THE GLOBAL FUND

UKRAINE

Progress Assessment

Global Fund Breaking Down Barriers Initiative

December 2023

Table of Contents

DISCLAIMER

As part of the operationalization of the Global Fund Strategy 2023-2028, this progress assessment was commissioned by the Global Fund to Fight AIDS, Tuberculosis and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

Acknowledgements

The progress assessment of Breaking Down Barriers was led by a team of researchers assembled by the Drexel University Dornsife School of Public Health.

For the Ukraine assessment, the research team was comprised of Diederik Lohman, independent health and human rights consultant, Evgeniia Kononchuk, independent consultant, and Joseph Amon, professor of global health at Drexel University. The progress assessment also benefited from the work of Joanne Csete, who led a complementary exercise analyzing Ukraine's legal and normative framework as compared to EU standards.

The authors would like to acknowledge the support of the Global Fund, as well as the many country stakeholders, technical partners and the many others who provided reports, insight and myriad contributions, and who demonstrated their dedication to their programs and beneficiaries.

1. Preface

Impact of the war on human rights programs

Russia's full-scale invasion of Ukraine on 24 February 2022 profoundly changed all aspects of life in Ukraine. Millions of people found themselves overnight on the front line of an armed conflict. Millions fled, abroad or to western Ukraine. Much of government came to a halt, as did the economy. Unsurprisingly, the invasion had a major impact on Ukraine's HIV and TB responses as well: Many health care clinics and hospitals suddenly had to care for wounded soldiers and civilians. Health care workers faced the difficult choice of staying or fleeing. Hospitals and clinics came under attack. Medical supplies were disrupted, leaving clinics without essential commodities. Patients were cut off from health care providers as a result of fighting in the streets and the threat of air attacks.

The HIV and TB responses were significantly affected. Large number of people living with HIV were displaced to areas of Ukraine that have traditionally had low HIV prevalence and where capacity of HIV services was far too limited to meet the need. Thousands of people on antiretroviral and TB medications were (temporarily) cut off from their treatment. People who use drugs (PWUD) and sex workers were cut off from key prevention services. Transgender (TG) women faced challenges leaving the country if their IDs did not match their gender identity, as men of certain age groups were barred from crossing the border. People on opioid substitution treatment (OST) (which is banned in Russia) feared their treatment programs could be discontinued. In occupied territories, Ukrainian health care services ceased altogether, leaving patients at the mercy of whatever health care services the Russian occupier would provide.

In the first few weeks after the invasion, chaos reigned, with implementers of human rights programs responding to rapidly escalating emergency needs. Faced with enormous humanitarian needs among their clients, these organizations sought to assist their communities with whatever they could. Some organizations actively helped communities near the frontlines or in occupied territories migrate to safety.

However, after a few weeks, these organizations began implementing human rights programs again, although these programs often had to be modified. Despite the extremely difficult circumstances and some reprogramming, implementers managed to continue with most programs, making various adaptations to meet the most urgent needs of their clients, demonstrating both the commitment of these implementers and the resilience of their programs.

Some activities - including in-person gatherings, trainings, and other activities that were deemed to be low priority or impossible to implement in wartime - were reprogrammed toward humanitarian support for their communities. However, the impact of such reprogramming on

the scale of many human rights programs appears to have been relatively limited in government-controlled parts of Ukraine.

In temporarily occupied territories, however, the impact of the war on human rights programs has been dramatic, as it has been on HIV and TB services more broadly. Despite attempts by some implementers to sustain some programming initially, including paralegal support, these programs have largely collapsed over time. Some human rights frontline workers from temporarily occupied regions have relocated to government-controlled areas and now support internally displaced people or communities in their new location, whereas those who have remained in occupied territories can no longer continue their work.

While human rights programs have mostly survived the first year of the war and have - as discussed below - played a critically important role in Ukraine's efforts to continue to provide HIV and TB services to key and vulnerable populations, the war has put them under severe pressure as demand for services has increased, working conditions have been exceedingly challenging, and many frontline human rights workers have worked around the clock alongside health care providers to support their communities and clients. This raises significant concerns, as these pressures are not sustainable long-term and are likely to result in burnout among human rights workers, just as it is for health care workers and government officials. To ensure that the community-based human rights infrastructure survives long-term, the risk of burnout must be addressed.

The achievement of some key goals of human rights programs will likely be delayed as a result of the war, especially those involving structural changes in national policies or laws (although Ukraine amended its HIV law in January 2023). For example, the sudden need to address the need for legal services among internally displaced people became a priority that may have slowed efforts to institutionalize free legal aid for key and vulnerable populations. Similarly, managing the war's impact on the health care and prison systems delayed efforts to hand over management of the prison health system to the ministry of health. Some national stigma and discrimination campaigns have been canceled or delayed, as government shifted its priorities to focus on the war response. However, even on some of these goals the assessment team found that progress, while perhaps slowed, did continue in 2022. Some other key goals - such as liberalizing methadone regulations to allow patients to take home sufficient quantities of medications to support them for a longer period - suddenly became possible during the war. Moreover, the EU admission process may open up opportunities for legal and policy reforms, among others, related to anti-discrimination legislation and LGBTI rights.

2. Executive Summary

Since 2017, Ukraine has received funding from the Global Fund to remove rights-related barriers to health services, participating as part of the *Breaking Down Barriers* cohort. *Breaking Down Barriers* provides funding for comprehensive programs to remove rights-related barriers, based upon scaling up a set of internationally recognized human rights programs. Countries are also supported to create enabling environments to advance comprehensive responses.

This assessment examines progress since the mid-term assessment in 2020 to late 2022/early 2023. The assessment was conducted at the end of the second year of Global Fund's Grant Cycle 6 (GC6) grants for HIV and TB, with about a year of implementation remaining on each grant. It finds that prior to Russia's full-scale invasion in February 2022, Ukraine had made significant progress in reducing rights-related barriers to access HIV and to a lesser extent TB services since 2020. While the war has radically changed the situation in Ukraine, implementers of human rights programs have effectively made changes to programming to respond to the new needs of key and vulnerable populations as well as to changed circumstances, and most program implementation has, as a result, continued.

At mid-term, Ukraine had the most advanced programming to remove human rights-related barriers to HIV and TB services of any of the countries in the *Breaking Down Barriers* cohort. In many of the program areas for HIV, programs were already well established, covered most or all key and vulnerable populations, and had significant geographic reach. Programs to remove TB-related human rights barriers lagged behind; their development at mid-term was similar to human rights programs for HIV at the time of the baseline assessment in Ukraine. Prior to 24 February 2022, many of Ukraine's HIV-related human rights programs had reached close to national coverage (with the exception, of course, of Russian-occupied territories). Indeed, these programs are approaching the Global Fund's goal of comprehensiveness. Between the mid-term and progress assessments, TB-related programs improved at the same pace as HIV-related programs had between the baseline and the mid-term assessment, showing significant increases in scale and scope and becoming increasingly well established with significant geographic reach but not yet at national scale.

With programs to remove human rights-related barriers to HIV and TB services well established, a key question the progress assessment sought to examine was what evidence exists that these programs are having an impact on the HIV and TB cascade. For HIV, there is compelling evidence of reductions of human rights-related barriers. Consecutive stigma index studies have found considerable reductions in a variety of stigma and discrimination indicators. Data from community human rights programs strongly suggests that members of key and vulnerable populations are increasingly empowered to demand that their rights be respected. The legal and policy environment for key and vulnerable populations has gradually improved since the start of the *Breaking Down Barriers* initiative, thus lowering barriers to services for these populations. Finally, with support from the *Breaking Down Barriers* initiative,

organizations of key and vulnerable populations have continued to grow rapidly and have been able to take proven interventions to a greater scale. For TB-related human rights programs, this kind of detailed analysis was not yet possible because programming was less well established and because of a lack of baseline data on stigma and discrimination.

