHE GOT SICK, AND WHY DID SHE EVEN COME THERE'. THE WOMEN IN THE QUEUE NEAR THE DOCTOR'S OFFICE HEARD IT. THE WOMAN WAS DISTRESSED, BURST INTO TEARS AND LEFT.

There have been cases when **police officers** used **physical force** against sex workers, **causing bodily injuries, and took their personal belongings** (*such as jewelry, phone, money, documents*), forced them to fully undress and filmed that with their phones, **forced them to provide sex services** free of charge.

There have been cases when, using threats, **police officers forced the women to 'serve' them for free for six months or a year, blackmailed them and extorted** money, prosecuted and intimidated the women.

On multiple occasions, police officers **pretending to be clients** visited sex workers and entered their homes. Then they would uncover themselves as the police and commit physical and sexual abuse, blackmail, and harassment.

**Health workers**, including **family doctors and gynecologists**, refused to provide services or treatment. At that, they stressed their biased attitude because of women's sex work, refused to provide any care, and expelled the women from their offices.

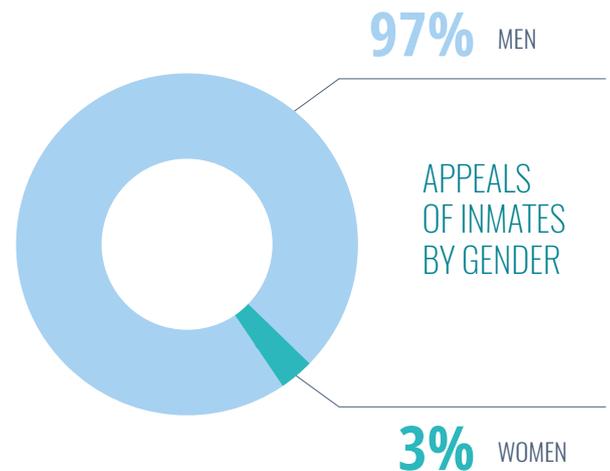
There have been cases when **health workers informed women's family members about their occupation as sex workers**, which led to their being expelled from home and subjected to psychological abuse.



## 9.7. INMATES\*

The perpetrators most often were **health workers in penitentiary facilities (59%)** and the **administration of penitentiary facilities (40%)**.

Most of the cases involve **denial of support/service (79%)**.



