

## Gender dimension of HIV and AIDS epidemic in Ukraine<sup>1</sup>

### Introduction

The necessity to take into account the gender-based approaches in addressing the HIV and AIDS epidemic was reflected in the National AIDS Program for the years 2014-2018 (Order of the Cabinet of Ministers as of May 13, 2013, No. 356-p, Kyiv), and later – in the corresponding National Target Social Program, which was approved by the Verkhovna Rada of Ukraine as a law and will be implemented till the end of 2018 (hereinafter – the Program)<sup>2</sup>.

The Program aims to reduce the level of morbidity and of mortality from HIV/AIDS by providing high-quality and accessible services on HIV prevention and diagnostics, first and foremost among representatives of groups most at risk of contracting HIV; treatment, care and support services for people living with HIV, within the framework of the health care system reform.

Gender affects lives of women and men differently. Application of the gender-based approach in the programs and measures on HIV and AIDS prophylaxis envisages a comprehensive consideration of needs women and girls as well as men and boys have at different stages of their lives. Providing and securing access to services that provide for specific needs, risks of contracting HIV and consequences of the epidemic for people of both sexes in the target groups is an important indicator of efficiency of the regional and local HIV/AIDS programs.

Unfortunately, the Ukraine Harmonized AIDS Response Progress Report<sup>3</sup> for the reporting period of January 2012 – December 2014 lacks the narrative part on performance regarding Target 7. Elimination of gender inequality. The list of indicators that do not correspond to the epidemic currently registered in the country and are not relevant for Ukraine includes *Indicator 7.1. Proportion of ever-married or partnered women aged 15-49 years who have experienced physical or sexual violence from a male intimate partner in the last 12 months.*

Accounting for gender peculiarities in the process of responding to the epidemic is of extreme urgency for Ukraine, considering the trends in the expansion of the epidemic and its gender profile.

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<sup>2</sup> Approved by the Law of Ukraine as of October 20, 2014, No.1708-VII. <http://zakon5.rada.gov.ua/laws/show/1708-18>

<sup>3</sup> Ukraine Harmonized AIDS Response Progress Report (GARPR Ukraine), January 2012-December 2014. <http://ucdc.gov.ua/uploads/documents/ab1ccb/3c54bc491a41b37b8bb8625d29037e1d.pdf>

## Gender peculiarities of HIV epidemic in Ukraine

**1. Distribution of PLWH by sex.** The epidemic's gender peculiarities in Ukraine have been drawing attention from the very first years since emergence of HIV on its territory. The first cases of contracting HIV were registered among young men in the age group of 16-25, who were using injectable drugs. Among all registered HIV-infected persons in 1996, the correlation between men and women was 4 to 1, that is, in that period, infected men constituted 80%<sup>4</sup>. This is related to the fact that young men follow the gender-based stereotypes and engage in risky behaviors more often than girls, consume alcohol or drugs excessively, have sexual encounters with numerous partners. Due to this, the risk of contracting HIV for men was higher, as well as for their sexual partners of either sex. In the following years, the epidemic gradually began to encroach the female part of the population, and nowadays, in Ukraine the number of HIV-infected men and women is almost the same.

In 2013, HIV was diagnosed in 6,455 women of child-bearing age, and 2,262 (35%) of them were diagnosed during pregnancy. In 2014, HIV-infected women gave birth to 3,660 children. The key groups most at risk of contracting HIV in Ukraine are people, who inject drugs (PWID), women, who provide sex services for payment (FSW), and men that have sex with men (MSM)<sup>5</sup>.

As of January 1, 2016, the total number of women registered with AIDS centers constituted 59,351 (46.9%), of them in urban areas live / 78.7% and 21.3% live in rural areas.

**2. Mother-to-child transmission of HIV in women, who use drugs.** According to the Program of prophylaxis of mother-to-child transmission of HIV (MTCT), which is being implemented in Ukraine, women have the right to:

- be in charge of their reproductive life;
- obtain information about HIV/AIDS and HIV prophylaxis;
- reach out for HIV counseling and testing;
- be aware of their HIV status;
- refuse HIV testing or decide not to learn the test results;
- take informed decisions about feeding their babies.

Thanks to the measures already taken in Ukraine, first and foremost, introduction of prophylactic programs for people who inject drugs, certain positive results have been achieved. In 1997, the share of officially registered HIV-infected people who inject drugs constituted 83.6% of the total number of new HIV cases, and as of July 1, 2014, this indicator amounted to 24%.

These days, the dynamics of women contracting HIV in connection with injecting drugs manifests a decreasing tendency. In 2005, this indicator constituted 23.1%, and in 2013 – 10.4%<sup>6</sup>.

Analysis of the reasons of failure to achieve the indicator the National AIDS Program for 2009-2013 set for reduction of the incidence of mother-to-child transmission of HIV to 2% (according to the 2011 data, the national indicator constituted 3.7%) shows that it was the women who inject drugs that had a negative impact on achievement of the indicator because of:

- insufficient access to high-quality health care;
- high level of stigmatization in the health care community;
- delayed diagnostic of HIV, contracting HIV during pregnancy;
- absence of timely ARV prophylaxis of HIV transmission;

<sup>4</sup> Ukrainian Center for Socially Dangerous Disease Control (UCDC).

<sup>5</sup> On Approval of the list and criteria of identification of groups most at risk of contracting HIV: the Order of the Ministry of Health Care of Ukraine as of February 8, 2013, No.104.

<sup>6</sup> UCDC.

- children contracting HIV during breast-feeding, etc.

The level of mother-to-child transmission of HIV in women who inject drugs constitutes 11.2%. According to the data on the indicator «Share of HIV-infected pregnant women, who are actively using injectable drugs», among the HIV-infected pregnant women, the ones actively using injectable drugs constituted 3.5%<sup>7</sup> in 2011 and 1.5 in 2012 %<sup>8</sup>. The analysis of the situation in 200 pairs “HIV-infected mother – HIV-infected baby”<sup>9</sup> showed the following:

- The predominant number of women (82%) was diagnosed with HIV when they were tested in connection with pregnancy (code 109), of them 5.0% of the pregnant women – during their second testing (code 109.2).
- Although, 11.1% of the HIV-infected women had negative results of the HIV testing during their pregnancy and childbirth, that is, they were in the «seroconversion window» during their second HIV testing or contracted HIV after the childbirth. In such cases, the babies contracted HIV by breast milk during breastfeeding.
- Mothers of HIV-infected children contracted HIV mostly through sexual intercourse (78.0%), but one in every five women (21,5%) got infected through use of injectable drugs.
- According to the data of the desk review, the share of such women constituted 13.5%, according to the survey data – 14.5% (*overall in Ukraine in 2011 – 3.5%*).
- After giving birth, despite being aware of their HIV-positive status, the share of women, who were actively injecting drugs, among the total number of mothers in the studied cohort grew significantly: at the time of the survey, already 21.7% were engaging in risky behaviors related to using injectable drugs.
- After giving birth, HIV-infected women may engage in different forms of risky behaviors of using injectable drugs, like: using non-sterile needles or syringes (70.6%), none at all or irregular disinfection when using non-sterile needles or syringes (53.4%), purchase of the solution of an injectable drug from different pushers or other people (52.4%).
- Most mothers of HIV-infected children never used the syringe (needle) exchange programs (70.6%).
- Only 2 HIV-infected pregnant women attended the MAT program, another 2 women participated in the rehabilitation program for people with drug addiction.
- The joint with the addictionologist pregnancy monitoring plan was developed only for 4 pregnant women who were using injectable drugs actively.

**3. Access to the medication-assisted treatment (opioid substitution treatment, or OST) for women.** As of the beginning of 2015, access to the medication-assisted treatment was made available in all regions of Ukraine at 170 health care institutions for 8,311 patients<sup>10</sup>.

According to the data of the report on implementation of the abovementioned pilot project, as of January 1, 2015, only 12 women were receiving medication-assisted treatment during their pregnancy (2<sup>nd</sup> and 3<sup>rd</sup> trimesters). The share of HIV-infected pregnant women with current injecting drug use, who received medication-assisted treatment during pregnancy, constitutes 13.2% in 2014 (in 2013 – 12.2%). The numerator is the number of HIV-infected pregnant women on MAT during their pregnancy, which in 2014 was 10 persons. The denominator is the number of HIV-infected women with current injecting drug use, who were registered as pregnant, which in 2014 was 76 persons<sup>11</sup>.

<sup>7</sup> Harmonized report for 2010-2011.

<sup>8</sup> UCDC.

<sup>9</sup> Institutional research «Socio-demographic and medical determinants of risk of mother-to-child transmission of HIV in Ukraine», conducted in Ukraine by UCDC together with UNICEF and the Institute of Social Assessment of the National Academy of Sciences of Ukraine.

<sup>10</sup> Information about the quantitative and qualitative depersonalized properties of MAT patients as of January 1, 2015. Retrieved at: <http://ucdc.gov.ua/uk/statystyka/profilaktyka/zamisna-pidtrimovalna-terapiya>

<sup>11</sup> GARPR Ukraine, January 2012-December 2014.

The share of HIV-infected pregnant women with current injecting drug use, who were taking the ARV prophylaxis to reduce the risk of vertical transmission during pregnancy, constituted 89.3% in 2014 (and in 2013 – 90.7%). The numerator is the number of HIV-infected pregnant women with current injecting drug use, who received the ARV prophylaxis to reduce the risk of vertical transmission during pregnancy, which in 2014 constituted 34 persons. The denominator is the number of HIV-infected women with current injecting drug use, whose pregnancy ended in giving birth in 2014 – 38 persons.

The data of the multi-center studies showed that substitution maintenance therapy during pregnancy leads to reduction of the incidence of premature birth, premature placental abruption and intrauterine fetal demise<sup>12</sup>.

**4. Sexual partners of people who use drugs.** The modern tendency in development of the epidemic is a significantly increased role in proliferation of HIV played by sexual partners of people using injectable drugs. So, people who inject drugs and their sexual partners (of any sex) continue to greatly impact the intensity of the HIV / AIDS epidemic in Ukraine.<sup>13</sup>

**5. Epidemic among sex workers.** Prevalence rate of HIV among sex workers has been gradually decreasing, as well: in 2009, 2011, 2013, it constituted 12.9%, 9.0% and 7.3% respectively, and coverage by HIV prophylaxis programs in these years was growing and constituted 59%, 61.2%, and 70.1%, respectively. The highest probability of contracting HIV among sex workers in Ukraine is linked to consumption of injectable drugs. Prevalence rate HIV among FSW, who also inject drugs, in 2013 constituted 27.6%, and among FSW that never used drugs – 5.8%. Drug-injecting FSW due to the high level of prevalence rate of HIV among them can be the most significant source of infection for clients, who represent the so-called general population. This is one of potentially dangerous factors of possible generalization of the epidemic.<sup>14</sup>

**6. Epidemic among MSM.** The absolute number of officially registered new cases of HIV among representatives of this group in the country has been growing annually: from 20 persons in 2005 to 277 persons in 2014. Unprotected sexual contacts among MSM were the cause to a small number of the first registered cases of HIV in the country – 1.4% among all registered new cases of HIV in 2014, but the official data is underreporting the actual level of HIV transmission in this group, which still faces stigmatization. Based on the results of the integrated biobehavioral research in Ukraine, in the recent years, the prevalence rate of HIV among MSM has been going down and constituted in 2009, 2011, and 2013, respectively, 8.6%, 6.4% and 5.9%. In some regions in 2013, this indicator was significantly higher but coverage of HIV prophylaxis programs in these years was decreasing and constituted 63.

**7. Women get infected at an earlier age than men.** During 2014, the share of new diagnosed cases in men constituted 55.3%, and in women – 44.7%, of them 88% are women of younger, reproductive age<sup>15</sup>. The statistical data shows that women usually get infected at an earlier age than men. For example, in 2012 in Ukraine among the age group of 15-24, young women constituted 75%, and men of the same age – 25%; in the age group of 25-49, men constituted 60%, and women – 40%; in the age of 50 and older – men constituted 56.4%, and women – 43.6%.<sup>16</sup>

In accordance to the UNAIDS and WHO recommendations, registration of HIV cases among persons of younger age (in the age group of 15-24) to a certain degree reflect the level of the so-called "new cases," as the risk of contracting HIV for this group emerged recently. In Ukraine, on the background of a certain stabilization of the total number of

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<sup>12</sup> Actual issues of implementation of substitution maintenance therapy in Ukraine. M.V. Zelenska, O.H. Yeshchenko, I.L. Demchenko «Tuberkulios. VIL-infektsia» /*TB. HIV*/ No.2, 2015.