Analysis using the Global Fund's theory of change for the *Breaking Down Barriers* initiative suggests that HIV-related human rights programs are producing the theorized changes in knowledge and behavior toward key and vulnerable populations among health care workers, police, and penitentiary staff, although a lack of routinely collected or evaluation data on behavior change makes it hard to draw firm conclusions. Similarly, these programs also appear to result in changes in knowledge and behavior of key and vulnerable populations, making it more likely that they will act as informed and empowered customers rather than as passive and reluctant recipients of health services. Again, a lack of data prevents definitive conclusions. In GC7, therefore, it should be a priority to put in place data collection mechanisms that enable better analysis of the impact of human rights programming for HIV and TB on the behaviors they seek to influence and, ultimately, on the cascade.

While Ukraine's programs to reduce human rights-related barriers to HIV and TB services are generally strong, the progress assessment identified a number of key challenges that need to be addressed. Many human rights programs are not yet sufficiently integrated with service delivery programs (which would improve both their effectiveness and sustainability). Ukraine has made some progress toward institutionalizing trainings on human rights for (for example) health care workers and penitentiary staff, but full institutionalization is still a work in progress and should be a priority during the next grant cycle. While several gender-specific organizations, such as Positive Women and Vona, implement some excellent gender-responsive programming, general human rights programs were often lacking gender-responsiveness. Coordination and collaboration between implementers of human rights programs remains a challenge, with competition and distrust continuing to be significant barriers to integrating and aligning programming to maximize impact. Finally, as noted above, Ukraine has yet to put in place monitoring and evaluation (M&E) systems that allow for an analysis of the impact of human rights programs. Much of the routinely collected data continues to be processed and there is output data that confirms that activities took place but this sheds little light on how effective those activities were.

Russia's full-scale invasion of Ukraine has, of course, significantly disrupted programming to remove human rights-related barriers to HIV and TB services. After 24 February 2022, implementers of these programs faced numerous challenges, ranging from safety concerns for staff, volunteers and clients and widespread displacement to the vast humanitarian needs of their communities. In the early days of the invasion, most organizations reoriented their operations toward saving lives in their communities and helping people get to safety. Within weeks, implementers began adapting their planned programming to the dramatically changing needs of their communities and clients, and most did so successfully. Indeed, the progress assessment found that implementers of human rights programs had played a critically

important role in Ukraine's efforts to continue to provide HIV and TB services to key and vulnerable populations, and likely helped ensure that significant numbers of clients were able to continue receiving lifesaving health care services despite the overwhelming turmoil. With deep roots inside vulnerable communities, these organizations often were a first port of call for community members afraid of losing access to OST, antiretroviral treatment (ART) or TB medications, and they became an important conduit between community members at risk of disruption of services and healthcare providers.

Scorecard for Programs to Remove Human Rights-related Barriers in Ukraine

As part of *Breaking Down Barriers*, progress in countries is assessed on a 0-5 scale, with 0 demonstrating no programs present and 5 indicating that programs are at scale (national level), covering over 90% of key populations. Please see key below for full scale.

Key

0 – no programs present
1 – one-off activities
2 – small scale
3 – operating at subnational level
4 – operating at national level (>50% of geographic coverage)
5 – at scale at national level (>90% geographic coverage + >90% population coverage)
** – not a program area in the assessment periods

Scorecard for Programs to Remove Rights-related Barriers to HIV (prior to Russia's full-scale invasion)

Since mid-term and before the start of the full-scale invasion, scores for programs to remove human rights-related barriers to HIV improved across all program areas for Ukraine. In most program areas, progress was significant, especially considering that at mid-term Ukraine already had the highest scores of the *Breaking Down Barriers* cohort. Legal literacy, access to justice, and gender discrimination programs had made the greatest progress as a result of the significant expansion of Ukraine's paralegal program and the work of organizations focusing on women in all their diversity such as Kogorta, Positive Women, and Vona.

HIV Program Area	Baseline (2018)	Mid-term (2020)	Progress (2023)
Eliminate stigma and discrimination in all settings	2.5	3.6	4.0
Ensure non-discriminatory provision of health care	3.0	4.0	4.4
Ensure rights-based law enforcement practices	3.0	4.0	4.2
Legal literacy ('know your rights')	2.0	3.2	4.0

Improve access to justice	2.7	3.6	4.5
Monitoring and reforming laws and policies	4.6	5.0	5.0
Reduce HIV-related gender discrimination	1.5	2.5	3.5
Support community mobilization and human rights advocacy	*	*	4.5
Average Score	**2.76**	**3.70**	**4.23[#]**

#: Note that the average scores only consider the first seven programs to ensure consistency.

Programs to Remove Human Rights-related Barriers to TB (prior to Russian's full-scale invasion)

Overall, programs to remove rights-related barriers to TB services are smaller and have less geographic coverage than those for HIV. This is because such programs have only seen significant investments within the last couple of years, and these investments have been less than those for HIV. Scores for programs to remove human rights-related barriers to TB services increased by an average of almost 1 point compared to mid-term. The most significant increases have been for activities that monitor and reform TB-related laws and policies (+1.8) and legal literacy (+2). Programs to address TB-related gender discrimination and to eliminate stigma and discrimination in all settings remain the weakest and the only programs that do not at least operate at subnational level.

TB Program Area	Baseline (2018)	Mid-term (2020)	Progress (2023)
Eliminate stigma and discrimination in all settings	1.0	2.1	2.4
Ensure people-centered and rights-based provision of health care	1.0	3.0	3.6
Ensure people-centered and rights-based law enforcement practices	1.0	3.0	3.0
Legal literacy ("know your rights")	1.0	2.0	4.0
Improve access to justice	2.0	3.0	4.0
Monitoring and reforming laws and policies	1.0	2.0	3.8
Reduce TB-related gender discrimination	1.0	1.0	2.0
Support community mobilization and engagement	2.0	3.0	4.0
Addressing the needs of people in prisons and other closed settings	2.0	3.0	3.4
Average Score	**1.20[##]**	**2.31[##]**	**3.35**

[##] : Note that the average scores for baseline and mid-term take into account ten program areas, the nine shown above plus "Ensuring confidentiality and privacy" that was removed from the progress assessment.

3. Overview

Since 2017, the Global Fund has provided more than US$85 million in matching funds to scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services through *Breaking Down Barriers*, catalyzing countries to commit additional financial support from within their allocations. To track progress in each of the 20 countries, the Global Fund has commissioned baseline and mid-term assessments in 2017 and 2019, respectively. In 2022, it commissioned a second progress assessment to examine further progress and inform further investments in this area, which is a continuing objective of the Global Fund's strategy for 2023-2028.

