



**UKRAINE**  
**Mid-term Assessment**  
*Global Fund Breaking Down Barriers Initiative*

**September 2020**  
**Geneva, Switzerland**

## DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

## Acknowledgements

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## Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Ukraine is an in-depth assessment.

Mid-term Assessment Type	Countries
<b>Rapid</b>	<ul style="list-style-type: none"><li>• Benin</li><li>• Democratic Republic of Congo (rapid +)</li><li>• Honduras</li><li>• Kenya</li><li>• Senegal</li><li>• Sierra Leone</li><li>• Tunisia</li><li>• Uganda (rapid +)</li></ul>
<b>Program</b>	<ul style="list-style-type: none"><li>• Botswana</li><li>• Cameroon</li><li>• Cote d'Ivoire</li><li>• Indonesia</li><li>• Jamaica</li><li>• Kyrgyzstan</li><li>• Mozambique</li><li>• Nepal</li><li>• Philippines</li></ul>
<b>In-depth</b>	<ul style="list-style-type: none"><li>• Ghana</li><li>• South Africa</li><li>• Ukraine</li></ul>

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# Summary of the Ukraine Mid-Term Assessment

## Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Ukraine. It seeks to: (a) assess Ukraine's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

### *Breaking Down Barriers' Theory of Change*

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services<sup>a</sup> increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.<sup>b</sup> This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

## Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Ukraine to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents, remote interviews, and country visits to meet with key informants and conduct site visits. In addition, a costing analysis was conducted with results presented in an annex to the report. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Ukraine was an in-depth assessment. It was conducted primarily between November 2019 and January 2020.

## Progress towards Comprehensive Programming

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<sup>a</sup> The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

<sup>b</sup> **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy (“know your rights”); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

The *Breaking Down Barriers* initiative’s efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) ensuring quality programming.

***Progress towards Creating a Supportive Environment to address Human Rights-related Barriers***

At mid-term, all of the milestones that are key to creating a national landscape that can successfully deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services had been achieved. These were to: (a) gather sufficient data through a baseline assessment on rights-related barriers to services, existing programs to overcome them and possible costed comprehensive programs; (b) reach national consensus and ownership through a multi-stakeholder meeting which reviewed the baseline assessment’s findings; (c) develop a national plan towards scaling up to comprehensive response, and (d) create a structure for movement forward and sustainability by setting up a working group on human rights, HIV and TB (see Table 1 for more details on the milestones, their dates and results).

**Table 1: Key milestones**

Milestone	Results	Date
Matching funds	Ukraine applied for US\$2.3 millions (its full eligibility) and matched these funds with US\$2 million from within the HIV allocation	May 2017
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted	May 2017
	Report finalized and presented to country; described as inclusive, useful process	April 2018
Multi-stakeholder meeting	First time that significant number (130) across country, including officials, national and international experts, program implementers, and members from key and vulnerable populations met, discussed and validated the baseline assessment report	May 2018
Working group on human rights, HIV and TB	CCM established first the Technical Working Group that worked on and owned national plan; described as effective forum on human rights, but stopped meeting after plan development	May 2018
	Technical working group re-established to coordinate implementation of national plan	October 2019
National plan to reduce human rights-related barriers	CCM approved two key documents: * the 2019-2022 Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services; and the * Strategic Action Plan for 2019-2022	April 2019

Participation in these processes was described by key informants as inclusive, empowering and enabling civil society and government to discuss together and reach consensus on both the nature of the barriers and the ways forward to address them. Community organizations were strongly engaged and became much better represented in national, regional and local HIV and TB structures and platforms that determine the HIV. While the achievement of the milestones contributed towards the development of a “culture of human rights” to remove critical barriers to access HIV and TB services, more work will be required to ensure the Working Group and National Plan are coordinated, strategic and effective.

***Scale-up of Programs: Achievements and Gaps***

Ukraine showed notable progress in expanding the scale of programs to remove human rights-related barriers for both HIV and TB (see Table 2). Overall, scores for Ukraine varied from “no programming whatsoever” with a score of 0 to programming that “covers more than 90% of a country geographically

and in terms of population” with a score of 5. For HIV program areas, scores improved from operation at small scale to almost reaching national-level coverage. For TB, scores moved from being one-off activities to on-going, small-scale coverage.

With regard to HIV, by mid-term, Ukraine had put in place activities from all key seven HIV program areas; and in five of the seven program areas, projects operated in close to or more than half of the country’s regions.<sup>c</sup> Programs addressed barriers related to all key and vulnerable populations, with the programs focusing on people living with HIV and people who use drugs being particularly well-established. The ability to implement these programs was strong as civil society combined strong capacity with significant human rights expertise. This organizational strength should allow for continued scale up of programs to reduce human rights-related barriers in the next few years.

For programs to reduce human rights- related barriers to TB services, at baseline such programs hardly existed, and those that did were small-scale or consisted of one-off activities. At mid-term, projects in five of the ten TB-relevant program areas had reached subnational level, although none were operational in more than half the country’s regions. These five TB program areas comprised: training for health care providers on human rights and medical ethics; sensitization of law-makers and law enforcement agents; legal services; mobilizing and empowering patient and community groups; and programs in prisons and other closed settings.<sup>d</sup> Significant gaps remain for TB-related programs for some populations, including miners and mobile populations.

**Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness**

Program areas	HIV		TB	
	Baseline	Mid-Term	Baseline	Mid-Term
Stigma and discrimination reduction	2.5	<b>3.6</b>	1.0	<b>2.1</b>
Training for health care providers on human rights and medical ethics	3.0	<b>4.0</b>	1.0	<b>3.0</b>
Sensitization law-makers and law enforcement agents	3.0	<b>4.0</b>	1.0	<b>3.0</b>
Legal literacy (“know your rights”)	2.0	<b>3.2</b>	1.0	<b>2.0</b>
Legal services	2.7	<b>3.6</b>	2.0	<b>3.0</b>
Monitoring and reforming laws, regulations and policies relating	4.6	<b>5.0</b>	1.0	<b>2.0</b>
Reducing discrimination against women	1.5	<b>2.5</b>	1.0	<b>1.0</b>
Ensuring confidentiality and privacy	N/A <sup>e</sup>		0	<b>1.0</b>
Mobilizing and empowering patient and community groups			2.0	<b>3.0</b>
Programs in prisons and other closed settings			2.0	<b>3.0</b>
<b>Overall score</b>	2.76	<b>3.70</b>	1.20	<b>2.31</b>

<sup>c</sup> These program areas are: stigma and discrimination reduction; training for health care providers on human rights and medical ethics; sensitization law-makers and law enforcement agents; legal services; and monitoring and reforming laws, regulations and policies.

<sup>d</sup> Reducing stigma and discrimination; legal literacy (“know your rights”); reducing gender-based discrimination; ensuring privacy and confidentiality; monitoring and reforming laws, policies and regulations

<sup>e</sup> Note that these programs are built into the other HIV program areas.

<b>Key</b>
<b>0 – no programs present</b>
<b>1 – one-off activities</b>
<b>2 – small scale</b>
<b>3 – operating at subnational level</b>
<b>4 – operating at national level (&gt;50% of geographic coverage)</b>
<b>5 – at scale at national level (&gt;90% geographic coverage + &gt;90% population coverage)</b>
<b>N/A – Not applicable</b>
<i>For detailed scorecard key, see Annex II</i>

Overall, there was a disproportionate focus on advocacy, as compared to activities to protect members of key and vulnerable populations from the stigma, discrimination, police harassment and disrespectful treatment in health institutions that interfere with access to services. Programs to reduce discrimination against women remained relatively weak; and, at least for the programs where we were able to assess this, little/insufficient effort had been made to ensure that programs are gender-responsive. Interventions to remove barriers faced by transgender people were underdeveloped across all seven program areas. In contrast to the vibrant civil society engagement on HIV, in Ukraine there were few community organizations that work on TB and those that did were not yet well-established. Though Ukraine’s nascent TB community organization had become stronger and more established by mid-term, the lack of established capacity and experience, combined with limited funding for TB programs, poses significant challenges for achieving comprehensive programs. Scaling up TB programs will require significant investments in strengthening of the TB community’s organizational infrastructure, both at the national and regional level.

***Cross-cutting Issues related to Quality Programming and Sustainability***

In examining programs, the mid-term assessment reviewed, where possible, not only the scale of the programs, but also whether individual programs are gender-responsive and whether they are being implemented in accordance with lessons learned over the last year and now documented in an implementation guide of programs to reduce human rights-related barriers.<sup>1</sup> Findings in three categories of quality - integration of human rights activities into health services; combining programs to remove human rights-related barriers for greater impact; and monitoring and evaluation – that can be generalized to HIV and TB programming overall are summarized here, noting both strengths and weaknesses.

***Integrating human rights activities into prevention, treatment, key population programming***

The mid-term assessment found many examples of meaningful integration of human rights programs into health service delivery programs which helped to ensure that such programs were directly increasing access to prevention and treatment services and human rights expertise among those providing those services.

### *Combining programs to reduce human rights-related barriers for greater impact*

Implementers showed that they viewed the programs to remove human rights-related barriers to services as part of a larger whole, with the overall objective of improving access to and retention in prevention and treatment services. Indeed, most implementers combined activities from multiple programs areas as part of their programming. However, there could have been greater attention to ensuring that monitoring efforts were linked to redress and that TB and HIV concerns were strategically addressed across combined programming.

### *Monitoring and evaluation*

The mid-term assessment found little evidence of any coordinated effort to collect and assess data on meaningful indicators. Most monitoring consisted of collection of program data, discussions among staff about whether programs worked or not, and external feedback. Where human rights programs were linked to health service delivery programs, no program data was being collected on the enrollment or retention status of people who benefited from the human rights programs. Though Ukraine's National Plan to reduce human rights-related barriers sets broad indicators to assess its impact, it lacks a comprehensive monitoring and evaluation plan.

## **Emerging Evidence of Impact**

At mid-term, the assessment documented emerging evidence of impact from efforts to create a more supportive environment and from scaled-up programming to remove human rights-related barriers to HIV and TB services. This included the removal of structural barriers, changed national conversations, increased engagement of civil society and government and greater sustainability.

### ***Removal of Structural Barriers***

Programs to reduce human rights-related barriers have contributed to the removal of several important structural barriers and/or laws and policies that discriminate against members of key and vulnerable populations. The removal of these barriers and discriminatory provisions help to create an environment enabling greater access to services for these populations and a reduction in their stigmatization in society. Examples include:

- Removal of identification requirement for users of government-provided harm reduction services
- Removal of discriminatory provisions denying *in vitro* fertilization to women living with HIV
- Repeal of ban on adoptions for people living with HIV
- Provision of naloxone in prisons to respond to overdoses, and
- Transfer of prison medical services from the Ministry of Justice to the Ministry of Health (in process).

### ***Changing National Conversations***

Programs to reduce human rights-related barriers actively sought to influence national conversations in Ukraine about LGBTI, sex work, and drug policy, and have led to more mature, open national conversations about these topics that are in turn likely to lead to a reduction in stigma and discrimination, to empower communities, and to enable policy and legislative shifts.

- **Public debate about sex work.** There is now a vibrant public debate about sex work that is increasingly dominated not by moralistic arguments but by practical discussions about how it should be regulated. This is likely to result in a reduction of stigma around sex work and greater understanding, including in medical communities, of the importance of access to prevention and treatment services for sex workers.

- **Public debate about LGBTI rights.** Although homophobia is still widespread in Ukraine, the public conversation has shifted significantly in recent years towards greater tolerance, and LGBTI people are asserting their rights far more openly than a few years ago.
- **Public debate about drug policy.** In 2019, Ukraine made steps toward the decriminalization of personal possession and use of cannabis, and more than 100 members of Parliament supported a draft law to legalize medical cannabis. However, the current government has taken a harder position on drugs, making the continued engagement of civil society all the more important.

## Conclusion

In 2019 Ukraine underwent both a presidential and parliamentary elections and experienced continuing political instability which has also affected Ministry of Health leadership. Ukraine is in the midst of transition to domestic funding for HIV and TB, operationalized through its 20/50/80 Transition Plan which may, as an unintended consequence, reduce the range and independence of civil society action.

The mid-term assessment identified promising developments that put Ukraine in a strong position to build and maintain a sustained and comprehensive response to human rights-related barriers. First, affected communities have played a leading role in the design and implementation of such programs, in part as a result of a deliberate strategy of channeling human rights funds to these organizations. This has resulted in a rapid growth of their capacity and organizational strength which in turn should allow for continued scale up of programs to reduce human rights-related barriers in the next few years. Secondly, the *Breaking Down Barriers* initiative has mainstreamed programs to reduce human rights-related barriers into the fabric of the HIV/TB response and generated greater acceptance of their importance, including by government agencies. Examples include the city initiatives in Dnipropetrovsk, Kyiv and Odessa and Ukraine’s new HIV/AIDS, TB and viral hepatitis strategy, adopted in November 2019, which contains specific commitments and establishes a working group under PHC to operationalize these commitments. Since 2017 at the start of the *Breaking Down Barriers* Initiative in Ukraine, the country has made considerable, and impressive, progress. If it addresses the above described challenges and implements the recommendations below, Ukraine has an opportunity to achieve comprehensive coverage of programs to reduce human rights related barriers for HIV and significantly scale up those for TB by the end of the *Breaking Down Barriers* initiative in 2022.

## Key Recommendations (see Report Annex for a full set of recommendations)

<b>Creating a Supportive Environment</b>
<ul style="list-style-type: none"> <li>• Support the Technical Working Group to meet regularly to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to address these.</li> <li>• Promote wider knowledge of and engagement in the National Plan (Strategy and Action Plan) among government agencies/ministries, donors, and civil society; and connect Plan to efforts towards gender equality and other national development synergies.</li> <li>• Use the strategy and action plan as a tool to seek funding from donors other than the Global Fund.</li> </ul>
<b>Programmatic Scale-up</b>
<ul style="list-style-type: none"> <li>• Use the National Plan as an organizing framework to scale up programs to remove human rights-related barriers to HIV and TB in more strategic, cohesive fashion.</li> </ul>

- Make a concerted effort to strengthen the TB community's capacity to implement and scale up quality programs to remove human-rights related barriers to TB services and increase funding, from both domestic sources and donors, for such programs.
- Conduct analysis of existing and planned programs in term of their gender-responsiveness.
- Establish connection between HIV- and TB-related legal service programs and Ukraine's more than 400 bureaus of free legal aid to sensitize staff at these bureaus about the situation and legal needs of key and vulnerable populations.

#### **Programmatic Quality and Sustainability**

- Continue to identify opportunities to integrate human rights programs into prevention, treatment, key population programming building human rights expertise among health care workers, peer paralegals and community-based monitoring of health care delivery.
- Integrate human rights activities into health services in proposed city plans regarding training of health workers and police.
- Develop a robust M&E plan, regularly collect and assess data on key indicators, and make adjustments based on findings from data analysis.

## Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* initiative to help 20 countries, including Ukraine, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Ukraine from November 2019 to May 2020 to: (a) assess Ukraine’s progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

### *Breaking Down Barriers Initiative’s Theory of Change*

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services<sup>f</sup> increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”,<sup>2</sup> and Global Fund Key Performance Indicator 9 that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).<sup>3</sup>

### **Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV and TB Services<sup>4</sup>**

#### **For HIV and TB:**

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;

<sup>f</sup> The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.<sup>5</sup>

**Additional programs for TB:**

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings;
- Reducing gender-related barriers to TB services (TB).

According to the *Breaking Down Barriers* initiative's theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called "matching funds"), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In November 2019, the Global Fund supported an in-depth mid-term assessment examining the Ukraine's progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

**Methods**

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Ukraine, as an in-depth assessment, included a more extensive set of interviews with key informants and a two-week site visit. The Ukraine assessment is the only in-depth assessment that was started before the COVID-19 pandemic, and is therefore the only assessment that was able to include a country visit. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Ukraine mid-term in-depth assessment was conducted between November 2019 and May 2020, with the bulk of the data collected between November 2019 and January 2020 (Table 1). Findings of the assessment were presented to a selection of national stakeholders, including the Public Health Center, principal and sub recipients, community organizations, and technical partners via webinar. Please note that the bulk of this assessment was carried out prior to the start of the COVID-19 pandemic. Hence, it does not assess the pandemic's impact on programs to remove human rights-related barriers. More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

**Limitations**

Measuring increases in the scope, scale, quality, impact and potential for sustainability of programs after only a short period of time is a challenge. Measuring change for programs that seek to overturn human rights barriers that are embedded in institutions, attitudes and laws over a short period is even more challenging.