<sup>13</sup> The research team requires more information about this issue.

<sup>14</sup> UCDC.

<sup>15</sup> UCDC.

<sup>16</sup> UCDC.

new registered HIV cases, a persistent positive tendency emerged towards reduction of the number of diagnosed HIV cases among people in the age of 15–24. In 2013 compared to 2005, the share of new registered cases among persons in the age of 15–24 from all new registered HIV cases reduced by 2.5 times, and in 2014 by 2.7 times<sup>17</sup>.

### Population Awareness about HIV and Tolerance

55 percent of Ukrainians<sup>18</sup> consider themselves well informed about HIV and AIDS. The percentage is higher among youth (68% of those informed). In 2014, the most popular sources of information about HIV and AIDS were TV (68%), street advertising /bigboards (26%), brochures/leaflets (14%) and the Internet (without social networks, 14%). Only one in every three Ukrainians is aware that HIV is not a deadly disease, and one in every four – that now PLWH can lead normal life.

Among the respondents, who would agree to unprotected sex, men prevail upon women (7% and 5%, correspondingly). In addition, more men (30%), than women (21%), would not know what to do, if a new partner offered to have sex without a condom. At the same time, women more often believe they would never have new relationships compared to men (36% compared to 24%).

Among the respondents that had sexual experience, 34% have discussed the issue of safe sex with their partners; 26% discussed previous sexual relationships; 19% asked their partners to use a condom; the same number of respondents were tested for sexually transmitted infections; 13% asked their partners whether they got tested for HIV; 8% would refuse sex, if their partner refused to use a condom.

Among those Ukrainians, who do not use or rarely use condoms (except for those, who do not use condoms having one permanent partner), 37% justify refusal to use condoms by their trust to their partner; 30% – condoms are not always available; 21% consider that sex with a condom is less enjoyable; 20% use other means of protection; 15% do not think that it is necessary, and 12% reveal that condoms are too expensive for them.

More than half of surveyed Ukrainians never tested for HIV (62%), 32% were tested, and the rest refused to answer. Among those, who never used condoms and rarely used them, 48% were tested for HIV.

81% of respondents that tested for HIV mentioned that they had to get tested to receive a health check certificate; the rest – for their own peace of mind. The most popular sites to get tested for HIV were women's health clinics (41%) and AIDS Centers (22%).

The majority of Ukrainians (65%) consider that people living with HIV have the right to keep their diagnosis undisclosed.

Thoughts about the statement that people get HIV due to their immoral conduct divided equally: 44 % agreed with the statement, and 45% disagreed or rather disagreed. 36% of respondents should suggest to a person, whose partner was infected with HIV, to continue the relationship but to use preventive measures not to be infected; 28% recommended to end the relationship, the rest were uncertain.

Only 12% of Ukrainians<sup>19</sup> are ready to have PLWH as colleagues, neighbors, close friends or members of family. More than half of Ukrainians are not tolerant to PLWH: 66% of respondents are ready to accept PLWH as residents of Ukraine or guests of Ukraine, or should not allow PLWH entering Ukraine at all. However, Ukrainians are even less tolerant to other vulnerable groups (IDUs, homosexuals, sex workers).

Nearly half of Ukrainians (46%) say that if they learn that one of their friends or colleagues is HIV-positive, it would not change their attitude and / or they would like to help this friend

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<sup>17</sup> UCDC.

<sup>18</sup> Public awareness of HIV epidemic in Ukraine 2014.- Kyiv: GIZ, 2015 p. (Vološevych Inna et al., GfK Ukraine).

<sup>19</sup> Bogardus social distance scale (the perception of unfamiliar PLWH).

or colleague. 30% would try to communicate less with that person or entirely stopped communicating, the rest are not sure about their reaction.

33% of respondents think that HIV positive children can go to school with other children, and 28% are against it (the rest are not sure of their position). Those against argue that other children may be infected.

According to a different source – World Values Survey<sup>20</sup>, the Ukrainian society demonstrates the highest levels of intolerance towards people living with HIV and most at risk groups. So, 52.3% of respondents would not have people living with HIV as their neighbors. This testifies that prejudices and stigma are very high in the society. More than 50.8% respondents believe that sex work can never be justified. As to violence in family (when a husband beats his wife), 72% believe it can never be justified, 12% – that it cannot be justified, and 0.7 % think it can be justifiable.

Women more than men consider their health to be poor (20% to 12%) and rather poor than good (27.6% to 36.6%).

The majority of questions about gender equality in work, leisure, and education were rated at a quite low level of importance (around 10%). Particularly, 3.3% of respondents consider discrimination of women and girls as an important world problem, compared to poor sanitation and infectious diseases (13%) and poverty (63%). Men and women responded almost equally (difference in 1%).

Trust to women's organizations is quite high: 47.7% – trust quite a lot (51.1% – women and 43.6% – men) and 6.9% – a great deal (9.5% – women and 3.6% – men). Accordingly, we conclude that women's organizations can be valuable in implementing programs that have larger societal impact.

## Sociocultural norms and factors

In Ukraine, women are vulnerable to different forms of discrimination, violence, and prejudice that increase their risks of contracting HIV. This situation is perpetuated by widespread gender stereotypes and biases against women, which are reproduced and amplified by mass media and the educational system.<sup>21</sup>

### **Economy:**

In the last 15 years, women's average salaries ranged from 70.9 to 77.8% of men's average salaries<sup>22</sup>. According to the analysts of one of Ukraine's top job portals *rabota.ua*, employers offer different levels of salaries for jobs at every level: at the entry level jobs, women are offered 72% of what is offered to men, and at top positions, women are offered 60% of men's salaries. There are no jobs where women are offered more than men.<sup>23</sup>

Due to their family responsibilities, women are more inclined to take jobs in the state-funded spheres that offer smaller salaries but provide benefits like vacations, maternity leaves and sick leaves: in some state-funded spheres, like education, health care, and social services, women constitute from 70 to 90% of the employed. This makes women even more economically vulnerable as in the conditions of the crisis and the war in the East, the state is adopting measures to reduce the budget burden – by laying off state employees (like social workers) and keeping the minimal wage rate at the same level (with the growing inflation – in the past two years, the Ukrainian currency, hryvna, has lost about 70% against the dollar<sup>24</sup>, their actual paying capacity is shrinking significantly).<sup>25</sup> One can expect the women's economic position to deteriorate even further.

<sup>20</sup> WVS, Ukraine 2011, accomplished by Research & Branding Group. Retrieved at <http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp>

<sup>21</sup> Ukraine's National Review of Implementation Beijing Action Platform, 2014.

<sup>22</sup> Ibid.

<sup>23</sup> <http://blog.rabota.ua/pod-kablukom-kak-otlichayutsya-zarplatyi-zhenshhin-i-muzhchin/>

<sup>24</sup> <http://www.economist.com/blogs/freeexchange/2016/01/lviv-not-donetsk>

<sup>25</sup> Ukraine's National Review of Implementation Beijing Action Platform, 2014.

According to the State Employment Service of Ukraine, in 2015, among the working women, the ones employed constituted 85.9%, self-employed – 13%, and merely 0.8% were employers (compare to 1.8% employers, 82.2% employed and 15.8% self-employed among working men).<sup>26</sup>

Despite the legislation providing for equal access to resources, women have significantly smaller chances to obtain bank loans and are running fewer businesses than men: women own 22% of enterprises and run 6% of large businesses in the country.

At home, women also work significantly more than men: women spend 31.17 hours a week on unpaid work at home compared to men's 19.63 hours.<sup>27</sup> And for women that live in rural areas, the situation is even worse: adult women of employable age spend daily from 1.8 to 4 hours working around the house and on the surrounding land lot taking care of the household and livestock.<sup>28</sup>

In violation of the Ukrainian anti-discrimination legislation, job announcements in all media often specify the sex and the age (and sometimes even the degree of physical attractiveness) required for the position.

### **Politics:**

While legally, women's and men's rights to vote and to be elected to offices of all levels are the same, in practice women are severely underrepresented at decision-making levels. According to Beijing Report, as of 2013, women constituted 9.4% of MPs, 12% of oblast council members, 28% of the city council members, and 51% of village council members.<sup>29</sup> That is, the more work and less resources at the disposal of the governmental body, the more women will be working in it. This significantly impairs women's ability to influence the budget-related decisions.

According to Ukraine's latest CEDAW<sup>30</sup> report 2014<sup>31</sup>, the mass representative population survey targeted at obtaining data on population awareness of the international and national laws prohibiting any kind of discrimination towards women, and the incidence of discrimination practices among women population of Ukraine showed that women are predominantly not aware of the laws, both national and international, that protect their rights, and do not know of the recourse mechanisms in cases when their rights are violated.

### **Physical safety:**

Public opinion about rape survivors and survivors of domestic violence is still rather misogynistic, with victims being blamed for what happened to them; as a result, both domestic<sup>32</sup> and sexual<sup>33</sup> violence against women are heavily underreported, women are reluctant to report rape and sexual assault to police (the official crime statistics as presented at the General Prosecutor's office' website reports the whopping 323 cases of rape in Ukraine for 2015, compared to 8,224 homicides<sup>34</sup>) and often are as reluctant to seek medical assistance and post-exposure prophylaxis for HIV, in particular.

A study conducted in 2014 found that one in five women aged 15-49 years experienced physical violence since she turned 15 years old, representing an increase from 2007

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<sup>26</sup> State Employment Service of Ukraine, Gender Aspects of the Job Market, <http://www.dcz.gov.ua/statdatacatalog/document?id=350808>, accessed on February 1.

<sup>27</sup> European Social Survey, Ukraine, 2012. <http://www.europeansocialsurvey.org/data/country.html?c=ukraine>

<sup>28</sup> Comprehensive Study On The Status Of Rights Of Women Living In The Rural Areas of Ukraine, 2015, p.46.

<sup>29</sup> Ukraine's National Review of Implementation of Beijing Action Platform, 2014.

<sup>30</sup> Convention on the Elimination of all forms of Discrimination against Women.

<sup>31</sup> Consideration of reports submitted by States parties under article 18 of the Convention. Eighth periodic report of States parties due in 2014 Ukraine\* [Date received: 6 August 2015]

<sup>32</sup> Violence in family is a war on home grounds, Human rights advocate. <http://hromadskeradio.org/programs/protydia-nasylstvu/nasylstvo-u-simyi-ce-viy-na-domashnomu-poligoni-pravozahysnycy>, accessed on February 1, 2016.

<sup>33</sup> Response to information request, <http://www.irb.gc.ca/Eng/ResRec/RirRdi/Pages/index.aspx?doc=456002&pls=1>, accessed on February 1, 2016.

<sup>34</sup> [http://www.gp.gov.ua/ua/stst2011.html? m=fslib& t=fsfile& c=download&file\\_id=194699](http://www.gp.gov.ua/ua/stst2011.html? m=fslib& t=fsfile& c=download&file_id=194699), accessed on February 1, 2016.

levels when 17% had experienced violence.<sup>35</sup> Intimate partner violence increases the risk of HIV infection by around 50%, and violence—and the fear of violence—deters women and girls from seeking HIV services.<sup>36</sup>

According to the shadow report submitted to CEDAW by the Women's Consortium of Ukraine, domestic violence remains a hidden problem in Ukraine. Most cases go unreported; one survey conducted in 2009 found that just 10% of women affected by domestic violence had sought help from the authorities<sup>37</sup>. Women-survivors of domestic violence face difficulties finding help: according to WAVE, there is only one national free-of-charge women's helpline in Ukraine, which is available only during work hours. For the entire country, there are only three women's shelters for the total of approximately 100 beds, that is, Ukraine lacks about 98% of recommended shelter beds. There are no state-funded centers for survivors of sexual violence; some NGOs provide this type of service under grant funding. Additional services available include a general national hotline for combating domestic violence, trafficking in human beings and gender discrimination; the hotline is free of charge.<sup>38</sup> Even those state-run shelters are not easily accessible: they require proof of residency (propiska) and a passport (and a document from a district police officer that confirms the fact of domestic violence), in some instances children over 12 are not admitted, and drug users may be turned away. Women with mental disorders, infectious diseases, or wounds are not admitted<sup>39</sup>.