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

Text Box 1: Programs to Remove Human Rights-related Barriers to HIV and TB Services

For HIV:

- Eliminating HIV-related stigma and discrimination in all settings
- Ensuring non-discriminatory provision of health care
- Ensuring rights-based law enforcement practices
- Legal literacy ("know your rights")
- Increasing access to justice
- Improving laws, regulations and polices relating to HIV and HIV/TB
- Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Community mobilization and advocacy for human rights

For TB:

- Eliminating stigma and discrimination
- Reducing TB-related gender discrimination, harmful gender norms and violence
- Legal literacy ("know your rights")
- Increasing access to justice
- Ensuring people-centered and rights-based TB services at health facilities
- Ensuring people-centered and rights-based law enforcement practices
- Community mobilization and advocacy, including community-led monitoring (CLM)
- Addressing the needs of people in prisons and other closed settings

Breaking Down Barriers' Theory of Change

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

Breaking Down Barriers in Ukraine

Since 2017, Ukraine has received *Breaking Down Barriers* support, with US$2.3 million and US$2.4 million in human rights matching funds for the 2017-2019 and 2020-2022 grant cycles. The country has provided an additional US$2 million from within allocation in the 2017-2019 cycle and US$3.171 million in the 2020-2022 cycle.

For Grant Cycle 7 (GC7), Ukraine again has access to US$2.4 million in matching funds for programs to remove rights-related barriers, and it will be required to maintain or increase the level of investment from the 2020-2022 allocation in human rights programming. Furthermore, it must (a) determine the baseline scores for the key performance indicator (KPI) E1 indicator (which measures the percentage of countries receiving human rights matching funds with increases in scale of programs to reduce human rights-related barriers); (b) review and update its multi-year plan to remove rights-related barriers to HIV services; and (c) ensure that its funding request considers the findings of the most recent assessment and aims to ensure full implementation of all human rights program essentials.

The purpose of the current assessment was to understand the progress of programs to remove rights-related barriers in Ukraine, as well as to assess the impact of the human rights interventions on uptake, access and retention of HIV and TB services, with attention to the quality, scale-up and sustainability of programmatic implementation. It also aims to capture lessons learned related to human rights program implementation.

Specifically, the Ukraine progress assessment focused on the following three priority areas:

- **Assess progress prior to February 2022.** The assessment team evaluated Ukraine's progress in establishing comprehensive programs to remove human rights-related barriers, based on a scorecard similar to the mid-term assessment. However, it assessed progress up to the start of Russia's full-scale invasion of Ukraine in February 2022. Up until that point, stakeholders in Ukraine had continued to implement and scale

[1] The main categories of human rights and gender-related barriers to HIV and TB services include: stigma and discrimination, including within the provision of health services; punitive laws, policies, and practices; gender inequality and gender-based violence; poverty and socioeconomic inequality; and harmful working conditions and exploitation (mainly for TB).

up programs largely as previously planned, thus offering the best possible date for assessing how far it had advanced before the war caused major disruptions to program implementation. The assessment documented developments with program implementation between March and September 2022 but not for scorecard purposes.

- **Examine the role of human rights programs in responding to changing needs of HIV and TB-affected HIV populations during the war.** Russia's invasion caused major upheaval to the TB responses in Ukraine and threatened to disrupt services to millions of people as many parts of the country became war zones overnight, millions of people fled their towns, health care workers had to attend to casualties of war, and medical supply lines were interrupted. To avoid the collapse of the HIV and TB response, stakeholders throughout the country had to switch into emergency mode to ensure people continued to have access to HIV and TB prevention and treatment services. The progress assessment examined how implementers of human rights programs adapted their activities, what interventions they put in place to respond to the emergency situation, and assessed the impact of these modified programs qualitatively and quantitatively.
- **Examine implications of the war for human rights programming in 2023 and GC7.** While the war required numerous short-term changes to human rights programming to respond to immediate emergencies, it also has major longer-term consequences that will require programmatic adjustments. For example, the advocacy environment has changed profoundly, with martial law imposing restrictions on permissible advocacy activities while simultaneously the EU accession process opens up major opportunities for law reform. While Ukraine's human rights working group has been discussing some of these questions, the progress assessment provided an opportunity to systematically map these consequences, examine their implications and provide strategic insights for reprogramming of funds for 2023 and the continued support of human rights programs in the new funding request for 2024-2026.

4. Methods

The assessments took a differentiated approach to evaluate progress in the 20 *Breaking Down Barriers* countries – this approach separated countries into two tiers: those that receive a "focused" assessment and those that received an "in-depth" assessment. While the methods used are the same between the two types of assessments – i.e., they all included document review, key informant interviews and case study analysis – "focused" assessments included a smaller number of interviews and survey requirements than the in-depth evaluations.

Ukraine was an in-depth assessment country. It began with a desk review of relevant documents from the Global Fund and other key stakeholders. Because of the war, interviews were conducted remotely. Between September 2022 and April 2023, the research team

interviewed key implementers, government agencies and beneficiaries. Preliminary results from the assessment were presented to stakeholders at a February meeting in Krakow and further discussed with stakeholders at a Warsaw meeting in March. The scores from this assessment will be considered as the country moves forward to develop baselines and assess future progress related to the Global Fund KPI E1 for GC7.

Limitations

During the progress assessment, the team sought a diverse set of inputs and asked for feedback from various stakeholders in the Ukraine. There were numerous challenges encountered during the assessment. As noted, travel to Ukraine for data collection purposes was not possible due to Russia's full-scale invasion. Russia's repeated attacks on Ukraine's electrical grid also posed significant challenges, as interviews were repeatedly canceled due to a lack of power or were interrupted midway due to power disruptions. Moreover, many stakeholders dealt with emergencies related to the war that obviously took precedence over interviews with the assessment team. Finally, the assessment team faced significant challenges obtaining documentation from some Principal Recipients (PRs) and sub-recipients (SRs). Despite this, the assessment team was able to review a significant amount of the documentation it requested and interview many implementers for programs to remove rights-related barriers to HIV and TB, who provided a sense of the status of various activities.

5. Background and Country Context

5.1 Overview of HIV epidemiology

With an estimated 244,877 people living with HIV (PLHIV), Ukraine is the second-largest HIV epidemic in the WHO European Region (GAM Report 2021). The epidemic is concentrated in key populations, with prevalence of 20.3% among people who inject drugs (PWID) (IBBS 2020), 3.1% among sex workers (IBBS 2021), and 3.9% among men who have sex with men (MSM) (IBBS 2021); 34.7% of all newly registered HIV cases in 2021 were PWID (5,325 persons).

Before a full-scale war, Ukraine's HIV epidemic remained geographically concentrated in south-eastern regions and the capital city (Center for Public Health, annual reports). The prevalence of HIV infection varies greatly from the lowest rate in the Zakarpattia region (61.4 per 100,000 population) to the highest rate in the Odessa region (1,075.1 per 100,000 population). According to official statistics, 60% of PLHIV who were under clinical follow up (registered with an infectious disease doctor) at the end of 2021 lived in five regions of Ukraine: Odessa region (1,075.1), Dnipropetrovsk region (900.8), Donetsk region (659.7), Mykolaiv region (742.5) and Kyiv city (499.0) (Center for Public Health, annual reports). Due to population movements inside the country as well as abroad due to the war, this geographic distribution has changed significantly.

Ukraine has made significant progress toward the attainment of the 95-95-95 targets, reaching 75-83-94 in 2021 (as compared to 56-72-89 in 2017). By the end of 2021, of 244,877 PLHIV (Spectrum 2021), 184,029 (75%) were aware of their status. Of those PLHIV who were aware of their status, 152,226 (83%) were on ART, and of PLHIV on ART, 94% (142,586) have suppressed viral loads (< 1000 copies/ml) (GAM Report 2021).

The COVID-19 pandemic has had a negative impact on the HIV-related indicators, as has Russia's full-scale invasion of Ukraine. The latter caused a tremendous humanitarian crisis and resulted in the displacement of millions within the country and the migration of millions more outside Ukraine; the disruption of health services as result of active hostilities; temporary occupation of Ukrainian territories; destruction of medical facilities; and displacement of medical personnel. The war in Ukraine negatively impacted HIV testing, registration of HIV cases, and provision of care for PLHIV in particular.