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants. Ukraine features a great number of actors operating in the field of HIV and TB, posing challenges to comprehensively mapping programs to remove human rights-related barriers to HIV and TB services. This report may not fully reflect regional diversity as the team was unable to travel regions beyond Kyiv and Odessa. Nonetheless, by carefully selecting and interviewing a diverse set of key stakeholders the team has tried to overcome these limitations as much as possible and hopes that the information contained in this report provides an accurate snapshot and basis for further development of programs seeking to remove human rights-related barriers to TB and HIV services.

**Table 1: Ukraine Mid-Term Assessment Timeline**

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Diederik Lohman, Mikhail Golichenko, Nina Sun	November 2019
Key informant interviews conducted remotely with five people	Diederik Lohman, Mikhail Golichenko	November 2019
Field research and site visits in Kyiv and Odessa with 50 key informants including the Global Fund’s principle recipients, their subrecipients, community and other civil society organizations, technical partners and other donors. Researchers also attended meetings of the national and Kyiv human rights working groups.	Diederik Lohman, Mikhail Golichenko	Dec 1 – 17, 2020
Follow-up with relevant key informants	Diederik Lohman, Mikhail Golichenko	January – May, 2020
Presentation of key report findings to Global Fund and country stakeholders	Diederik Lohman, Mikhail Golichenko	September 2020

## Part I. Background and Country Context

### Epidemiologic Context

Ukraine has the second highest rate of HIV infections in the Eastern Europe and Central Asia region, accounting for 9% of all new cases.<sup>6</sup> As of 2018, 240,000 people were living with HIV in Ukraine, and the prevalence among people aged 15-49 was estimated at 1%. HIV incidence per 1,000 people was 0.29. HIV prevalence is highest in key and vulnerable populations in Ukraine, particularly people who inject drugs (22.6%); men who have sex with men (7.5%); female sex workers (5.2%); and prisoners (8%). Ukraine's HIV epidemic is geographically concentrated in the South and East of the country.<sup>7</sup>

Within the WHO European Region, Ukraine has the second largest number of TB cases (37,000), after the Russian Federation.<sup>8</sup> According to the Ukrainian Ministry of Health, in 2018 the number of new and reoccurring cases of TB was 26,321.<sup>9</sup> Out of all the countries in the WHO Europe region, the proportion of TB cases co-infected with HIV was highest in Ukraine (21.6%).<sup>10</sup> The mortality rate of TB, excluding HIV/TB co-infection, was 8.3 per 100,000.<sup>11</sup> Moreover, the TB incidence among men is estimated to be twice that as among women.<sup>12</sup> WHO categorizes Ukraine as one of the 30 high multi-drug-resistant (MDR)-TB burden countries globally, with 29% of new cases of TB being multidrug-resistant TB or rifampicin resistant (MDR/RR-TB).<sup>13</sup> The incidence rate of MDR/RR-TB was 29 per 100,000.<sup>14</sup>

### Legal and Policy Context

Ukraine has two separate and specific laws that govern the HIV and TB responses. For HIV, the country's law *On prevention of diseases caused by HIV and legal and social security of people living with HIV* establishes the legislative framework for the HIV response, addressing non-discrimination, access to services (including opioid substitution treatment) and confidentiality of status for people living with HIV.<sup>15</sup> For TB, the law *On fighting disease of tuberculosis* establishes the legal basis for TB prevention, treatment and care, as well as the rights and social protections for people living with TB and health care workers in TB facilities.<sup>16</sup>

At the policy-level, Ukraine's HIV and TB responses are guided by the *National Strategy on HIV/AIDS, Tuberculosis and Viral Hepatitis until 2030* ("National Strategy").<sup>17</sup> Adopted by the government in November 2019, the National Strategy takes as one of its foundations respect for human rights and non-discrimination, and explicitly prioritizes the right to health. Furthermore, under the goals of reducing HIV and TB incidence and mortality, the National Strategy recognizes the importance of training of law enforcement and educational institutions for HIV prevention, as well as patient-centered care models for TB. It also highlights the need to address TB-related stigma and discrimination. Regarding regulatory tools to support the implementation of the National Strategy, it notes the need to remove "political, legal and cultural barriers that restrict access to services or cause stigmatization" for people living with HIV or TB and other key populations, as well as frameworks to monitor and address human rights violations. The *Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Service (2019-2022)* complements the National Strategy by elaborating the specific program areas and activities needed to improve the HIV and TB responses.<sup>18</sup>

## **Other Key Considerations for the HIV and TB Responses**

Ukraine continues to experience significant political instability. In 2019, the country held both presidential and parliamentary elections, resulting in a change of president and government as well as significant changes in its parliament. For example, the health minister has changed four times between 2017 and 2019. The local elections scheduled for October 2020 may reshape municipal governments.

These political changes have significant consequences for the response to HIV and TB as they may alter Ukraine's ongoing health care system reforms. Beginning in 2015, the country has been implementing a series of health reforms to improve health outcomes and ensure financial protection by reducing out-of-pocket expenses for health care. Thus far, the health reforms have focused only on primary health care. With the change in government it is not clear whether or how reforms of secondary and tertiary level will proceed. Moreover, Ukraine is in the midst of transition to domestic funding for HIV and TB, operationalized through its 20/50/80 Transition Plan negotiated with the Global Fund.

Finally, Ukraine continues to be involved in a conflict with Russian-backed separatists in the Donbass region. Since that conflict broke out 2014, the government has not controlled significant parts of the Donetsk and Luhansk regions and has not been able to deliver health services to people living in those territories. At present, no solution for this conflict is in sight.

## **COVID-19**

The global pandemic occurred after the field assessment was conducted and did not meaningfully impact the evaluation.

## Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers within Ukraine through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a working group on human rights, HIV and TB, and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

**Table 2 – Key milestones**

Milestone	Results	Date
Baseline assessment	Inception meeting for the Breaking Down Barriers Initiative held. Literature review, key informant interviews and focus groups conducted	May 2017
	Report finalized and presented to country	April 2018
Matching human rights funds	US\$2.3 million of matching funding allocated to programs to reduce human rights-related barriers into general Global Fund grant. Matched with US\$2 million from within the HIV allocation	Fall 2018
Multi-stakeholder meeting	130 participants from across Ukraine, including officials, national and international experts, program implementers, and members from key and vulnerable population communities discussed and validated the baseline assessment report	May 2018
Working group on human rights, HIV and TB	CCM established the technical working group	May 2018
	Technical working group re-established to coordinate implementation of national plan	October 2019
National plan to reduce human rights-related barriers	CCM approved two key documents: * the 2019-2022 Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services; * Strategic Action Plan for 2019-2022	April 2019

#### **Baseline Assessment (2017-2018)**

Feedback from key informants on the process and substance of the baseline assessment was generally very positive. Key informants welcomed the extensive consultations with community organizations throughout the report's preparation. The report itself was described as a first comprehensive overview of human rights-related barriers to HIV and TB services in Ukraine that continues to be a useful tool in late 2019. The main point of criticism concerned the assessment's timing. As the report was not finalized until April 2018, Ukraine had to prepare its human rights matching funding application to the Global Fund based on the report's preliminary findings rather than its final version. Though not ideal, key

informants noted that the drafting committee drew heavily on these preliminary findings in shaping the funding request.

### ***Matching Funds (2018)***

Ukraine was eligible to apply for US \$2.3 million of matching funds for programs to remove human rights-related barriers. Demonstrating a strong commitment to these programs, the country matched almost 1:1, contributing US \$2 million of additional funding from the general HIV allocation.<sup>g</sup>

The development of the matching fund proposal was generally described by Ukrainian stakeholders as constructive and inclusive. There was a dedicated subgroup on the human rights component, which was open for participation for all interested implementers and community groups. Representatives of all main key and vulnerable populations for HIV participated actively.

While Ukrainian stakeholders were generally pleased with the quality of the matching funding request, often noting that many activities they felt strongly about had been included, external reviewers were less positive. Two key informants stated that it seemed like activities that did not make it into the main funding requests were put in the matching funding request and that organizations were more interested in their own activities than in developing a cohesive and coordinated proposal.

### ***Multi-Stakeholder Meeting (2018)***

Findings from the baseline assessment were presented and validated at a large multi-stakeholder meeting involving a broad range of relevant stakeholders, including government officials, community organizations, HIV and TB program implementers, UN agencies and donors. Ukraine was the first country in the *Breaking Down Barriers* cohort to hold such a meeting. Several key informants observed that the multi-stakeholder meeting was the first convening to bring together a large number of HIV and TB stakeholders and human rights partners in a comprehensive discussion of the importance of identifying and removing human rights barriers for ending the HIV and TB epidemics. The meeting was broadly praised for its inclusiveness. As one key informant put it, the meeting gave members of key populations the opportunity to interact directly with government officials and Global Fund staff and share their concerns.

### ***Technical Working Group on Human Rights, HIV and TB (2018-2019)***

At the multi-stakeholder meeting, a technical working group was established to develop a national plan to reduce human rights-related barriers to HIV and TB services. This working group operated actively from May 2018 until April 2019 while the human rights strategy and action plan were being developed. During that time, it met repeatedly and, according to stakeholders, provided an effective forum for bringing together a broad array of stakeholders, including the Public Health Center, program implementers, representatives of key and vulnerable populations and UNAIDS, to discuss a range of different ideas and proposals about tackling human rights-related barriers.

Some key informants, however, noted that not all community groups participated actively which may have led to greater attention to barriers and programs related to people who use drugs and people living with HIV—whose representatives were very engaged—than to sex workers or men who have sex

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<sup>g</sup> At the time of the preparation of this report, Ukraine submitted its funding request under New Funding Model 3. As of June 2020, the budget for the modules for programs to remove human rights barriers to HIV/TB and TB services was US\$5.3 million. Ukraine continued to show its strong commitment to these programs, allocating US\$2.9 million from the main allocation to them (compared to US\$2 million in 2018). Additional human rights investments were integrated in the Community Systems Strengthening module and in some core HIV and TB programmatic activities.

with men. Key informants also noted that, while the Public Health Center was very engaged, other government agencies were not.

After the strategy and action plan had been adopted the working group stopped meeting even though it was not formally disbanded. This had significant negative consequences: without the working group meetings, no sustained efforts were made to coordinate implementation of the strategy and action plan. Indeed, the mid-term assessment found that, after all the effort to develop a unified strategy, program implementors largely withdrew to their silos and focused on implementing their own programs, without engaging in any kind of structured exchange of information and experience to ensure the roll out of comprehensive or coordinated programs.

In November 2019, the Public Health Center established a new working group to assume this kind of coordinating role and seek to ensure synergies between programs and identify and address gaps. The working group met in December 2019, but, as of this writing (June 2020) had not convened again because of changes in the Ministry of Health, Public Health Center, and the COVID-19 pandemic. All members of the working group participated in the country dialogue for the development of the new funding request to the Global Fund through various working groups. The country dialogue focused on the new funding request rather than on implementation, coordination and quality of existing programs but took into consideration lessons learnt from implementation and findings in a preliminary summary mid-term assessment report.

### ***National Plan (2019)***

Ukraine's technical working group on human rights developed two documents: the *Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services until 2022* (the strategy)<sup>19</sup> and the *Strategic Action Plan for 2019-2022* (the action plan).<sup>20</sup> Ukraine's Country Coordinating Mechanism approved both plans in April 2019.

The strategy broadly outlines ten human rights-related issues that impede access to and retention in HIV and TB services for key and vulnerable populations, ranging from major policy questions such as Ukraine's policies on drugs and sex work to institutional, societal and individual issues such as stigma and discrimination. The strategic action plan provides a list of specific activities and interventions to reduce human rights-related barriers under each of the program areas mentioned above, along with implementers, estimated cost, timeline and indicators.

The strategy and action plan have had important impacts in shaping Ukraine's response to human rights-related barriers. On June 5, 2019, Vice Prime Minister Pavlo Rozenko requested ten relevant ministries and all regional administrations to facilitate implementation of the strategy.<sup>21</sup> In August and November 2019, the city governments of Dnipro and Kyiv approved detailed city-level plans that build on the strategy and action plan.<sup>22</sup> The city of Odessa is scheduled to adopt a similar plan in 2020. The national strategy and action plan have been used to develop the funding request to the Global Fund's 2021-2023 funding cycle.

However, from the review of the strategy and action plan and key informant interviews, a number of concerns emerge. These include:

- **Legal status of the strategy and action plan.** A number of key informants expressed concern that, since they were approved by the Country Coordinating Mechanism, the strategy and action plan had no formal legal status and were thus not binding on the government.

- **Snapshot of activities vs prospective plan.** The action plan mostly consists of a very long and difficult to navigate snapshot of planned activities rather than a proposal for activities that should be implemented. The strategy offers a clear vision for the direction of human rights programs but does not provide an outline of what programs are needed for a comprehensive response. Thus, as a strategic document to guide Ukraine’s scale up of programs to reduce human rights-related barriers, it is of limited use.
- **Lack of robust monitoring and evaluation (M&E) process.** The MTA team found little evidence of any coordinated effort to collect and assess data on indicators, compare that data against expected outcomes, and adjust the action plan and/or strategy based on the findings (for further detail on M&E, see the Monitoring and Evaluation section in Part 4).

## **Recommendations**

Based upon the key informant interviews, several important lessons can be drawn from the implementation of these activities. First, the baseline assessment development process helped to catalyze both a shared analysis of the situation with human rights-related barriers and significant consensus on the best approaches to address them. Stakeholders described the process as empowering. This was the case not just for community organizations or program implementers but also for the Ukrainian Public Health Center and several UN agencies. One key informant said that the process helped all stakeholders understand that “human rights are important and that communities must be onboard, including with their monitoring. This is a success.”

Second, while many stakeholders were strongly supportive of the agreed-upon strategy to reduce human rights-related barriers to HIV and TB services, the MTA team saw little evidence of ongoing coordination to ensure its implementation in a cohesive and coordinated fashion. While the working group that developed the strategy and action plan could have played a coordinating role for the implementation, it simply stopped meeting. As a result, it appears that implementers went back to working in their own programmatic silos. To implement *comprehensive* programs to reduce human rights-related barriers to HIV and TB services, it is essential to have overall coordination across relevant programs, joint identification of gaps and weaknesses, and consensus-based approaches to addressing these gaps and weaknesses.

Based on these findings, the following recommendations are made:

- The working group should meet regularly to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to address these.
- The strategy and the action plan should be refined to provide a clearer and more strategic rendition of what programs are needed for a comprehensive response and which activities should be implemented to guide scale up of programs.
- Formal legal status should be sought for the national plan so that it is binding and sustainable over time.
- Knowledge of and engagement in the strategy and action plan should be promoted among government agencies/ministries, donors, civil society, and technical partners; and the strategy and action plan should be connected to efforts towards gender equality and other national development strategies to generate synergies.
- The strategy and action plan should be used as a tool to seek funding from donors other than the Global Fund.

- A robust M&E plan should be developed, data on key indicators should be collected and assessed periodically, and adjustments made based on findings from data analysis.

### Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other, over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on “Ensuring Quality Programming”.

### Programs to Remove Human Rights-related Barriers to HIV

Compared to the 2018 baseline, Ukraine has scaled-up activities in all seven program areas, with programs in five areas now operating in approximately 50% of the country’s regions or more. Programs to monitor and reform laws and regulations are exceptionally strong, while those that seek to reduce discrimination against women remain comparatively weak. Programs exist for all key and vulnerable populations, but they are not evenly distributed; those for people living with HIV and people who use drugs are well-established, whereas transgender programs are only just developing.

Ukraine has also made progress toward institutionalizing interventions to reduce human rights-related barriers and ensuring that human rights programs are linked to and reinforce one another. This has improved their quality, impact, reach and sustainability. However, a sustained effort is needed to move toward full, nationwide and sustainable integration of programs to remove human rights-related barriers into public services and official training programs, including by funding them from the national and local budgets. Monitoring and evaluation of programs to remove human rights-related barriers. We were unable to assess the gender-responsiveness of individual programs.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	2.5	3.6

Ukraine has made significant progress in rolling out HIV-related stigma and discrimination reduction programs, in terms of population coverage, regional coverage, the mix of approaches, and ensuring integration with or linkages to service delivery and other human rights programs. The expansion of these programs was largely in line with the recommendations of the baseline report.

