
National Strategic Plan to Reduce Human Rights- Related Barriers to HIV and TB Services:

Ukraine
2019-2022

MAY 2019

The Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services till 2030 and its Strategic Implementation Plan for 2019-2022

I. Existing barriers and the goal of the Strategy

Ukraine continues to be a country with a high prevalence of human immunodeficiency virus (HIV) infection, late presentation of people living with HIV for medical care at health care facilities (HCF)¹ and one of the five countries with the highest multi-drug resistant tuberculosis burden in Eastern Europe and Central Asia.

Although there is considerable experience in implementing the best international approaches and services in responding to tuberculosis (TB) and HIV/AIDS epidemics, the results of the baseline assessment suggest that there are human rights-related barriers affecting the response. In particular, every fifth new HIV case remains unreported and each year about 20% of registered people living with HIV do not attend health care facilities or seek services for various reasons.² The main challenges of the TB response in Ukraine is the low level of TB detection and inappropriate treatment of TB patients with MDR-TB.³ An especially high threat is presented by untimely enrollment of patients into medical care, late detection of the disease and patients with co-infection (TB/HIV), which results in a high mortality rate from TB and is the result of the lack of a comprehensive approach to combining prevention and treatment programmes into an integrated effective system to combat epidemics.⁴

As part of the efforts of technical partners and donors to assess existing structural barriers to overcoming HIV and TB epidemics in Ukraine, some assessments of existing legal and human rights-related barriers to accessing HIV and TB prevention, treatment and social support services in Ukraine have been carried out.⁵

These assessments helped establish the starting point that relates to the baseline situation in Ukraine with regard to the legal environment and human rights-related barriers to HIV and TB services impeding access by a client (patient). The Global Fund to Fight AIDS, Tuberculosis and Malaria baseline assessment also described existing programs to address such barriers, indicating what comprehensive programs aimed at elimination or substantial reduction of these barriers might look like, and the potential costs of such a comprehensive response.

Based on the results of the above-mentioned assessments, among the barriers related to human rights violations or improper enforcement of human rights and freedoms, preventing access by key populations to HIV and TB prevention and treatment services, we can single out the following:

- 1) stigma and discrimination continue to be the major barriers to HIV and TB services;
- 2) the level of disclosure of a HIV-positive status and information about patients who take part in a substitution maintenance therapy programmes remains high;

¹ HIV-infection in Ukraine: Newsletter No. 49, Public Health Centre of the Ministry of Health of Ukraine, Kyiv, 2018, p. 31.

² Ibid., p. 38.

³ TB in Ukraine: Analytics and Statistics Handbook, Public Health Centre of the Ministry of Health of Ukraine, Kyiv, 2018, p. 28

⁴ Strategy of Sustainable Response to TB, including MDR-TB, and HIV/AIDS Epidemics till 2020

⁵ Assessment of the Legal Environment to Fight HIV, Deloitte, 2017; Baseline Assessment of Human Rights-related Barriers to Accessing HIV and TB Services in Ukraine, APMG Health, Global Fund, 2017; Assessment of the Legal Environment to Fight TB in Ukraine, UNDP, 2018; Final Study Report within 'Communities, Rights, and Gender TB Tools Assessment' (data as of October-December 2017), ICF 'Alliance for Public Health', 2018.

- 3) the implementation of the state drug policy has a repressive impact on the ability to treat people living with HIV and / or suffering from TB and using drugs;
- 4) the negative attitudes of the police and fear of police among people who inject drugs (PWID), sex workers (SW) constitute barriers to HIV prevention and treatment services as well as other medical care;
- 5) the state policies and practices regarding sex work has a repressive impact on the ability to treat sex workers living with HIV and / or suffering from TB;
- 6) there are barriers associated with HIV testing based on an opt-out consent principle, testing outside a health care facility and self-testing, testing at the workplace, HIV testing of partners of people living with HIV, anonymous HIV testing for adolescents aged 14-18;⁶
- 7) financing of the public health system is limited, in particular, with regard to harm reduction, prevention, care and support, and other services for key populations, which also include TB services; low priority given by local authorities to HIV and TB services when they determine funding priorities;
- 8) existing guarantees for job security while on medical leave for the entire period of treatment⁷ are often not respected in practice by employers;
- 9) insufficient procedural safeguards for the use of forced isolation against people who suffer from TB, as a measure to be applied only in exceptional cases, subject to informing people of consequences and transparency;
- 10) due to isolation of health services in penitentiaries from the general health care system in the conditions of a long-term reform, as well as some institutional, organizational and law enforcement problems and insufficient legal regulation, there is no proper regulatory framework for provision of comprehensive services on HIV and TB prevention and treatment in penitentiary institutions and detention centers.