5.2 Overview of TB Epidemiology

As estimated by WHO, TB incidence has decreased from 127 cases per 100,000 population in 2005 to 71 per 100,000 in 2021 (by 44.1%)[2] and is fifth-highest among the 53 countries of the WHO European region. Estimated incidence of HIV-positive TB cases was 14 per 100,000 in 2021 and is the highest in the region; as many as 20% of incident TB cases are HIV-positive. At sub-national level, the highest TB notification rate is documented in Odessa oblast (105.9 new and relapse cases per 100,000 in 2021), followed by Dnipropetrovsk (67.7 /100,000). On the other end, in four regions this rate was below 30 in 2021 (Center for Public Health).

The war caused displacement of a large proportion of the population to other regions as well as abroad. This resulted in redistribution of TB burden across the country, with 50% and higher increases in TB rates in regions receiving large number of internally displaced persons from neighboring areas that are directly affected by hostilities (such as Dnipropetrovsk, Kirovohrad and Poltava oblasts), and other, albeit less significant, increases in western oblasts (Center for Public Health).

TB remains a serious problem in penitentiary institutions. In 2021, a total of 641 cases of active TB, all forms (new and previously treated) were registered in prisons, or 1,287 per 100,000 of prison population (this rate is 27 times higher than the national rate). The annual number of TB cases decreased by 38.1% between 2015 and 2019, and a further 25.3% between 2019 and 2021 (Center for Public Health).

Treatment success rate in new and relapse cases has been stable (between 76.2- and 79.2%) in the last six years' cohorts. While treatment outcomes of multidrug-resistant (MDR-TB) patients remain worrisome, substantial improvements were documented in the latest evaluated cohorts: in RR/MDR patients, treatment success rate increased to 61.4% in the 2019 cohort and 65.4% in the 2020 cohort, compared to a flat level of about 50% during the

[2] WHO Global Tuberculosis Report 2019, http://www.who.int/tb/publications/global_report/en/

previous five years; and the treatment success rate in the 2020 cohort of extreme drug-resistant (XDR) and pre-XDR patients was 61.4% compared to only 34.1-37.0% during the previous three years. Better patient outcomes in people with MDR-TB are explained by scaled up implementation of new drugs and regimens based on the latest WHO recommendations.

Impact of COVID-19

The COVID-19 pandemic had some impact on programming of the first year of the GC6 grant, delaying implementation of some activities. However, by 2021, Ukrainian implementers had mostly adapted their programs to restrictions associated with the pandemic, moving a lot of activities online. Moreover, C19RM funding (from the Global Fund) was used to significantly scale up community paralegals and community system strengthening. In fact, the COVID-19 experience enabled PRs and SRs to respond rapidly to the Russian invasion in February 2022 and continue to implement most programs (as discussed elsewhere).

5.3 The political situation and war

Ukraine's government has remained strongly supportive of the HIV and TB response, including of programs to address human rights-related barriers to services. The full-scale Russian invasion of Ukraine, however, propelled questions of sovereignty, national defense and security to the top of the government's list of priorities. The enormous cost of the war, along with the economic crisis it has caused, has depleted government coffers. As a result, it is currently unable to meet many of the commitments it had undertaken prior to February 2022, such as financing HIV and TB prevention and treatment services from the national budget. International donors such as the Global Fund and the President's Emergency Plan for AIDS Relief (PEPFAR) have stepped in to fund commodities and services, and even pay salaries of health care workers. While the government has indicated that it wishes to start funding the HIV and TB response from the national budget as soon as possible, it is uncertain when that will happen.

About one-fifth of Ukrainian territory is currently under Russian occupation. In these regions, Ukraine is unable to continue to provide HIV and TB services to the population. Moreover, the war has resulted in tremendous damage to numerous health care institutions, many of which remain out of working order as of this writing. Once temporarily occupied territories are liberated, Ukraine will have to rebuild the health care system, as infrastructure has been destroyed, health care workers have migrated, and many clients of HIV and TB services are likely to have faced lengthy disruptions in their services. Moreover, community infrastructure that plays such a significant role in the HIV response in Ukraine—including community-provided prevention services and support services—has collapsed in these regions and will need to be rebuilt.

5.4 Global Fund financial information

Under GC6, in addition to its overall allocation of US$119,478,266, Ukraine received US$2.4 million in catalytic funds for programs to reduce human rights-related barriers to HIV and TB. The country devoted US$3.171 million from within the HIV and TB allocations for these programs as well, thus allocating a total of 4.7% of total funding to programs to remove human rights-related barriers to HIV and TB services.

5.5 Normative environment for key and vulnerable populations

Ukraine has made considerable progress on HIV prevention and care for key populations and has seen significant declines in HIV incidence. However, its legal framework for a rights-based HIV response remains unfriendly in many ways. Opioid agonist therapy (OAT) is legal, but sex work is criminalized, minor drug infractions can draw criminal penalties, and laws on HIV transmission, non-disclosure and exposure do not conform to UNAIDS guidelines or the policies of most European countries. With community-based organizations, including those led by key populations, playing a crucial role in providing human rights-related HIV services to key populations in Ukraine, government policy on NGO and community-based organization autonomy, registration and scope of permitted service-delivery activities is very important. Changes to the HIV law provide a framework for further development of these government policies. With Ukraine as an official candidate for European Union membership as of June 2022, there is an important window of opportunity for ensuring that its laws and policies, including those central to a rights-based national HIV response, conform to EU standards.

(a) Drug law and policy

Ukrainian law provides for harsh criminal provisions for drug use, possession and supply:[3]

- It is a crime to engage in "use of narcotics in public or by a group in places designated for educational, sport and cultural purposes, and in other places of wide public attendance", punishable by up to three years in prison (Criminal Code, art. 316). The criminal penalty can be removed if the person charged enrolls in a treatment program (art. 309). Penalties may be greater for repeat offenses.
- Possession-related offenses involving larger amounts may be punishable by two years of correctional labor, and more than five years in prison if the offense involves a minor or especially large amounts (art. 309). Small, large and "especially large" amounts are defined in a Ministry of Health order.[4] Possession of small amounts is considered an administrative offense, punishable by fine. According to the Ministry of Health order, for example, a "small" amount of heroin is less than 0.005 grams, a "big" amount is 1 to 10 grams and an "especially big" amount is more than 10 grams.

[3] As summarized by the European Monitoring Centre for Drugs and Drug Addiction (Lisbon), "Penalties at a glance," https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#downloadData
[4] Republic of Ukraine, Ministry of Health. Ministry order 188 of 1 August 2000. https://cmhmda.org.ua/en/homepage/news/drug-monitoring-center-institute/drug-related-legal-framework/order-of-ministry-of-health-188-of-01-08-2000/

- Supplying drugs is punishable by four to eight years in prison and much longer sentences in some cases – involving a minor, involving very large quantities, involving "especially dangerous narcotics," and repeated offenses. Cultivation of large amounts of cannabis plants or opium poppies can also result in long prison sentences.