Domestic violence is viewed by many, including the police, to be a private, family matter. This makes it very difficult for women to seek help, as does the fact that many women are unaware of the legal protection that is available to them.<sup>40</sup> The official crime statistics as presented at the General Prosecutor's office' website reports 998 cases of crimes related to domestic violence in Ukraine for 2015, without any further specifics.<sup>41</sup> Also, neither the current law on domestic violence nor the effective Criminal Code of Ukraine address specifically other forms of gender-based violence.

In 2012, 8% of women and 4% of men said that they contracted HIV as the result of violent acts<sup>42</sup>; another 12% of women and 9% of men admit the possibility that they may be survivors of violence. 26% of the employees of the HIV service organizations in their work have faced situations when violence caused HIV transmission to women.

In Ukraine, the repressive legislation is a major factor of the continuing violence against women who use drugs and female sex workers. 83.3% of these women report they were subject to violence by police officers (beating, torture)<sup>43</sup>. They also reported no food/or malnutrition – 63%, failure to provide medical care – 53%, bullying/humiliation/abuse – 40%. In the focus groups interview, 29% respondents were unable to evaluate the effectiveness of police work; 35% reported that the police performed their duties only in case of personal interest; 35% women noted a biased attitude due to their social status. The legislation on control of drug trafficking continues to be punitive and stringent. The

<sup>35</sup> UNFPA, *The Prevalence of Violence against Women and Girls*, Kyiv 2014.

<sup>36</sup> *Women living with HIV speak out against violence 2014*.

<http://www.unaids.org/en/resources/documents/2014/womenlivingwithhivsspeakout>

<sup>37</sup> United Nations Development Programme (UNDP) Ukraine (2010) 'Ten unknown facts about domestic violence in Ukraine: a joint EU/UNDP Project releases new poll results', UNDP Ukraine, Kyiv,

<http://www.ua.undp.org/content/ukraine/en/home/presscenter/articles/2010/01/15/ten-unknown-facts-about-domestic-violence-in-ukraine-a-joint-eu-undp-project-releases-new-poll-results.html> (accessed February 1, 2016).

<sup>38</sup> <http://www.wave-network.org/country/ukraine>, accessed on February 1, 2016.

<sup>39</sup> Rules for the shelter under Desnyansky center in issues of family and women <http://fam-center.at.ua/index/pritulok/0-5>, accessed on February 1, 2016.

<sup>40</sup> Women's Consortium of Ukraine (2008) 'Alternative Report on the Implementation of the UN Convention On The Elimination Of All Forms Of Discrimination Against Women In Ukraine', Women's Consortium of Ukraine, Kyiv, p. 42-43

<sup>41</sup> [http://www.gp.gov.ua/ua/stst2011.html? m=fslib& t=fsfile& c=download&file\\_id=194699](http://www.gp.gov.ua/ua/stst2011.html? m=fslib& t=fsfile& c=download&file_id=194699), accessed on February 1, 2016.

<sup>42</sup> According to the research "Gender aspects of rendering of services to PLWH" conducted by the GfK Ukraine for the All-Ukrainian Charity Organization "All-Ukrainian Network of PLWH" (December 2012),

<sup>43</sup> Barriers faced by women who use drugs, suffering from violence by law enforcement agencies, in using existing mechanisms of protecting their rights. Club Svitnok, Kramatorsk, Donetsk oblast, Ukraine. O. Ponomaryova, O. Gatiatullin <http://www.club-svitnok.org.ua/snyzhenye-vreda/zhenschyna-y-narkotyky/prepyatstvyya-ne-pozvoluyayuschye-narkozavysymyim-zhenschynam-postradavshym-ot-nasylyva-so-storony-pravoohranytelnyih-orhanov-yspolzovat-suschestvuyuschye-mehanyzmyi-zaschytyi-svoih-prav/>



result of this approach is the criminalization of women and girls from the most at risk to HIV populations.

The number of women in the penitentiary institutions of Ukraine in the period from January 1, 2015 to January 1, 2016, went down significantly: from 3,125 to 2,018 persons<sup>44</sup>. But the total number of convicted women, including those who are kept in pre-trial detention centers and those who have not yet arrived to the corresponding penitentiary institution, is larger: as of January 1, 2016, it constituted 2,796 women. Together with convicted mothers, 39 children are kept in prison nurseries. Women constituted, correspondingly, 4.3% and 2.9% of the prison population. The number of HIV-infected inmates under medical observation as of January 1, 2016, constitutes 4,130 persons (5.9% of the total number of convicts), of them 346 are women (8.4%). During the survey<sup>45</sup>, 9.2% of women living with HIV mentioned that they did prison time, and 12.5% – that they were held in custody.

The specialists point out the following psychological peculiarities of convicted women in Ukraine<sup>46</sup>: 1. One in every three convicted women has alcohol or drug addiction. 2. Enhanced emotional lability, vulnerability, sentimentality, suggestivity. 3. Propensity to nervous breakdowns high than in male convicts. 4. They are more easily swayed by a stronger personality or a group, in which they stay. 5. They are more sensitive than men to the very fact of isolation and as a result more often face such negative psychological states as depression, apathy, frustration, higher levels of aggression, affectivity. 6. While in the penitentiary institutions, they cherish material benefits and family relationships more than men. 7. Overreact to severance of friendship in the penitentiary institutions. 8. They are less prone to repeat crime than men.

When convicted women were surveyed, one in every two of them mentioned the negative impact the imprisonment had on her personality, by causing specific psychological states, due to losing her appetite for life, being torn away from what is most important and significant to her. One in every three of them mentioned that she got negative experience, improved her criminal skills, and went further on the criminal path.

The Bangkok Rules<sup>47</sup> contain a provision that women prisoners shall be allocated, to the extent possible, to prisons close to their home or place of social rehabilitation, taking account of their caretaking responsibilities, as well as the individual woman's preference and the availability of appropriate programs and services. The convicted persons have to serve their term in a correctional facility, usually within the administrative territorial unit of their residential registration prior to conviction or of the place of residence of the convict's relatives<sup>48</sup>. This rule is supposed to guarantee the proper level of support for family bonds as provided for by the international standards. Currently, this placement rule for women is often violated as there are not many women's correctional facilities, they are located on the territory of Ukraine not proportionally to the number of convicts. All this in combination with the families not having time and money for visits and complexities of executing papers, if the convict's child is in residential care, significantly complicates keeping in touch with their families. Many women lose their families altogether due to these circumstances.

According to Beijing Report,<sup>49</sup> the key reasons of the continuing gender-based discrimination of women are:

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<sup>44</sup> State Penitentiary Service of Ukraine.

<sup>45</sup> Research by the All-Ukrainian Charitable Foundation "Positive Women": "Sexual and reproductive health, gender equality and human rights, gender violence, economic and political opportunities of women living with HIV in Ukraine. March 2016".

<sup>46</sup> Regional problems of resocialization of vulnerable groups of inmates and those released from correctional institutions in

Kharkivska oblast <http://www.khpg.org/index.php?id=1433119362>

<sup>47</sup> United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), Rule 4.

<sup>48</sup> Article 93 of the Penitentiary Code of Ukraine.

<sup>49</sup> Ukraine's National Review of Implementation of Beijing Action Platform, 2014.

- lack of political will to go through with gender transformation at the level of top decision-makers in the legislative and executive branches of power;
- low representation of women in decision-making;
- deeply-entrenched gender stereotypes about women's roles and abilities,
- high degree of gender segregation, both vertical and horizontal, in the work force;
- poor legal literacy of the population.

According to Ukraine's latest CEDAW report 2014<sup>50</sup>, all the surveyed experts agreed that one of the major reasons leading to spreading of gender-based discrimination in the Ukrainian society is that all forms of discrimination remain unpunished in Ukraine.

### Gender-mainstreaming machinery. Legislation on Gender and HIV.

Ukrainians consider equal rights of women and men as an essential characteristic of democracy absolutely important 48.9% (42.7% – men and 53.9% – women) and highly important – about 26%. Not important at all – 1.3%.<sup>51</sup>

Regarding gender equality, Ukraine has a developed regulatory framework that consists of the international conventions and treaties and of the national legislation.<sup>52</sup>

The institution in charge of promotion and support of gender equality is the Ministry of Social Policy, specifically, the Department of family and gender policy and combating trafficking in human beings<sup>53</sup>. This Ministry is also in charge of municipal centers of social services for family, children, and youth, which are mandated to provide services to victims of domestic violence.<sup>54</sup> It regularly develops, in cooperation with the civil society, National Action Plans on implementation of equal rights and opportunities of women and men. According to the Annual aggregated report of advocacy NGOs 'Human Rights in Ukraine 2013', the bulk of the services to domestic violence survivors is provided by NGOs<sup>55</sup> (their

<sup>50</sup> Consideration of reports submitted by States parties under article 18 of the Convention. Eighth periodic report of States parties due in 2014 Ukraine\* [Date received: 6 August 2015]

<sup>51</sup> WVS, Ukraine 2011, accomplished by Research & Branding Group. Retrieved at <http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp>

<sup>52</sup> The international conventions include (the list is not exhaustive):

- UN Charter (1945);
- Universal Declaration of Human Rights (1948);
- Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others (1949);
- Convention for the Protection of Human Rights and Fundamental Freedoms (1950);
- Declaration on the Elimination of Discrimination against Women (1967);
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (ratified in 1981), and the Optional Protocol on Violence Against Women (in 2003);
- Beijing Declaration and Platform for Action (1995);
- Millennium Development Goals (2000);
- Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention) (signed in 2011; the ratification process is under way).

The Ukrainian national legislation and regulatory framework on gender equality include (the list is not exhaustive):

- Constitution of Ukraine (1996);
- Family Code of Ukraine (2002);
- Law of Ukraine on Prevention of Violence in Family (2002) (to be replaced with a new Law – on prevention and combating domestic violence, which aligns with the Istanbul convention);
- Law of Ukraine on Ensuring Equal Rights and Opportunities of Women and Men (2005);
- Law of Ukraine on Combating Trafficking in Human Beings (2012);
- Resolution of the Cabinet of Ministers of Ukraine "On approval of the State Program of Ensuring Equal Rights and Opportunities of Women and Men for the Period until 2016" (2013);
- Law of Ukraine on Principles of Prevention and Combating Discrimination in Ukraine (2013) ;
- Strategy of the Ukrainian Parliament Commissioner for Human Rights in the sphere of prevention and combating discrimination in Ukraine for 2014-2017 (2013);
- National Strategy in the Sphere of Human Rights (2015);
- Resolution of the Cabinet of Ministers of Ukraine "On approval of the action plan on implementation of the National Strategy in the sphere of human rights for the period till 2020" (2015);
- Labor Code (2015).

<sup>53</sup> [http://www.mlsp.gov.ua/labour/control/uk/publish/article?art\\_id=160863&cat\\_id=160862](http://www.mlsp.gov.ua/labour/control/uk/publish/article?art_id=160863&cat_id=160862)

<sup>54</sup> Resolution of the Cabinet of Ministers of Ukraine No. 573 "On approval of the General Provision on center of social services for family, children, and youth", <http://zakon4.rada.gov.ua/laws/show/573-2013-%D0%BF>

<sup>55</sup> [http://helsinki.org.ua/index.php?id=1398061293#\\_ftn2](http://helsinki.org.ua/index.php?id=1398061293#_ftn2)

annual report for 2014 does not have a section on gender discrimination and violence against women<sup>56</sup>).

The institution in charge of prevention of domestic and sexual violence and protection of its survivors is the Ministry of Internal Affairs, specifically, the newly-formed National Police of Ukraine, which took over from the previous system of district militia officers. This institution is also in charge of collection of statistics on domestic violence and sex crimes but this data is not available online as a separate material but can be found in the aggregated statistics tables at the website of the Prosecutor General's office<sup>57</sup>. The MIA's data on human trafficking is available on the MIA's official website<sup>58</sup>.

The Order of the Ministry of Health Care of Ukraine on procedure of Post Exposure Prophylaxis of HIV infection in health care specialists at performance of professional duties covers only health care professionals; there are no other protocols or procedures on Post Exposure Prophylaxis available on the website of the Ministry of Health Care.