There is much evidence that such barriers jeopardize efforts to accelerate the response to HIV and TB epidemics, affect prevention services, reduce the likelihood that people will be tested and learn about their status, increase losses throughout the treatment cascade and thus undermine the effectiveness of domestic and donor investments in the HIV and TB response in Ukraine.⁸ A comprehensive response to human rights-related barriers will improve access to HIV and TB prevention services, expand access, coverage and retain more people on treatment, and raise the quality of services provided.

Pursuant to the decision of the Programme Committee of the National Council on TB and HIV/AIDS, a Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services until 2030 (the 'Strategy') and a Strategic Plan for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services for 2019-2022 (the 'Strategic Plan'), which is annexed to the Strategy, have been developed. This Strategy is prepared with the objective of implementing the main principles of the state policy in the field of HIV/AIDS, TB and viral hepatitis for the period up to 2030 and the Action Plan for Implementation of the National Human Rights Strategy 2015 - 2020, approved by Decree of the Cabinet of Ministers of Ukraine dated 23 February 2015 No. 1393-r.

⁶ Political and Legal Environment Assessment for HIV/AIDS in Ukraine, 2017, Deloitte, p. 5

⁷ Law of Ukraine 'On Protection of Population from Infectious Diseases', article 25, part 2.

Law of Ukraine 'On Combating Tuberculosis', article 21, part 1.

⁸ UNAIDS (2017). Combating Discrimination. Overcoming HIV-related Stigma and Discrimination in Healthcare Settings and Beyond. http://www.unaids.org/sites/default/files/media_asset/confronting-discrimination_en.pdf

The Strategic Implementation Plan contains a detailed description of interventions that constitute the comprehensive response to human rights-related barriers to accessing HIV and TB prevention and treatment services in 2019-2022 and their total estimated cost. A comprehensive response involves all the necessary measures to sufficiently reduce or eliminate human rights-related barriers to accessing HIV and TB services, as they affect people living with HIV, people with TB, and key and vulnerable populations in their diversity. In addition, the Strategic Implementation Plan maps activities for which funding has been committed from various sources that correspond to respective programme areas in a comprehensive response, as well as implementing agencies in charge of them and the planned cost.

The Strategic Implementation Plan is approved every 3-4 years.

II. Programme areas and comprehensive response activities

A comprehensive response to human rights-related barriers to accessing HIV and TB services includes the following programmes and activities⁹:

⁹ Technical note *on HIV, Human Rights and Gender Equality* of the Global Fund to fight AIDS, Tuberculosis and Malaria (April 2017)