Ukraine has enforced these provisions repressively. In a 2020 shadow report to the UN Committee on Economic, Social and Cultural Rights, the Ukrainian NGO Volna (the Ukrainian network of PWUD) and the HIV Legal Network (then the Canadian HIV/AIDS Legal Network) reported that one of seven convictions under the criminal law in 2018 was for drug infractions, and of those 84% were for simple possession for personal use, charged under article 309, often for miniscule quantities of drugs.[5] (The report emphasizes that 0.0005 grams is so minute that the residue in a used syringe might exceed that cut-off.) As the shadow report notes, this application of the law amounts to "detention solely on the basis of drug use or drug dependence."[6] The report cites a modeling study suggesting that significant transmission of both HIV and TB could be averted by lowering incarceration rates in Ukraine. The shadow report also recounts consistent abusive treatment of PWUD at the hands of the police and suggests that the police's focus on minor infractions detracts from what would be a more productive emphasis on major traffickers, as well as constituting a major barrier to the seeking of health services by people who use drugs.

This approach to drugs is not consistent with European standards. The European Union drug strategy urges that policing be focused on disruption of major criminal networks operating drug markets. On the matter of minor infractions, the EU strategy notes that "drug consumption and/or drug possession for personal use or possession of small amounts do not constitute a criminal offence in many Member States, or there is the option to refrain from imposing criminal sanctions."[7] The EU strategy does not have a definition of "small amounts", and member states have adopted varying definitions. For instance, the Czech Republic, which has a long history of decriminalization of minor drug infractions, defines a small (decriminalized) amount of heroin as less than 1.5 grams, many times more than Ukraine's cut-off of 0.0005 grams. Portugal decriminalizes amounts less than approximately 10 daily doses, again much more liberal than Ukraine's definition.

While Ukraine's drug law is consistent with the spirit of the EU strategy in that there is at least minimal room for minor offenses not to be pursued under criminal law, **Ukraine's definitions of small, big and "especially big" quantities to guide prosecution will likely need to be revisited against general EU practice if the law is not completely repealed.**

[5] VOLNA Ukraine, Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Association and 100% Life. Report to the 67th Session of the Committee on Economic, Social and Cultural Rights (2020) on the implementation by Ukraine of Article 12 of the International Covenant on Economic, Social and Cultural Rights as it relates to access of people who inject drugs to health services.
[6] Ibid.
[7] Council of the European Union. EU drugs strategy 2021-2025. Brussels, 18 Dec. 2020. https://data.consilium.europa.eu/doc/document/ST-14178-2020-INIT/en/pdf

Technical recommendations from United Nations agencies and statements on drug policy from UN member states are similar to some of the main lines of EU policy. The 2018 UN agency "common position" on drug policy, a consensus statement of the UN agency heads, called for "alternatives to conviction and punishment in appropriate cases including the decriminalization of drug possession for personal use."[8] The member state declaration from the 2016 UN General Assembly Special Session on drugs did not go that far but with respect to drug infractions encouraged "the development, adoption and implementation, with due regard for national, constitutional, legal and administrative systems, of alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature".[9]

(b) Regulation of drug treatment

From an HIV perspective, law and policy on treatment for opioid use disorder is centrally important in Ukraine, where opioid injection is prevalent. Ukraine emerged from its history as a Soviet republic with no experience of OAT (using methadone or buprenorphine), which remains unauthorized in the Russian Federation. Global Fund support enabled the introduction of OAT with buprenorphine in 2004, and methadone-based OAT was introduced in 2007. Methadone soon became the dominant form of OAT in Ukraine, administered in 170 sites by 2014 and 233 sites by 2021.[10,11] Before the war, it was estimated that 5.8% of the over 200,000 persons who injected opioids in Ukraine were receiving OAT,[12] though some locations reportedly had much higher coverage.

OAT is heavily regulated in Ukraine. Until 2016, there was very little possibility for take-home doses of methadone, for example, but a 2016 change in the Ministry of Health order governing OAT allowed for take-home doses of up to 10 days in cases where "sobriety" could be documented over a six-month period.[13] With the advent of COVID-19, take-home dosing increased so that by June 2020, an estimated 82% of OAT patients benefited from it.[14] These changes were associated with increases in patient numbers in most regions. With the onset of the current war, the Ministry of Health ordered 30-day take-home regimens for patients in all regions experiencing active hostilities, a development that was subsequently reversed.[15]

OAT policies include a number of restrictions on non-clinical aspects of the rights of methadone patients. As noted in the midterm review, NGO advocates succeeded in persuading the government to drop the requirement that OAT patients be registered with their

[8] United Nations Chief Executives Board for Coordination. Common United Nations system position on drug policy. UN doc. CEB/2018/2, 2018. https://unsceb.org/united-nations-system-common-position-supporting-implementation-international-drug-control-policy
[9] UN General Assembly. Our joint commitment to effectively addressing and countering the world drug problem: Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem New York, 19-21 April 2016. https://www.unodc.org/documents/postungass2016//outcome/V1603301-E.pdf
[10] European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Ukraine country overview (online), https://www.emcdda.europa.eu/countries/ukraine_en
[11] Public Health Centre, Government of Ukraine. Statistics of OAT, 2021. Статистика ЗПТ | Центр громадського здоров'я (phc.org.ua)
[8] Ibid.
[13] Meteliuk A, Galvez de Leon SJ, Madden LM, et al. Rapid transitional response to the COVID-19 pandemic by opioid agonist treatment programs in Ukraine. *Journal of Substance Abuse Treatment* 2021; 121:108164. doi: 10.1016/j.jsat.2020.108164.
[14] Ibid.
[15] Email from Olga Gvazdetska, Public Health Centre, Government of Ukraine, 26 August 2022.

complete passport information, which would then be available to other government entities (including the police). Patients are now tracked with anonymous indicators. However, according to a 2022 decree,[16] persons in some professions are required to report themselves as methadone patients to the police. Drivers are among these professions, so drivers have to report themselves as methadone patients when they renew their drivers' licenses.

The EU drug strategy emphasizes the responsibility of member states to ensure universal access to evidence-based treatment for drug use disorders, including "person-centered opioid maintenance therapy", and accompanying social services.[17] An estimated 50% of people in the EU with opioid use disorder receive agonist therapy, many countries with much higher rates of coverage.[18] **Ukraine's OAT coverage is less than the lowest rates in the EU.** While prospective methadone patients in a number of European countries face legal and regulatory barriers, restrictive inclusion criteria and other obstacles, many countries in the EU have overcome these to make OAT widely available. A number of EU countries also offer therapies for opioid users beyond methadone and buprenorphine, including medical-grade heroin prescribed under tightly regulated conditions.

Many EU countries have integrated OAT into primary care facilities, which improves access and also can greatly reduce the stigma associated with presenting at a specialized standalone facility.[19] Numerous EU countries also have mobile OAT services. Virtually all have some provisions for take-home doses of methadone for stable patients. **Ukraine's expansion of the possibility of take-home doses because of COVID-19 and in 2022 because of the war could be regularized to align with the policies of most EU countries**.