The issue of ratification and consequent implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention, is still not resolved.

The Convention was adopted by the Council of Europe Committee of Ministers on April 7, 2011, and came into effect on August 1, 2014. Ukraine signed this important international legal document on November 7, 2011, becoming one of its member states. Although, even in 2016, the preparation for its ratification is still underway and it is rarely, if ever, mentioned in the public space.

The Istanbul Convention is the first legally-binding comprehensive international legal instrument that acts as a widely acknowledged global reference point for addressing the issue of violence against women and domestic violence by protecting its victims and securing prosecution for accused abusers.

Currently, Ukraine is facing the hostilities in the East of the country, veterans coming home to scarce, if even existent, psychological rehabilitation services, growing numbers of IDPs, mounting societal tensions, and the economic crisis that exacerbates the already strained living standards of the significant number of families. NGOs working with domestic violence have been already reporting a steep increase in the number of calls from women and children looking for help. In these conditions, it is of utmost importance that Ukraine ratifies the Istanbul Convention and establishes a system to provide help to victims of violence and stop abusers.

As of February 5, 2016, the Ministry of Social Policy's Unified information database on Internally Displaced Persons (IDPs) from Crimea and Donbas<sup>59</sup> contains information about 1,706,646 IDPs, of them 1,039,611 women (61%) and 667 035 men (39%)<sup>60</sup>. Of them, there are 929 HIV-positive IDPs; they receive services of care and support in branches and subgrantees of the All-Ukrainian PLWH Network (26 NGOs), predominantly on the territory of Donetska, Luhanska, Zaporizka, Kharkivska oblasts and in the city of Kyiv. NGOs that are working with IDPs in the East of Ukraine have experience in monitoring of observance of rights and providing of legal assistance to IDPs who live with HIV<sup>61</sup>.

Currently, Ukraine has achieved a significant, but still insufficient progress in the sphere of access for HIV-positive women and women from most at risk groups to services necessary to support women's health. The country has operational state programs "Nation's Reproductive Health", and «National Target Social HIV/AIDS Program for 2014-

<sup>56</sup> <http://helsinki.org.ua/index.php?r=1.4.1.11>

<sup>57</sup> [http://www.gp.gov.ua/ua/stst2011.html?dir\\_id=112173&libid=100820&c=edit&c=fo](http://www.gp.gov.ua/ua/stst2011.html?dir_id=112173&libid=100820&c=edit&c=fo)

<sup>58</sup> <http://www.mvs.gov.ua/ua/statistic>

<sup>59</sup> <https://dostup.pravda.com.ua/request/8771/response/13203/attach/2/25%20081%20164%2016%201.pdf>

<sup>60</sup> Almost 741,700 families applied for financial assistance to pay for housing, 694,900 of them were granted the assistance. The state budget for 2016 has allocated for household needs of IDPs a little over UAH 2.8 bln. The amount of assistance to unemployed citizens is less than UAH 900, and for those employed twice as little.

<sup>61</sup> <http://pereselenci-med.kh.ua/?p=406>

2018», but the issues of free access for women from most at-risk groups to means of contraception and protection from getting infected through a sexual intercourse, as well as many other issues, are still unresolved.

While women's reproductive rights are protected by Ukrainian law, the issue of reproductive violence (forced impregnation, forced abortion, and other related criminal acts) is not addressed in the legislation.

*At the same time, the high level of infertility* of Ukrainian families (and reportedly – 10-15%) can be classified as direct reproductive losses of the state. The issue of securing access to an opportunity of safe fertilization and having their biological child is also extremely important for the couples affected by the HIV epidemic, taking into account that in Ukraine, by the experts' estimates, HIV has been contracted by about 0.8% of the adult population, of them nearly 70% are people of reproductive age, and new cases of HIV are mostly diagnosed in the age group of 25-49.

This causes the urgent need to secure access for people affected by the HIV epidemic to the medical technologies that would enable them to safely implement their reproductive plans, which falls under one of the state's strategic tasks in the conditions of the negative demographic situation in the country.

Before 2011, in Ukraine realization of reproductive plans for people living with HIV was thoroughly limited. Currently, at the legislative level this issue has been resolved. The Law of Ukraine «On Fighting proliferation of diseases caused by the human immunodeficiency virus (HIV), and legal and social protection of people living with HIV», which became effective in January of 2011<sup>62</sup>, defines that «People living with HIV have the right to assisted reproductive technologies under the condition that transmission of HIV from the parents to the future child is prevented» (Article 10, paragraph 2).

One of the tasks of another law of Ukraine – the National Target Social Program of Response to HIV / AIDS for the years 2014-2018 – is also to guarantee securing of access to people living with HIV to assisted reproductive technologies under the condition that transmission of HIV from parents to the future baby is prevented. At that, *starting from 2014 at least three state centers of assisted reproductive technologies have to provide such services.*

But currently the two above-mentioned laws of Ukraine are not carried out: there are still no adopted bylaws that would determine the procedure to prevent the future baby from contracting HIV, and in the sectoral regulatory framework a diagnosed HIV is still listed as a counterindication for application of assisted reproductive technologies, and none of the existing centers provides such services.

This issue requires significant advocacy efforts from the community of people/women living with HIV, community activists, and feminist movements.

Despite all the state's efforts to secure the regulatory framework for access of women with opioid addiction to health care services, these days this problem is still extremely urgent. In particular, unhindered access to MAT was secured for pregnant women with drug addiction only on the level of the pilot project<sup>63</sup> at women's health clinics in the cities of Kyiv, Dnipropetrovsk, and Poltava.

To secure the proper level of access to MAT for women in Ukraine, first of all, for pregnant ones, it is advisable to concentrate the efforts on making MAT available during the pregnancy at women's health clinics and maternity hospitals. This model includes medical supervision and support during pregnancy and after the childbirth with application of the interdisciplinary approach (ob/gyn, addictionologist, neonatologist, infection disease doctor, general practitioner – family physician, social worker, peer consultant). The health

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<sup>62</sup> Adopted on December 23, 2010. <http://zakon5.rada.gov.ua/laws/show/2861-17>

<sup>63</sup> Implemented according to the Order of the Ministry of Health Care of Ukraine as of September 27, 2011, No.623 «On implementation of the pilot project «Securing of prevention of mother-to-child transmission of HIV and improvement of perinatal indicators in pregnant women with drug addiction and children they give birth to» with the support from UNICED and the Clinton Foundation in Ukraine.

care component has to secure opportunities for pregnant women to have access to high-quality integrated health care services within one medical facility and include:

- Medical monitoring of the pregnant woman according to her primary disease;
- conducting the prevention treatment of mother-to-child transmission of HIV if the pregnant woman is HIV-positive;
- informing the family (partners) about the impact of the drug substances on the fetus and on the newborn;
- informing about modern methods of treatment of drug addiction and resolving of the issues of medication-assisted treatment for opioid dependence for both partners;
- antenatal health assessment of the fetus;
- resolving the issues of family planning, means of contraception and prevention of sexually transmitted infections, during the pregnancy and in the postpartum period;
- informing on the issues of HIV prophylaxis, neonatal care engaging the sex partner. HIV testing of the sex partner during the pregnancy;
- consulting on the issues of caring for a newborn, taking into account the drug addiction of the woman or of both partners.

Currently, the work on improvement of the regulatory framework continues: for instance, the order of the Ministry of Health Care of Ukraine No.716 as of November 14, 2007, «On Approval of Obstetric Care Clinical Protocol ‘Prevention of mother-to-child transmission of HIV’» was revised with consideration of the domestic and international experience. In September 2014, on the plenary assembly of obstetrician-gynecologists, the Adapted clinical evidence-based instruction, «Prevention of mother-to-child transmission of HIV» was presented. This instruction includes a section on maternal care for women with opioid addiction, which also takes into account the results of introduction of the above-mentioned pilot project. The clinical protocol «Prevention of mother-to-child transmission of HIV» is being prepared for approval.

In Ukraine, the issue of the opportunity for PWLH to adopt a child and care for her or him is generally unresolved. According to the Family Code of Ukraine<sup>64</sup>, it is not allowed to be adoptive parents, guardians, or caretakers for the persons that were diagnosed with the diseases listed in the list approved by the Ministry of Health Care of Ukraine.

According to the List of diseases that render a person not allowed to adopt a child<sup>65</sup>, persons diagnosed with HIV (code B20-B24 according to MKX-10) cannot adopt a child because this infection is classified as communicable and transmissible.

According to the regulatory framework, it is believed that the state of health of people with diseases caused by HIV (codes B20-B24 in MKX-10) prevents them from fully performing their parental duties, what in the modern conditions thanks to the high-activity antiretroviral therapy is no longer true. Only the patients with the symptomless infection (code Z-21) were removed from this list, so, only PWLH that have no clinical manifestations can be adoptive parents in Ukraine.

### **Gender sensitive HIV and AIDS services**

In the HIV/AIDS context, gender is the key factor, which determines risk of individual infecting, consequences of HIV infecting, the impact of HIV-associated disease and death for family and society, social and economic impact for the country.

Research commissioned by the All-Ukrainian Network of People Living with HIV again confirmed that women are more vulnerable to HIV<sup>66</sup>. They are less capable of protecting

<sup>64</sup> Subparagraph 8, part 1 of Article 212, part 3 of Article 244, part 3 of Article 256-2, part 3 of Article 256-6.

<sup>65</sup> Approved by the Order of the Ministry of Health Care of Ukraine (as of August 20, 2008, No. 479, registered with the Ministry of Justice of Ukraine as of October 24, 2008 under No. 1022/15713).

<sup>66</sup> The research was conducted by the Center of Social Expertizes of the Institute of Sociology, the National Academy of Sciences of Ukraine, within the framework of the project «Gender and HIV: from paternalism to active participation» of the All-Ukrainian Network of People Living with HIV with the financial assistance from UN Women.

themselves from the impact of HIV and AIDS due to the economic, social, legal, political and cultural impediments. Women obey men out of fear of revenge like beating and divorce, and their gender roles force them into dependence. For women worldwide, the impact of gender inequality is evident in many issues related to reproductive health. Probability of HIV transmission from men to women during unprotected sex is 2-4 times higher than vice versa. Social and sexual relations between women and men are often controlled by men. Women habitually are unable to insist on condom use, if a man is against it. Female sex workers are unprotected either, as it is the male customer that determines the "terms" of a sexual contact. Female drug users are vulnerable as well, because they are dependent on a man, who is supplying drugs, and sometimes they have to use the same syringe after the men.

Recipients of gender-sensitive services confirm violations of women's and/or men's rights more often than respondents who did not receive such services.

More than half of both target groups state that violation of rights and infringement of opportunities more often occur in relation to women, and one third of respondents believe that infringement of the rights and opportunities occurs to both sexes. Women and men equally mention violations of women's rights and opportunities. But men more often believe that the rights of both sexes are violated. Overall, about a quarter of clients of HIV service organizations use drugs, and potential clients of gender-oriented services dominate among them. About half of clients and non-clients consume alcohol, and a small number provide sexual services for money.

One of the study's key findings is greater vulnerability of women, especially young ones, to the epidemic and its consequences.

Consideration of the gender factor in provision of HIV services is more pertinent to international organizations or HIV-service NGOs, and can be hardly found among state-run organizations.

Gender issues and their impact on the epidemics have not been a priority of the National AIDS Program 2009-2013, or for the government and NGOs. As a result, gender-sensitive programs combating HIV and AIDS are scarce in Ukraine.

Adoption of the new legislation is a critical first step to increasing legal literacy and assistance on gender issues. But this is not enough: lack of information about EU standards and precedents, general lack of awareness of citizens about their rights and lack of appropriate training of judges and lawyers are basic factors that cause insufficient influence of the legislation. In addition, the majority of workers are not protected against the repressive actions of employers when they apply for legal protection of their rights.

Research underlines such key finding: the greater gender discrimination in the Ukrainian society, the lower social status of girls and women, the more often they will be facing the risk of contracting HIV. Therefore, advancing gender equality and giving women more opportunities are vital conditions for successful prevention of HIV and providing conditions for women in their struggle with HIV and AIDS.