APPEALS REGISTERED

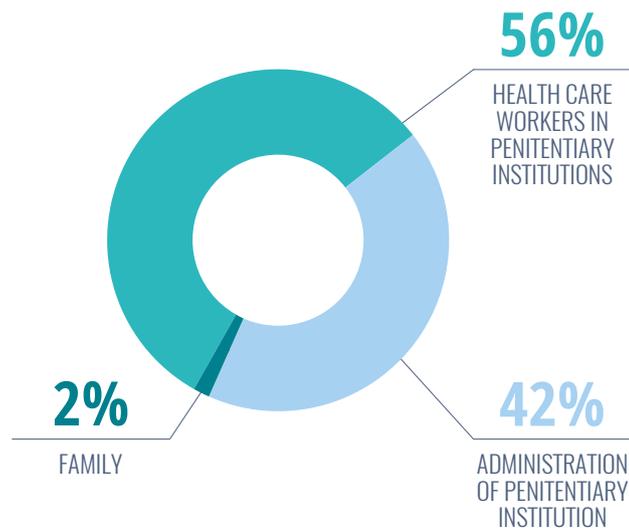
56

AMONG THEM

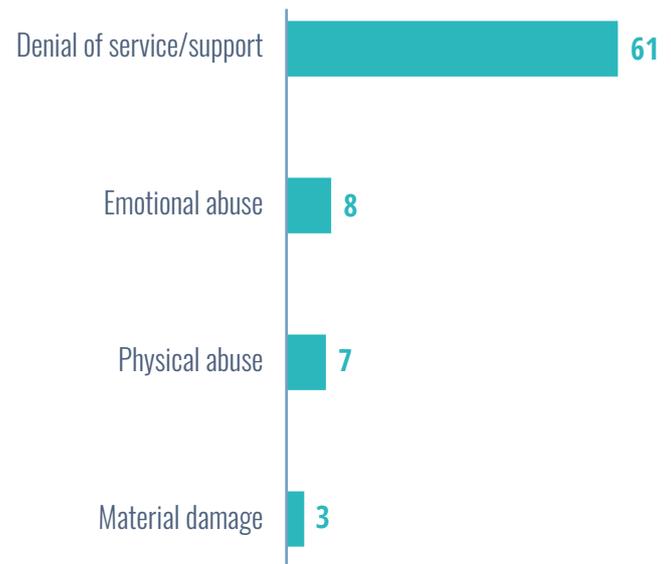
20%

OF THE CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO INCARCERATION

### PERPETRATORS OF RIGHTS OF INMATES\*\*



### VIOLATIONS OF RIGHTS OF INMATES\*\*\*

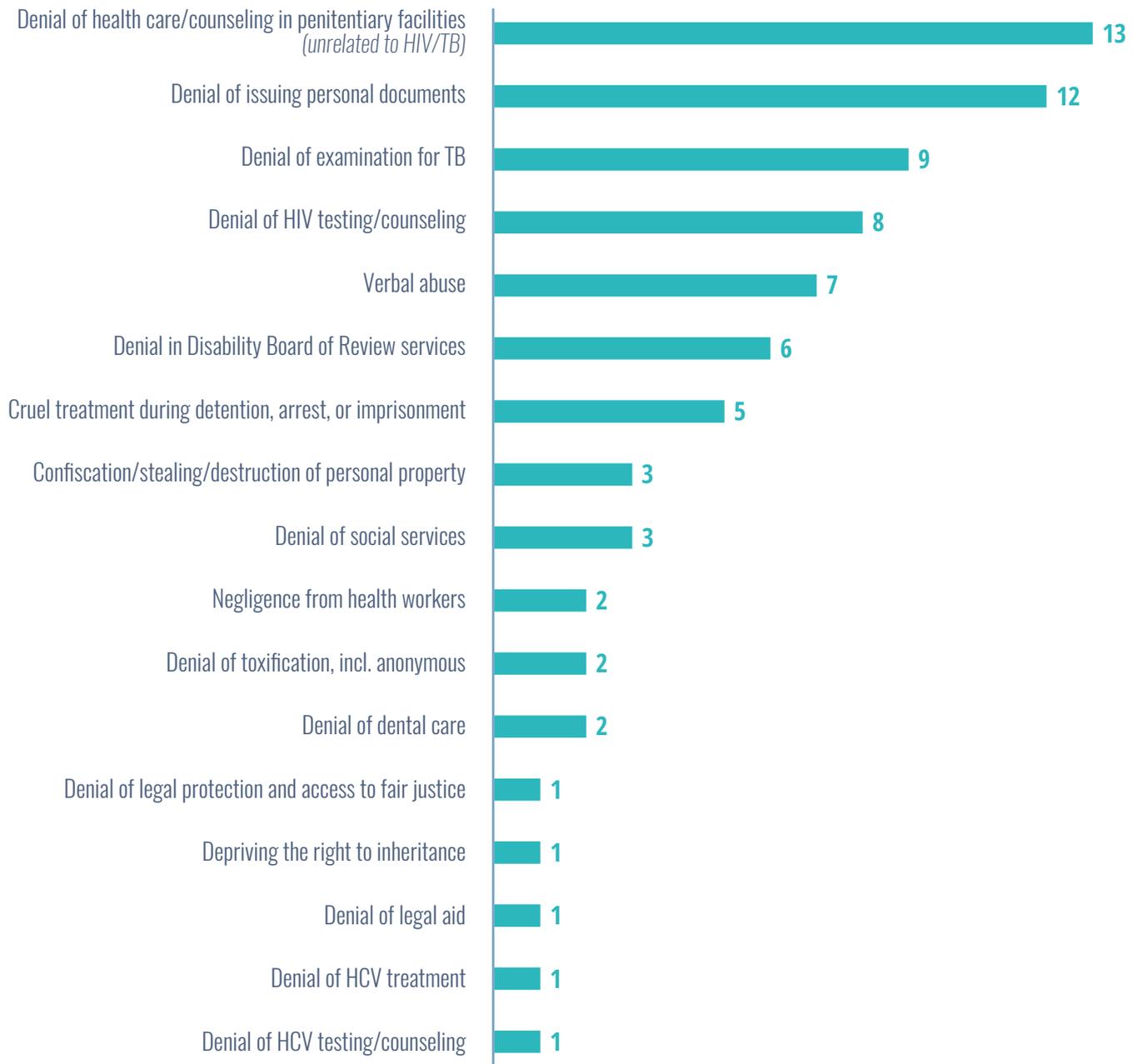


\* Due to the REAct system design, PLWH, OST patients and people with TB among prisoners are discussed in the relevant sections above.

\*\*It is possible to have several types of perpetrators per case

\*\*\*Number of incidents. Several types of incidents are possible within one client's case

### VIOLATIONS OF INMATES RIGHTS\* \*\*



\* Due to the REAct system design, PLWH, OST patients and

\*\*Number of incidents. Several types of incidents are possible within one client's case



**Denial of providing documents** was registered as the most common type of violation of the rights of people in prisons. Clients that for some reason did not have a passport, asked the administration to help obtain it before the release. However, their requests were rejected because the institutions had no funding to pay for this procedure. Clients themselves were also unable to pay for the service. Later, absence of an ID prevented them from accessing health services or **applying for disability benefits through Disability Board of Review services**.

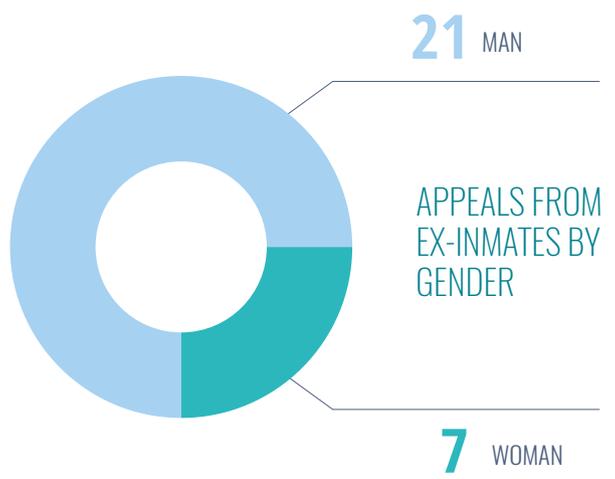
A lot of violations involved **denial of health care and counseling**, in particular, in case of general health deterioration or exacerbation of chronic diseases. Health workers in penitentiary institutions mostly ignored clients' complaints. They also failed to adequately respond to request for **examination for TB**. In some cases, such an examination required taking the client outside of the institution, which was an additional barrier.

The inmates faced barriers for **accessing TB medications. Testing for HIV and access to ART** in some institutions were not available because institution's staff list did not include an infectious disease doctor.



### 9.8. EX-INMATES

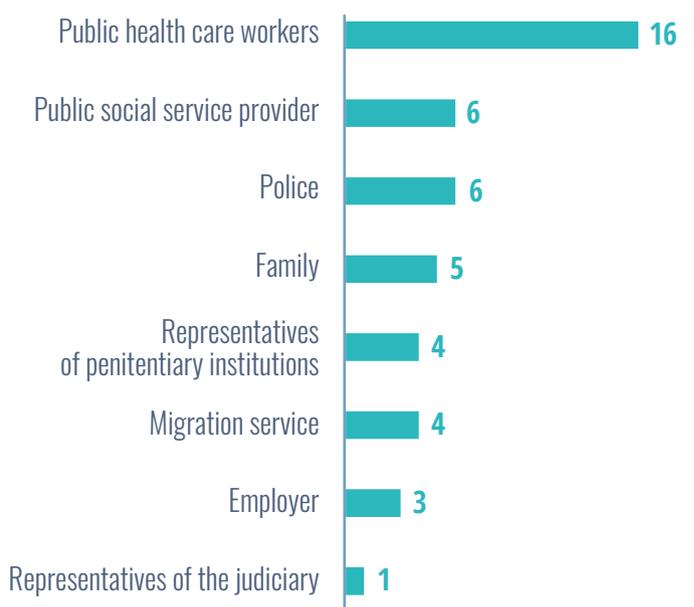
The perpetrators most often were the **public health care workers** (16 cases) and social **service providers** (6 cases). Most of the cases involved **denial of health services** (8 cases) and **denial of personal documents** (7 cases).



APPEALS REGISTERED **28** AMONG THEM **79%** OF THE CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO THE PAST INCARCERATION

Family doctors **refused to sign a medical declaration** with former inmates. Other barriers emerged when the clients **attempted to get registered with the employment center – they were rudely rejected**. Former inmates also faced barriers **accessing social support, temporary shelter to stay with a child**. **Police officers** aware of client’s criminal record, conducted **unlawful search of vehicle and personal search**.