Cross-cutting areas of the comprehensive response:		Activities
HIV	TB	
1. Training of health workers on HIV- and TB-related human rights and ethics		<ol style="list-style-type: none"> 1. Inclusion of human rights issues and topics in pre- and post-graduate education, continuing education of health workers. 2. Adaptation of training materials on health management to include human rights and organization of training on human rights for employees of regional and city health departments. 3. Scaling up training of health workers with the objective of covering all regions and cities with significant concentration of people living with HIV, people with TB, key populations. 4. Development of guidelines on ethical treatment of people with TB, people living with HIV, representatives of key populations in healthcare facilities
2. Raising awareness of law-makers and law enforcement officers		<ol style="list-style-type: none"> 1. Implementation of training sessions for patrol police and temporary detention centres (TDC) officers on tolerant attitudes to and enforcement of the right to health care for key populations (especially people who inject drugs) using the resources of the National Police Human Rights Office, accompanied by professional certification. 2. Expansion of multidisciplinary teams (with a lawyer) to prevent or detect violations of the rights of prisoners and detainees and provision of legal aid to them. 3. Implementation of monitoring of access to health services in prisons and other closed settings by the National Preventive Mechanism. 4. Introduction in documents regulating the professional activities of the employees of the State Penitentiary Service of Ukraine of the requirement for such workers to have skills and experience in communication with people living with HIV, people with TB, people from key populations. 5. Organization of awareness-raising campaigns by in-service training centers and other educational institutions of the Penitentiary Service of Ukraine on human rights and access to medical services, obligations related to the right to medical care, including HIV and TB services, tolerance and individual protection measures in cooperation with HIV- and TB-service NGOs, organizations of HIV- and TB-communities, former convicts. 6. Creation of a broad coalition to conduct analysis of statistics and practices, demonstrating ineffectiveness of the current repressive system against drugs, development of proposals for changes in the regulatory framework, namely the law of Ukraine on drugs, organization of expert discussions with MPs and ministries, sensitization of the general populations through briefings to the press, street protests, etc.
3. Legal literacy programme ('Know your Rights')		<ol style="list-style-type: none"> 1. Organizing community-based monitoring of cases of violation of rights and creation of networks of community paralegals. 2. Expanding the scope of training and legal literacy activities 'Know your Rights'. 3. Using the expanded programme for lawyers to provide training to all key populations on their rights. 4. Developing the capacity of civil society and key populations to act as monitors and observers
4. Programmes for delivery of HIV and TB legal services		<ol style="list-style-type: none"> 1. Expanding the system of public counsellors/lawyers to ensure sufficient coverage by legal services in all areas and cities with a significant concentration of people living with HIV, people with TB and key populations; working on certification, quality control and institutionalization of the public lawyers/paralegals system with a gender perspective.

	<ol style="list-style-type: none"> 2. Providing help to PWID, former and current prisoners, persons without a defined place of residence by HIV- and TB-service NGOs as well as community-based organizations on restoring identity documents in order to gain access to TB and HIV services. 3. Training sessions for lawyers providing free legal aid and promotion of free legal services. 4. Strengthening and expanding the mechanism of public-parliamentary investigations for the most serious cases of violation of rights
<p>5. Monitoring and reforming HIV- and TB-related laws, regulations and policies</p>	<p>Advocacy for law and policy reform by mobilizing the community in connection with:</p> <ol style="list-style-type: none"> 1. decriminalization of the use, storage, cultivation, transportation of drugs for personal use by increasing the minimum threshold for criminal prosecution for drug possession and abolition of the relevant articles of the Criminal Code and Administrative Code; 2. decriminalization of HIV transmission and exposure; 3. advocacy for the law on treatment and rehabilitation of people who use drugs at the expense of the state budget through the system of rehabilitation centers free of charge for the patient; 4. integration of the medical services in the penitentiary system with the health care system of the Ministry of Health; 5. creation of legal grounds for OST provision and its wide use in prisons; establishment of legal guarantees for provision of ART, anti-tuberculosis treatment and OST in case of transfer of prisoners from one institution to another and during pre-trial detention; 6. introduction of an integrated approach that allows women to receive OST, contraceptives, ART and TB drugs in one place; 7. revision of the regulations on registration of drug users, protection of personal data of registered patients; 8. revision of the regulation of deprivation of parental rights of persons with signs of alcohol and drug addiction; 9. introduction of amendments to the Law of Ukraine 'On Protection of Population from Infectious Diseases' in order to exclude the norm requiring to present a document confirming the absence of HIV-infection or an active form of TB for issuing visas to foreigners and stateless persons entering Ukraine; 10. introduction of a policy of access to palliative and hospice care for people living with HIV or TB (including children) through amendments to the Order of the Ministry of Health of Ukraine dated 21.01.2013 No. 41 'On Organization of Palliative Care in Ukraine', namely withdrawal from the said Order the norm, which prohibits patients with TB and HIV/AIDS to receive palliative care in specialized medical institutions.
<p>6. Ensuring privacy and confidentiality</p>	<p>In order to ensure confidentiality of HIV or TB status data:</p> <ol style="list-style-type: none"> 1. to develop and implement unified registers of people living with HIV and people with TB (or to improve the e-TB Manager module with personalization of patient data and personal code for each patient) with appropriate data protection, safeguards and confidentiality systems; 2. to supplement job descriptions of health workers who have access to confidential information, including information about HIV and TB status, with requirements for the protection of personal data and confidentiality; 3. to include the requirement to protect confidential information about patients into licensing conditions for provision of medical services - to prevent violations of confidentiality by health care providers; 4. to supplement the standards of accreditation of healthcare facilities with the requirement to observe the principle of