The following recommendations were provided: further improvement of legislation in the field of HIV / AIDS. First of all, creation of an effective mechanism to ensure confidentiality of the HIV status. Also, if non-governmental organizations have the right to go to court and represent victims of discrimination in court, it would be an important step to submitting more cases on the issue of gender equality and drafting powerful laws.

Particularly relevant is the issue of women's leadership in protecting themselves from HIV. Provisions on women's leadership should be included in the educational programs on HIV prevention, including empowerment of women as well as men to take part in solving problems regarding the use of condoms.

The study "Access to services for women who use drugs", which was conducted by the Coalition of HIV-service organizations, argues that female IDUs mostly have low confidence and are not able to defend themselves from humiliation and violence. The

reason is their dependency on men who have the financial resources, sell or distribute drugs. This dependence is a cause of their high tolerance threshold: e.g. to get drugs, they can provide sex services or use a syringe after the men, which increases their vulnerability to HIV. Rehabilitation and treatment programs for IDUs are mostly attended by men as women spend their time caring for their family or have low self-esteem that prevents them from getting appropriate services; thus an environment is being formed, in which women / girls feel uncomfortable.

One of the examples of gender-sensitive programs for vulnerable women is the project "Building capacity to implement quality gender-sensitive interventions to reduce harm in Ukraine"<sup>67</sup> conducted by the Alliance of Public Health. The project grew from previous activities under the Sunrise Project<sup>68</sup>, which piloted gender sensitive services to harm reduction programs' customers. The findings of the previous project are as follows:

- Men have demonstrated an unexpected response to gender-sensitive services; they feel as left out as more attention in gender-sensitive services is paid to women. The hypothesis that the source of violence is a male drug user is not doubted, but the causes of violence are rooted in socio-cultural stereotypes.
- Similarly, socio-cultural stereotypes (aversion to drug users, their lifestyle and appearance) determine the risk factor for violence.
- The social workers' treatment of clients is also determined by socio-cultural stereotypes about gender roles rather than gender equality.

The current project is focused at improving the work of social workers: review of gender-oriented programs, projects, interventions, and services in the field of harm reduction (HR), pilot projects based on the review, a course of trainings for social workers at centers of social services for family, children, and youth and social workers of the non-governmental sector, and changes in the legislation. On November 30, 2015, the Alliance for Public Health and the Ministry of Social Policy of Ukraine signed an agreement on cooperation within the project.

Recently, research has been completed with the following conclusions:

- Comparing the vision of gender roles by clients and by social workers discovered opposite views: clients first see themselves as women, mothers, and breadwinners for their families and only lastly as drug users, while social workers see these women primarily as drug users and build their communication with them on these stereotypes.
- It affects the behavior of clients who are aware of this attitude and manipulate social workers. As social workers are also mostly women, clients impose on them a role of a savior and a friend, thus, gaining sympathy / manipulating.
- These manipulations lead to social workers forming around themselves a certain group of friends; their work turns into a "club" format, and coverage of target groups does not increase.
- Gender-sensitive services do not meet the needs of men and women. Women prefer quick information (due to the burden of family responsibilities), but they receive services in the form of long conversations "about life." Men, by contrast, get quick information, while they would prefer more "lengthy conversation".

The organization *Health Right International*<sup>69</sup> has been working to improve the quality of life of girls and young women that found themselves in difficult straits<sup>70</sup> (in particular, those living or spending much time in the streets and/or have an HIV-positive status), their partners and children by providing them consistent comprehensive assistance and

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<sup>67</sup> With the support from the Expertise France 5% Initiative.

<sup>68</sup> 'Scaling-up the National Response to HIV/AIDS through Information and Services (SUNRISE)'. <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/en/sunrise/index.htm>

<sup>69</sup> <http://www.healthright.org.ua/pro-nas/>

<sup>70</sup> <http://www.healthright.org.ua/projects-by-hr/dopomagayuchi-divchatam-ta-zhinkam-vrazilivim-do-infikuvannya-vil-zalishiti-vulicyu-ta-zminiti-zhittya-v-mm-kijiv-ta-doneck/>

support through outreach work, daycare center services and securing operation of the social apartment as a form of rehabilitation. This NGO also established partnerships with local branches of the PWLH Network to implement the project «Freedom from violence: empowerment of girls and women in difficult straits» on providing services to HIV-positive girls and women, their husbands and partners. The cooperation aimed to offer identification, diagnostic, training, and providing social services to HIV-positive girls and women, who survived violence, as well as to help them develop skills of sociopsychological adaptation; engaging partners and husbands of HIV-positive girls and women, who survived violence to participate in the correctional program aimed to change their behavior, providing to them social services; conducting trainings for specialists working with HIV-positive girls and women, who survived violence, their partners and husbands.

Daily support provided to children and teenagers living with HIV or in families of people living with HIV is an important component of women's daily lives. Before 2014, international organizations<sup>71</sup> provided assistance in establishing and operating daycare centers for children affected by the HIV epidemic. The children's parents were able to get consultations on the issues of forming adherence, taking care of their children, psychological, legal, and social support. The new funding model by the Global Fund to Fight AIDS, Tuberculosis and Malaria changed the approach to country funding. So the level of funding for services for children and teenagers, which had been facilitating effective biomedical interventions, went down significantly. Children's daycare centers stopped operating or had to shift to different activities. This reflects the global tendencies<sup>72</sup>.

NGOs working with internally displaced persons (IDPs) from Eastern Ukraine reported typical violations of rights of IDPs living with HIV<sup>73</sup>:

Healthcare facilities:

- Refusal to provide service as a person is not officially registered in the area served by the facility;
- Avoiding health service provision on the grounds of lacking necessary equipment, medicines, etc. or delaying, like putting in a line;
- Asking payment for health service (demanding a bribe).

Social services:

- Refusal of registering as IDP or updating IDP status;
- Disclosure of the HIV positive status (the status before confirmation).

Labor relationships:

- Dismissing from a job when discovering HIV status (officially or unofficially);
- Refusing a job to HIV-positive people;
- Discrimination at the workplace because of HIV status.

In 2008, the All-Ukrainian Charitable Organization «Convictus Ukraine» launched in Ukraine the project «Three-stage comprehensive program for reintegration in society of citizens currently on probation and released from penitentiary institutions». Within the

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<sup>71</sup> Global Fund to Fight AIDS, Tuberculosis and Malaria and UNICEF. [http://www.unicef.org/ukraine/activities\\_11384.html](http://www.unicef.org/ukraine/activities_11384.html)

<sup>72</sup> Global analysis of 22 concept notes and 16 grant agreements indicate that children and young people are not being adequately prioritized under the new funding model. (Murray C. and Chambers R. Keeping score: fostering accountability for children's lives. The Lancet, 2015). Adolescent-focused HIV interventions were poorly represented in the concept notes and grant agreements. Comprehensive HIV and SRH services targeting young people were rarely mentioned. Children and the Global Fund: What is the HIV programming response to the needs of children, adolescents, and the youth? (Ann Ithibu and Cleopatra Mugenyi, December 2015, Aidspace)

<sup>73</sup> <http://pereselenci-med.kh.ua/?p=406>



framework of this program, the center 'Halfway House' was established<sup>74</sup>; it became a unique and singular free non-religious institution in Ukraine that provided social, psychological, legal, and educational services as well as a place for temporary stay to women released from penitentiary institutions. This center's central goal is social adaptation of the program participants to the society and prevention of their return to penitentiary institutions. Unfortunately, currently the Center is unable to accommodate women with children!

## Regional programs

The analysis of the National Program's measures as to whether it takes the gender-based approach into account showed that this aspect received enough attention. Although, currently the issue lies in implementation of the norms as outlined in the law and their application in corresponding regional HIV/ AIDS programs.

The gender component is a cross-cutting issue for policies and strategies in all spheres of the society, that is why the above-listed measures can be included into other social programs.

When implementing the regional programs and measures to fight the HIV/AIDS epidemic that include the gender-based approach, it is necessary to take into account the following:

1. Gender roles can change depending on shifts in needs of women and men, including PLWH. For instance, if the corresponding governmental agencies have created conditions to support mothers that want to give up their baby (institutions «Mother and Baby»), so should be created the conditions to support men, who, due to different circumstances, were left without a wife, to teach them how to care for a baby, assistance from a social worker, etc.; if in a family with children an HIV-positive woman has to attend an AIDS center, her husband can look after the children during her absence.

2. The persistent stereotypes about relations between men and women in family and in the society can stand in the way of accessing comprehensive services. For instance: A woman is reluctant to have an HIV test due to fear of being accused by her husband of distrust to him; the lessons on preserving reproductive and sexual health are conducted only in gynecological offices as educators believe such knowledge to be important only for girls.

Application of the gender responsive approach in programs on HIV and AIDS envisages comprehensive consideration of needs of women/girls and of men/boys, including PLWH, at different stages of their lives:

- In health care, such examples include creation of programs on HIV prevention and treatment for women/girls and men/boys with drug dependence, organized in such a way that both women and men feel comfortable when visiting the health care facilities, support groups, etc.; establishment of a position of the doctor-andrologist for men/boys, as the work with the population on the issues of preserving reproductive health is currently reduced to medical care for women conducted by gynecologists; HIV testing services should be available at flexible hours at health care settings and NGOs.

- In the sphere of education, such examples include introduction of the leadership programs for girls who survived domestic violence, to prevent them from contracting HIV as a consequence of being forced into prostitution or being trafficked; for boys – lessons on preserving reproductive and sexual health, as in their teenage years are more prone to risky behaviors.

- In the social sphere, such examples include creation of the program «School of Parenthood» for women and men living with HIV; creation or support of shelters, centers

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<sup>74</sup> With the financial support from the Swedish International Development Cooperation Agency (Sida), with the support from the Swedish Prison and Probation Service, as well as from the State Penitentiary Service <http://halfwayhouse.org.ua/uk>

for women with children in difficult straits that need services on treatment of drug addiction or sexually-transmitted infections; conducting informational campaigns for local communities, educators and health care practitioners with the purpose of raising awareness and promoting tolerance to people with different sexual orientation, to people, who use drugs, to people living with HIV, and of changing the general attitude to them.

Providing and securing access to services that take into consideration specific needs, risks of contracting HIV and consequences of the epidemic for people of both sexes in the target groups is an important indicator of the regional and local HIV/AIDS programs' efficiency.

Target groups (according to regional priorities), for which it is necessary to develop measures and provide services taking into consideration the gender-based approach:

- Women/girls and men/boys;
- Women/girls suffering from violence;
- Children (girls/boys) in difficult straits;
- Children (girls/boys) deprived of parental care;
- Women/girls and men/boys in the custodial settings;
- Transgender people;
- Women/girls and men/boys, who live with HIV;
- Discordant couples;
- People who were affected by the HIV epidemic; and
- Groups most at risk of contracting HIV<sup>75</sup>:
  - People who inject drugs;
  - Persons that provide sexual services for remuneration;
  - Men who have sex with men;
  - Sexual partners of people who inject drugs;
  - Clients of persons that provide sexual services for remuneration;
  - Sexual partners of men, who have sex with men.

The gender-based approach when analyzing the situation, developing regional HIV / AIDS programs, policies, and strategies lies in taking into account the peculiarities and needs of women/girls and men/boys, identifying and introducing the mechanisms that make allowance for peculiarities of the epidemic's impact on them in different periods of their lives.

Introduction of the gender component in the regulatory documents on HIV/AIDS completely falls in line with:

- the provisions of the framework law of Ukraine – the Constitution;
- the Law of Ukraine «On securing equal rights and opportunities of women and men»;
- the corresponding regulatory documents of Ukraine;
- Ukraine's international obligations, in particular, the Sustainable Development Goals, for instance:
  - Task 3: Ensure healthy lives and promote well-being for all at all ages (Task 3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases; Task 3.7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes);
  - Task 5: Achieve gender equality and empower all women and girls (Task 5.1. End all forms of discrimination against all women and girls everywhere; Task 5.6.

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<sup>75</sup> Order of the Ministry of Health Care of Ukraine «On Approval of the List and Criteria of Identification of Groups Most at Risk of Contracting HIV» as of February 8, 2013, No.104, registered with the Ministry of Justice of Ukraine on February 26, 2013, No. 323/22855.

Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences).