People living with HIV, men who have sex with men, people who inject drugs, sex workers, transgender people and prisoners were the most important target groups for interventions to reduce HIV-related stigma and discrimination against them. Stigma and discrimination reduction programs for people living with HIV and men who have sex with men were further strengthened since baseline. There were significant increases in the number and reach of such programs for people who inject drugs (see Table 5

for a description of current programs) and prisoners, while such programs for sex workers and transgender people were also expanded. Particularly encouraging, community organizations representing the six key and vulnerable populations had been strengthened and played a critical role in efforts to reduce stigma and discrimination.

Regional coverage of stigma and discrimination reduction programs has grown. Such programs for people living with HIV and men who have sex with men have significant national reach, although not every program or intervention is implemented in each region. Such programs for people who use drugs, sex workers and prisoners have achieved significant reach in more than half the country, while such programs for transgender people are still limited to four regions.

Ukraine currently implements each of the types of interventions in most of the settings recommended by UNAIDS to reduce stigma and discrimination.<sup>23</sup> Among others, there were programs to raise general public awareness around HIV-related stigma and discrimination at national and regional level; programs to raise public awareness focused on stigma and discrimination experienced by specific key and vulnerable populations at national and regional level; public advocacy activities aimed at improving protection of the rights of specific key and vulnerable populations at the national and regional level; and initiatives to measure levels of stigma and discrimination with regard to each of the populations. These programs cover the majority of the six settings (health, education, employment, justice, communities, and humanitarian settings), with particularly strong programs in community, healthcare and justice settings. A number of key informants expressed concern that Ukraine has not implemented sufficient national communications campaigns to counter stigma and discrimination, one of the key recommendations of the baseline study.

Activities to reduce stigma and discrimination were often strongly linked to other human rights programs. Health workers, police, lawmakers, and other public officials with information were often both targets and conveyors of messaging against stigma and discrimination. Communities also used these activities to advance key advocacy goals. Many of the public awareness activities described were low cost or integrated with other human rights programs, enhancing their sustainability. More, however, should be done to address specific cases of stigma and discrimination in health, employment, education, law enforcement and other settings.

**Table 3 - Example of mix of programs for reducing stigma and discrimination against people who use drugs**

Type of Intervention	Organization	Location/Reach
Public awareness and media activities related to drug use and HIV on World AIDS Day, Hepatitis C Day, and in the context of the global “Support Don’t Punish” campaign.	Alliance for Public Health and community organizations	Kyiv and regional cities; national level media coverage
Periodic trainings for journalists on drug use and HIV; investment in working relationships with key reporters; support to journalists interested in subject matter to attend meetings or conferences.	Alliance for Public Health (PITCH)	National
Mobilization, informational and legal empowerment of people who use drugs around rights, stigma and discrimination. Specific focus on women who use drugs by Vona.	Volna, Vona, Alliance for Public Health (PITCH)	15 regions (Volna - 13; Vona - 8, PITCH – 5)
Legal support to people who use drugs.	Volna, Vona, Alliance for Public Health (PITCH), Network 100% Life	National for strategic cases; 15 regions for non-strategic cases

Opioid Substitution Treatment Hotline operated 7 days per week. It documents stockouts, poor treatment by providers, harassment by police, and works with people who use drugs and the authorities to resolve these issues.	Hope and Trust	National
Documentation, investigation and reporting of complaints violations of the rights of and stigma and discrimination against people who use drugs.	Ombudsperson's office, in collaboration with Volna and Vona <sup>24</sup>	National
Public advocacy with national authorities to end criminalization of drug use and remove discriminatory child custody provision.	Alliance for Public Health, Volna, Vona and other community groups	National
<b>Stigma Index</b> is implemented periodically to measure levels of stigma experienced by people living with HIV, including people who use drugs.	Network for 100% Life	National

In summary, programs to reduce stigma and discrimination for people living with HIV, people who inject drugs and men who have sex with men are operating at national level in more than 50% of the country. Such programs for sex workers and prisoners are more limited in their geographic coverage but appeared to have good coverage in some regions. Programs for transgender people continue to lag behind. Transgender organizations are currently active in only four regions, and the mix of programs that exists to reduce stigma and discrimination against this population is limited to peer interventions and some sensitization of government officials and health workers.

### Recommendations

To achieve comprehensive, high quality and sustainable programs for all six key and vulnerable populations for stigma and discrimination reduction, the following steps are recommended:

- Expand to all regions programs for people living with HIV, men who have sex with men, and people who use drugs with a particular focus on practical steps to identify stigma and discrimination in access to health care, employment, and education, as well as a focus on procedures to seek redress in cases of discrimination in accordance with Ukraine's 2015 discrimination law
- Engage with the National Parliament Commissioner for Human Rights to carry out stigma reduction and anti-discrimination campaigns among state officials, law enforcement, medical practitioners, child protection services, and among large employers
- Increase funding for stigma and discrimination interventions through national or local budgets, including through city plans
- Expand geographic and population coverage of programs for sex workers and prisoners
- Scale up to more regions programs to reduce stigma and discrimination against transgender populations and diversify the mix of approaches
- Carry out coordinated national communications campaigns to reduce stigma and discrimination related to HIV, key and vulnerable populations, and harm reduction and improve legal literacy of key and vulnerable populations
- Measure periodically stigma levels for key populations (not just those living with HIV).

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	3.0	4.0

Ukraine has made progress toward implementing a more structured and integrated approach to training of specialist health care workers in human rights and medical ethics, but much more needs to be done to train general practitioners who are expected to play an increasingly important role in delivering HIV services. According to the Public Health Center, PEPFAR-supported stigma reduction training for health workers has become a standard part of professional training programs for specialists and family physicians. These programs appeared to have broad regional reach. Key informants described ongoing efforts to increase networks of “friendly doctors” for people living with HIV, men who have sex with men, people who use drugs and sex workers throughout the country. As of early 2020, a few “friendly doctors” were available to transgender people as well, with plans to increase their number.

Some human rights and ethics training of general practitioners is available, but it is insufficient. PEPFAR has supported stigma reduction trainings for primary health providers in a dozen regions. The Network 100% Life has developed a free online course on HIV for generalist practitioners that includes instruction on human rights and medical ethics and is actively developing a network of “friendly doctors” among general practitioners. LGBT organizations conduct trainings related to human rights and medical ethics for primary healthcare providers at the local level. However, such training has not yet been institutionalized and is, at present, voluntary. According to the Public Health Center, a course related to human rights and medical ethics in the context of HIV for primary health providers has been developed for use by medical institutions, but its implementation has not happened as planned due to a lack of resources as well as political instability.

**Recommendations**

To achieve comprehensive, high quality and sustainable coverage for training of health care workers in human rights and medical ethics, the following steps are recommended:

- Roll out training in human rights and medical ethics for primary health providers in a systematic manner and institutionalize it as soon as possible.
- Establish effective lines of communication between key population network monitoring mechanisms (such as hotlines and paralegals) and the Public Health Center to report cases of stigma and discrimination in healthcare settings, as well as robust procedures to ensure a timely and appropriate resolution of such cases.
- Expand training in human rights and medical ethics for specialists to cover all of Ukraine.
- Expand the networks of “transgender-friendly” doctors so that transgender people in all regions of the country can access appropriate services.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	3.0	4.0

Sensitization of law makers and law enforcement officials has grown significantly since baseline, although these advances were uneven and did not yet reach full geographic coverage. The scale-up of interventions in this program area are broadly consistent with recommendations of the baseline report. The role that representatives of key populations play in these programs is highly encouraging and should be continued and expanded. These activities are increasingly linked to institutional training for police and prison guards but are usually still paid for from donor funds, which reduces their sustainability.

Since the baseline, the numbers of police that were sensitized has increased dramatically. In 2018, 940 officers were trained on HIV/TB, human rights and drug use; and 1401 officers were trained on HIV/TB, human rights and sex work. In 2019, those numbers went up to 3118 and 4526 respectively. The Alliance for Public Health noted that a change in approach in 2019—integrating sensitization into routine weekly training sessions for officers rather than organizing longer, separate events—had made the trainings both more efficient and effective. Trainings are now routinely requested by police departments and representatives from community groups are involved in conducting them. As Ukraine has 120,000 police officers who work on the streets, the Alliance for Public Health focuses its sensitization on officers who are likely to encounter people who use drugs; whereas Legalife, a sex worker community organization, prioritizes anti-trafficking police. Alliance for Public Health conducted trainings in 19 regions in 2019; Legalife in 21 regions. The Alliance for Public Health also distributes training materials to all police departments.<sup>25</sup> The police academy continues to use training materials on HIV and human rights developed by the UN Office on Drugs and Crime across the country.

**Table 4 - Examples of Activities to Train Police on Human Rights, Key Populations and Harm Reduction**

Type of Intervention	Organization	Location/Reach
In 2018-2019, more than 5,000 police officers attended 185 trainings and sensitization events on the human rights of people who use drugs and other key populations, and harm reduction.	Alliance for Public Health, Volna, Vona, Hope and Trust, and regional community organizations	19 provinces
National Police Academy uses training modules on human rights and harm reduction as part of professional preparation of new officers which were developed with the support of UNODC Office in Ukraine.	National Police Academy, UNODC Ukraine Office	National
Police training centers in Poltava, Kherson, Mykolayev, and Rivne regions routinely use modules on harm reduction and human rights as part of their mandatory training curriculum.	Regional police training centers	4 provinces
As part of the custody record initiative, specially designated police officers are trained to enter data about all persons in police custody into an electronic database to ensure respect for such human rights as the right to be free from arbitrary detention, the right to be free from ill-treatment and the right to health, including for people whose chronic health conditions require timely access to medications (for example ARVT, OST). <sup>26</sup>	National Police, Expert Center for Human Rights, International Renaissance Foundation	Sarny, Kropyvnytskyi, Kherson, Dnipropetrovsk regions. The Ministry of the Interior is to expand the custody record system to all provinces of Ukraine by the end of 2020 <sup>27</sup>
In 2018-2019, more than 4,900 police officers attended 360 sensitization sessions on human rights of sex workers.	Legalife Ukraine, 100% Life	22 regions

With regard to prisons, programs to reduce stigma and discrimination, improve legal literacy, and offer legal assistance in prisons were at their infancy at baseline. They are now implemented in 11 regions. A standardized training curriculum for prison personnel on HIV, stigma and discrimination and harm reduction will be piloted for six months in 2020 and will then be integrated into professional development curricula for prison personnel. Civil society monitoring of the situation in prisons, through the Ombudsperson, the national preventive mechanism, and other mechanisms, is extensive and has grown since baseline, as is advocacy for the rights of prisoners.

Efforts to sensitize law makers suffered a setback when Ukraine’s 2019 elections resulted in a lot of turnover among parliamentarians, including members of parliament who had been sensitized to HIV-related issues. However, community and advocacy organizations actively work with and/or target

members of the new parliament for awareness raising and advocacy activities. Moreover, two members in the new parliament worked for HIV community groups, including Network 100% Life. Parliament has a subcommittee on HIV and other socially significant illnesses.<sup>28</sup>

Sensitization of judges and prosecutors remains very limited. Apart from a UNDP initiative with judges, the mid-term assessment did not identify any organized efforts to engage these professionals. Efforts to sensitize lawyers have been scaled up. The Foundation for Free Legal Aid has conducted trainings for at least 72 licensed lawyers on medical issues, including HIV and drug dependence, and on working with key populations. The Ukrainian Helsinki Human Rights Union has conducted trainings on HIV and non-discrimination through its twelve regional offices.

### **Recommendations**

To achieve comprehensive, high quality and sustainable programs to sensitize lawmakers and law enforcement, the following steps are recommended:

- Scale up programs to sensitize police and prison personnel to all regions of Ukraine and increase coverage of officers and guards, especially in regions with high HIV prevalence and/or incidence.
- Institutionalize and provide domestic funding for the above-described models of sensitization activities for police and prison guards with community representatives playing a key training role.
- Continue engagement of lawmakers through public awareness activities and advocacy related to human rights, focused on building alliances with lawmakers of all major parties.
- Systematize sensitization of judges and prosecutors through a collaboration with continuing education institutions for both professions, develop a standard curriculum, and integrate it into official pre- and in-service training programs.
- Develop and institutionalize trainings for state-mandated legal aid lawyers about human rights of key and vulnerable populations in all regions.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy (“know your rights”)	2.0	3.2

Ukraine has made some progress in expanding “know your rights” programs. Many “know your rights” activities are linked to or integrated with service delivery programs and linked to interventions under other types of human rights programs, such as legal services, stigma and discrimination reduction, and monitoring and advocacy. Progress has been most significant for people living with HIV, people who use drugs and men who have sex with men. For people living with HIV and people who use drugs, numerous resources exist: human rights and legal information materials such as booklets, websites, and a chatbot; legal literacy activities by peer educators, paralegals, and support groups; public awareness activities that feature legal literacy messages; and a legal hotline. The Network 100% Life produced a video legal literacy course for people living with HIV which has since been adapted for primary school teachers and has, according to its website, been used with 165,000 trainees.<sup>29</sup> For men who have sex with men, legal literacy related to HIV is integrated into online and print information materials and outreach programs for the LGBT community, which appear to have significant reach to this population.

For sex workers, “know your rights” information materials, peer consulting, paralegals and a hotline are also available. For prisoners, legal literacy interventions include awareness-raising programs for prisoners, community organizing by former prisoners, and stigma reduction programs in prison. For transgender people, legal literacy programs are limited to the websites of a few small community organizations and some peer consulting but on a very small scale. Geographic coverage of legal literacy interventions for people living with HIV and men who have sex with men have achieved close to national reach; legal literacy interventions for people who use drug are available in more than half the country’s regions; and those for transgender people in four regions.

In summary, legal literacy programs for people living with HIV, people who use drugs, men who have sex with men are operating in more than 50% of the country’s regions; such programs for sex workers and prisoners at subnational level (between 20%-50% of regions) and transgender populations operate at a small scale. The mix of legal literacy interventions for most populations is appropriate, including community mobilization, peer outreach, and telephone hotlines, and linked to health services and other human rights programs. As with programs to reduce stigma and discrimination, a coordinated media campaign to increase legal literacy among key and vulnerable populations is lacking.

**Recommendations**

To achieve comprehensive, high quality and sustainable coverage of legal literacy programs for all key and vulnerable populations, the following steps are recommended:

- Expand legal literacy programs for people living with HIV, men who have sex with men and people who inject drugs to regions that are not yet fully covered, especially high impact areas, and focus on increasing population coverage throughout the country.
- Empower paralegals with skills to train peers to enable broader reach by peers on legal literacy to community members in all regions.
- To enhance integration of legal literacy with health services and human rights programs, implementers should review how their legal literacy programs are sufficiently linked to health services, and legal services, community monitoring and stigma reduction programs; share results of this review; and jointly develop recommendations to improve linkages and integration.
- Expand geographic coverage of legal literacy programs for sex workers and prisoners, especially high impact areas.
- Scale up legal literacy programs for transgender populations, ensuring a diverse mix of approaches.
- Ensure that legal literacy programs link recipients to free legal aid programs and licensed paralegals.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	2.7	3.6

Ukraine has expanded legal assistance programs since baseline. Overall geographic coverage of legal services improved, although not uniformly. Legal services for people who inject drugs, men who have sex with men and prisoners were the most developed, both in terms of availability of different types of legal services and geographic coverage, with services for people living with HIV, sex workers and especially transgender people trailing behind.

Under Ukraine’s free legal aid legislation, free legal services are theoretically available to everyone who falls below a certain income threshold. The law, however, does not explicitly identify key and vulnerable populations as beneficiaries, and multiple key informants said that the quality of legal assistance provided is low for these populations, that knowledge of HIV and key and vulnerable populations among staff at state legal aid clinics is limited, and stigmatizing views are common. Some efforts, supported through the Global Fund grant, are underway to address this knowledge gap and make state legal aid a viable option to obtain a legal remedy for members of key and vulnerable populations (see table below for more detail).

For some populations—people who use drugs, men who have sex with men, sex workers, and young people—non-state legal aid services are available through peer paralegals (see graphic and table #7 below).

**Select example: Change in availability of peer paralegal support for people who use drugs\***



\* We use the example of legal literacy and assistance programs for drug users here because at the time of the baseline study these programs lagged behind, but the MTA has found clear evidence of progress. 2017 assessment based on baseline report.