	<p>confidentiality of information on HIV and TB status (section concerning rights, duties and safety of patients);</p> <ol style="list-style-type: none"> 5. to amend the Ukrainian legislation in order to regulate in detail the confidentiality of TB diagnosis; 6. to measure the level of disclosure of status when determining the TB and HIV stigma index.
<p>Areas of the comprehensive response to human rights-related barriers to HIV services:</p>	
<p>1. Reducing stigma and discrimination</p>	<ol style="list-style-type: none"> 1. Development and implementation of nationwide information campaigns to fight stigma and discrimination, tailored to specific audiences and channels, including community-specific ones. 2. Expansion of community mobilization and education on stigma and discrimination for all HIV-related key populations. 3. Psychological assistance and counselling for persons who have been subjected to stigma and discrimination aimed at prevention and management of self- stigma. 4. Providing training for outreach workers on human rights, a human rights approach to health and ways of responding to reported human rights violations, including referrals to existing legal protection mechanisms. 5. Sessions of communication with opinion leaders. 6. Implementation of stigma index research. 7. Support of hotlines on HIV and OST, community hotlines. 8. Production and dissemination of information materials so that people know their rights. 9. Development and dissemination of a Code of Conduct for employers, which will contain basic stipulations on protection against discrimination and stigmatization of workers living with HIV, as well as ensuring confidentiality and personal privacy
<p>2. Monitoring and reforming HIV-related laws, regulations and policies</p>	<p>Advocacy for law and policy reform by mobilizing the community to</p> <ol style="list-style-type: none"> 1. introduce sexual orientation and gender identity (SOGI), and where relevant, HIV-status, as grounds in the anti-discrimination provisions of existing laws and regulations as well as draft laws and regulations that contain anti-discrimination norms; make appropriate amendments to the Law of Ukraine 'On Principles of Preventing and Combating Discrimination in Ukraine' to bring it in line with the provisions of EU law with regard to the list of grounds for which discrimination is prohibited, including the prohibition of discrimination on the basis of sexual orientation and gender identity, expand the list of discrimination (victimization) forms, define and prohibit compounded discrimination and discrimination by association, clarify the scope of the law; 2. decriminalize voluntary provision of commercial sex services by abolishing administrative liability and criminal liability, including for third parties ; recognize sex work as a form of self-employment according to the Classification of Economic Activities (CED); 3. improve normative and legal regulation of hate crimes, in particular, as affecting people that live with HIV or HIV-related key populations; provide for the punishment for hate crimes committed on grounds of intolerance related to race, skin color, religious beliefs, sexual orientation, gender identity, disability, speech by amending paragraph 3 of article 67, article 115 'Deliberate Murder', 121 'Deliberate Heavy Injury', 122 'Intentional Moderate Bodily Injury', 126 'Beatings and Torture', 127 'Tortures', 129 'Threats of Murder', article 293 of the 'Group Violation of Public Order' of the Criminal Code of Ukraine; 4. introduce the institution of registered civil partnership (RCP) as a form of legal recognition of partnership and family relations between persons who belong to the same sex according to their