## Coordination

Analysis of the situation with engaging women to coordination of activities in the AIDS response in 2014 via coordination mechanisms on the level of regions, where, in fact, direct implementation of the relevant governmental policy is happening, showed the following. The regional councils for combating TB and HIV in 24 regions of Ukraine (with exception of the AR of Crimea, Sevastopol city, and Kyivska oblast) consisted of 636 specialists, of them 259 (40%) are women. At that, 160 women represented the governmental sector (61.8%), and 99 were from NGOs (38.2%). It is indicative that only 44 women were engaged to the council boards, that is, only 6.9% from the total number of council members.

In 2014, 44 sessions of regional councils Council for the issues of counteracting TB and HIV/AIDS (hereinafter – regional AIDS councils) were conducted. According to the analysis of plans and reports for 2014 related to Dnipropetrovska, Donetsk, Zhytomyrska, Zakarpatska, Zaporizka, Ivano-Frankivska, Kyivska, Kirovohradka, Luhanska, Lvivska, Mykolaivska, Odeska, Poltavska, Sumska, Khersonska, Cherkaska, Chernivetska, Chernihivska regional AIDS councils, the issues of gender policy have not been considered. The outcomes of the regional councils' activities in 2015 are now being summarized.

In 2014, three sessions of the National Council for the issues of counteracting TB and HIV/AIDS (National AIDS Council) were held; in 2015 – also 3 sessions. The review of the session agendas and analysis of the resolutions in the session minutes showed that gender policy issues were neither addressed nor mentioned.

## Participation of women living with HIV

The All-Ukrainian network of people living with HIV<sup>76</sup> was established in 1999 and was registered in 2001; this is the largest and most influential organization that represents the interests of HIV-positive Ukrainians. The PWLH Network has 40 offices in the oblasts of Ukraine, has about 500 members, more than 400 staff employees, and provide services to more than 40,000 clients. The project «Gender and HIV: from paternalism to active participation»<sup>77</sup> became the stepping stone to mobilization of HIV-positive women and formation of a women's network in Ukraine.

In 2011, the first meeting of the spearhead group “Union of women of Ukraine affected by HIV epidemic “Positive women” was held. On February 1, 2013, the organization received its legal registration. For the years 2014-2015, they set the following strategic goals: (1). Development of women's leadership and facilitation to women affected by the HIV epidemic in decision-making at all levels (2). Improving access for women affected by the HIV epidemic to a wide range of high-quality, first of all, gender-sensitive services. (3). Organizational capacity building and support of the Union's positive image.

In 2014, HIV-positive women gained their first experience of participation in preparation of Ukraine's CEDAW country report. The All-Ukrainian Charitable Organization ‘Positive Women’ joined the process by taking part in working sessions and submitting oral and written proposals regarding rights and needs of women and girls from risk groups: HIV-

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<sup>76</sup> <http://network.org.ua/network/history/>

<sup>77</sup> <http://network.org.ua/upload/gender/Bulletenua.pdf>

positive women and girls, women that use drugs, women involved in sex work, women in prisons, lesbians and transgender women.

In the summer of 2015, “Positive women” organized the First National Women’s Forum with international participation on HIV and AIDS<sup>78</sup>, which in its Resolution<sup>79</sup> urged decision-makers and partners:

1. To ensure meaningful involvement of women living with and vulnerable to HIV: in preparation of national plans for the implementation of Sustainable Development Programs after 2015 (Post-2015 Sustainable Development Goals), in preparation of national reports to the Commission on the Elimination of All Forms of Discrimination against Women, in coordination mechanisms that form a regional Eastern Europe and Central Asia (EECA), national and country policies on gender equality, HIV and AIDS.

2. To ensure the fullest inclusion of women’s sexual and reproductive health and rights (SRHR) in the Post-2015 Development Agenda.

3. To comprehensively promote respect, protection, and fulfillment of girls’ and women’s rights to health, dignity and bodily integrity.

4. In the course of SDGs national plan development, to support integrated approach to women’s health, considering SRHR, special needs in medical and psychosocial services (for example, preventive examinations for cervical cancer, mammograms, etc.), the rights of women living with and vulnerable to HIV, access to modern methods of contraception;

5. To recognize that institutional violence<sup>80</sup> remains without proper attention: women and girls are denied their right to health and are unable to access to sexual and reproductive health services, if they are: young, drug users, poor, infected with HIV, live in rural areas, with different sexual orientation or gender identity, living in different vulnerable situations, being in prison.

6. In the development and implementation of national policies and programs, to work towards a comprehensive and rights-based approach to women’s and girls’ health.

7. Support and strengthen the organizational and advocacy capacity of networks, groups, unions of women living with and/or vulnerable to HIV.

In the autumn of 2015, the HIV-positive women of Ukraine joined the regional campaign “No Excuse for Violence!” within the framework of the campaign ‘16 days of activism against gender-based violence’. More than 100 events were held in 23 cities of Ukraine (13 oblasts): mini-trainings, art therapy sessions, photo sessions for women, who survived violence; screenings of films on gender-based violence; creation and demonstration of social videos on gender-based violence; surveys; street performances; educational sessions for college students; topical mutual support groups for vulnerable teenagers. Based on the campaign events, more than 100 materials were published in mass media.

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<sup>78</sup> <http://www.women-union.org.ua/#!blank/zcg0o>

<sup>79</sup> Forum’s Resolution. <http://www.ewna.org/>

<sup>80</sup> The examples are:

- 5.1. The absence of mechanisms and practices of in vitro fertilization for women living with HIV in Ukraine;
- 5.2. Psychological, physical, economic and sexual violence against women who use drugs and sex workers, by the law enforcement bodies and police;
- 5.3. Stigma and discrimination (insulation, divulging diagnosis, insults) against women living with HIV in facilities of pre- and post-natal care, especially in small towns and rural areas;
- 5.4. Lack of general practice in organization of quality health and social support for pregnant drug dependent women on opioid substitution therapy;
- 5.5. Lack of systematic awareness and coordination on intersection issues – SRHR, HIV and violence;
- 5.6. Low availability of services in crisis and/or rehabilitation centers for women, especially the one with child/children;
- 5.7. Barriers to the right to have a family in HIV-positive women who want to adopt a child;
- 5.8. Burden of care, treatment and social protection for children living with HIV in the conditions of absence of infant formulas of ARVs, including new forms that are used together with diet and combined forms with fixed dosage, especially in rural areas.

At the end of 2015, the NGO “Positive women” launched the research “Sexual and reproductive health, gender equality and human rights, gender-based violence, economic and political opportunities of women living with HIV in Ukraine”.

The research’ main objectives include: collection and analysis of problems and needs of women living with HIV in Ukraine in the sphere of sexual and reproductive health, gender equality and human rights, gender-based violence, economic and political opportunities; identifying priorities for the national agenda; creation of the platform to maximally engage women to discussion and resolution of the identified problems; identifying the spheres of further research; setting the foundation for advocacy activities at the national and regional levels. The research is unique as for the first time in Ukraine it was organized and conducted by the very women affected by the HIV epidemic.

### **Funding and budgeting**

The National Program is financed at the cost of funds from the State Budget and local budgets, the Global Fund to fight AIDS, Tuberculosis and Malaria, and from other sources. The approximate amount of funds for 5 years is:

total under the Program — 6.4 bln hryvnias, including:

from the State Budget – 4.9 bln hryvnias;

from local budgets — 272.5 million hryvnias;

from the money of the Global Fund – 1.2 bln hryvnias (calculated based on exchange rate UAH 8 for USD 1 of allocated funds;

from other sources – 4.4 million hryvnias.

The indicated amount of funding is crucial for:

- implementation of prophylactic campaigns adequate to the challenges of time, and broad-scale training programs for pupils and students of educational institutions;
- annual coverage of risk group representatives with prophylactic measures: over 160 thousand injection drug users, 80 thousand inmates, 30 thousand children in difficult straits, 40 thousand individuals engaged in sex work and men who have sex with men;
- securing of HIV counseling and testing for at least 5% of the population each year;
- 100% access to post-contact prophylaxis, prophylaxis of mother-to-child transmission, testing of donor blood;
- access to vital treatment for 120 thousand of Ukrainian citizens diagnosed with AIDS;
- securing the necessary level of logistical support for health care institution, including laboratories; and other issues.

The most critical issue still is the systematic underfunding of the program measures, which makes it impossible to achieve their expected results in full. For example, in 2009, the actually allocated funding constituted 59% of the budgeted; in 2013 – only 39% from the one approved by the Program, and now the level of funding, due to rapid devaluation of hryvnia and the economic crisis in the country, continues to decrease, and does not cover even one third from the need.

With the support from the US Government, several international support projects were implemented in Ukraine, and they had a considerable impact on development of the HIV and TV epidemics.

By the volume of financial investments, starting from 2004, the Global Fund to fight AIDS, Tuberculosis and Malaria has been the largest partner.

GF’s support, in the amount of over USD 400 mln, allowed solving a number of strategic issues, of which the most important are:

- securing the funding for the spheres not covered by the state budget – first of all, these were prevention programs for representatives of groups most at risk of contracting HIV;

- securing development of the civil society, namely NGOs that work in the sphere of counteracting AIDS.

Presently, Ukraine is implementing a grant in the amount of USD 130.5 mln for the period of 2015-2017. It envisages introduction of a new funding mechanism suggested by GF, and securing operation in the transition period (transition from donor to governmental funding of necessary measures). All activities planned for implementation within the grant framework will be focused on solving the HIV-TB problem, but gender-sensitive programs are not singled out into separate directions there.

Gender budgeting is important and exigent. In difference to its perception as a single separate budget, gender budgeting means planning and restructuring revenues and expenses so that the needs of both women / girls and men / boys were respectively presented in the general budget. Including gender component leads to improvement of socio-economic efficiency of the budget.

Kharkivska, Zhytomyrska, Cherkaska<sup>81</sup>, and Ivano-Frankivska oblasts were selected for the pilot project of gender-based analysis of distribution of funds allocated for combating the HIV/AIDS epidemic<sup>82</sup>. Analysis of budget programs for compliance with the allocated resources to meet needs of women and men clarifies current trends, shows some disparities, helps to see the problematic aspects, and provide possible solutions.

Until now, the gender-based analysis of the distribution of funds to tackle HIV and AIDS has not been conducted, but the experience in other fields and recommendations of international organizations working on HIV and AIDS prove that introducing gender budgeting is essential. When planning measures and specific services for women and men, it is important to consider the needs of both sexes. One of the objectives in gender budgeting for HIV and AIDS is tracking problem areas related to gender needs in HIV prevention, treatment, care and support of priority target audiences. It is important to understand the extent, to which funds at national, regional and local level contribute to solving the problems of women / girls and men / boys affected by HIV and AIDS.

Keywords in gender budgeting are needs, services, quality, and cost. Also, it is necessary to consider the differences in the interests of different social groups and to this end to regularly study the recipients' needs and requests with further adjustment of expenditures. The cost of services varies even within the same sector. Therefore, the issue of equal and fair distribution of funds becomes vital to assure quality of service.

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<sup>81</sup> <http://cherkassy.co.ua/gendernoe-byudzhetirovanie-vvodyat-v-cherkasskoj-oblasti/1857>

<sup>82</sup> The project «Gender budgeting in Ukraine» (GRB Project) is implemented by a consortium of three consulting companies: Indvelop, CPM and Niras with financial support from the Swedish Development Agency (Sida).

## Key conclusions

1. As a result of proliferation of the HIV epidemic to the female part of the population, currently in Ukraine, the number of men and women infected with HIV is almost equal. During 2014, the share of new cases among men constituted 55.3%, and 44.7% among women, of them 88% – women of young, reproductive age. Statistical data shows that women usually get infected at earlier age than men. For example, in 2012, in Ukraine among the age group 15-24, young women constituted 75%, and men of the same age – 25%; in the age group 25-49, 60% were men, 40% – women. Despite that general needs of women are included in the planning and implementations of HIV and AIDS actions (testing, PMTCT, ARV-treatment), specific problems of ageing, marginalized and the most vulnerable women subgroups (young women, girls, elderly women, single mothers, partners of PUDs, women IDPs, women, who experienced violence) are not treated separately.