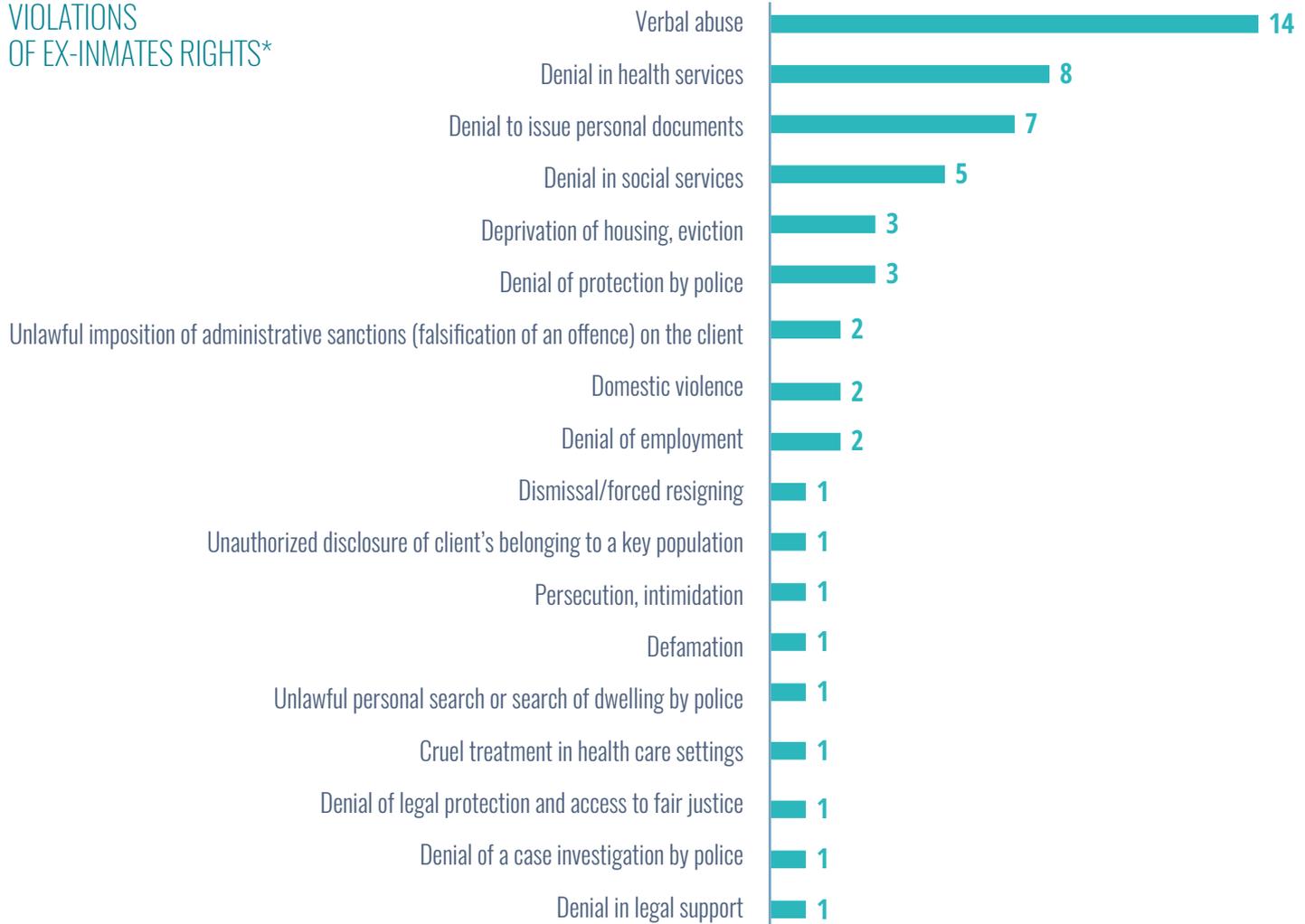
#### PERPETRATORS OF RIGHTS OF EX-INMATES\*



\* It is possible to have several types of perpetrators per case



## VIOLATIONS OF EX-INMATES RIGHTS\*



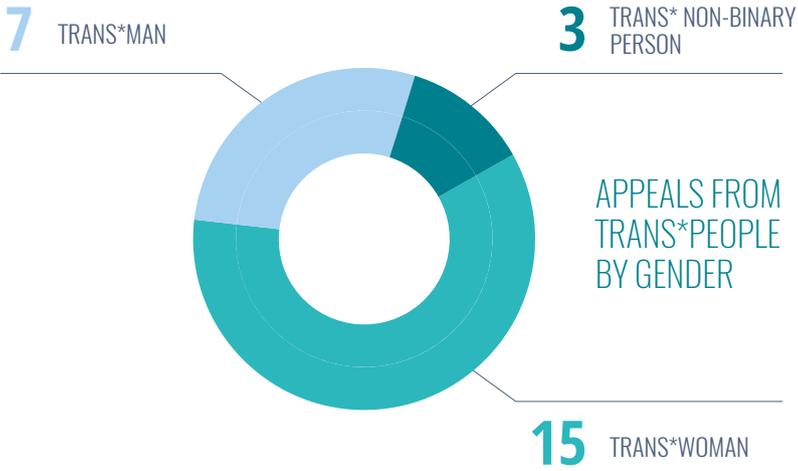
**Family members** mostly **evicted** the clients from their home unlawfully, or **unlawfully inherited other property**.

HAVING SERVED HIS SENTENCE, A MAN CAME HOME, BUT STRANGE PEOPLE WERE ALREADY LIVING IN HIS APARTMENT. HE ASKED HIS RELATIVES FOR HELP, BUT THEY DID NOT OPEN THE DOOR AND IGNORED HIM. FOR ABOUT SIX MONTHS, THE MAN STAYED AT HOMES OF VARIOUS ACQUAINTANCES, BUT THEY GOT TIRED OF HIM AND STARTED REJECTING HIM. HE COULD NOT GET A JOB BECAUSE HE DID NOT HAVE DOCUMENTS. HE TRIED TO RESTORE AN ID, BUT, ACCORDING TO THE MAN HIMSELF, THE AUTHORITIES REFUSED TO EVEN ACCEPT HIS APPLICATION.