Legal assistance is available nationwide for cases that are considered strategic through the Ukrainian Helsinki Human Rights Union. Several organizations have funding reserved to support such strategic litigation cases. Sustainability of this strategic litigation effort is a significant concern given that the structures built under a previous project supported by the European Union collapsed shortly after funding ended.

To date, documentation of cases of violations of human rights and the response to them has happened through a patchwork of different initiatives, run by different organizations and supported by different donors. The Alliance for Public Health, supported by the Global Fund, has launched a project named REAct which seeks to systematize documentation of human rights violations. The project uses social workers to systematically document cases and uses a standardized platform for data on violations that would facilitate an appropriate response by civil society groups and government authorities and analysis of such data nationwide. This project is currently in its pilot phase, covering four regions. Key informants’ views of REAct varied widely, with some organizations skeptical about its utility, confused about its purpose, and reluctant to use it. Some key informants also expressed skepticism about the sustainability of involving social workers, who are generally overextended as it is, to collect data on human rights violations.

**Table 5 - Moving Toward Comprehensiveness: Illustrative Example of the Mix of Programs: Access to Legal Aid for Key Populations**

Type of Intervention	Organization	Location/Reach
Peer-paralegals provide consultations for people, who use drugs, including women who use drugs.	Volna, Vona, Alliance for Public Health (PITCH)	15 regions (Volna - 13; Vona – 8, PITCH – 5)
Opioid Substitution Treatment Hotline is operated 7 days per week and documents stockouts, poor treatment by providers, harassment by police; and works with people who use drugs and the authorities to resolve these issues, and/or refers them for legal assistance.	Hope and Trust	National
Monitoring of human rights violations for transgender people and MSM through a telephone hotline and in-person consultations; facilitation of access to legal support	National MSM-consortium, Alliance for Public Health, Youth Public Movement “Partner” in Odessa, Convictus-Ukraine, “Nash Mir” (Our World)	National (telephone consultations); Kiev, Odessa, Kherson, Kharkiv, Zhytomyr <sup>30</sup>
ReAct – a monitoring system piloted in four regions that collects incidents of stigma, discrimination or other abuse through social workers and links them to legal services as needed. REAct is a platform that could allow for the consolidation of data collected through other monitoring mechanisms into one system.	Alliance for Public Health	Pilot in four regions
National Hotline for sex workers to report human rights violations and receive legal support for peers and professional <i>pro-bono</i> lawyers.	LegalifeUkraine, Network for 100% Life	National
The Ukrainian Helsinki Human Rights Union (UHHRU) and 100% Life provide legal help to key populations as part of the project to develop a network of the lawyers to defend the human rights of people living with HIV and other key populations in the context of HIV and TB. Lawyers at UHHRU process all requests for legal aid through in-person, telephone or email consultations. After initial consultation and case assessment by a lawyer, selected cases proceed for mediation or court proceedings. In 2019, 41 strategic cases were being adjudicated and 7 had been won; a total of 2968 legal consultations were held; and 209 court cases initiated, of which 160 were completed by May 2020.	100% Life, Ukrainian Helsinki Human Rights Union and HIV/TB service providers	National coverage provided through eleven offices in Ukraine’s major cities
OneImpact – electronic monitoring system to help people with TB to get access to treatment and file complaints in case of barriers to TB services	TBPeopleUkraine, 100%Life	Cherksasy region, <sup>31</sup> rollout is being expanded to other regions
Documentation, investigation and reporting of complaints violations of the rights of and stigma and discrimination against people who use drugs.	Ombudsperson’s office, in collaboration with Volna and Vona <sup>32</sup>	National
Free legal aid clinics. These are available throughout Ukraine but key populations do not always meet criteria for <i>pro-bono</i> services and services are said to often be of low quality. Free Legal Aid Foundation has provided medical law training for lawyers to improve quality of free legal aid for people from key populations.	Free Legal Aid Clinics, Free Legal Aid Foundation, International Renaissance Foundation	15 provinces where key populations groups have paralegals (Volna) and Legalife, Ukraine (14 provinces)

An important gap in legal assistance programs is the insufficient support for resolving routine cases that do not qualify as strategic, such as situations where officials fail to implement existing law. These cases are of enormous importance from a public health perspective as they are common and involve direct interference with an individual’s ability to access to or be retained in services. The OST Hotline and paralegals take on these kinds of cases for people who use drugs and adolescents, and LGBTI organizations have legal assistance mechanisms for men who have sex with men, but for other key and vulnerable populations there is a dearth of these services.

Legal assistance services for people who inject drugs, men who have sex with men and prisoners were available in more than 50% of the country’s regions) ; whereas for people living with HIV, sex workers and transgender people, they were available at only at subnational level. Provision of legal assistance continues to consist of a patchwork of approaches and services without sufficient coordination. Sustainability remains a major concern as these programs are highly dependent on donor funding; more effort needs to be undertaken to ensure that Ukraine’s free legal aid program becomes an effective avenue for key and vulnerable populations to receive legal services. The strong focus on strategic cases at the expense of routine situations that affect the use of health services for HIV is another concern.

### **Recommendations**

To achieve comprehensive, high quality and sustainable coverage of legal services, the following steps are recommended:

- Integrate the existing paralegals working for HIV prevention and key populations projects into the Association of Paralegals to ensure sustainability of paralegal services for key population and provide for continuous sensitization of the association about the needs of key populations.
- Advocate for the inclusion of key and vulnerable populations for HIV and TB as groups eligible to receive free legal aid through Ukraine’s legal aid system and for training of legal aid staff on key and vulnerable populations and their legal needs.
- Establish connection between HIV-related legal service programs and Ukraine’s more than 400 bureaus of free legal aid to sensitize staff at these bureaus about the situation and legal needs of key and vulnerable populations.
- Establish a database of lawyers who are able and willing to work with HIV key populations.
- Expand availability to paralegal services for prisoners, people who use drugs and men who have sex with men to regions that are not currently covered, especially those most significantly impacted, including through complaint mechanisms for public oversight committee.
- Expand legal services for people living with HIV and other key and vulnerable populations. This could include training of peer counselors as paralegals and using hotlines, support groups, print and web-based legal literacy materials to offer referrals to legal service programs.
- Sustain strategic litigation while improving capacity to provide legal assistance in non-strategic cases.
- Evaluate the outcomes of the pilot of REAct and, if deemed successful and scalable, scale up countrywide. An effort should be made to improve buy-in and participation from all relevant community organizations and implementers.

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws	4.6	5.0

In Ukraine, programs that involve monitoring and advocacy were very strong at baseline and have been further strengthened. Community organization and implementers demonstrated high levels of interest in and commitment to advocacy for structural change to problematic laws and policies. Such advocacy is a central part of the agendas of many of the community organizations interviewed. Thinking about and implementation of advocacy is often sophisticated and has led to some important successes.

Many civil society organizations are engaged in a multitude of monitoring and advocacy initiatives that cover all key and vulnerable populations and focus on both major long-term goals, such as decriminalization of drug use, and smaller, shorter-term goals, such as the elimination of specific discriminatory provisions. These activities have resulted in a number of important successes, including the lifting of the ban on in-vitro fertilization for women living with HIV, and have resulted in important changes in national conversations, for example, on the criminalization of sex work. Civil society organizations closely coordinate on and consistently support each other’s advocacy initiatives.

**Table 6 - Examples of Law and Regulatory Reform Activities**

Topic	Organization	Location/Reach
<b>Decriminalization of drug possession for personal use.</b> Ukraine’s National Drug Strategy for 2013-2020 stipulates that the national authorities must assess national laws and make a decision whether or not to de-penalize and/or decriminalize drug possession for personal use. <sup>33</sup> Civil society groups submitted two reports to the UN Committee on Economic, Social and Cultural Rights to pressure the government to conduct this assessment. In February 2020, the Committee recommended that the Government of Ukraine consider decriminalization of possession of drugs for personal use. <sup>34</sup>	100%Life, Ukrainian Helsinki Human Rights Union	National
<b>Naloxone access.</b> In 2018, the Ministry of Health changed the status of naloxone from prescription medicine to over-the-counter medicine. Civil society and community organizations had advocated for this change.	Alliance for Public Health, and partner organizations	National
<b>Adoption rights for people living with HIV.</b> In October 2019, a court in Kiev issued struck down a provision in a Ministry of Health order that prevented people living with HIV from adopting children. Community groups and lawyers from Odessa helped the plaintiff bring this case to court.	100%Life and local partners in Odessa	National
<b>In vitro fertilization for women living with HIV.</b> In 2019, Ukrainian health authorities lifted outdated restrictions for in vitro fertilization for women living with HIV following advocacy by community organizations.	100% Life, “Positive Women”, other partner organizations	National
<b>Medical cannabis.</b> Ukraine does not allow the use of marijuana for medical purposes, including those dying of AIDS-related or other terminal illness. Civil society and community groups began advocating for the legalization of medical marijuana several years ago. In 2019, a medical marijuana bill was introduced in parliament, but parliamentary elections put a temporary stop on the bill’s progress. In December 2019, a court in Mykolayev region acquitted a Ukrainian who had grown and used marijuana for pain relief of criminal charges. The Ukrainian Helsinki Human Rights Union and local and national civil society organizations and community groups were involved in bringing this case to court.	100% Life, Alliance for Public Health, Ukraine Helsinki Human Rights Union and partner organizations, including community organizations	National
<b>Parental rights for people on substitution treatment.</b> Under Ukrainian legislation, enrollment in OST can be used as a justification for stripping a person of their parental rights. Vona is planning an advocacy push in 2020 to amend this legislation to protect OST patients.	Vona, partner organizations	National

Community organizations engage in a variety of community-based human rights monitoring efforts, ranging from running hotlines to research and documentation on specific priority topics. These programs have expanded significantly since baseline, both in terms of populations and geographic coverage. Such community-based monitoring efforts exist for all key and vulnerable populations and cover most of the country. Members of key and vulnerable populations have multiple platforms through which they can report issues, such as hotlines, websites, paralegals and other mechanisms. By using social workers as monitors, REAct is trying to integrate monitoring into service delivery programs, a potentially important innovation. The results of these monitoring efforts are not presently aggregated in a way that would allow for broad analysis of trends; indeed, monitoring initiatives use different approaches to collecting and verifying data. REAct has the ambition to serve as an aggregator but, as noted above, it does not have universal buy-in.

The mid-term assessment identified a few weaknesses in monitoring and advocacy efforts. First, community groups and implementers pursue numerous different advocacy goals concurrently and many of those goals require major legislative or policy change. As a result, different advocacy initiatives compete for the attention of decision-makers, media, and donors, which may ultimately harm them discrete efforts as none can generate enough momentum. Prioritization and sequencing, however, is complicated as many initiatives are urgent. Second, while the enthusiasm for advocacy for structural change is commendable, it has perhaps also contributed to a lack of focus on implementation of existing legal standards and policies. Ukraine has numerous legal provisions that adequately protect human rights but that are poorly implemented. It is essential that stakeholders demand not just good laws but also their full implementation. That requires painstaking work to disseminate new laws/policies to key stakeholders and those affected, to include these in legal literacy and monitoring efforts and to address routine violations rather than advocating for legislative change. This approach is currently not sufficiently prioritized.

**Recommendations**

To achieve comprehensive, high quality and sustainable programs to monitor and reform laws, policies and regulations, the following steps are recommended:

- Integrate community-based monitoring efforts into service delivery programs where possible and improve consistency of data collection and verification to allow for aggregation and analysis of data from different monitoring initiatives.
- Integrate information about human rights obligations and procedures to report violations into all project documents and in-service training activities for project staff and training activities with partners to foster knowledge of, respect for and enforcement of existing laws and policies that protect the rights of key and vulnerable populations.
- Continue to pursue longstanding, major advocacy goals related to key and vulnerable populations, such as decriminalization of sex work and possession of drugs for personal use.
- Continue to pursue narrower goals that may be easier to achieve in the short run, such as removing discriminatory provisions on child custody for women in substitution treatment programs.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing Discrimination against Women	1.5	2.5

Work to counter discrimination against women living with HIV is led by Positive Women which has during the reporting period expanded its activities to about 15 regions. The organization focuses on self-stigma reduction; conducts monitoring and documentation related to the rights of its women constituents; seeks to improve representation of women living with HIV in policy-making processes; and conducts advocacy on various women's rights issues. As of December 2019, women living with HIV were represented in 15 regional CCMs; the organization has published several reports on discrimination against women living with HIV; and its advocacy campaign succeeded in removing the ban on *in vitro* fertilization for positive women.

Vona, an organization of women who use drugs, has expanded its work since baseline and is engaged in a range of different legal literacy, legal assistance, monitoring and advocacy, and training and empowerment activities. It focuses specifically on identifying issues that affect women, such as requirements that disproportionately affect women's access to OST programs and family code provisions that put women at risk of losing custody over their children. For details, see the case study in Part V.

There were few activities specifically focused on gender-based discrimination against female sex workers although programs to reduce human rights-related barriers for sex workers generally focus on female sex workers. No specific activities focused on female prisoners were identified although some programs for prisoners are implemented in female wards or with female (ex) prisoners. Positive Women noted a lack of collaboration with FreeZone on addressing the needs of women prisoners. No specific activities for trans women were identified.

In sum, Ukraine has made limited progress in the response to HIV-related discrimination against women in all their diversity. Programs for women living with HIV and women who use drugs achieved regional coverage of up to 50% of the country, but programs for female sex workers, prisoners and transwomen do not sufficiently focus on woman-specific issues and their scale remained limited. Gender-responsiveness of programs to reduce human rights-related barriers was low.

### **Recommendations**

To achieve comprehensive, high quality and sustainable programs to reduce discrimination against women, the following steps are recommended:

- Continue to expand the regional coverage and population reach of programs for women living with HIV and women who use drugs.
- Identify and address gender specific challenges faced by prisoners, sex workers and transgender people, and scale up programs to address these challenges in additional regions.
- Improve collaboration between organizations that have a general and a gender-specific focus to ensure that general programs to remove human rights-related barriers are gender-responsive.
- Improve collaboration with civil society organizations, government and UN agencies that work on gender equality and non-discrimination broadly to ensure alignment and integration of efforts wherever possible.
- Integrate documenting of women's rights violations projects into all HIV prevention, treatment and care activities using the framework and cycles of CEDAW reviews in cooperation with the Office of Parliament Commissioner for Human Rights.

### ***Programs to Remove Human Rights-related Barriers to TB Services***

At baseline, hardly any programs to reduce human rights-related barriers to TB services existed in Ukraine. Progress has been made since then in all ten program areas for TB, but overall, these programs continue to lag well behind those for HIV. At mid-term, programs in five areas were operating at subnational level;<sup>h</sup> the rest continue to operate at a small scale.<sup>i</sup> Significant gaps remain in programs for some populations, including miners and mobile populations. A lack of established organizational capacity and experience, combined with much more limited funding for programs to reduce human rights-related barriers to TB services, explains why progress on TB has been much slower than on HIV. While Ukraine has had vibrant civil society organizations working on HIV since the early 2000s, the first patient-driven organization, TB People Ukraine, was only created in 2018. Scaling up TB programs will require significant investments in strengthening of the TB community’s organizational infrastructure, both at the national and regional level, as capacity to implement programs remains very limited.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	1.0	2.1

Since baseline, Ukraine has made some progress in scaling-up stigma and discrimination reduction activities related to TB services, but these remain at limited scale and are not yet well-established. Interventions targeting several vulnerable populations—mobile groups and miners, in particular—were altogether missing. In line with the main recommendation of the baseline report, Ukraine’s nascent TB community organization has become more established and stronger, including in its work on stigma and discrimination.

As part of the scale up, TB People Ukraine has developed a range of information materials on TB and stigma and discrimination which it distributes at in- and outpatient TB clinics and through dozens of support groups. It has organized street actions on World TB Day in population centers around the country. The organization has also held eight press lunches with local media representatives to improve their understanding of TB and promote appropriate reporting on the disease and people affected by it. The organization has also developed a module on self-stigma for people living with TB which it uses to train support group coordinators and to reduce self-stigma among members of support groups it runs. It has also developed informational videos that it uses in trainings and support groups, and circulates through social media channels.

Encouragingly, organizations that work primarily on HIV have increasingly integrated TB into many of their materials and activities to reduce stigma and discrimination for people living with HIV and people who use drugs. FreeZone, an organization of former prisoners, has integrated TB into its stigma and discrimination reduction work with current and former prisoners as well as penitentiary personnel but its collaboration with TB People was apparently minimal.