Since the mid-1980s, EU countries have been introducing methadone into custodial settings, with virtually all countries included by 2018.[20] In this area, **Ukraine is well behind the standard practice**.[21]

UN technical agencies have long recommended flexibility in patient-centered OAT. WHO recommends that following a period of direct supervision of methadone administration early in the course of a given patient's treatment, take-away doses should be provided where the risk of diversion is low compared to the benefits of eliminating a daily attendance requirement.[22]

[16] Cabinet of Ministers, Ukraine. On approval of the list of medical psychiatric contraindications for the performance of certain types of activities (jobs, professions, services) that may pose an immediate danger to a person or others. 10 May 2022. https://zakon.rada.gov.ua/laws/show/577-2022-%D0%BF?lang=en#Text
[17] Council of the European Union, op.cit.
[18] European Centre for Monitoring of Drugs and Drug Abuse. Opioids: Health and social response. Lisbon, 2021. https://www.emcdda.europa.eu/publications/mini-guides/opioids-health-and-social-responses_en#section4
[19] European Centre for Monitoring of Drugs and Drug Abuse. Balancing access to opioid substitution treatment with preventing the diversion of opioid substitution medications in Europe: challenges and implications. Lisbon, 2021. [URL]
[20] Ibid.
[21] VOLNA et al., shadow report, op.cit.
[22] World Health Organization. Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva, 2009, p. 36. https://www.who.int/publications/i/item/9789241547543

WHO also recommends that OAT be available to all prisoners and other detainees who need it.[23]

(c) Criminalization of HIV transmission, exposure and non-disclosure

Like a number of countries in Eastern Europe and Central Asia, Ukraine has a criminal statute on HIV transmission that does not correspond to UNAIDS guidance on such laws.[24] Article 130 of the Criminal Code of Ukraine effectively allows for prosecution of "infection of another person with HIV or any other incurable contagious disease" even if measures are taken to reduce the risk of transmission or if there is no actual transmission. "Deliberate" transmission is punishable by a prison term of up to five years, more if a minor is involved.[25] According to the Eurasian Women's Network on AIDS, this provision both adds to HIV-related stigma and increases HIV as it may demotivate people from seeking treatment or disclosing their HIV status.[26] HIV Justice Network reported that in the period 2015-2018, there were at least 29 criminal prosecutions for transmission or non-disclosure in Ukraine.[27]

UNAIDS has long discouraged countries from passing HIV-specific laws of the kind on Ukraine's books. As it has repeatedly stated, criminal prosecution for HIV transmission is appropriate only in cases where a person has knowledge of his/her HIV-positive status, there is a demonstrable intent to transmit the virus, and there is in fact transmission -— circumstances that UNAIDS judges to be extremely rare.[28] UNAIDS particularly notes that it is inappropriate to pursue criminal prosecution if there is no risk of transmission, as would be the case for someone adherent to antiretroviral therapy whose viral load is undetectable, or if measures such as condom use have been taken to mitigate risk. **Ukraine's law and its pattern of prosecution seem not to be aligned with these international standards or with the science of HIV transmission although amendments to the Criminal Code have been introduced to address this issue.**

The HIV Justice Network, which monitors HIV criminalization laws and prosecutions around the world, noted in its 2022 global report that western and central European countries have largely reformed their laws in this area or halted prosecutions. **Ukraine is therefore out of step with EU member states in this regard.**

[23] World Health Organization. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva, 2022. https://www.who.int/publications/i/item/9789240052390
[24] Eurasian Women's Network on AIDS and HIV Justice Worldwide. Regional HIV criminalization report: Eastern Europe and Central Asia. Amsterdam, 2018. https://www.hivjusticeworldwide.org/wp-content/uploads/2018/11/HJWW-EECA-Regional-HIV-Criminalisation-Report.pdf
[25] Criminal Code of Ukraine, Article 130.
[26] Eurasian Women's Network on AIDS and HIV Justice Worldwide, op.cit.
[27] HIV Justice Network and GNP+. Advancing justice 3: Building momentum in global advocacy against HIV criminalization. Amsterdam, 2019. https://www.hivjustice.net/publication/advancing3/
[28] UNAIDS. Ending overly broad criminalization of HIV non-disclosure, exposure and transmission: Critical scientific, medical and legal considerations. Geneva, 2013. https://www.aidsdatahub.org/resource/unaids-guidance-note-2013-ending-overly-broad-criminalisation-hiv-non-disclosure-exposure-transmission

(d) Sex work

Commercial sexual transactions are an administrative offense in Ukraine, subject to a fine. Article 181 of the administrative code does not define "prostitution" but specifies only that repeated offenses can lead to the imposition of higher fines.[29] A number of sex work-related acts are, however, defined as crimes in the penal code. "Creating or running brothels", "trading in prostitution", "compelling to…prostitution", or "creating, leading or participating in an organized groups which supports" sex work activities are all punishable by prison terms, with sentences more severe if there is involvement of a minor.[30] Sex work and HIV NGOs in the country have sought to reform both the administrative and the criminal prohibitions (see advocacy section below). Although prostitution in Article 181 is only an administrative offense, sex workers have reported that the police use it to extort, intimidate and commit violence against sex workers.

There is no EU standard to speak of on law related to sex work. A 2021 review found that in seven countries, sex work is legal, three have the so-called Nordic model in which selling but not buying sex is decriminalized, three have complete prohibitions on sex work, and the rest of the 27 countries do not prosecute sexual transactions as such but may have prohibitions on "organized" activity such as managing sex workers or operating a brothel.[31] As this account notes, there is general lenience in the EU when it comes to prosecuting sex workers as such. This variation in laws and policies persists in the face of a 2014 non-binding resolution by the European Parliament suggesting that "prostituted persons" should not be criminalized or penalized and noting emerging positive evaluations of the Nordic model.[32]

However strong or weak this endorsement of early evaluations of the Nordic model, the spirit of this European body is clear and consistent with the policies of most EU countries that criminalization of sex workers is not warranted. In this regard, **the law in Ukraine and its reported means of enforcement are out of step with laws in the large majority of EU countries and the values expressed by the European Parliament.**

There are no UN standards as such on sex work, but there are many recommendations against overuse of criminal law in this area. The UN International Guidelines on HIV/AIDS and Human Rights notes the following: "With regard to adult sex work that involves no victimization, criminal law should be reviewed with the aim of decriminalizing, then legally regulating occupational health and safety conditions to protect sex workers and their clients, including support for safe sex during sex work. Criminal law should not impede provision of HIV

[29] Administrative Code of Ukraine. Kyiv, 1984 with numerous amendments. https://zakon.rada.gov.ua/laws/show/80731-10#Text
[30] Criminal Code of Ukraine, article 303. Kyiv, 2001. https://www.justice.gov/sites/default/files/eoir/legacy/2013/11/08/criminal_code_0.pdf
[31] Zant F. The state of sex work in the EU. *Statista*, 16 Dec. 2021. https://www.statista.com/chart/16090/eu-member-states-prostitution-policies-by-type/
[32] European Parliament. Resolution on sexual exploitation and prostitution and its impact on gender equality. 26 Feb. 2014. https://www.europarl.europa.eu/doceo/document/TA-7-2014-0162_EN.html

prevention and care services to sex workers and their clients (para. 21(c)).[33]" These guidelines have not, however, been formally endorsed by the UN General Assembly.

WHO consolidated guidelines on interventions for HIV key populations includes as part of the "recommended package" for sex workers measures to decriminalize sex work, including "all offences that criminalize sex workers, clients and third parties". These guidelines present evidence that HIV prevalence among sex workers is many times higher in countries that criminalize sex work vs. those that partially legalize or decriminalize sex work, including evidence that repressive policing is associated with higher prevalence. Similarly, UNAIDS' 2011 guidance note on HIV and sex work recommends that states "should move away from criminalizing sex work or activities associated with it."[34] The Global AIDS Strategy 2021-2026, approved by the UN General Assembly, includes as a priority objective to remove laws that criminalize sex work as part of creating an enabling legal environment for a rights-based HIV response.[35] **Ukraine's law is out of step with this global objective as well as technical guidance from UN agencies.**

6. National Ownership and Enabling Environments to Remove Human Rights-related Barriers

As part of the matching fund requirements for *Breaking Down Barriers*, all countries are required to develop national plans for removing rights-related barriers to HIV and TB services, as well as establish or designate a body to coordinate the plan. In Ukraine, the elements of a supportive environment for rights-based HIV and TB responses exist, although challenges remain with coordination.