\* Number of incidents. Several types of incidents are possible within one client's case

### 9.9. TRANS\*PEOPLE

The perpetrators most often were **public health care workers, staff of educational institutions, employers, and the police.** Most of the cases involved **denial of personal documents, verbal abuse and bullying, and bodily harm.**

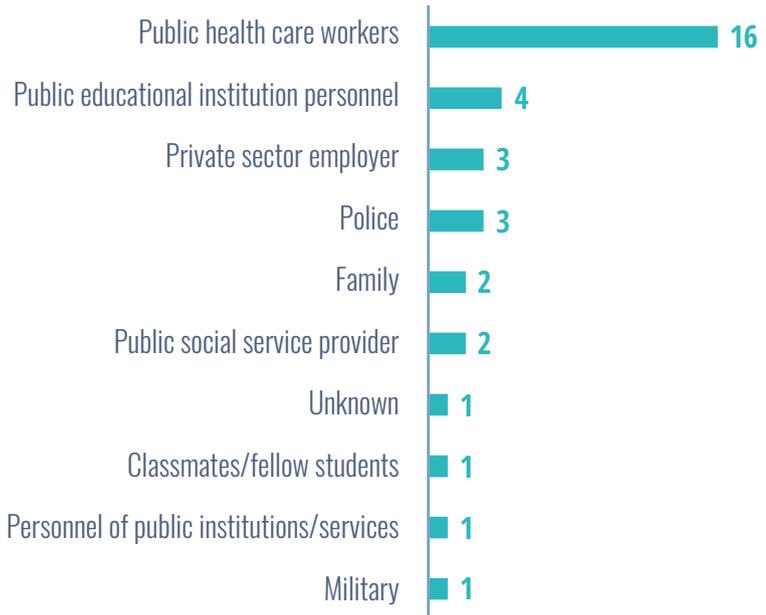


APPEALS REGISTERED **25** AMONG THEM

**23** CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO THE FACT THE CLIENT WAS A MEMBER OF THE TRANS\*PEOPLE COMMUNITY

Trans\*people faced **barriers in the course of trans\*gender transition,** in particular, when psychiatrists refused to provide a necessary certificate as they did not have the knowledge of how it should be produced.

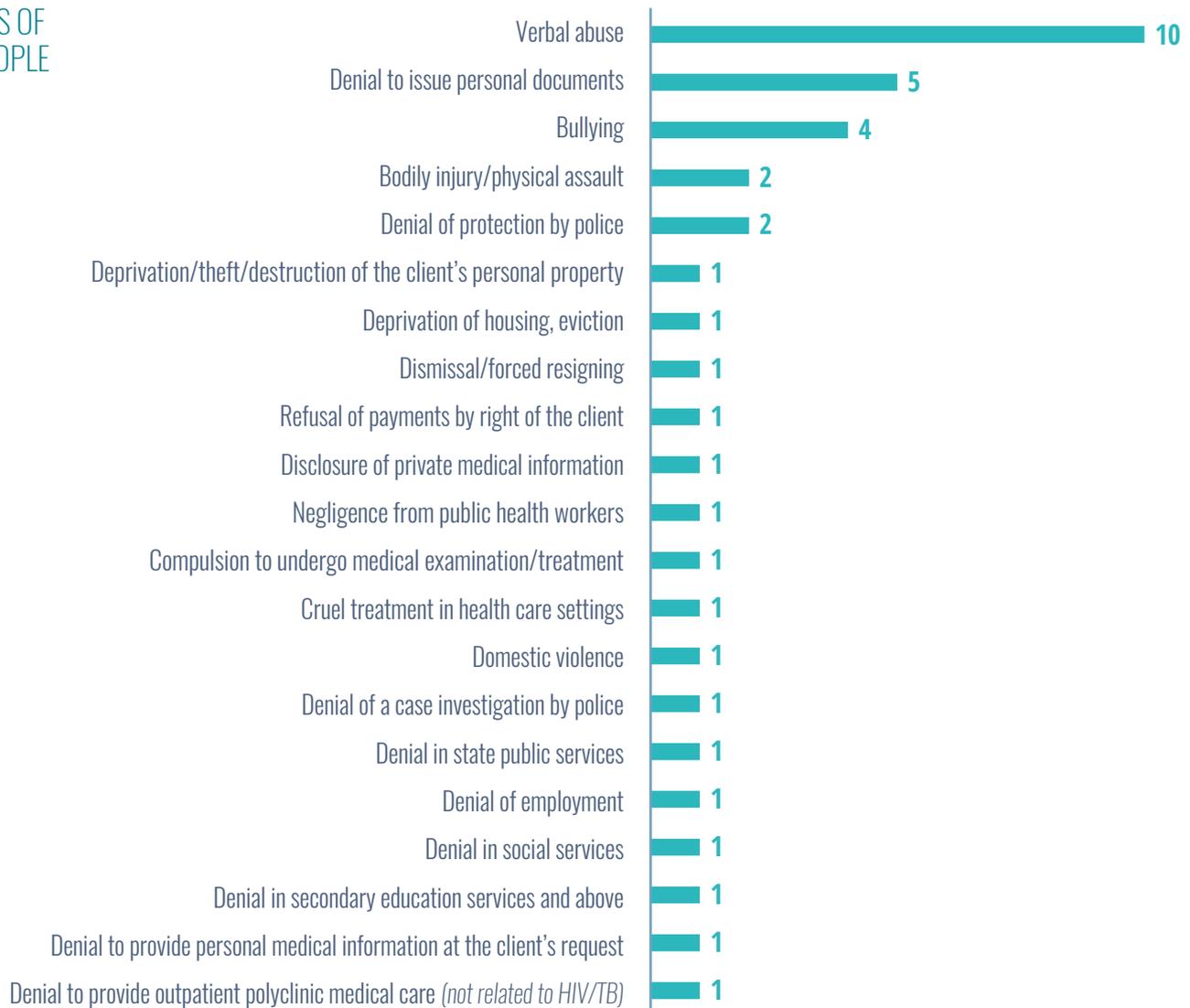
#### PERPETRATORS OF TRANS\*PEOPLE RIGHTS\*



\* It is possible to have several types of perpetrators per case



## VIOLATIONS OF TRANS\*PEOPLE RIGHTS\*



**Experiencing assaults and intimidation because of their gender identity,** trans\*people sometimes turned to police for help, but their complaints were not adequately reacted to.

There was a case when a **trans\*woman in transition was forced to undergo military medical examination.** The health worker involved in it treated the client with contempt.