2. A significant number of women was diagnosed with HIV when tested for it in connection with pregnancy. For instance, among women, who have children with the confirmed HIV status, 82%<sup>83</sup> were diagnosed during pregnancy; in the survey among HIV-positive women, 42% of them answered “yes” to the question “I learned about my HIV status during pregnancy”<sup>84</sup>; according to the official statistics for 2013, in 35% women, HIV was diagnosed in connection with pregnancy.

3. The level of mother-to-child HIV transmission still remains high in women who are injecting drugs (11%) compared to the average value of this indicator (4%). The reason is that women who use drugs in Ukraine still face poor access to high-quality medical services (including untimely diagnostics of HIV, getting infected with HIV during pregnancy, absence of timely ARV prevention of mother-to-child transmission of HIV, infecting the child with HIV through breast-feeding, absence of the joint with the addictionologist pregnancy monitoring plan for pregnant women that use drugs, extremely low engagement of pregnant women to programs on harm reduction, rehabilitation, and MAT), high stigmatization at all levels – in family, in healthcare institutions, in the society, in law enforcement agencies. Ukraine’s current drug policy criminalizes people who use drugs and this impedes engagement of this group, especially women, to the continuum of HIV-related services, which have proven their effectiveness all over the world.

4. Unhindered access to OST for pregnant women with drug dependence was secured only within the framework of the pilot project<sup>85</sup> implemented in women’s health clinics in Kyiv, Dnipropetrovsk, and Poltava. The regulatory framework on OST for pregnant women with drug addiction is still flawed. Despite revision of the Order of the Ministry of Health<sup>86</sup> on the clinical protocol on prevention of mother-to-child transmission of HIV and presentation of the adapted evidence-based clinical practice guidelines, «Prevention of mother-to-child transmission of HIV» (these guidelines include a section on maternity care for pregnant women with opioid addiction, which also takes into account the results of implementation of the pilot project), the corresponding clinical protocol<sup>87</sup> has not been approved and this creates regulatory obstruction.

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<sup>83</sup> The institutional research «Socio-demographic and medical determinants of risk of mother-to-child transmission of HIV in Ukraine», conducted in Ukraine by UCDC together with UNICEF and the Institute of Social Expertise under the National Academy of Sciences of Ukraine.

<sup>84</sup> Research by the All-Ukrainian Charitable Foundation “Positive Women”: “Sexual and reproductive health, gender equality and human rights, gender violence, economic and political opportunities of women living with HIV in Ukraine. March 2016”.

<sup>85</sup> Implemented under the Order of the Ministry of Health Care of Ukraine as of 27.09.2011 No.623 «On Implementation of pilot project «Securing prevention of mother-to-child transmission of HIV and improvement of perinatal indicators in pregnant women with drug addiction and children born to them» with the support of UNICEF and the Clinton Foundation in Ukraine.

<sup>86</sup> Order by the Ministry of Health Care Ukraine No.716 as of 14.11.2007 «On Approval of clinical protocol on obstetrician assistance ‘prevention of mother-to-child transmission of HIV’».

<sup>87</sup> Approved after the current Desk Review completed. Order of the MoH of Ukraine #449 on 16.05.2016

5. The highest probability of contracting HIV among sex workers in Ukraine correlates with injecting drugs. HIV prevalence among sex workers that inject drugs in 2013 constituted 27.6%, and among sex workers that never used drugs – 5.8%. Due to a high level of HIV prevalence among them, drug-injecting sex workers can be the most significant source of infection for clients from the so-called general population. This is one of potentially dangerous factors of possible generalization of the epidemic.<sup>88</sup>

6. Despite *de facto* decriminalization of sex work in Ukraine, women engaged in this sphere are extremely vulnerable to violence from law enforcement agencies and from johns. Sex workers have no levers to influence johns and are unable to turn for help and protection to law enforcement agencies. In the conditions of the continuing economic crisis and the armed conflict in the East, the number of women, who due the state's inability to carry out its duties on protection of their rights will be forced to engage in sex work and transactional sex<sup>89</sup>, will keep growing.

7. Information on access of transgender women and men to services on reproductive health and HIV prevention is extremely limited, medical and social workers are poorly informed about this group's specific needs. Services for them are mostly offered by LGBT organizations.

8. The issues of women in places of imprisonment in the gender and HIV context are still poorly researched. The number of women in penitentiary facilities of Ukraine for the period of January 1, 2015 – January 1, 2016, went down from 3,125 to 2,018 women<sup>90</sup>. They constituted 4.3% and 2.9% of the prison population, respectively. The number of HIV-infected inmates under medical supervision as of January 1, 2016, constitutes 4,130 persons (5.9% of the general number of inmates), of them 346 women (8.4%). During the survey<sup>91</sup>, 9.2% women living with HIV pointed out that they served time and 12.5% – that they were in custody.

9. The emergency post-exposure prophylaxis of HIV (PEP) is regulated by the orders of the Ministry of Health Care Ukraine<sup>92</sup> only for health care workers. There are no other protocols or procedures on PEP, including for rape survivors. UNICEF has included PEP procurement in supplying health products (including ART) for the non-government control territories of Donetsk and Luhansk oblasts<sup>93</sup>.

10. In Ukraine, the issue of the opportunity for PLHIV to adopt a child and care for her or him is generally unresolved. According to the Family Code of Ukraine, it is not allowed to be adoptive parents, guardians, or caretakers for the persons that were diagnosed with the diseases listed in the list approved by the Ministry of Health Care of Ukraine. This list includes people diagnosed with HIV (code B20-B24 according to MKX-10), in connection with the fact that this class covers communicable and transmissible diseases.

11. PLHIV's access to assisted reproductive technologies is not secured. Despite the fact that: (1) The Law of Ukraine «On Fighting proliferation of diseases caused by the human immunodeficiency virus (HIV), and legal and social protection of people living with HIV», stipulates that «People living with HIV have the right to assisted reproductive technologies under the condition that transmission of HIV from the parents to the future child is prevented»<sup>94</sup>; (2) the National AIDS Program for the years 2014-2018 provides for

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<sup>88</sup> UCDC.

<sup>89</sup> This term refers to a situation, when a person is forced to have sex due to having no other alternative but to exchange (transaction) of sex for money for survival, goods (in particular, drugs) or to improve the living conditions.

<sup>90</sup> State Penitentiary System of Ukraine.

<sup>91</sup> Research by the All-Ukrainian Charitable Foundation "Positive Women": "Sexual and reproductive health, gender equality and human rights, gender violence, economic and political opportunities of women living with HIV in Ukraine. March 2016".

<sup>92</sup> «Procedure of HIV emergency post-exposure prophylaxis for employees in force of professional duties» as of 05.11.2013 No.955 (registered with the Ministry of Justice of Ukraine on November 20, 2013, No. 1980/24512) and «On Approval of Procedure of confirmation of connection of contracting HIV with employee's performing professional duties» as of 17.03.2015 (registered with the Ministry of Justice of Ukraine on April 3, 2015, No. 377/26822).

<sup>93</sup> Financed by the emergency fund of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

<sup>94</sup> Article 10, paragraph 2



securing PLHIV's access to assisted reproductive technologies under the condition that transmission of HIV from parents to the future baby is prevented, and, starting from 2014, at least three state centers of assisted reproductive technologies have to provide such services; none of the existent centers is providing such services, as there are regulatory obstacles from the Ministry of Health.

12. In Ukraine the number of internally displaced persons is growing, social tensions are rising, and the economic crisis is exacerbating the living standards of the significant number of families. As of February 5, 2016, the Unified information database on internally displaced persons (IPDs) from Crimea and Donbas of the Ministry of Social Policy<sup>95</sup> contains information about 1,706,646 IPDs, of them 1, 039, 611 women (61%) and 667, 035 men (39%)<sup>96</sup>; 929 HIV-positive persons, who are IPDs, receive care and support services in branches and organizations that are subgrantees of the All-Ukrainian Network of PLWH (26 NGOs), predominantly on the territory of Donetsk, Luhanska, Zaporizka, Kharkivska oblasts and the city of Kyiv. NGOs that are working with IPDs in the East of Ukraine have experience of monitoring of observance of rights and providing legal assistance to IPDs living with HIV<sup>97</sup>. The largest wrongdoers are health care facilities, social services, and employers.

13. The Ukrainian society is rather poorly informed about HIV and AIDS, especially among older age groups. This leads to the lifestyle practices regarding safe sex and testing for HIV that are predominantly dependent on external circumstances and stereotypes/perceptions about sex life. 62% of Ukrainians were never tested for HIV, and 81% of those that were did so in the context of addressing other issues concerning their health. Women predominantly get tested as a part of the required medical examination during pregnancy. Sex education is not included into the obligatory general secondary education.

14. The Ukrainian society demonstrates high level of intolerance, prejudice, and stigma towards persons living with HIV, and most at-risk groups. Less than a half of Ukrainians say they are comfortable with being close to PLHIV, including children living with HIV. The attitude towards the most at-risk groups: men having sex with men, women in sex business, people injecting drugs, is even worse.

15. Social stereotypes that affect the overall picture of gender relations in Ukraine are not conducive for women to exercise their rights and correspondingly double the pressure on women living with HIV. This forces women to adopt life practices that impact their relations with family and with public facilities (hospitals, state-run institutions, and law enforcement agencies) and their willingness to protect their rights: they keep their contacts with such institutions to a minimum and try to avoid any actions that could lead to disclosure of their status. The need to address the issues of gender-based violence (98%) and violations of women's rights (98%) is almost a one-hundred-percent priority for women-activists and service providers<sup>98</sup>.

16. The Ukrainian legislation guarantees accessibility and quality of medical examination, monitoring, psychosocial, legal, and medical consultations, medical assistance and provision of medications, social and legal protection, and prevention of any forms of discrimination in connection with HIV. In practice, the models of provision of medical, social, legal and other services fail to account for entrenched gender norms and stigmatization in the society and by service providers, especially in rural areas. HIV-

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<sup>95</sup> <https://dostup.pravda.com.ua/request/8771/response/13203/attach/2/25%20081%20164%2016%201.pdf>

<sup>96</sup> Almost 741.7 thousand families applied for assistance to pay for housing, 694.9 thousand of them were approved for assistance. The total amount of funds allocated in the state budget for household needs of IDPs for the year 2016 is a little over UAH 2.8 bln. The amount of assistance to unemployed citizens constitutes less than UAH 900, and for employed ones – twice as little.

<sup>97</sup> <http://pereselenci-med.kh.ua/?p=406>

<sup>98</sup> Research by the All-Ukrainian Charitable Foundation "Positive Women": "Sexual and reproductive health, gender equality and human rights, gender violence, economic and political opportunities of women living with HIV in Ukraine. March 2016".

positive participants of the research expressed the highest degree of disagreement with the statement: “*I receive free and high-quality treatment, information, services on sexual and reproductive health, when I need them*” and “*I believe that health care workers that provide services are well-prepared, friendly, and ready to help*”.

17. Ukrainian women are insufficiently involved in coordination of activities in the AIDS response. In 2014, women constituted 40% (259) of the number of members of regional AIDS councils, of them 99 women represented NGOs (38%). Only 44 women were engaged in work in the councils’ leadership, that is, only 7% of the total number of council members. Starting from 2016, HIV-positive women are not represented in the National TB and HIV/AIDS Council. HIV-positive women-participants of the focus groups are poorly aware of activities of the country’s coordinating mechanism: 37% participants do not know or have not heard about the National Council, and only 25% know how it operates and who personally represents women’s interests. 23% of participants participated in the work of local councils as almost all of them are the councils’ members, and due to this, they know how the councils’ agenda is formed. This generally follows the pattern of women’s representation on the highest decision-making levels, despite the corresponding legislation on gender quotas.

18. In Ukraine, there is not enough coordination and no communication strategy regarding integration of the gender equality and HIV, the mechanisms for collection and analysis of strategic information for development of the social policy in the context of intersectoral issues on gender equality, public health and protection of human rights. Because of this, the cross-cutting issues – HIV and AIDS, gender and violence – are insufficiently integrated in the corresponding policy and strategic documents. Interaction between gender and HIV-service organizations is sporadic. At the same time, specialists of different sectors unanimously admit mutual benefits and advantages from systematized cooperation, including preparation of alternative reports (for instance, CEDAW). At the sessions of the National TB and HIV/AIDS Council, the issues of the HIV epidemic’s gender dimension are not addressed at all. The Ukraine Harmonized AIDS Response Progress Report<sup>99</sup> for the reporting period of January 2012 – December 2014 lacks a narrative part on implementation of Goal 7. Elimination of gender inequality. The list of indicators not relevant for the epidemic currently registered in Ukraine includes *Indicator 7.1. Prevalence of cases of violence committed by sexual partner during the recent period* (the share of women in the age group 15-49, who were ever married or had a partner and who sustained physical or sexual violence from their male sex partner in the last 12 months).