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<sup>h</sup> These program areas are: training for health care providers on human rights and medical ethics; sensitization law-makers and law enforcement agents; legal services; mobilizing and empowering patient and community groups; and programs in prisons and other closed settings.

<sup>i</sup> Reducing stigma and discrimination; legal literacy (“know your rights”); reducing gender-based discrimination; ensuring privacy and confidentiality; monitoring and reforming laws, policies and regulations

### Recommendations

To achieve comprehensive, high quality and sustainable programs to reduce TB-related stigma and discrimination, the following steps are recommended:

- Significantly strengthen the capacity of TB community groups.
- Establish robust stigma and discrimination reduction programs for people living with TB, miners, mobile groups, and other TB key populations.
- Strengthen integration of TB element in programs for people living with HIV.
- Expand TB stigma and discrimination reduction programs for prisoners to remaining regions.
- Integrate content related to TB stigma and discrimination into programs for people who use drugs.
- Periodically conduct a TB stigma assessment using the StopTB Partnership tool.

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	1.0	3.0

Ukraine has made some progress since baseline, with pre- and in-service training on stigma and discrimination for specialist health workers which includes a TB component. Programs exist at subnational level, but they are not yet well-established or adequately institutionalized, and their reach remains limited. TB People Ukraine is conducting TB-specific trainings for medical students (around 1200 students reached through lectures at 18 medical institutions in 12 regions as of December 2019), TB specialists and general practitioners (37 trainings with about 800 health workers in attendance as of December 2019), but these trainings are not yet institutionalized and their reach remains limited. FreeZone has conducted thirty trainings for penitentiary personnel in 2019 with stigma and discrimination related to TB integrated into the training modules.

### Recommendations

To achieve comprehensive, high quality and sustainable TB-related training of health care workers, Ukraine should undertake the following steps:

- Strengthen inclusion of TB, stigma and discrimination into existing pre- and in-service trainings for healthcare workers. In light of the decentralization of health services, such training should be integrated into capacity strengthening of primary healthcare providers as a priority.
- Strengthen the TB component in training curricula on HIV, discrimination and human rights for specialists and general practitioners.
- Expand training for staff of TB clinics, general practitioners and penitentiary personnel.

TB Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	1.0	3.0

A number of activities aimed at sensitizing lawmakers and law enforcement agents were identified but most are *ad hoc*. Within Ukraine's parliament, a TB platform has a membership of about 40 members, but it has yet to play a significant role in influencing the TB response. Several members of parliament attended a Ukrainian TB conference organized by TB People Ukraine which provided a platform for

discussion among parliamentarians, health workers and patients. As noted above, Freezone has implemented TB training for penitentiary personnel.

Trainings for police on HIV, described above, include a TB component, but otherwise police training on rights related to TB remains limited. Alliance for Public Health’s trainings for police personnel includes staff of temporary holding cells at police precincts.

**Recommendations**

To establish comprehensive, high quality and sustainable programs on sensitization on TB-related rights of lawmakers and law enforcement, Ukraine should take the following steps:

- Integrate and strengthen the TB component in HIV-related trainings for police and staff at police detention facilities, including by inviting representatives of TB communities to participate in them.
- Expand training on human rights for penitentiary personnel to all regions of the country, including in prisons for women.
- Integrate TB-related human rights issues into sensitization activities for judges, prosecutors and lawyers.
- Mobilize parliament’s TB platform to influence TB policy and practice.

TB Program Area	Score	
	Baseline	Mid-term
Legal Literacy	1.0	2.0

The baseline study found only one short term legal literacy activity for TB. Though activities focused on improving legal literacy of people with TB have increased since baseline, they remain very limited. TB People Ukraine’s new website has a detailed section on the rights of people affected by TB. As of December 2019, the organization had conducted a number of group meetings with TB patients on social services, legal and humanitarian assistance; contributed to a TB patients’ rights declaration that was adopted in May 2019;<sup>35</sup> and organized patient group meetings and conducting visits to hospital where the rights of TB patients are discussed. By May 2020, it was training coordinators in 24 regions of Ukraine to run patient support groups, a significant expansion.

Legal literacy information on TB is also, to some extent, integrated into legal literacy materials and activities of HIV groups, but that information is primarily targeted at people living with HIV who are co-infected.

**Recommendations**

To move toward comprehensive, high quality and sustainable programs on TB-related legal literacy, the following steps should be taken:

- Expand the availability and accessibility of a diverse set of “know your rights” materials for all TB key populations. Among others, leaflets, handouts, website and social media resources, and mobile apps should be developed. Integration of “know your rights” information related to TB should be improved in HIV legal literacy materials.

- A sustained effort should be made to ensure legal literacy materials reach TB key populations, including miners and migrants, through their distribution via support groups, peer paralegals, healthcare institutions, relevant community organizations, and free legal aid offices.
- Actively engage people affected by TB in legal literacy programs as peer paralegals to increase community protection and to develop monitoring and advocacy capacity around TB.

TB Program Area	Score	
	Baseline	Mid-term
Legal Services	2.0	3.0

Ukraine has made some progress with legal services for TB since baseline, but these programs remain limited and uneven. TB People Ukraine told the mid-term assessment team that the greatest need for legal assistance among people with TB is non-medical but related to employment termination, children’s education and the like. Yet, as a result of low legal literacy, the organization gets few requests for legal services. Moreover, many people solve problems through informal channels. TB People representatives and volunteers in ten regions—24 once new support group coordinators are trained in May 2020—assist people with TB with problems such as restoring or obtaining personal documents required to access to health and social services. TB People is actively implementing the monitoring tool OneImpact and refers people who report violations that require a legal response to legal services. The MTA did not identify other organizations that provide specifically TB-related legal services. One key informant mentioned that her organization, which mostly provides clinical services, had rejected her proposal to offer labor-related legal services.

Legal services, frequently focused on HIV, also benefit people with TB, although mostly those with co-infection. HIV-related legal services for prisoners also benefit people who are co-infected. For example, the Ukrainian Helsinki Union, which works on HIV-related legal services, conducted more than 1200 consultations related to TB in 2018 and 2019, often involving prisoners, and had, as of December 2019, filed three cases on behalf of prisoners with TB with the European Court of Human Rights.

For some key and vulnerable populations, such as miners and mobile groups, legal services are essentially non-existent.

### **Recommendations**

To move toward comprehensive, high quality and sustainable programs for TB-related legal services, the following steps should be taken:

- Continue to expand capacity through trained community volunteers, paralegals and OneImpact to identify cases for referral to legal assistance services.
- Ensure full integration of TB with HIV-related legal assistance and strategic litigation programs.
- Advocate for the inclusion of key and vulnerable populations for HIV and TB as groups eligible to receive free legal aid through Ukraine’s legal aid system and for training of legal aid staff on key and vulnerable populations and their legal needs, especially in mining regions and regions with large number of migrants.
- Establish connection between TB-related legal service programs and Ukraine’s more than 400 bureaus of free legal aid to sensitize staff at these bureaus about the situation and legal needs of key and vulnerable populations.

- Improve access to available free legal aid by establishing a database of lawyers who are able and willing to work with TB key populations.

TB Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws related to TB	1.0	2.0

The mid-term assessment identified a few limited monitoring and advocacy activities related to TB that have been put in place since the baseline. These include a national TB hotline, the roll-out of OnelImpact, advocacy by TB People Ukraine for local authorities to allocate budgetary resources to TB for social services, the continuing activity of a parliamentary TB caucus that seeks to advance a better legislative response to TB, and research on the impact of TB on women.<sup>36</sup> TB People described OnelImpact, an electronic application that people affected by TB can use to report stockouts and other problems, as an innovation with strong potential. As of May 2020, TB People was receiving more than a hundred complaints per month through the tool, a number that it expected to grow with the expansion of its support groups to all regions of Ukraine. Several advocacy activities related to TB in the prison system were found, including efforts to transition health care in the penitentiary system to the Ministry of Health and to introduce OST in prisons.

TB People told the mid-term assessment team that human rights and legal advocacy is not well-understood in the TB community. Because so much of the need among people with TB is immediate—homelessness, access to treatment, job termination, prison conditions—the community is heavily focused on resolving these problems rather than identifying, documenting and challenging the underlying structural issues. No structured, ongoing community monitoring activities except OnelImpact were identified. The recommendations in the baseline report were only implemented in part.

### **Recommendations**

To comprehensively, with high quality and sustainability, address legal, regulatory and policy barriers related to TB, the following steps should be undertaken:

- Expand monitoring through OnelImpact to all regions of the country; training of community volunteers, support groups, paralegals on use of the tool; ensure easy access through multiple electronic platforms; and ensure alignment and complementarity of OnelImpact and REAct.
- Strengthen advocacy for reforms of laws, regulations and policies through training of community volunteers, peer educators, and paralegals, collaboration with the TB Caucus in Ukraine’s parliament, and establishment of partnerships with experienced advocacy organizations such as Network 100% Life.

TB Program Area	Score	
	Baseline	Mid-term
Reducing TB-related discrimination against women	1.0	1.0

The mid-term review did not identify any specific ongoing programs on gender and TB but did identify one relevant activity. The Alliance for Public Health conducted a TB gender assessment in 2018.<sup>37</sup> Most recommendations from the baseline study have not yet been implemented.

### Recommendations

To comprehensively reduce TB-related gender discrimination and address harmful gender norms, the following steps should be undertaken:

- Develop a plan of action to reduce gender discrimination and harmful gender norms in relation to TB, based on recommendations from the 2018 Alliance for Public Health/Stop TB Partnership report and other relevant materials.
- Carry out advocacy projects to obtain government commitments concerning gender equality in the provision of TB healthcare services at national and regional levels.
- Review all programs to remove human rights-related barriers to assess and improve their gender-responsiveness.

TB Program Area	Score	
	Baseline	Mid-term
Ensuring Confidentiality and Privacy	0	1.0

The baseline study did not identify any programs in this program area<sup>38</sup> and recommended emphasizing confidentiality and privacy in training of healthcare workers, NGOs and members of key populations rather than establishing a stand-alone program which its authors believed would not be effective. The MTA found that confidentiality and privacy are integrated into the healthcare workers trainings, especially those conducted by TB People Ukraine. The declaration on the rights of people with TB, which TB People has developed as a tool for legal literacy training of health workers, government officials, civil society actors and patients, contains strong provisions on confidentiality and privacy.<sup>39</sup> Questions of confidentiality and privacy also come up in the monitoring and legal assistance work conducted by organizations that primarily focus HIV.

### Recommendations

TB-related confidentiality and privacy should be integrated into programs to train healthcare workers on human rights and medical ethics, improve legal literacy and provide legal assistance. The following steps are recommended:

- Assess how the TB-related confidentiality and privacy components in activities under programs to train healthcare workers on human rights and medical ethics, improve legal literacy and provide legal assistance can be strengthened.
- Document through OnelImpact and REAct the frequency and impact of unauthorized disclosure by healthcare providers on people living with TB and their families.

TB Program Area	Score	
	Baseline	Mid-term
Mobilizing and empowering patient and community groups	2.0	3.0

Since the baseline, the creation and growth of TB People Ukraine in 2018 is a major positive development under this program area. TB People has representatives in 11 regions, 7 staff, 500 members and numerous volunteers. Its strategic objectives include reduction of stigma and discrimination related to TB, advocacy for local budget allocations, and availability of TB medicines. It is mobilizing the community through patient groups and its staff and volunteers sit on many national and

regional HIV/TB councils. Structured, ongoing community monitoring activities has started with the roll out of the Stop TB Partnership’s OnImpact program.

FreeZone has worked on organizing communities of former prisoners in about a dozen regions. Former prisoners are represented on a number of regional HIV/TB coordination councils. However, most of this work has focused on HIV.

### **Recommendations**

To achieve comprehensive, high quality and sustainable programs regarding mobilizing and empowering patient and community groups, the following initiatives are recommended:

- Make significant investments in TB community organizations to enhance their diversity and grow their capacity to implement programs to reduce human rights-related barriers.
- Ensure that people affected by TB are represented in all regional coordinating councils and on other relevant platforms involved in development and implementation of TB policies and practices.
- Build capacity of civil society and key population representatives to serve as monitors, especially by training them to teach people affected by TB to use the OnImpact and REAct tools.

TB Program Area	Score	
	Baseline	Mid-term
Rights and access to TB services in prisons	2.0	3.0

The baseline assessment identified limited activities to develop guidelines on TB in prison and train staff, to conduct outside monitoring of the right to health in prisons and improve accountability, and to improve legal literacy and provide legal assistance in prisons.<sup>40</sup> The MTA found that activities in all three of these areas were strengthened since baseline. With clear models of operation established, efforts to institutionalize and improve coverage were increasingly underway.

In collaboration with the Ministry of Justice and a Canadian Government-sponsored project on governance reforms, FreeZone has developed a training module on stigma reduction, harm reduction, treatment and care for TB in prisons which will be piloted in eleven regions/prisons for six months. Piloting has been delayed due to the coronavirus pandemic. Provided the pilot is successful, the Ministry of Justice has committed to make the module a standard component of the professional development system for prison staff. FreeZone will monitor its implementation.

The Ombudsman’s National Preventive Mechanism and local authorities’ independent Supervisory Commissions conduct prison visits to document human rights violations—making forty monitoring visits in 2019 throughout the country—but lack capacity to visit all prisons in Ukraine. Discussions are underway with Supervisory Commissions to improve its monitoring efforts in prisons.

FreeZone has conducting training with more than 680 prisoners in eleven regions to prepare them for their release, focusing on providing them information HIV, TB and harm reduction, and the services they might require once they left prison.

Efforts are ongoing to improve continuity of care upon release of prisoners. The needs of people who will be released within next three months are assessed and arrangements are made to ensure that their transition does not lead to interruptions in medical care. FreeZone has also successfully advocated for

local authorities to budget funds for pre-release and probation trainings; one region has already allocated funds, a second has committed to follow suit. Legal literacy programs in prisons for inmates, except those in pre-release, were weak.

### **Recommendations**

To achieve comprehensiveness, high quality and sustainability for this program area, the following steps are recommended:

- Institutionalize training on TB, HIV and human rights for all penitentiary personnel.
- Increase the capacity to monitor places of detention and ensure effective reporting on findings.
- Strengthen and expand legal literacy programs in places of detention; consider training of peer paralegals or peer human rights educators in prisons.
- Implement the probation program nationwide.

### **Cross-cutting Issues related to Quality Programming and Sustainability**

This section looks at considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

### **Integration of Human Rights and Service Delivery Programs**

The Global Fund recommends that programs to remove human rights-related barriers be integrated into prevention and treatment service, and key population programming, whenever possible. The programs to remove barriers should also be strategically combined to have the greatest impact in a region or among a population facing barriers. The mid-term assessment found ample examples of meaningful integration of human rights programs and/or linkage with health service delivery programs, although efforts toward integration and institutionalization remain incomplete. These programs include:

- The paralegal services provided by Volna, Vona and Legalife-Ukraine are all closely linked to prevention service delivery programs. Volna and Vona's paralegals work closely with OST and harm reduction providers. LegalifeUkraine's paralegals give out health information, condoms and lubricants and referrals to sex worker friendly doctors, as well as provide relevant legal information to clients and referrals to legal services, if needed.
- Programs to develop networks of "friendly doctors" that service people living with HIV, men who have sex with men, and transgender people. These are *a priori* service delivery programs but have

strong human rights elements built into them, including training of health workers on human rights and medical ethics.

- Volna, Vona, and the OST Hotline all described close collaboration with health workers at drug treatment services on stigma and discrimination reduction activities and training for healthcare workers on human rights and medical ethics, as well as advocacy campaigns for legal or policy reform (see the case study below).
- REAct in Ukraine seeks to anchor monitoring, legal literacy and access to legal assistance in the public health care system as it is piloting training of social workers in documenting cases of stigma, discrimination and other violations of rights. OnelImpact, likewise, facilitates monitoring of and resolving challenges with health services, ranging from identifying stockouts to inappropriate treatment by providers.
- FreeZone’s work on the training module for personnel in prisons has been carried out in close collaboration with prison authorities. If the pilot with the module is successful, it would be integrated into standard training packages for penitentiary staff.