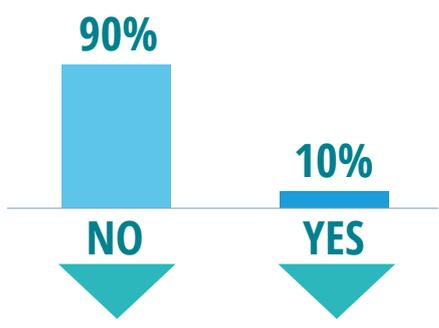
\* Number of incidents. Several types of incidents are possible within one client's case

# 10. CLIENTS' ATTEMPTS TO DEFEND THEIR RIGHTS BEFORE APPEALING TO REAct

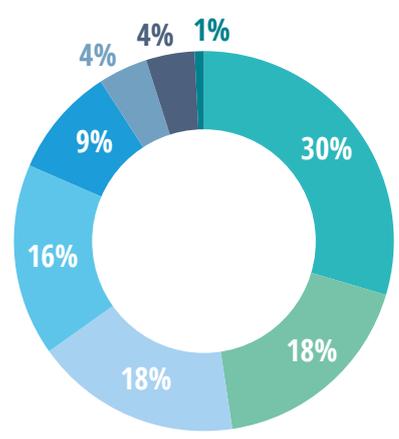
The key reasons included **lack of knowledge of how it could be done and how a complaint could be filed**. Other barriers were the **fear of stigma and/ or disclosure of personal information, lack of faith in a positive outcome**.

THE CLIENT TRIED TO DEFEND THEIR RIGHTS (before appealing to REAct)

IN **90%** OF THE CASES THE CLIENTS DID NOT DEFEND THEIR RIGHTS BEFORE APPROACHING REActors

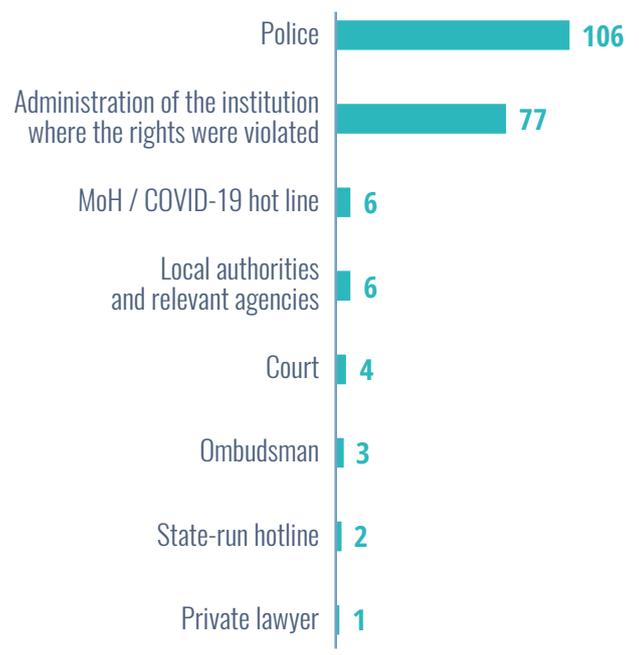


THE REASONS WHY THE CLIENTS DID NOT TRY TO DEFEND THEIR RIGHTS THEMSELVES



- Lack of knowledge about procedures for complaining
- No faith in positive outcome
- Fear of making complaints, appeals alone
- Fear of personal information disclosure / unfair or stigmatizing treatment
- The perpetrator was a representative of the institution in question
- Negative experience of acquaintances/relatives
- Previous negative experience of contacting institutions to defend one's rights
- Poor health of the client

CLIENTS APPEALED / COMPLAINED TO...\*



\* Number of appeals. Within one case several types of requests are possible for the client.

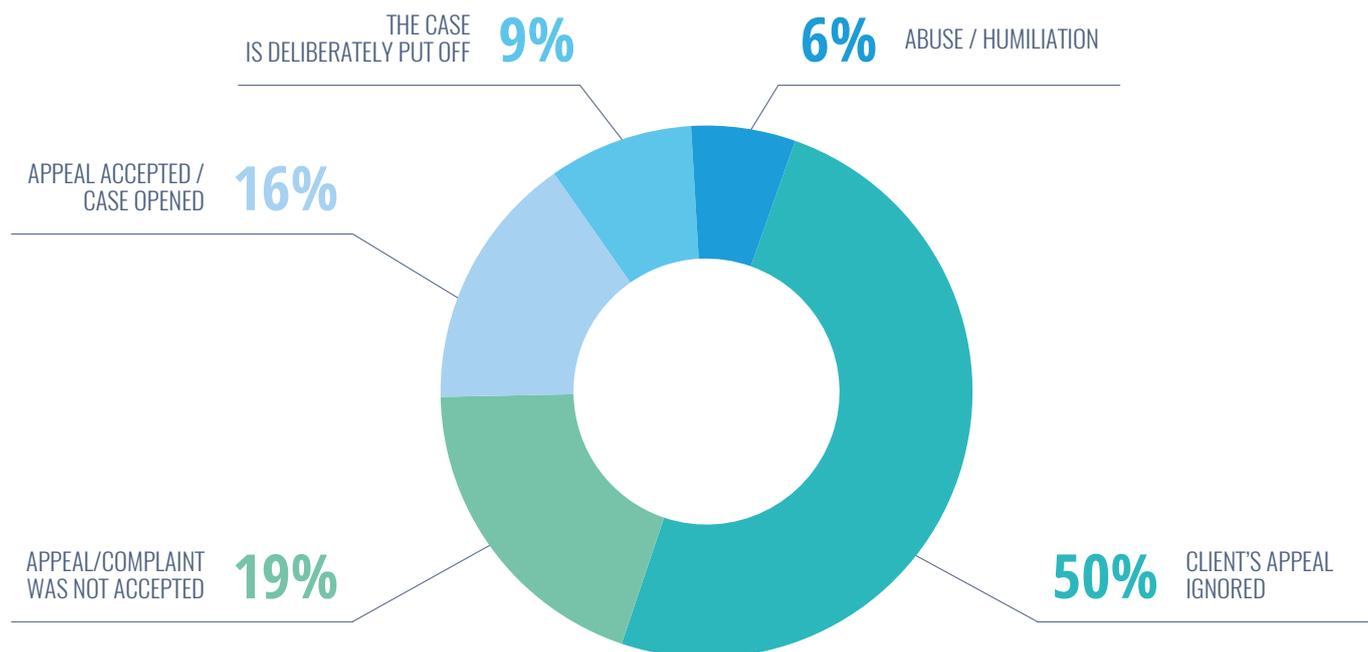


In **198 cases** the clients did file a complaint or a report trying to defend their rights before approaching a REActor.

Such clients most often turned to **the police or administration of the institution where their rights had been violated** (e.g., to a chief physician of the health care facility, etc.).

Fighting structural and individual barriers to try and defend their rights, the clients, in most cases, were unable to receive proper reaction. In **50% of cases, clients' complaints were ignored**. Women from key populations are especially vulnerable, as they are forced to stay in the situation of physical abuse by their partner.