19. Domestic violence is still very prevalent in Ukraine, but the very scope of this phenomenon – both in the aspect of the nation’s health and in the aspect of the budget funds spent to address its consequences – is difficult to measure. Official statistics on the level of domestic violence for the last two years is not available in open sources. This complicates consideration of women’s interests in decision-making at all levels, in particular, in the budgeting process, and feeds to the perception that they are not important for the society. The issue of ratification and implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention, is still far from being resolved. Ukraine has an extremely limited number of shelters for victims of domestic violence, there are virtually no psychological rehabilitation services available to survivors or correctional services for abusers; the resources and services provided for in the legislation are not established or funded and are not operating. It is difficult for women to find help, support, and protection. One in every three women living with HIV (35%), sustained violence at

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<sup>99</sup> GARPR Ukraine <http://ucdc.gov.ua/uploads/documents/ab1ccb/3c54bc491a41b37b8bb8625d29037e1d.pdf>

the hands of her sexual partner or husband<sup>100</sup>, and one in every four of them (24%) – before they were diagnosed with HIV. This means that the violence factor has to be considered as a component of vulnerability to HIV.

20. There is a significant number of facilities and NGOs in Ukraine that are working on overcoming the HIV epidemic. Analysis of their programs shows that only a small share of them takes into account the gender specificity of providing services, predominantly for certain most at-risk groups (PWID). Also, there are a lot of women's NGOs working with women's rights and combating violence, but few women's organizations are working with such target groups as women living with HIV, sex workers, or women with drug addiction.

21. In the recent years, the Union of Ukrainian women living with HIV and vulnerable to HIV<sup>101</sup> has significantly built its capacity and expanded its advocacy activities: participation in preparation of the national reports to the Committee on the Elimination of Discrimination against Women; running the secretariat for the Eurasian Women's AIDS Network, conducting the national campaign against gender violence, conducting the First National Women's Forum with international participation on HIV and AIDS, organization of the research "Sexual and reproductive health, gender equality and human rights, gender violence, economic and political opportunities of women living with HIV in Ukraine."

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<sup>100</sup> Research by the All-Ukrainian Charitable Foundation "Positive Women": "Sexual and reproductive health, gender equality and human rights, gender violence, economic and political opportunities of women living with HIV in Ukraine. March 2016".

<sup>101</sup> All-Ukrainian Charitable Foundation "Positive Women".

## Recommendations

### Design of Programs and Services

1. Introduce approaches of community-based education with participation of men and women on development of relations based on gender equality and reduction of the level of violence, on the issues of harmful gender norms for improvement of HIV prevention, testing, treatment and care.
2. Enhance harm reduction and substitution therapy programs for women, who inject drugs, and sex workers by introducing gender-sensitive services, for instance:
  - Provide social support in the form of temporary housing, especially for survivors of violence and women released from the places of detention;
  - Provide harm reduction services together with reproductive health and PMTCT services;
  - Prepare peer-to-peer counselor out of women in these groups and expand outreach work, to cover more women in these groups with harm reduction services and ARV treatment programs;
  - Facilitate economic independence of vulnerable women by helping them with finding employment, getting education and obtaining professional skills;
  - Introduce a series of comprehensive measures on HIV prevention among sex partners of people who inject drugs: consulting on the issues of safe sex, testing for HIV and STI, providing condoms.
3. Conduct trainings for couples, who use drugs, on sexual and reproductive health and condoms use: separately and jointly for men and women. The programs have to account for age and behavioral peculiarities of women and men.
4. Secure unencumbered access to testing and quality pre- and post-testing counseling at health centers (outpatient clinics) and women's health centers. Actively engage in provision of these services HIV-positive women, who have experience of counseling the issues of pregnancy and giving birth.
5. Secure a proper level of access to MAT for women, who inject drugs, in Ukraine, first of all, pregnant ones, in particular:
  - a) secure availability of MAT medications for pregnant women at women's health clinics and maternity hospitals;
  - b) expand providing of services to women, who inject drugs, along the model of the multidisciplinary approach, which was tested in three pilot regions at women's health centers and maternity hospitals. This approach envisages medical care and support during pregnancy and post partum<sup>102</sup> with a pregnant woman having access to high-quality integrated medical services within one institution, and namely:
    - medical supervision of the patient in regard to her underlying medical condition;
    - conducting a course of prevention of mother-to-child transmission of HIV in case the pregnant woman is HIV-positive;
    - informing the family (partners) about the impact of narcotic substances on the fetus and the newborn;
    - informing about modern treatment methods for drug addiction and resolving the issue on substitution maintenance therapy in the management of opioid dependence for both partners;
    - antenatal monitoring of the fetus;
    - resolving the issue of family planning, means of contraception and prevention of STIs during pregnancy and post partum;

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<sup>102</sup> The team consists of: obstetrician-gynecologist, addictionologist, neonatologist, infectious disease specialist, physician-family doctor, social worker, peer-to-peer consultant.

- informing on the issues of prevention HIV, monitoring of the pregnancy involving the woman's sexual partner; testing the sexual partner for HIV during the woman's pregnancy;
  - consulting on the issues of care for the newborn, taking into account the drug addiction of the woman or both partners.
6. Study, analyze and apply practically the gender budgeting in HIV-AIDS programs at all levels.
  7. Build capacity of NGOs on reduction of stigma and discrimination against key populations and people living with HIV, in particular, women living with HIV. Organize trainings for key groups and HIV-positive people, especially girls and women, on tools for protection of their rights.
  8. Organize a network of women's crisis centers, which aim to reduce gender violence and mitigate its consequences and which provide legal and socioeconomic services to women vulnerable to violence and HIV. Together with health care practitioners, officers of law enforcement agencies and women's organizations, develop checklists and referral routes for survivors of domestic and/or sexual violence, which will be reflected in the corresponding sectoral regulatory documents; include in the checklists an item on postexposure prophylaxis of HIV for survivors of sexual violence, and consulting on prevention of HIV.

## Research, Education and Trainings

9. Organize comprehensive trainings for officers of law enforcement agencies on the issues of prevention HIV and AIDS among key groups of the population and non-discriminatory treatment of these groups.
10. Conduct a separate research on needs and problems of transgender women and men regarding reproductive health and HIV prevention services in Ukraine.
11. Together with LGBT NGOs and activists and the Ministry of Health Care, develop and introduce specialized educational modules for all stakeholders, using "Implementing Comprehensive HIV and STI Programmes with Transgender People. Practical Guidance for Collaborative Interventions"<sup>103</sup>.
12. Together with the Ministry of Health Care and Ministry of Education, develop and introduce a course of sexual education for schoolchildren, which will include sections on HIV and LGBT.
13. In public communication on safe sex, emphasize importance of using protective measures and personal responsibility for one's health.
14. Organize trainings for service providers, especially medical students and medical staff, on the issues of tolerant treatment of people, who inject drugs, LGBT, sex workers, and PLWH.
15. Include the issue of gender violence in all current and future demographic research on HIV and AIDS.
16. Systematize collection of data of gender studies, to introduce indicators for measuring different aspects of achievement of gender equality within the framework of HIV and AIDS programs, of barriers and risks for integration, including in allocation of resources. Include gender and age disaggregation in all program indicators on HIV and AIDS, including in the penitentiary system and among IDPs, to better understand men's and women's vulnerabilities and roles in the epidemic process.
17. Drawing on the existent regulatory framework, encourage introduction of the course of gender education, which would include the knowledge on sexual (and gender-based in general) violence both for wider population – in educational institutions (for faculty and schoolchildren/students), and specifically for medical staff and for officers of law enforcement agencies.

<sup>103</sup> Implementing Comprehensive HIV and STI Programmes with Transgender People. Practical Guidance for Collaborative Interventions [http://www.hplgbt.org/publish/library/en/TRANSIT\\_en.pdf](http://www.hplgbt.org/publish/library/en/TRANSIT_en.pdf)

## Policies, Strategies and Partnership

18. Improve the corresponding regulatory framework by approving the draft of the clinical protocol<sup>104</sup> «Prevention of mother-to-child transmission of HIV» developed by the working group of the Ukrainian Center for Disease Control in 2015. To include into the Ministry of Health Care protocol on MAT a separate information letter for women, who inject drugs, and to make it available in all medical institutions of primary care, in particular, at family doctors and in women's health centers.
19. With participation and approval from the Ministry of Health Care in close cooperation with NGOs, provide family doctors and doctors in women's health centers and maternity hospitals with informational and methodological materials on MAT for pregnant women and birthing mothers.
20. Together with international organizations and the civil society, develop and lobby amendments to Article 303 of the Criminal Code of Ukraine that would abolish the administrative fine, so that to decriminalize sex work completely.
21. Together with the Ministry of Health Care, the Ministry of Social Policy and civil activists, develop procedures and protocols on postexposure prophylaxis of HIV for women and men, who survived sexual violence, to be applied in women's health centers, shelters, injury care centers, offices of social services, public centers for PLWH, people with drug addiction, sex workers, LGBT, etc.
22. Make amendments to corresponding regulatory documents of the Ministry of Health Care of Ukraine as to securing unencumbered rights for parenthood for PLWH, in particular, to remove HIV from the list of infections, which render a person unfit to be an adoptive parent, guardian, or caretaker for a child or children.
23. Secure for HIV-positive citizens of Ukraine access to assisted reproductive technologies by establishing an effective mechanism and launching state-run assisted reproductive technologies centers, as provided for in the National AIDS Program for 2014-2018.
24. Facilitate by all means possible the process of ratification by Ukraine of the Istanbul Convention and implementation of the system that would help survivors of violence and ensure punishment of abusers. To encourage corresponding governmental institutions to collect relevant research in a unified regularly updated informational register both at the national and oblast levels, and to provide regular sectoral overviews of this information to all bodies of executive power.
25. Encourage civil society organizations to remind bodies of executive and judiciary power about the necessity to observe the norms of gender equality.
26. Improve and encourage interaction and cooperation between women's NGOs, feminist movements and platforms and HIV service organizations.
27. Develop and support the potential of the Union of Women of Ukraine Living with or vulnerable to HIV:
  - Build capacity of representatives of the Union to effectively participate in councils, committees and working groups on development of the national and local policies, design of programs and monitoring of measures in response to the AIDS epidemic, like the oblast and national TB and AIDS Councils, the groups on preparing the country's official and shadow reports to the Committee on the Elimination of Discrimination against Women (CEDAW), in preparation of national action plans for implementation of sustainable development programs after 2015 (Post-2015) and so on;

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<sup>104</sup> As of the moment of publication of this document, the Order of the Ministry of Health Care No.449 as of May 16, 2016, approved the unified clinical protocol of initial, secondary (specialized) and tertiary (highly specialized) medical care "Prevention of mother-to-child transmission of HIV", [http://www.moz.gov.ua/ua/portal/dn\\_20160516\\_0449.html](http://www.moz.gov.ua/ua/portal/dn_20160516_0449.html)

- Conduct trainings for leaders of the Union on the tools (1) of collection and analysis of information for evidence basis concerning the needs and barriers in access to services and (2) gender budgeting of HIV and AIDS programs;
- Facilitate inclusion of women affected by the epidemic to the governmental delegations for participation in the UN Commission on the Status of Women, Special Session of the UN General Assembly on AIDS and Drugs, and so on;
- Develop the mechanisms of participation of representatives of people living with HIV, especially women, in the programs aimed to achieve gender equality and human rights (economic, political, cultural, social and so on);
- Develop the potential of the women-leaders for development of services and advocacy work on the oblast and city level;
- Advance the expertise of the leaders, support the organization's institutional development and establishment of the effective management, external and internal communications;
- At least once a year, prepare and present for the National Council a report by the women affected by the epidemic of HIV on enjoyment of their rights, freedoms and access to services;
- Participate in setting the regional and global agenda for women and girls through regional and global networks of women living with HIV.