The mid-term assessment also found several initiatives that could facilitate further integration of human rights and health service delivery. As noted, several Ukrainian cities have adopted or plan to adopt city plans to reduce human rights-related barriers. These strategies commit to integrating human rights into training activities for health workers and police. Moreover, Ukraine’s new national HIV, TB, viral hepatitis strategy suggests that monitoring and evaluation of human rights indicators may be integrated into the state’s routine M&E activities. As of April 2020, no details on the implementation of this part of the strategy were available. Training for health workers, police and prison guards should be fully integrated into pre- and in-service curricula and funded through government budgets.

### ***Combining Programs to Reduce Human Rights-Related Barriers***

Key informant interviews with implementers showed that they view the key program areas to remove human rights-related barriers to services not in isolation but as part of a larger whole, with the overall objective of improving access to and retention in prevention and treatment services. Indeed, most implementers combined interventions that fit under multiple programs areas into their programs. The case study of the organizations *Trust and Hope* and *Vona* (see Part V) provides a particularly strong example of how a series of interlinked activities build on one another to advance all seven program areas for HIV at once.

Combining of programs to reduce human rights-related barriers to HIV and TB was limited, except where it concerns people with co-infection. Discussions between REACT, the TB hotline and OnelImpact on exchanging data and ensuring a single system for reporting it is welcome. Integration of activities to reduce discrimination against women into other program areas and to ensure all programs are gender responsive remains a weakness.

Several key informants perceived REAct as narrowly focused on monitoring and documentation of human rights violations rather than on providing redress for them. This may be due to insufficient communication about the project as REAct, as a system, was developed with the express purpose to facilitate action on violations.<sup>41</sup>

### ***Monitoring and Evaluation***

Ukraine’s strategy to reduce human rights-related barriers sets broad indicators to assess its impact but lacks a comprehensive monitoring and evaluation plan. The strategy does not define specific indicators

that will be used to assess progress toward expected outcomes, what existing data sources will be used, or how data will be collected to measure indicators. The strategic action plan identifies expected outcomes and indicators for individual activities. Neither the strategy nor the action plan defines how frequently indicators will be reviewed, who will review them, and how such data would be used to make adjustments to the strategy.

Key informants expressed different opinions about the lack of monitoring and evaluation. Some said that they felt that human rights indicators are inherently problematic, that data was too easily manipulated, or that the indicators chosen would not adequately capture actual changes on the ground. Other key informants expressed concern at the lack of a monitoring and evaluation effort.

In practice, the mid-term assessment team found little evidence of any coordinated effort to collect and assess data on indicators. Most monitoring consists of collection of program data, discussions among staff about whether programs worked or not, and external feedback. Where human rights programs are linked to health service delivery programs, no program data appears to be collected on enrollment or retention status of people who benefit from these programs. For example, programs that make paralegals available to support members of key populations with legal knowledge and/or assistance, could collect data on clients' enrollment status in health services but, at present, do not appear to do so.

### ***Other Components of Quality***

The MTA also found that:

- There is some risk of duplication. Efforts should be made to ensure REAct and OneImpact don't lead to duplication. Where multiple organizations employ paralegals or run observatories, more effort needs to be made to avoid duplication. On the other hand, some programs the MTA examined appeared duplicative on first glance but were found to complement one another upon closer inspection, reaching different populations by different means.
- The capacity of principal recipients and community organizations to implement sophisticated programs to remove human rights-related barriers to HIV services is strong; capacity in TB community organizations remains limited and poses a challenge toward scaling up TB-related programs.
- With some exceptions, sustainability remains a significant challenge. While service delivery programs are moving to state funding, the same is not the case for human rights programs, which continue to rely heavily on outside donors. Support for human rights programs from donors other than the Global Fund has been limited and remains uncertain.
- Programs to remove human rights-related barriers generally showed strong alignment with the strategy and action plan to remove human rights-related barriers to HIV and TB services and with other national health and human rights strategies and policies.

### ***Political Engagement***

The government has generally been supportive of the Global Fund *Breaking Down Barriers* initiative and, more generally, efforts to remove human rights barriers to HIV and TB services. The Public Health Center was an active participant in the multi-stakeholder meeting, the development of Ukraine's strategy and action plan, and has continued to engage with civil society organizations throughout. The previous Deputy Prime Minister sent the strategy to other ministries with a request to facilitate its implementation. There is also some evidence of integration of human rights programs, such as training for health workers on rights, into state programs.

Some key informants, however, pointed out that support for these interventions is not universal. The Ministry of Interior, in particular, was mentioned repeatedly as resisting efforts to reform Ukraine's restrictive drug policies. Moreover, key informants noted that apart from the Public Health Center most government agencies did not actively participate in the multi-stakeholder meeting or strategy development process.

At the regional and local level, government support appears to be increasing. Several key informants mentioned the interplay between the *Breaking Down Barrier* initiative and the Fast Track Cities initiatives. For example, a lawyer in Odessa praised the development of the city-level strategy, saying that it was "perhaps the first time when the city administration admitted a clear link between human rights and health." Another key informant said that several affiliated groups working with adolescents had received free office space from their local governments and had committed local budget resources to the HIV and TB response, including towards fighting stigma and discrimination and training health workers.

Key informants almost universally identified political transitions as a risk. The change of administration and Parliament in 2019 disrupted many existing relationships between communities and government officials and members of Parliament. Newly appointed officials often have little knowledgeable about HIV and TB, or human rights, requiring investments in developing new relationships.

### ***Community Engagement and Response***

Community organizations have been strongly engaged in the *Breaking Down Barriers* process. Their input shaped the baseline report, they actively participated in the multi-stakeholder meeting and development of the strategy and action, and they are the main implementers of programs to reduce human rights-related barriers.

Representatives of community groups welcomed the opportunity that the *Breaking Down Barriers* initiative had given them to shape programs to reduce human rights-related barriers from the ground up. They articulated clear visions and ambitions for how they hoped these programs would evolve over time. A key informant at one of the Global Fund's principal recipients said that she felt that community groups had shown tremendous ability to define programs themselves and had demonstrated significant growth:

*Because of the Global Fund decision to hand over this funding to communities, we received an opportunity to speak for ourselves. People who know the problem and face it got opportunity to speak about this. There were many people who did not believe in funding for community but in 1.5 years we have demonstrated that communities can work... People from communities will change laws and remove barriers more effectively, that is why Breaking Down Barriers is as important as air.*

Key informants suggested that community groups had become much better represented in national, regional and local structures and platforms that determine the HIV and TB response. A key informant working with a UN agency in a regional city said that she was "very surprised with the level of engagement of civil society, they work with members of the city council, and this is helpful."

Community organizations were all subrecipients of Global Fund funding. While some were satisfied with this arrangement, others pointed out that the annual application process to principal recipients, varying levels of funding and late decisions on applications undermined their ability to plan and operate efficiently.

Several key informants raised concern that the 20-50-80 transition to national funding for HIV and TB services poses a risk to human rights programs. They noted that many community organizations are now contracting with government agencies to provide services and are, as a result, losing their independence. Their increasing dependence on government funding for their continued operation was expected to limit their ability or willingness to engage in monitoring or advocacy activities that may challenge or antagonize the government agencies that are becoming their most important sources of funds.

### **Technical Partnership**

In Ukraine, UNAIDS and UNDP are both strongly engaged in the Breaking Down Barriers initiative. UNAIDS has played a role as convenor and technical assistance provider at every stage of the process. UNDP recognized the synergies between the initiative and its own work on the legal environment, and developed a focus on working with cities that have been significantly impacted by HIV and TB to address human rights-related barriers. This work has resulted in the above-mentioned city-level human rights strategies in Dnipro, Kyiv and Odessa. Partnership with UNODC and WHO was significantly more limited.

### **Donor Landscape for Programs to Reduce Human Rights-related Barriers to Access**

While the mid-term assessment team identified a variety of programs to reduce human rights barriers that were supported by donors other than the Global Fund (see Table 7), there was little evidence that the Breaking Down Barriers initiative had led to other donors active in Ukraine aligning themselves with the Global Fund to jointly fund the strategy to reduce human rights-related barriers. Knowledge of other funders about the Breaking Down Barriers initiative was limited, even though some of their representatives had attended the multi-stakeholder meeting or had shared information with the authors of the baseline report and the national plan to reduce human rights-related barriers.

**Table 7 - Donor Support for the Programs to Reduce Human Rights-Related Barriers**

<b>Donor</b>	<b>Amount</b>	<b>Focus</b>
Global Fund to Fight AIDS, TB, and Malaria	US\$4.3mln (2018-2020)	All HIV program areas
US Government (PEPFAR, CDC, USAID)	Unknown	Training of health workers; OST Hotline; HealthLink; Stigma Index
Government of the Netherlands	US\$1.2mln (2017-2020)	PITCH
International Renaissance Foundation	Unknown	Training and deployment of paralegals to assist women drug users
AIDS Healthcare Foundation	US\$60,660 (2019-2020)	Reducing stigma and violence for women living with HIV; study on needs of women living with HIV

For example, representatives of PEPFAR and Expertise France were unaware of *Breaking Down Barriers* initiative or the national plan. The International Renaissance Foundation representative was vaguely aware but noted that there are so many plans and strategies that a small funder cannot possibly keep track of them all. These funders said that program implementers in Ukraine had not approached them to seek funding for specific elements of the strategy. Key informants among implementers confirmed

that they had not used the national plan as a tool to seek funding from donors other than the Global Fund. The support that these other donors provide to programs to reduce stigma, build a community response and develop paralegal support for people who drugs is thus not linked to the Breaking Down Barriers initiative and, in some cases, precedes it.

Some donors with an interest in programs to reduce human rights-related barriers are exiting Ukraine. The country will, for example, no longer be eligible for funding from the French government in 2020. The Dutch government has changed its funding priorities—the new focus is on North Africa—and has already announced it will not renew support for the PITCH project when it ends in December 2020. Thus, unless efforts are made to attract additional donors to the cause, it is likely that programs to reduce human rights-related barriers will become even more dependent on Global Fund resources.

### **Recommendations**

Ukraine has made significant progress on cross-cutting indicators such as integration of human rights programs and into service delivery, combining such programs, community involvement, development of human rights competences for HIV-related programs. Political support for programs to remove human rights-related barriers has generally been strong, including at the regional level. Weaknesses persist in many of these areas in TB-related programs, as well as for both HIV and TB-related programs in the areas of monitoring and evaluation, sustainability, and funding. To address these weaknesses, the following steps are recommended:

- Continue to identify opportunities to integrate human rights programs into prevention, treatment, key population programming building human rights expertise among health care workers, peer paralegals and community-based monitoring of health care delivery.
- Integrate human rights activities into health services in city plans regarding training of health workers and police.
- Strengthening the capacity of community organizations to implement TB-related human rights programs.
- Improve coordination of implementation of programs to remove human rights-related barriers to ensure that they complement and strengthen each other and to identify and address any duplication.
- Expand the combination of programs to reduce human rights-related barriers to HIV and TB beyond that related to people with co-infection.
- Ensure that all efforts to identify human rights abuses lead to clear systems of support and redress for those experiencing them.
- Develop and fund a monitoring and evaluation plan under the existing National Plan that defines specific indicators that will be used to assess progress toward expected outcomes, identifies existing data sources that will be used, and demonstrate how data will be collected to measure indicators, how often it will be reviewed and how such data will be used to make adjustments to the strategy.
- Use the strategy and action plan to proactively seek funding from the donor community to scale up and strengthen programs to remove human rights-related barriers; the Global Fund should increase its efforts to involve other donors in the *Breaking Down Barriers* initiative.
- Support integration of human rights indicators into the state's routine M&E activities in the context of Ukraine's new national HIV, TB, viral hepatitis strategy with a particular focus on linkages between human rights programs and increased uptake of/retention in prevention, treatment and key population programming.

## Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers. These programs have resulted to the removal of a number of important structural barriers to HIV and TB services; contributed to a shift in the national conversation about LGBTI issues, sex work and drug use; and led to greater mainstreaming of human rights into the national HIV and TB response.

### Removal of Structural Barriers

Programs to reduce human rights-related barriers have contributed to the removal of several important structural barriers and/or laws and policies that discriminate against members of key and vulnerable populations. The removal of these barriers and discriminatory provisions reduce access barriers for these populations and reduce their stigmatization in society. Examples include:

- **Removal of identification requirement for users of state harm reduction services.** As part of the 20-50-80 transition, the Ukrainian government is increasingly funding harm reduction services that were previously funded by the Global Fund and other external donors. During negotiations about this transition in 2019 it became clear that under government regulations all users of these services would be required to register using passport information. Community organizations strongly objected to this arrangement arguing that most clients would stop using harm reduction services and that, as a result, needle sharing and HIV infections would grow. Advocacy by these organizations, alongside the Global Fund, ultimately led to the government replacing the identification requirement with a different process which allow tracking of unique users of services without disclosing their identity. While this has not led to increased uptake of HIV prevention by people who use drugs, it has likely prevented a significant decline in the use of these services.
- **Removal of discriminatory provision on IVF for women living with HIV.** Following an advocacy campaign by several community organization and implementers, Ukraine's Ministry of Health changed a legal provision in one of its regulations that banned women living with HIV from being able to access in vitro fertilization if they have an undetectable viral load. This legal change facilitates acceptance of women living with HIV in both the healthcare system and broader society.
- **Ban on adoptions for people living with HIV repealed.** Based on a discrimination claim filed by a person living with HIV in Odessa, a court overturned a Ministry of Health order that barred people living with HIV from adopting children in October 2019.
- **Naloxone access in prison system.** In 2019, the prison service sent naloxone to medical services in all prisons to respond to overdoses in prison. Community organizations had advocated for this requirement since the late 1990s.
- **Transfer of prison medical services to the Ministry of Health.** FreeZone and other civil society organizations played an important role in putting this goal on the agenda of both the Ministries of Health and Justice. They are now working a plan to execute this handover.

### Changing National Conversations

Recent years have seen significant shifts in national conversations in Ukraine about LGBTI, sex work, and drug policy. While this has not yet led to structural changes such as the decriminalization of sex work and drug use-related activities, or to the legalization of same-sex marriage, a mature, open national conversation about these topics is likely to lead to a reduction in stigma and discrimination and to

empower communities, and is a necessary stepping stone for policy and legislative shifts. Programs to reduce human rights-related barriers actively seek to influence these national conversations.

- **Public debate about sex work.** Key informants described a vibrant public debate about sex work that is increasingly dominated not by moralistic arguments but by practical discussions about how it should be regulated. One key informant said that, in his view, press coverage of sex work had significantly improved in recent years. The former Minister of Health publicly supported decriminalization of sex work. Members of Parliament and civil society organizations are engaged in discussions about the respective benefits and drawbacks of legalization of sex work versus its decriminalization. This does not mean that legislative change is imminent or that moralistic voices that favor criminalizing sex work have disappeared. However, this changed conversation is likely to result in a reduction of stigma around sex work and greater understanding, including in medical communities, of the importance of access to prevention and treatment services for sex workers.
- **Public debate about LGBTI rights.** Although homophobia is still widespread in Ukraine, the public conversation has shifted significantly in recent years towards greater tolerance. LGBTI people are asserting their rights far more openly than a few years ago. Kyiv's Gay Pride parade has grown steadily in recent years, with an estimated 8,000 participants in 2019. Moreover, there is increasing discussion about same sex marriage, although it may be years before legislation to allow such marriages has a chance of passing. This national conversation is likely to reduce stigma and discrimination against men who have sex with men.
- **Public debate about drug policy.** While Ukraine continues to have some of the most restrictive drug laws in Europe, public discussions have changed significantly in recent years and programs to reduce human rights-related barriers are an important motor behind them. In 2019, Ukraine made steps toward the decriminalization of personal possession and use of cannabis and more than 100 members of Parliament supported a draft law to legalize medical cannabis. The drug policy debate has often been two steps forward, one step back. The current government has taken a much more hardline position on drugs than the previous, making the continued engagement of civil society all the more important.

## Fostering Sustainability

The mid-term assessment identified several promising developments that put Ukraine in a strong position to both achieve comprehensive programs to reduce human rights-related barriers and to impact the treatment cascade. These include the leading role affected communities have played in the design and implementation of such programs and the increasing integration and operationalization of human rights principles into the fabric of Ukraine's HIV and TB response.

Community organizations have played an important role in the *Breaking Down Barriers* process, which has empowered and strengthened these organizations. Principal recipients, such as Alliance for Public Health and Network for 100% Life, combine strong capacity with significant human rights expertise. The capacity of community groups involved in these programs has grown rapidly, in part as a result of a deliberate strategy of channeling human rights matching funds to these organizations. This organizational strength should allow for continued scale up of programs to reduce human rights-related barriers in the next few years.