## RESPONSE TO CLIENTS' CASES



A SEX WORKER TOLD SHE HAD VISITED A CLIENT. AFTER SHE PROVIDED SEX SERVICES, HE TOOK HER THINGS AND HER PHONE AND FORCED HER OUT BAREFOOTED AND IN UNDERWEAR ONLY, AND HE DID NOT PAY. SHE CALLED THE POLICE AND TOLD THEM EVERYTHING, BUT THE OFFICERS 'ADVISED' HER TO MIND HER PROBLEMS HERSELF AND NOT TO BOTHER THE POLICE. ALSO, THEY TOLD HER SHE WAS A 'SLUT', SO SHE HAD NO RIGHT TO COMPLAIN.

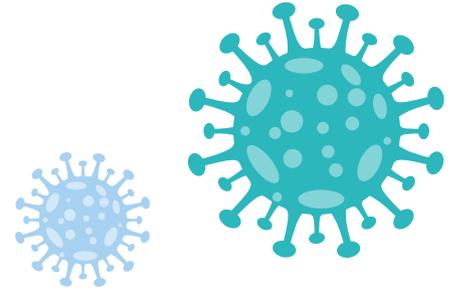
A FEMALE OST PATIENT COMPLAINED ABOUT THE PARTNER SHE LIVED WITH, WHO KEPT BEATING HER. HE OFTEN EXPELS HER FROM HOME, AND SHE HAS TO SPEND NIGHTS AT SOME DENS OR IN THE STREETS. WHEN SHE HAS TABLETS, HE LETS HER IN, WHEN SHE DOES NOT – HE EXPELS HER. IT WAS WINTER, COLD WEATHER, AND THE LAST TIME SHE GOT COLD AND ILL, SO SHE DECIDED TO STOP IT. SHE ASKED THE DISTRICT POLICE OFFICER TO DISCIPLINE HER MAN, BUT HE ANSWERED THAT IF HIS WIFE USED DRUGS HE WOULD KILL HER. THE WOMAN IS DESPERATE AND DOES NOT KNOW WHERE TO GO, AS SHELTERS FOR VICTIMS OF DOMESTIC VIOLENCE REJECT WOMEN WHO USE DRUGS. AND SHE HAS NOWHERE ELSE TO GO, BECAUSE SHE IS AN INTERNALLY DISPLACED PERSON, AND HAS NO RELATIVES IN THE CITY.





# 11. COVID-19 AND RIGHTS VIOLATIONS OF KEY POPULATIONS

Members of key populations have often experienced barriers trying to realize their rights to effective access to treatment and receive health care because of the COVID-19 situation.



IN **109** OF THE REGISTERED CASES VIOLATIONS OF CLIENTS' RIGHTS WERE CAUSED BY COVID-19 LOCKDOWN MEASURES

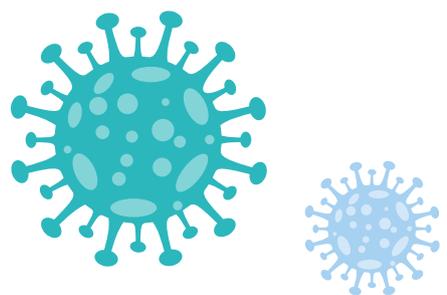
OST patients sometimes struggled to visit OST sites daily because of the mobility restrictions and lack of passes that would enable them to use public transport. In turn, narcology doctors refused to switch to giving the patients takeaway drugs or enrolling new patients on OST program because of the COVID-19 pandemic.

The clients experienced poor access to non-COVID-related inpatient treatment, and denial of testing and treatment due to discrimination against the members of the key populations.

IN **97%** IT WAS STATE THAT VIOLATED THE RIGHTS **106** INCLUDING **87** WHEN THE PERPETRATORS WERE HEALTH PROFESSIONALS (FAMILY DOCTORS, NARCLOGY DOCTORS).  
CASES CASES CASES

A FEMALE OST PATIENT COMPLAINED THAT, DESPITE HAVING CLEAR SYMPTOMS OF COVID, SHE COULD NOT ACCESS TESTING FOR THREE DAYS RUNNING. HER DOCTOR REMOTELY PRESCRIBED HER SOME TREATMENT, BUT THE CLIENT NEEDED A COVID TEST CERTIFICATE TO ENABLE HER TO GET TAKEAWAY DRUGS, AS SHE WAS ON A DAILY VISITS REGIMEN AFTER HAVING VIOLATED THE TERMS OF OUTPATIENT TREATMENT.

OST PATIENTS COMPLAINED THAT A DOCTOR FORCED THEM TO GET VACCINATED AGAINST COVID-19 THREATENING THEY WOULD NOT GET THEIR DRUGS OTHERWISE.



COMMON VIOLATIONS RELATED TO COVID-19 RESTRICTIONS:

1. **Repurposing infectious disease hospitals into COVID-19 facilities**, which led to necessary referring PLWH to other, not specialized health institutions. As a result, sometimes it proved impossible to get inpatient treatment or be hospitalized. In one case, a client died because of these restrictions.
2. **Demands to pay for testing for COVID-19** when visiting a health institution – thus, **additional barriers for accessing ART and OST**.
3. Restricted operations of the public transport **made it difficult to visit health care facilities to receive ART and OST**.
4. **Restricted access to inpatient treatment of COVID-19 for members of the key populations**.
5. **Forced vaccination against COVID-19 as a condition for provision of care and medicines**.
6. **Restricted access to vaccination against COVID-19 in case of absence of ID**.



## 12. REAct RESPONSE TO RIGHTS VIOLATIONS OF CLIENTS

In 2021, REAct continued showing substantial potential and ample capacity of non-government organizations in providing assistance and reacting to violations of rights of the key communities.

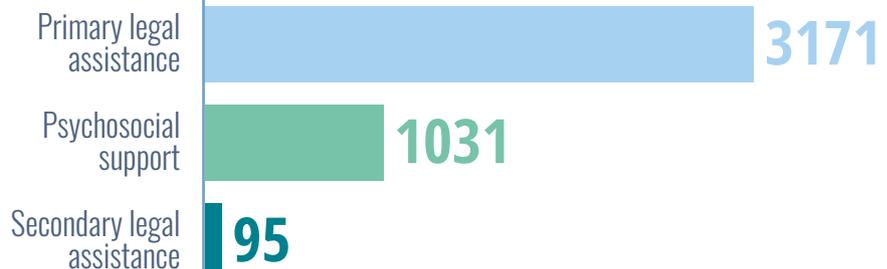
**87%** OF THE SERVICES WERE PROVIDED TO CLIENTS DIRECTLY AT THE ORGANIZATIONS OF REActors

Responding to the violations, REActors provided several kinds of support: **primary legal assistance** (74%), **psychosocial support** (24%) and **secondary legal assistance** (2%).