6.1 Technical Working Group on Human Rights, HIV and TB

A technical working group was established in 2018 to develop a national plan to reduce human rights-related barriers to HIV and TB services. As the mid-term assessment noted, this working group provided an effective forum for collaboration while the national plan was under development, but then went dormant. In November 2019, the Public Health Center established a new working group to help coordinate the implementation of programs to remove human rights-related barriers, which had met once when the mid-term assessment was finalized. Since then, this working group has met fairly consistently to discuss and coordinate activities. Among others, it was used to coordinate the response of human rights programs to the

[33] UNAIDS and Office of the High Commissioner for Human Rights. International Guidelines on HIV/AIDS and Human Rights (consolidated version). Geneva, 2006. https://www.ohchr.org/en/publications/reference-publications/international-guidelines-hivaids-and-human-rights-2006
[34] UNAIDS. UNAIDS guidance note on HIV and sex work. Geneva, 2011. https://files.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf
[35] UNAIDS. Global AIDS strategy 2021-2026: End inequality. End AIDS. Geneva, 2021. https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

COVID-19 pandemic, discuss responses to Russia's full-scale invasion, develop a new strategy to address human rights-related barriers to HIV and TB services, and agree on funding priorities for GC7. While increased communication and coordination are a positive development, the working group still struggles to play a strategic leadership role, as stakeholders on the working group often continue to pursue organizational agendas rather than a joint strategic agenda that is focused first and foremost on outcomes and impact in the fights against HIV and TB rather than the interests of individual organizations. With the Global Fund being a major funder for many of the organizations in the working group, it seems inevitable that organizational interests will continue to color its proceedings. However, a greater focus on achieving the greatest outcomes and impact would benefit the working group's ability to deliver results of human rights programs on the HIV and TB cascades.

Recommendations

- The Global Fund should continue to support the Public Health Center to organize regular meetings of the human rights working group and play a coordinating role in ensuring that programs to remove human rights-related barriers are effective, are not duplicative of each other, are complementary, and identify synergies.
- A key role of the working group should be to periodically assess the effectiveness of programs to remove human rights-related barriers. To do so, the working group should adopt an outcomes-and-impact framework that enables discussion of the results of these programs - and particularly their impact on the HIV and TB cascade- - and helps avoid organizational interests dominating proceedings.
- The working group should also focus on the integration of programs to remove human rights-related barriers to HIV and TB services with health services and relevant standard training programs to increase the sustainability of these programs over time.

6.2 National plan to remove human rights-related barriers to HIV and TB services

Ukraine's technical working group on human rights developed two documents: the Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services until 2030 (the strategy) and the Strategic Action Plan for 2019-2022 (the action plan), which were approved by Ukraine's Country Coordinating Mechanism in April 2019. As noted in the mid-term assessment, these plans appeared more a compilation of activities of contributing organizations than a true strategic plan.

In 2022, the technical working group decided to develop a new strategic action plan to replace the previous one. A small technical subgroup was convened to develop a concept for this strategic action plan. (For transparency, the lead researcher for this progress assessment, Diederik Lohman, participated in this subgroup as an international consultant). The intention was to ensure that the strategic action plan would be a relatively short document with strategic objectives rather than an operational document (as the previous strategic action plan had

been). After the concept document was developed, community and other stakeholders were invited to provide feedback and add any strategic priorities that had not yet been included. The document is currently being finalized and will be submitted for adoption to the CCM before 1 November 2023.

Recommendations

- Finalize, adopt and disseminate the new strategic action plan to remove human rights-related barriers to HIV and TB services.
- The human rights working group should play an oversight function for the implementation of the action plan, with a particular focus on coordination, collaboration, integration, and effectiveness.

6.3 Funding Landscape for programs to remove rights-related barriers to access

In Ukraine, the Global Fund is the primary funder for programs to remove rights-related barriers to access to HIV and TB services. Other funders, such as PEPFAR and the United States Agency for International Development (USAID), are funding specific activities that are generally complementary to Global Fund-supported programming. Such activities are primarily focused on overcoming specific barriers related to the achievement of PEPFAR goals in Ukraine. In particular, these are programs to reduce stigma and discrimination by medical workers and the general population. There are also smaller (in terms of budget and geographic coverage) projects of UNAIDS and UNDP, which generally complement programs funded through the Global Fund. With the beginning of the full-scale invasion of Russia, funding opportunities for programs with key and vulnerable populations communities (including programs focused on removing rights-related to access HIV and TB services) has significantly expanded. Several smaller donors such as Aidsfonds, L'Initiative and the Elton John AIDS Foundation have made additional resources available to expand or modify programs. Organizations like 100% Life Network and Alliance for Public Health have also received significant humanitarian funding, some of which has benefited key and vulnerable populations.

7. Towards Comprehensiveness: Achievements and Gaps in Scope, Scale and Quality

This section examines progress towards a comprehensive response to programs to remove rights-related barriers for HIV and TB. It starts with an overview of Global Fund-supported human rights investments, and then presents in-depth analyses by program area for HIV and TB. It moves onto a discussion of Ukraine's progress in achieving the human rights-related program essentials for HIV and TB. Finally, this section concludes with some overall observations about programs to remove rights-related barriers to HIV and TB.

Overview of investments, implementation arrangements and timing of the assessment

Under GC6, in addition to its overall allocation of US$119,478,266, Ukraine received US$2.4 million in catalytic funds for programs to reduce human rights-related barriers to HIV and TB. As noted above, the country devoted US$3.171 million from within the HIV and TB allocations for these programs as well, thus allocating a total of 4.7% of total funding available to programs to remove human rights-related barriers to HIV and TB services. Specifically, the Global Fund supported the following human rights programming for HIV and TB in Ukraine:[36]

For HIV:

Module	Intervention	Total (in US$)
Reducing human rights-related barriers to HIV/TB services	Eliminate stigma and discrimination in all its forms	390,272
Reducing human rights-related barriers to HIV/TB services	Ensure non-discriminatory provision of medical care	335,366
Reducing human rights-related barriers to HIV/TB services	Ensure human rights-based law enforcement practices	1,559,819
Reducing human rights-related barriers to HIV/TB services	Legal literacy ("know your rights")	394,681
Reducing human rights-related barriers to HIV/TB services	Ensuring legal practice of law enforcement	798,428
Reducing human rights-related barriers to HIV/TB services	Improving laws, regulations and policies on HIV and TB	161,172
Reducing human rights-related barriers to HIV/TB services	Reducing HIV and TB-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	795,407
Reducing human rights-related barriers to HIV/TB services	Community mobilization and human rights advocacy	1,496,834
		4,372,161

[36] Note that these budget figures are from approved grants in 2020. Actual expenditures may look different than the initial budgets. The specifics of budget tracking and costing are beyond the scope of the progress assessment, but budgets are provided to demonstrate the areas of investment from the Global Fund in GC6.

The PRs for the HIV grants are Ukraine's Public Health Center, and civil society organizations 100% Life Network and Alliance for Public Health. The latter two PRs are directly responsible for implementation of some of the human rights programs, but each also have multiple SRs, mostly community-led organizations, that implement the bulk of programs for their communities.