	<p>identity documents, while regulating mutual rights and obligations of persons in the registered civil partnership in the field of medical decisions regarding each other and access to medical information about the partner;</p> <ol style="list-style-type: none"> 5. make changes in the list of diseases, contraindications to donation and forms of risky behavior defined in Annex 3 to the Order of Medical Examination of Blood Donors and (or) its Components Approved by the Order of the Ministry of Health No. 385 dated 1 August 2005 'About Infectious Safety of Donor Blood and its Components', in particular, remove clause 1.3 ['Forms of Risky Behavior', which include, in particular, 'homosexual relations'] and amend the Law of Ukraine 'On Donation of Blood and its Components'; 6. cancel the ban to adopt children by people living with HIV and persons diagnosed with F64 according to the International Statistical Classification of Diseases and Related Health Problems (of the tenth revision) (ICD-10); change the practice and policies of social services regarding deprivation of maternal (parental) rights, when it is known that a parent is a sex worker; 7. bring in line with the legislation of Ukraine the MOH regulations on access to assisted reproductive technologies for women living with HIV for prevention of mother-to-child transmission of HIV
<p>3. Reducing HIV-related discrimination against women and girls</p>	<ol style="list-style-type: none"> 1. Expanding gender-sensitive harm reduction measures and peer-to-peer counselling for adolescent girls from key populations. 2. Expanding online counselling and closed Facebook groups for women living with HIV and women from key populations. 3. Training on gender issues for OST facilities. 4. Research on gender - related barriers to HIV services. 5. Making changes in the procedure for providing assistance to survivors of violence who had an increased risk of HIV infection in order to improve standards of care for survivors of violence. 6. Organizing a package of low-threshold and inclusive services for psychological, legal, medical and social support to women victims of gender-based violence
<p>Areas of the comprehensive response to human rights-related barriers to TB services:</p>	
<p>1. Reducing stigma and discrimination</p>	<ol style="list-style-type: none"> 1. Development and implementation of nationwide information campaigns to fight TB-related stigma and discrimination tailored to specific audiences (among which there are children and teenagers) and channels, including the ones that are intended for some particular communities. 2. Support to TB-service NGOs/NGOs of TB communities (e.g., training of personnel on human rights issues, online counselling, organization of support groups, training of outreach workers, etc.). 3. Reducing stigma and discrimination in education institutions (e.g., provision of human rights education materials on TB for school and University programmes). 4. Outreach activities focused on trade unions, business associations, business leaders in order to reach them with TB-related human rights literacy activities (e.g., sub-grants to trade unions to improve human rights literacy at the workplace). 5. Research on TB stigma
<p>2. Reducing gender related barriers to TB services</p>	<ol style="list-style-type: none"> 1. Inclusion of TB-related patient-oriented and gender-specific approaches, gender-specific services, reduction of gender-based stigma and discrimination in the in-service training programme for employees of the Ministry of Internal Affairs and the National Police. 2. Active involvement of TB public associations and representatives of key populations in planning, implementing and monitoring the