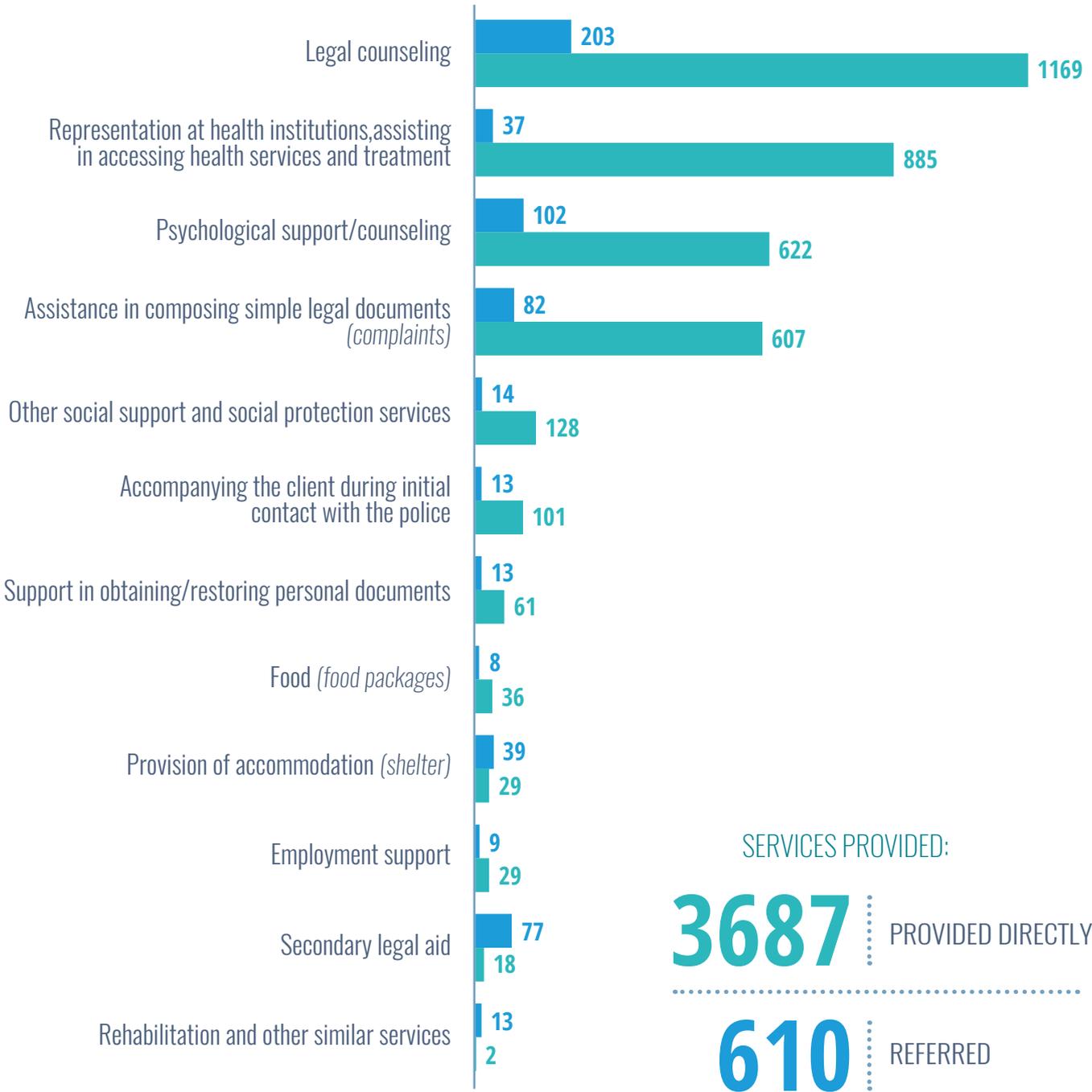
**Primary legal assistance** most commonly was provided by the organization the client turned to by providing:

1. Legal counseling.
2. Representation client's interests at health institutions.
3. Assistance in composing simple legal documents.
4. Support to the clients during initial contact with the police.
5. Support in obtaining/restoring personal documents.

SERVICES PROVIDED THROUGH REAct  
(QUANTITY OF SERVICES)



### RESPONSE BY REAct





If the client required secondary **legal assistance**, they were referred to other organizations.

**Psychosocial support services** such as psychological counseling, employment support, provision of food pack-

ages and other social support and protection services were usually provided directly by the organizations the clients approached. At the same time, services of shelters and rehabilitation usually required referring clients to other organizations.

« *The despair I felt was substituted with hope and faith it can all change thanks to intervention from the experienced REActor. I know that it is only beginning, because ahead of me is a struggle against police officers that, according to the law, should protect my rights. There will be even more complaints, citations, explaining to do. But I am sure I have truth on my side. Even if I am a person with drug dependence.*



*REAct client,  
city of Kryvyi Rih*

« *Thanks to the REActors, clients were able to seek assistance with any legal, medical or social issues and resolve their problems through one person.*