Stakeholders repeatedly told MTA researchers that the *Breaking Down Barriers* initiative has helped to mainstream programs to reduce human rights-related barriers and generated greater acceptance of their importance, including by government agencies. The city initiatives in Dnipropetrovsk, Kyiv and

Odessa are examples of how these programs are becoming part of the fabric of HIV/TB response. Ukraine's new HIV/AIDS, TB and viral hepatitis strategy, adopted in November 2019, makes not just a rhetorical commitment to human rights but commits to monitoring problematic legislation and human rights violations. It commits to removing "political, legal and cultural barriers that restrict access to services or cause stigmatization of people living with HIV, tuberculosis..., key populations, prisoners..." and to the "development and approval of normative legal acts with the purpose of monitoring the observance of human rights and freedoms and creating a system of active response to cases of their violation." The working group established under PHC in October 2019 has a mandate to operationalize these commitments. Under the working group, three sub-groups were established with mandates to monitor human rights barriers; develop proposals for legal and policy change to address these barriers; and to mobilize and conduct advocacy for adoption and implementation of the legal and policy proposals.

### **Case Study: *Hope and Trust* and *Vona***

*Hope and Trust* and *Vona* are two community-based organizations that are run by, and implement programs for, people who use drugs. *Hope and Trust* was founded in 2009 and runs a hotline for people who use drugs that focuses particularly on opioid substitution treatment. *Vona*, founded in 2016/17, focuses on empowering women who use drugs through information, legal support and advocacy. The organizations, which share office space in Kyiv, collaborate on different programs that closely link health services and human rights.

- **Recruitment of and support for OST patients.** Under this U.S. Center for Disease Control-funded project, *Hope and Trust* identifies people who use drugs and encourages them to enter substitution treatment programs. Recruits receive financial, social and food support. The project also supports production and distribution of information materials for people who use drugs, their families and healthcare professionals.
- **OST Hotline.** Funded by the Global Fund, International Renaissance Foundation and PEPFAR, *Hope and Trust* operates this hotline 14 hours per day, seven days per week. It receives about 4,000 calls per year from people who use drugs and their families, ranging from queries about substitution treatment and harm reduction to calls about arbitrary cuts to methadone doses and police abuse. The hotline is supported by the CDC and the Global Fund.
- **PITCH (Partnership to Inspire, Transform and Connect the HIV response).** Funded by the Dutch government, this *Hope and Trust* project focuses on research and advocacy to improve respect for the rights of women who use drugs.
- **Paralegal support for women who use drugs.** With support of International Renaissance Foundation, *Vona* has recruited and trained ten community paralegals in eight regions to improve legal literacy of women who use drugs and provide them assistance with a wide variety of legal and administrative challenges, such as restoring lost documents and applying for subsidies. In cases of serious allegations of abuse, the paralegals can link clients to formal legal services. The paralegals work through harm reduction and health services, as well as use their own networks.

The work of *Hope and Trust* and *Vona* is an example of interlinked projects that promote all seven program areas to remove human rights-related barriers in the context of HIV in coordinated fashion and create synergies. For example, the hotline and the paralegals conduct community monitoring of challenges or human rights violations faced by people who use drugs. They help their clients overcome individual challenges by improving their legal literacy, providing hands-on help with practical problems, and offer legal assistance in more serious cases. Through the monitoring activities, they also identify larger trends or structural problems that need to be addressed at the level of a healthcare clinic or police precinct, or require a policy or legislative response. In such cases, the organizations activate an advocacy response.

The organizations' projects also contribute to efforts to reduce stigma and discrimination. All trainings that the organizations conduct for people who use drugs include an extensive self-stigma component and the work with clients, whether legal literacy or help restoring their rights, contribute to reducing self-stigma. The organizations also work with feminist communities, members of Parliament, and health workers to raise their awareness around drug use, substitution treatment and HIV. In 2019, *Vona* representatives were invited to speak to a Parliamentary commission about HIV, drugs and women.

## Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessments makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

<b>Creating a Supportive Environment</b>
<ul style="list-style-type: none"><li>• Support the Technical Working Group to meet regularly to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to address these.</li><li>• Promote wider knowledge of and engagement in the National Plan (Strategy and Action Plan) among government agencies/ministries, donors, and civil society; and connect Plan to efforts towards gender equality and other national development synergies.</li><li>• The strategy and action plan should be used as a tool to seek funding from donors other than the Global Fund.</li></ul>
<b>Programmatic Scale-up</b>
<ul style="list-style-type: none"><li>• Use the National Plan as an organizing framework to scale up programs to remove human rights-related barriers to HIV and TB in more strategic, cohesive fashion.</li><li>• Make a concerted effort to strengthen the TB community's capacity to implement and scale up quality programs to remove human-rights related barriers to TB services and increase funding, from both domestic sources and donors, for such programs.</li><li>• Conduct analysis of existing and planned programs in term of their gender-responsiveness.</li><li>• Establish connection between HIV-related legal service programs and Ukraine's more than 400 bureaus of free legal aid to sensitize staff at these bureaus about the situation and legal needs of key and vulnerable populations.</li></ul>
<b>Programmatic Quality and Sustainability</b>
<ul style="list-style-type: none"><li>• Continue to identify opportunities to integrate human rights programs into prevention, treatment, key population programming building human rights expertise among health care workers, peer paralegals and community-based monitoring of health care delivery.</li><li>• Integrate human rights activities into health services in proposed city plans regarding training of health workers and police.</li><li>• A robust M&amp;E plan should be developed, data on key indicators should be collected and assessed periodically, and adjustments made based on findings from data analysis.</li></ul>

## Comprehensive Set of Recommendations

Cross-cutting recommendations	
Creating a supportive environment	<ul style="list-style-type: none"> <li>• The working group should meet regularly to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to address these.</li> <li>• The strategy and the action plan should be refined to provide a clearer and more strategic rendition of what programs are needed for a comprehensive response and which activities should be implemented to guide scale up of programs.</li> <li>• Formal legal status should be sought for the national plan so that it is binding and sustainable over time.</li> <li>• Knowledge of and engagement in the strategy and action plan should be promoted among government agencies/ministries, donors, civil society, and technical partners; and the strategy and action plan should be connected to efforts towards gender equality and other national development strategies to generate synergies.</li> <li>• The strategy and action plan should be used as a tool to seek funding from donors other than the Global Fund.</li> <li>• A robust M&amp;E plan should be developed, data on key indicators should be collected and assessed periodically, and adjustments made based on findings from data analysis.</li> </ul>
Programmatic quality and sustainability	<ul style="list-style-type: none"> <li>• Continue to identify opportunities to integrate human rights programs into prevention, treatment, key population programming building human rights expertise among health care workers, peer paralegals and community-based monitoring of health care delivery.</li> <li>• Integrate human rights activities into health services in city plans regarding training of health workers and police.</li> <li>• Strengthening the capacity of community organizations to implement TB-related human rights programs.</li> <li>• Improve coordination of implementation of programs to remove human rights-related barriers to ensure that they complement and strengthen each other and to identify and address any duplication.</li> <li>• Expand the combination of programs to reduce human rights-related barriers to HIV and TB beyond that related to people with co-infection.</li> <li>• Ensure that all efforts to identify human rights abuses lead to clear systems of support and redress for those experiencing them.</li> <li>• Develop and fund a monitoring and evaluation plan under the existing National Plan that defines specific indicators that will be used to assess progress toward expected outcomes, identifies existing data sources that will be used, and demonstrate how data will be collected to measure indicators, how often it will be reviewed and how such data will be used to make adjustments to the strategy.</li> <li>• Use the strategy and action plan to proactively seek funding from the donor community to scale up and strengthen programs to remove human rights-related barriers; the Global Fund should increase its efforts to involve other donors in the Breaking Down Barriers initiative.</li> <li>• Support integration of human rights indicators into the state's routine M&amp;E activities in the context of Ukraine's new national HIV, TB, viral hepatitis strategy with a particular focus on linkages between human rights programs and increased uptake of/retention in prevention, treatment and key population programming.</li> </ul>

HIV-related recommendations by program area	
Stigma and discrimination reduction	<ul style="list-style-type: none"> <li>Expand to all regions programs for people living with HIV, men who have sex with men, and people who use drugs with a particular focus on practical steps to identify stigma and discrimination in access to health care, employment, and education as well as on procedures to seek redress in cases of discrimination in accordance with Ukraine’s 2015 discrimination law</li> <li>Engage with the National Parliament Commissioner for Human Rights to carry out stigma reduction and anti-discrimination campaigns among state officials , law enforcement, medical practitioners, child protection services, and among large employers</li> <li>Increase funding for stigma and discrimination interventions through national or local budgets, including through city plans</li> <li>Expand geographic and population coverage of programs for sex workers and prisoners</li> <li>Scale up to more regions programs to reduce stigma and discrimination against transgender populations and diversify the mix of approaches</li> <li>Carry out coordinated national communications campaigns to reduce stigma and discrimination related to HIV, key and vulnerable populations, and harm reduction and improve legal literacy of key and vulnerable populations</li> <li>Measure periodically stigma levels for key populations (not just those living with HIV)</li> </ul>
Training of health care workers on human rights and ethics	<ul style="list-style-type: none"> <li>Roll out training in human rights and medical ethics for primary health providers in a systematic manner and institutionalize it as soon as possible.</li> <li>Establish effective lines of communication between key populations network monitoring mechanisms (such as hotlines and paralegals) and the Public Health Center to report cases of stigma and discrimination in healthcare settings, as well as robust procedures to ensure a timely and appropriate resolution of such cases.</li> <li>Expand training in human rights and medical ethics for specialists to cover all of Ukraine.</li> <li>Expand the networks of “transgender-friendly” doctors so that transgender people in all regions of the country can access appropriate services.</li> </ul>
Sensitization of lawmakers and law enforcement agents	<ul style="list-style-type: none"> <li>Scale up programs to sensitize police and prison personnel to all regions of Ukraine and increase coverage of officers and guards, especially in regions with high HIV prevalence and/or incidence.</li> <li>Institutionalize and provide domestic funding for the above-described models of sensitization activities for police and prison guards with community representatives playing a key training role.</li> <li>Continue engagement of lawmakers through public awareness activities and advocacy related to human rights, focused on building alliances with lawmakers of all major parties.</li> <li>Systematize sensitization of judges and prosecutors through a collaboration with continuing education institutions for both professions, develop a standard curriculum, and integrate it into official pre- and in-service training programs.</li> <li>Develop and institutionalize trainings for state-mandated legal aid lawyers about human rights of key and vulnerable populations in all regions.</li> </ul>
Legal literacy	<ul style="list-style-type: none"> <li>Expand legal literacy programs for people living with HIV, men who have sex with men and people who inject drugs to regions that are not yet fully covered, especially high impact areas, and focus on increasing population coverage throughout the country</li> <li>Empower paralegals with skills to train peers to enable broader reach by peers on legal literacy to community members in all regions</li> <li>To enhance integration of legal literacy with health services and human rights programs, implementers should review how their legal literacy programs are sufficiently linked to health services, and legal services, community monitoring and stigma reduction programs; share results of this review; and jointly develop recommendations to improve linkages and integration.</li> <li>Expand geographic coverage of legal literacy programs for sex workers and prisoners, especially high impact areas</li> <li>Scale up legal literacy programs for transgender populations, ensuring a diverse mix of approaches;</li> <li>Ensure that legal literacy programs link recipients to free legal aid programs and licensed paralegals.</li> </ul>
Legal services	<ul style="list-style-type: none"> <li>Integrate the existing paralegals working for HIV prevention and key populations projects into the Association of Paralegals to ensure sustainability of paralegal services for key population and provide for continuous sensitization of the association about the needs of key populations.</li> <li>Advocate for the inclusion of key and vulnerable populations for HIV and TB as groups eligible to receive free legal aid through Ukraine’s legal aid system and for training of legal aid staff on key and vulnerable populations and their legal needs.</li> </ul>

	<ul style="list-style-type: none"> <li>● Establish connection between HIV-related legal service programs and Ukraine’s more than 400 bureaus of free legal aid to sensitize staff at these bureaus about the situation and legal needs of key and vulnerable populations.</li> <li>● Establish a database of lawyers who are able and willing to work with HIV key populations.</li> <li>● Expand availability to paralegal services for prisoners, people who use drugs and men who have sex with men to regions that are not currently covered, especially those most significantly impacted, including through complaint mechanisms for public oversight committee</li> <li>● Expand legal services for people living with HIV and other key and vulnerable populations. This could include training of peer counselors as paralegals and using hotlines, support groups, print and web-based legal literacy materials to offer referrals to legal service programs;</li> <li>● Sustain strategic litigation while improving capacity to provide legal assistance in non-strategic cases;</li> <li>● Evaluate the outcomes of the pilot of REAct and, if deemed successful and scalable, scale up countrywide. An effort should be made to improve buy-in and participation from all relevant community organizations and implementers.</li> </ul>
Monitoring and reforming laws, regulations and policies related to HIV	<ul style="list-style-type: none"> <li>● Integrate community-based monitoring efforts into service delivery programs where possible and improve consistency of data collection and verification to allow for aggregation and analysis of data from different monitoring initiatives.</li> <li>● Integrate information about human rights obligations and procedures to report violations into all project documents and in-service training activities for project staff and training activities with partners to foster knowledge of, respect for and enforcement of existing laws and policies that protect the rights of key and vulnerable populations.</li> <li>● Continue to pursue longstanding, major advocacy goals related to key and vulnerable populations, such as decriminalization of sex work and possession of drugs for personal use.</li> <li>● Continue to pursue narrower goals that may be easier to achieve in the short run, such as removing discriminatory provisions on child custody for women in substitution treatment programs.</li> </ul>
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<ul style="list-style-type: none"> <li>● Continue to expand the regional coverage and population reach of programs for women living with HIV and women who use drugs.</li> <li>● Identify and address gender specific challenges faced by prisoners, sex workers and transgender people, and scale up programs to address these challenges in additional regions.</li> <li>● Improve collaboration between organizations that have a general and a gender-specific focus to ensure that general programs to remove human rights-related barriers are gender-responsive.</li> <li>● Improve collaboration with civil society organizations, government and UN agencies that work on gender equality and non-discrimination broadly to ensure alignment and integration of efforts wherever possible.</li> <li>● Integrate documenting of women’s rights violations projects into all HIV prevention, treatment and care activities using the framework and cycles of CEDAW reviews in cooperation with the Office of Parliament Commissioner for Human Rights.</li> </ul>

<b>TB-related recommendations by program area</b>	
Reducing stigma and discrimination	<ul style="list-style-type: none"> <li>● Significantly strengthen the capacity of TB community groups.</li> <li>● Establish robust stigma and discrimination reduction programs for people living with TB, miners and mobile groups.</li> <li>● Strengthen integration of TB element in programs for people living with HIV.</li> <li>● Expand TB stigma and discrimination reduction programs for prisoners to remaining regions.</li> <li>● Integrate content related to TB stigma and discrimination into programs for people who use drugs.</li> <li>● Periodically conduct a TB stigma assessment using the StopTB Partnership tool.</li> </ul>
Training of health care workers on human rights and ethics	<ul style="list-style-type: none"> <li>● Strengthen inclusion of TB, stigma and discrimination into existing pre- and in-service trainings for healthcare workers. In light of the decentralization of health services, such training should be integrated into capacity strengthening of primary healthcare providers as a priority.</li> <li>● Strengthen the TB component in training curricula on HIV, discrimination and human rights for specialists and general practitioners.</li> <li>● Expand training for staff of TB clinics, general practitioners and penitentiary personnel.</li> </ul>