	<p>implementation of gender-sensitive TB programmes and provision of recommendations for the introduction of gender-specific services.</p> <ol style="list-style-type: none"> 3. Implementation of research on behavioral risks, legal and economic barriers to accessing TB services, as well as human rights- and gender-related barriers, among defined key populations in Ukraine. 4. Making changes in registration documentation on prevention, diagnosis and treatment of TB, inclusion of a ‘transgender’ category in the gender disaggregation paragraph. 5. Based on their gender-specific needs, ensuring access of TB and TB/HIV patients to counselling on reproductive health, family planning and sexual life in connection with TB, in particular for pregnant women or those who have a breastfed child who may interrupt treatment because of false beliefs about the dangers of therapy for the child. 6. Provision of appropriate patient-oriented and gender-sensitive social services for TB-patients with young children, and creation of appropriate conditions for institutional care and for caring for contact children
<p>3. Monitoring and reforming TB-related laws, regulations and policies</p>	<p>Advocacy for law and policy reform by mobilizing the community to</p> <ol style="list-style-type: none"> 1. ensure strict regulation and compliance with rules in order to care appropriately for patients with various forms of TB at TB facilities; in places of forced isolation; in places of detention; 2. improve nondiscriminatory access to GeneXpert devices, which should be available in places of detention for primary screening of HIV, TB, hepatitis C; 3. improve nondiscriminatory access to new drugs treating pre-XDR-TB and XDR-TB; 4. ensure legislative regulation of patient-oriented and gender-based approaches to the needs of TB patients; 5. amend the laws of Ukraine ‘On Protection of the Population from Infectious Diseases’ and ‘On Tuberculosis Control’ to secure the jobs for people with TB and HIV / TB, irrespective of the forms of TB, throughout the full course of TB treatment in both inpatient and outpatient settings, as well as treatment of concomitant diseases associated with TB, in hospitals; 6. establish a direct ban on unjustified dismissal from work for people with TB and HIV / TB in the Labour Code of Ukraine; 7. amend the Labour Code with regard to job protection and prohibition of unreasonable refusal in employment for persons who had TB; 8. create and approve a list of jobs and positions for TB patients at the stage of cessation of bacterial excretion that do not pose a threat to others and their own health; 9. amend part 3 of article 15 of the Law of Ukraine ‘On Protection of the Population from Infectious Diseases’ in order to ensure the rights of children with inactive forms of TB to education in general education institutions, children with active forms of TB to individual education, taking into account the provisions of the National Strategy for Reforming the System of Institutional Care and Upbringing of Children for 2017-2026 on reduction of the institutional care for children; 10. develop and implement an Algorithm for Diagnosing Contact Persons of TB Patients with strict guarantees for the confidentiality of their status; 11. ensure respect for the rights to education and social security of children who have or have had TB or parents with TB; 12. regularly assess TB-related legal environment; 13. regularly update the list of people from TB-related key populations

III. Expected results

The implementation of the Strategy is aimed at achieving the following results:

- 1) increasing the share of people from key populations who are aware of their HIV status;
- 2) increasing the share of people living with HIV from key populations that are receiving ART;
- 3) increasing coverage with combination prevention of key populations;
- 4) reducing mortality from TB and
- 5) reducing the number of TB cases lost to follow-up;
- 6) increasing coverage with health services among HIV- and TB-related key populations ;
- 7) reducing stigma and discrimination against people living with HIV and / or TB as well as HIV- and TB-related key populations;
- 8) reducing the number of human rights violations experienced by people living with HIV and / or TB as well as HIV- and TB-related key populations;
- 9) decreasing the level of physical violence and misconduct by police against HIV- or TB-related key populations;
- 10) reducing the level of criminalization of people from key populations.

Such indicators are proposed to be used for measuring progress towards the intended results:

1. Percentage of women and men aged 15-49 who report discriminatory attitudes to people living with HIV.¹⁰
2. Percentage of key populations who report avoiding the health system because of fear of stigma and discrimination.
3. Percentage of people living with HIV who report experiences of HIV-related stigma and discrimination in health care settings.
4. Percentage of violations of human rights of key populations for which legal redress has been sought (according to the REACT database).
5. Measuring the level of stigma and discrimination against people who have or had TB, according to the methodology TB Stigma Measurement Guidance and TB Stigma Assessment (Stop TB Partnership).¹¹
6. The number of violations of the rights of people with TB as well as people from TB-related key populations according to the mobile application 'Medical and Social Services for People with TB/HIV'.

IV. Financial support for the implementation of the Strategic Plan

The implementation of the Strategic Plan is financially supported through the funds provided in the state and local budgets for the relevant year to government authorities, institutions and organizations responsible for implementation of activities under the Strategic Plan, international technical assistance and other sources not prohibited by law.

¹⁰ Global AIDS Monitoring 2019: Indicators for Monitoring the 2016 Political Declaration on Ending AIDS, UNAIDS, 2018 – p.99.

¹¹ [TB Stigma Measurement Guidance, Challenge TB, 2018](https://www.challengeTB.org/publications/tools/ua/TB_Stigma_Measurement_Guidance.pdf)

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