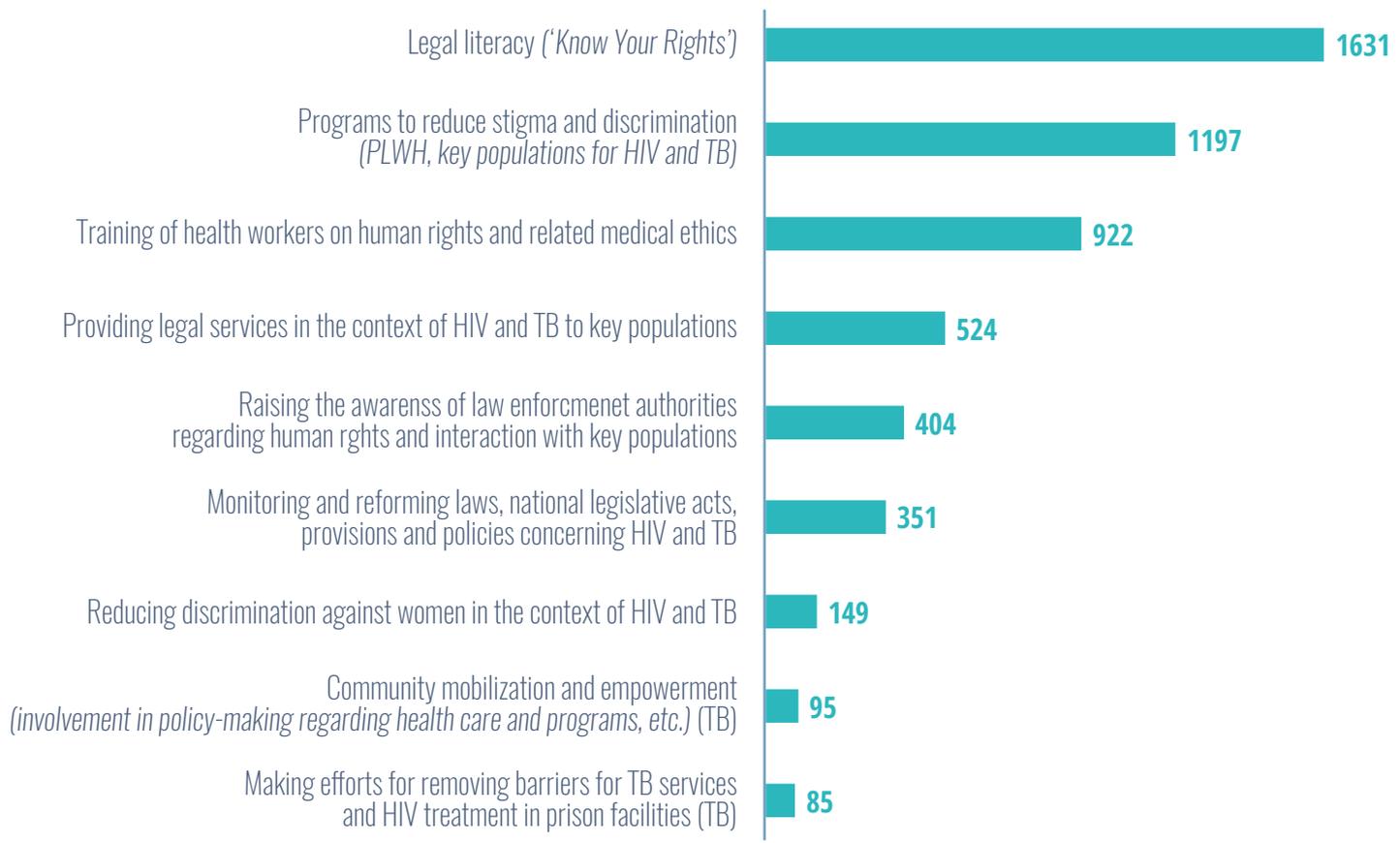
*REAct coordinator,  
city of Cherkasy*



# 13. PROGRAMS TO ELIMINATE HUMAN RIGHTS BARRIERS

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

According to cases documented by REAct in 2021, the most relevant programs are those aimed at improving legal literacy of members of key communities, reducing stigma and discrimination, training police officers and health professionals on human rights and specific behaviors of members of key populations.





# 14. CONCLUSIONS

- ▶ The right to health and its realization are crucial for both reducing vulnerability to HIV/TB and ensuring general access to HIV/TB prevention, treatment, care and support. Violation of the right to health is a significant barrier for efforts to engage and maintain key populations vulnerable to HIV/TB in prevention, treatment and care.
- ▶ Stigma and discrimination by the police, health workers and other perpetrators reduce preparedness of members of key populations to defend their rights, and promote and strengthen the feeling of legal insecurity and mistrust to state institutions.
- ▶ Criminalization of practices of PWID and SWs gives the police a ground for unlawful detentions, personal searches, imprisonment threats, blackmail, extortion, confiscation or damage of personal property, and physical abuse.
- ▶ Cases documented by REAct are the evidence base to be used for implementation and scale up of effective programs aimed at elimination of human rights barriers for accessing HIV/TB services, protecting rights of key populations and improving their legal literacy, organization and conducting advocacy on both regional and national levels.

# 15. RECOMMENDATIONS

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

1. Conducting regular trainings for the police on HIV/AIDS prevention, harm reduction and OST programs and their meaning for reducing of criminal activity of PWID, guarantees for respecting their rights, including the right to receive OST and uninterrupted treatment. These trainings should preferably involve well-socialized members of key populations that can showcase the importance of the programs for the communities.
2. Continue training of health workers to eliminate stigma and discrimination against key populations in health practice, raise the awareness of legal guarantees of treatment and access to health services, especially in the context of prevention of spreading of HIV/TB, and negative consequences of and liability for violation of such rights. The training sessions should involve members of key populations and NGO lawyers.
3. Continue trainings for members of key populations to improve their legal literacy.
4. Prepare and disseminate among key populations compact printed products (*booklets, brochures*) of 'Know Your Rights' type containing accessibly provided information on the rights of key populations to access health services and treatment, other rights and the ways to defend them.
5. Have a regular dialogue with state authorities on the issues of human rights of key populations, improvement of practices of HIV/AIDS and TB response among the key populations in Ukraine based on REAct evidence base.



## RECOMMENDATIONS TO AUTHORITIES:

1. Consider decriminalization of possession of drugs for personal use.
2. Facilitate scale up of harm reduction programs, especially in prisons and detention centers; ensure uninterrupted ART and OST at TDFs and PTDCs. Ensure proper access to TB treatment at penitentiary system facilities.
3. Ensure alignment of practices of general health care for people in penitentiary facilities with the current legislation of Ukraine, international recommendations and guidelines, such as the UN Standard Minimum Rules for the Treatment of Prisoners, and ensure independent control over this alignment.
4. Take active steps to eliminate negative stereotypes and stigmatization of members of key populations (*especially PWID, PLWH, SWs, MSM, and trans\*people*) by public institutions, including by conducting information and educational campaigns for health personnel, social workers, law enforcement officers, and other public servants.
5. Consider cancelling all kinds of prosecution of sex workers, including administrative prosecution. Create and implement departmental regulations for law enforcement personnel on restricted use of criminal preventive measures regarding organization of sex-work in the absence of signs of human trafficking or exploitation.

6. Amend laws and regulations to enable access to shelters for women from the communities of PWID, PLWH, and OST patients who get subjected to domestic violence in order to eliminate the situation of discrimination where such women cannot access protection even in case of systematic domestic violence.
7. Ukrainian Parliament Commissioner for Human Rights should scale up the use of information on violations of human rights of members of key populations documented by human rights activists and other civil society organizations supporting victims of the violations. Provide for discussion of legal initiatives to prevent mass and systematic violations of human rights of members of the key populations.
8. Authorities overseeing police activities should pay special attention to cases of extortion and other abuse of power by police officers with regard to members of the key communities. While considering the cases, ensure security of members of civil society organizations and victims from among key populations signaling about such incidents.



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

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RESPONSE STORIES  
WITHIN THE FRAMEWORK  
OF REAct