Sensitization of lawmakers and law enforcement agents;	<ul style="list-style-type: none"> <li>Integrate and strengthen the TB component in HIV-related trainings for police and staff at police detention facilities, including by inviting representatives of TB communities to participate in them;</li> <li>Expand training on human rights for penitentiary personnel to all regions of the country, including in prisons for women.</li> <li>Integrate TB-related human rights issues into sensitization activities for judges, prosecutors and lawyers.</li> <li>Mobilize parliament's TB platform to influence TB policy and practice.</li> </ul>
Legal Literacy	<ul style="list-style-type: none"> <li>Expand the availability and accessibility of a diverse set of "know your rights" materials for all TB key populations. Among others, leaflets, handouts, website and social media resources, and mobile apps should be developed. Integration of "know your rights" information related to TB should be improved in HIV legal literacy materials.</li> <li>A sustained effort should be made to ensure legal literacy materials reach TB key populations, including miners and migrants, through their distribution via support groups, peer paralegals, healthcare institutions, relevant community organizations, and free legal aid offices.</li> <li>Actively engage people affected by TB in legal literacy programs as peer paralegals to increase community protection and to develop monitoring and advocacy capacity around TB.</li> </ul>
Legal services	<ul style="list-style-type: none"> <li>Continue to expand capacity through trained community volunteers, paralegals and OneImpact to identify cases for referral to legal assistance services.</li> <li>Ensure full integration of TB with HIV-related legal assistance and strategic litigation programs.</li> <li>Advocate for the inclusion of key and vulnerable populations for HIV and TB as groups eligible to receive free legal aid through Ukraine's legal aid system and for training of legal aid staff on key and vulnerable populations and their legal needs, especially in mining regions and regions with large number of migrants.</li> <li>Establish connection between TB-related legal service programs and Ukraine's more than 400 bureaus of free legal aid to sensitize staff at these bureaus about the situation and legal needs of key and vulnerable populations.</li> <li>Improve access to available free legal aid by establishing a database of lawyers who are able and willing to work with TB key populations.</li> </ul>
Monitoring and reforming policies, regulations and laws that impede TB services	<ul style="list-style-type: none"> <li>Expand monitoring through OneImpact to all regions of the country; training of community volunteers, support groups, paralegals on use of the tool; ensure easy access through multiple electronic platforms; and ensure alignment and complementarity of OneImpact and REAct.</li> <li>Strengthen advocacy for reforms of laws, regulations and policies through training of community volunteers, peer educators, and paralegals, collaboration with the TB Caucus in Ukraine's parliament, and establishment of partnerships with experienced advocacy organizations such as Network 100% Life.</li> </ul>
Reducing gender-related barriers to TB	<ul style="list-style-type: none"> <li>Develop a plan of action to reduce gender discrimination and harmful gender norms in relation to TB, based on recommendations from the 2018 Alliance for Public Health/Stop TB Partnership report and other relevant materials.</li> <li>Carry out advocacy projects to obtain government commitments concerning gender equality in the provision of TB healthcare services at national and regional levels.</li> <li>Review all programs to remove human rights-related barriers to assess and improve their gender-responsiveness.</li> </ul>
Ensuring privacy and confidentiality	<ul style="list-style-type: none"> <li>Assess how the TB-related confidentiality and privacy components in activities under programs to train healthcare workers on human rights and medical ethics, improve legal literacy and provide legal assistance can be strengthened.</li> <li>Document through OneImpact and REAct the frequency and impact of unauthorized disclosure by healthcare providers on people living with TB and their families.</li> </ul>
Mobilizing and empowering patient groups	<ul style="list-style-type: none"> <li>Make significant investments in TB community organizations to enhance their diversity and grow their capacity to implement programs to reduce human rights-related barriers.</li> <li>Ensure that people affected by TB are represented in all regional coordinating councils and on other relevant platforms involved in development and implementation of TB policies and practices.</li> <li>Build capacity of civil society and key population representatives to serve as monitors, especially by training them to teach people affected by TB to use the OneImpact and REAct tools.</li> </ul>
Programs in prisons and other closed settings	<ul style="list-style-type: none"> <li>Institutionalize training on TB, HIV and human rights for all penitentiary personnel.</li> <li>Increase the capacity to monitor places of detention and ensure effective reporting on findings.</li> </ul>

	<ul style="list-style-type: none"><li>• Strengthen and expand legal literacy programs in places of detention; consider training of peer paralegals or peer human rights educators in prisons.</li><li>• Implement the probation program nationwide.</li></ul>
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## Annex II. Methodology

### Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”<sup>42</sup>

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Ukraine is an in-depth assessment.

Mid-term Assessment Type	Countries
<b>Rapid</b>	<ul style="list-style-type: none"> <li>• Benin</li> <li>• Democratic Republic of Congo (rapid +)</li> <li>• Honduras</li> <li>• Kenya</li> <li>• Senegal</li> <li>• Sierra Leone</li> <li>• Tunisia</li> <li>• Uganda (rapid +)</li> </ul>
<b>Program</b>	<ul style="list-style-type: none"> <li>• Botswana</li> <li>• Cameroon</li> <li>• Cote d’Ivoire</li> <li>• Indonesia</li> <li>• Jamaica</li> <li>• Kyrgyzstan</li> <li>• Mozambique</li> <li>• Nepal</li> <li>• Philippines</li> </ul>
<b>In-depth</b>	<ul style="list-style-type: none"> <li>• Ghana</li> <li>• South Africa</li> <li>• Ukraine</li> </ul>

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. In-depth assessments

were also envisioned to include site visits and a limited number of key informant interviews conducted during a two-week country trip. The country visit was carried out from December 1-14. Originally, in-depth assessments were also to include a one-week follow-up trip to present the assessment findings to country stakeholders. However, due to the COVID-19 pandemic, this was not possible. Therefore, findings were presented to national stakeholders, including the Public Health Center, Global Fund principal and sub recipients, community organization and technical partners via webinar.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

<b>Assessing specific BDB programs</b>	
<b>Dimension</b>	<b>Questions</b>
<b>Scope</b>	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
<b>Scale</b>	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
<b>Sustainability</b>	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
<b>Integration</b>	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
<b>Quality</b>	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?

	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in November 2019 and completed in September 2020. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Ukraine Country Team for their feedback. The finalized assessment report integrates these comments where relevant. Note that, as an in-depth country, a separate costing analysis will complement the mid-term exercise for Ukraine, to be completed in autumn 2020.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Diederik Lohman, Mikhail Golichenko, Nina Sun	November 2019
Key informant interviews conducted remotely with five people	Diederik Lohman, Mikhail Golichenko	November 2019
Field research and site visits in Kyiv and Odessa with 50 key informants including the Global Fund’s principle recipients, their subrecipients, community and other civil society organizations, technical partners and other donors. Researchers also attended meetings of the national and Kyiv human rights working groups.	Diederik Lohman, Mikhail Golichenko	Dec 1 – 17, 2020
Follow-up with relevant key informants	Diederik Lohman, Mikhail Golichenko	January – May, 2020
Presentation of key report findings to Global Fund and country stakeholders	Diederik Lohman, Mikhail Golichenko	September 2020

### Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations

3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
Unk	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

## Annex III. List of Key Informants

1. Skala Pavlo, Associate Director: Policy & Partnership at Alliance for Public Health
2. Dieieva Anastasia, Executive Director at CO «100% Life» (formerly the Network of PLWH)
3. Kononchuk Evgenija, Head of Advocacy Team at CO «100% Life» (formerly the Network of PLWH)
4. Ignatushyna Mariya, Head of Legal Services at CO «100% Life» (formerly the Network of PLWH)
5. Rachinska Valeria, Head of Regional Policy Team at CO «100% Life» (formerly the Network of PLWH)
6. Kulchenko Oleksandr, Senior Officer at CO «100% Life» (formerly the Network of PLWH)
7. Marina Novachuk, Senior Adviser at UNAIDS Country Office, Ukraine
8. Nataliya Salabay, Expert, UNAIDS
9. Kateryna Denisova, UNDP in Ukraine
10. Olena Stryzhak, Director, Positive Women
11. Maksym Butkevych, Project Manager for REACT Project at Alliance for Public Health
12. Svitlana Tkalya, Tatyana Lebed, Ukraine National Hotline for patients of opioid maintenance therapy (0-800-507-727)
13. Alla Khodak, Odessa, Member of the Coordination Council at CO «100% Life» (formerly the Network of PLWH)
14. Igor Kuzin, Deputy Director at the Public Health Center
15. Alexander Morachev, Senior Lawyer at Public Health Center
16. Alice Wolfram, PEPFAR Embassy Interagency Coordinator, the United States Embassy in Kyiv, Ukraine
17. Oleksii Zagrebel'skii, Charity Foundation "FREEZONE"
18. Natalia Isayeva, Director, Charity Foundation Legalife-Ukraine
19. Olga Klimenko, TBpeople Ukraine, Board Member, TB Europe Coalition
20. Oleksandr Pavlychenko, Ukrainian Helsinki Union for Human Rights
21. Oleg Dymaretski, Director of All-Ukrainian Union of People with Drug Dependence "VOLNA"
22. Olena Kucheruk, Public Health Program Manager, The International Renaissance Foundation (IRF), Ukraine
23. Galina Kornienko, Advocacy Director at the Charity Foundation "Hope and Trust"
24. Sergey Kondratiuk, ITPC
25. Lesia Tylyna, Public Health Expert, PwC Ukraine (GF LFA)
26. Medvid Igor, HPLGBT
27. Yurii Belousov, Executive Director, Expert Center for Human Rights, Ukraine
28. Victor Chuprov, Program Manager, Expert Center for Human Rights, Ukraine
29. Elena Voskresenskaia, Executive Director, AFEW Ukraine
30. Sheilat Afolabi, Project Manager at Ukrainian Legal Aid Foundation
31. Mykola Syoma, Director at Ukrainian Legal Aid Foundation
32. Sergii Dvoryak, Chief Researcher at Ukrainian Institute on Public Health Policy
33. Andrey Rokhansky, Director, Institute of Legal Research and Strategy
34. Anton Basenko, Country Focal Point (PITCH)
35. Taras Gritsenko, public health expert, coordinator of the National Working Group on HIV and Human Rights
36. Svyatoslav Sheremet, Legal and Policy Consultant at Alliance Global
37. Marie Martin, Project Manager at 5% Initiative for AIDS, Tuberculosis, Malaria (responsible for Niger, Ukraine, Guinea Bissau, Armenia)

38. Zhannat Kosmukhamedova, Head of UNODC Country Office in Ukraine
39. Ilona Eleneva, Head of International Public Organization “Social Initiatives for Occupational Safety and Health»
40. Gennady Tokarev, Advocate, Kharkiv Human Rights Group
41. Alexandra Dmitrieva, Support, Research and Development Center, Ukraine
42. Volodymir Stepanov, Support, Research and Development Center, Ukraine
43. Elena Strizhak, Head of the Board, Charitable Organization «Positive Women»
44. Svitlana Moroz, Head of Eurasian Women Network on AIDS
45. Roman Romanov, Human Rights and Justice Program Director, The International Renaissance Foundation, Ukraine
46. Vitaly Apanasenko, Projects Manager at Civil Society Organization “Partner”, Odessa
47. Julia Kogan, Regional Representative of All-Ukrainian Union of People with Drug Dependence “VOLNA”, Odessa
48. Pchelnikova Oksana, Project Coordinator, Public Organization “Trust, Hope, Love”, Odessa
49. Andrey Tolopilo, Regional Coordinator, Project REACT, Odessa
50. Irina Grigorieva, Regional Representative, TBpeople Ukraine, Odessa

## Annex IV: List of Sources and Documents Reviewed

### **Documents related to Breaking Down Barriers Initiative**

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria, Baseline Assessment: Ukraine (2018).
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria, Report of Multi-stakeholder Meeting and Technical Working Group Meeting for Strategic Planning to Address Human Rights-related Barriers to HIV and TB services in Ukraine (15-16 May 2018, Kiev).

### **Global Fund Internal Documents (all documents on file with the Global Fund and the MTA research team)**

3. *Grant Management Data – Briefing Note: Ukraine* (data retrieved 2019).
4. *Budget of Public Health Center of the Ministry of Health* – Grant cycle 01 January 2018 – 31 December 2020 (undated).
5. *Budget of Alliance for Public Health* – Grant cycle 01 January 2018 – 31 December 2020 (12 February 2018).
6. *Budget for All-Ukrainian Network of People Living with HIV* – Grant cycle 01 January 2018 – 31 December 2020 (16 October 2017).
7. *Performance Framework for Public Health Center for the Ministry of Health* (19 February 2018).
8. *Performance Framework for Alliance for Public Health Grant* (19 February 2018).
9. *Performance Framework for All-Ukrainian Network of People Living with HIV/AIDS Grant* (19 February 2018).
10. *Matching Funds Review and Recommendation Form* (18 December 2018).
11. *Technical Review Panel Matching Funds Clarification Form* (undated).
12. Eastern Europe and Central Asia Regional Grant budget (undated).
13. Eastern Europe and Central Asia Regional Grant Performance Framework (undated).
14. *Domestic Financing Country Workshop* presentation (November 2019).
15. Gender-focused Grant Review (October 2019).
16. Reporting on GF-funded Programs to Reduce Human Rights-related Barriers Questionnaires – Ukraine (2019).

### **Country Documents**

17. Ukraine National TB and HIV Council, *Ukraine Funding Request, 2018-2020 Cycle* (06 June 2017).
18. Alliance for Public Health, All-Ukrainian Network of People living with HIV/AIDS, Central-Asian PLHA Association, Eurasian Key Populations Health Network, *Eastern Europe and Central Asia Multi-Country Funding Proposal Application Form* – Grant cycle 01 January 2019 – 31 December 2021 (2017).
19. *2030 Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services* (2019-2022).
20. *Strategic Plan of a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services for 2019-2022*.
21. Directive of the Cabinet of Ministers of the Ukraine, *Strategy for a Sustainable Response to TB, including Drug Resistant TB, and HIV/AIDS for the Period until 2020*, No. 248-r (22 March 2017)
22. Plan for Transition of HIV Prevention Services, HIV and TB Care and Support Services to State Funding (“Transition Plan 20-50-80”) and Detailed Action Plan.

### **Relevant Third-Party Resources**

23. Stop TB Partnership and UNDP, *Legal Environment Assessment for Tuberculosis in Ukraine* (2018).

24. Alliance for Public Health and Stop TB Partnership, *Communities, Rights and Gender TB Tools Assessments in Ukraine* (2018).
25. Global AIDS Monitoring: Ukraine (2018), available at <https://aidsinfo.unaids.org/>
26. USAID, PEPFAR, Deloitte, *Legal Environment Assessment for HIV in Ukraine* (2017).
27. Judice, N., O. Zaglada, and R. Mbuya-Brown, *HIV Policy Assessment: Ukraine* (2011). Washington, DC: Futures Group, Health Policy Project.
28. Rule of Law Factsheet: Ukraine
29. All-Ukrainian Network of People Living with HIV, *Analytical Report: the People Living with HIV Stigma Index* (2014).
30. World Health Organization, Regional Office for Europe, and the World Bank Joint Report, *Ukraine Review of Health Financing Reforms 2016 – 2019* (2019).
31. Likatavicius G, Burrows D, Parsons D, Falkenberry H, *Assessment of HIV Service Packages for Key Populations in Ukraine*, APMG Health, Washington, DC (July 2018).
32. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Visit to Ukraine*, A/HRC/40/59/Add.3 (January 2019).
33. Presentations from 100% Life Network's Sub-Recipients (2018) (in Ukrainian; on file with the MTA research team).
34. PEPFAR, *Ukraine: Country Operational Plan (COP) – Strategic Direction Summary* (April 2019) available at [https://www.state.gov/wp-content/uploads/2019/09/Ukraine\\_COP19-Strategic-Directional-Summary\\_public.pdf](https://www.state.gov/wp-content/uploads/2019/09/Ukraine_COP19-Strategic-Directional-Summary_public.pdf)
35. CDC Division of Global HIV & TB – Country Profile: Ukraine (July 2019), available at <https://www.cdc.gov/globalhivtb/where-we-work/Ukraine.pdf>
36. GIZ project summary - Promotion of Innovation, Learning and Evidence in HIV and Health Programs of German Development Policy (PROFILE) (accessed 08 November 2019).
37. GIZ project summary - Program to help partner countries manage global financing in the health sector (BACKUP Initiative) (accessed 08 November 2019).
38. Expertise France – 5% Initiative Activity Report (2018), available at <https://www.expertisfrance.fr/documents/20182/248668/Initiative+5%25+%E2%80%93+Annual+Report+2018.pdf/5983a347-3ff0-4895-a384-5c84dea139e6>
39. UNDP Ukraine documents: Implementation of the Global Commission recommendations in Ukraine regarding MSM and TG people (presentation from the National LGBTI Conference in 2018); Case Study Outline for Kyiv, Odessa and Dnipro (cases to be finalized by the end of this year); and Dnipro City Action Plan (2019) (in Ukrainian; on file with the MTA research team).
40. UNAIDS, *Ukraine: National Commitments and Policies Instrument*, Laws and Policies Analytics (2019), available at <http://lawsandpolicies.unaids.org/country?id=UKR>
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