Principal Recipient	Sub-recipients for human rights and community programs	Community
Alliance for Public Health	Hope and Trust	Operator of hotline for participants of OST programs and PWUD
Alliance for Public Health	Kogorta	TG people
Alliance for Public Health	Vona	Women who use drugs
100% Life	Alliance Global	LGBTI
100% Life	FreeZone	Prisoners and ex-prisoners
100% Life	Legalife Ukraine	Sex workers
100% Life	Positive Women	Women living with HIV
100% Life	TB People	People living with TB, ex-patients
100% Life	Teens Ukraine	Teens and children living with HIV
100% Life	Volna	PWUD

The progress assessment reviewed the status of rights-related HIV programming 22 to 26 months into GC6, which began in January 2021 and runs until December 2023.

For TB:

Module	Intervention	Total (in US$)
Removing human rights and gender related barriers to TB services	Community mobilization and advocacy (TB)	179,237
Removing human rights and gender related barriers to TB services	Community mobilization and advocacy (TB)	217,092
Removing human rights and gender related barriers to TB services	Legal aid and services	398,743
Removing human rights and gender related barriers to TB services	Stigma and discrimination reduction (TB)	567,520
Removing human rights and gender related barriers to TB services	Stigma and discrimination reduction (TB)	109,513
Removing human rights and gender related barriers to TB services	Stigma and discrimination reduction (TB)	42,590
		1,014,694

Investments in TB programming focused primarily on ensuring non-discriminatory health care services, legal literacy and access to justice, and CLM. The civil society PR for the TB grant is 100% Life Network, which implemented some activities directly, with TB People Ukraine as SR responsible for implementation of most of the TB-related human rights programming.

7.1 Program Areas for HIV

Based on available data, the team assessed Ukraine's progress toward a comprehensive response to removing human rights-related barriers to HIV and TB services, using the Global Fund's scorecard tool. It found that Ukraine had continued to make significant progress since the mid-term assessment in 2019 in most program areas for HIV.

(a) Eliminate stigma and discrimination in all settings

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023
Eliminate stigma and discrimination in all settings	2.5	3.6	4.0

Ukraine has continued to implement a wide variety of programs to address stigma and discrimination with broad geographical as well as key and vulnerable populations coverage. Its programs include most of the six settings of the Global Partnership to Eliminate HIV-related Stigma and Discrimination (Global Partnership), with the exception of the workplace, where programs remain limited. As noted above, there is increasing evidence that these programs are having an impact on overall levels of stigma and discrimination and that they are improving access to HIV services.

National stakeholders continued to work with and through the media. National communication campaigns were conducted in 2020 and 2021 to reduce stigma and discrimination against HIV, key and vulnerable populations, harm reduction, and to improve legal literacy among key and vulnerable populations. Alliance for Public Health engaged an increasing number of journalists on drug policy issues and creating balanced narratives around PWUD. Stakeholders continued to use special commemoration days (such as World AIDS Day and the World Drug Day) for awareness-raising events. While the exact reach and impact of these activities is difficult to measure, there is no question that stakeholders have been able to ensure considerable and considered public discussion of HIV, PLHIV, and key populations.

Diverse programs aimed at reducing (self-)stigma and discrimination among all populations vulnerable to HIV continued to be strengthened. The most common modality was to conduct information sessions that combine know-your-rights and access-to-justice information with information on stigma and discrimination. For example, Legalife Ukraine, a community-based organization of sex workers, organized such a training for 320 sex workers in 2020 and 551 sex workers in 2021.

Some community organizations worked on additional modalities to reach populations with information on rights, justice and stigma and discrimination, creating new digital tools. For example, FreeZone, an organization advocating for prison rights, created the FREE LIFE app as a comprehensive information resource for community members. The application provides access to a wide range of information on stigma and discrimination and on legal rights of (ex)prisoners, and allows users to file complaints and seek legal support in case their rights have been violated.

Various community organizations also implemented programs to reduce stigma and discrimination in key institutions, including the health care system, police and justice system, and the penitentiary system. Some of these programs are described above, in the theory of change section, and below, in the sections on programs related to health care workers and police. FreeZone trained staff of the penitentiary system on stigma and discrimination. A pre- and post-test assessment conducted by FreeZone suggested that the training resulted in a reduction in stigmatizing views toward prisoners and former prisoners of 20% among participants. Not all these stigma and discrimination reduction programs are yet adequately integrated with general professional education for the target groups, raising questions about their sustainability.

Ukrainian stakeholders also continued to address key legal and procedural barriers that lead to stigma and discrimination. In particular, the parliamentary expert platform "Fight for Health" was used to prepare amendments to a new draft criminal code to eliminate articles that criminalize HIV infection and exposure to HIV. The platform also sought to codify access to testing, diagnosis, treatment, pre-exposure, and post-exposure prophylaxis in Ukraine's health care legislation and HIV law. Advocacy for these changes was initially suspended in 2022 due to Russia's full-scale invasion of Ukraine but eventually the amendments to the HIV law were adopted in January 2023 and amendments to the criminal code are under consideration in Parliament's law enforcement committee.

An innovation since the mid-term assessment is the launch of systematic efforts to work with religious communities and organizations. Over the last few years, many events were organized to raise awareness among and mobilize religious communities and organizations to increase tolerance towards HIV-vulnerable groups. This work targeted all major faith groups in Ukraine, including the Ukrainian Orthodox Church, the Ukrainian Greek Catholic Church, Muslim communities, and Protestant churches.

Ukraine has consistently carried out stigma index studies, initially primarily among PLHIV, but has more recently also included key and vulnerable populations. The most recent study was conducted in 2020; a new HIV stigma index study is planned for 2023. As noted below, these studies show consistent reductions in levels of stigma and discrimination.

Recommendations:

- Material related to HIV, TB and stigma and discrimination should be integrated into all relevant professional education curricula, including for health care workers, police, justice system workers, and penitentiary system personnel. It should be part of both pre-service and in-service training.
- Increase the integration of stigma and discrimination programs with services and other human rights programs to expand the reach of these programs and achieve greater population coverage.
- Russia's full-scale invasion of Ukraine has resulted in significant changes on the ground that affect key and vulnerable populations. Among others, military officials, military administrations, territorial defense forces and humanitarian aid workers now play a significant role in the lives of key and vulnerable populations. Activities should be implemented to ensure these officials have at least basic levels of knowledge about HIV, TB, and key and vulnerable populations and on the impact of stigma and discrimination.
- The IBBS module on stigma and discrimination, and violence, should be used to fully capture the levels of stigma and discrimination faced by key populations. The most recent stigma index study covered only key populations who were living with HIV. Yet, stigma and discrimination against key populations who are not infected with HIV can significantly affect access to HIV prevention services. It is thus critical to document

levels of stigma and discrimination on these populations generally and its impact on access to services. Alternatively, stigma index studies could be conducted for specific key populations.

- Increase programming focused on fighting stigma and discrimination in humanitarian settings so as to ensure that key and vulnerable populations do not face stigmatizing or discriminatory treatment when receiving humanitarian aid or services, including food, shelter and medical care. Humanitarian aid providers should receive basic training on HIV, key and vulnerable populations and stigma and discrimination. Cases of stigma and discrimination should be proactively documented so that appropriate steps can be taken to counter such incidents.

(b) Ensure non-discriminatory provision of health care

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Ensure non-discriminatory provision of health care	3.0	4.0	4.4

Trainings and engagement with health care professionals continued to be scaled up during the assessment period. Increasingly, these programs were integrated into regular trainings for health workers, including for primary care providers who, following Ukraine's health care reform, play a key role in providing care for key and vulnerable populations. Russia's full-scale invasion of Ukraine led to significant internal displacement of key and vulnerable populations, including to areas of Ukraine that have traditionally had low prevalence of HIV and thus have not been priority regions for trainings on stigma and discrimination in the past.

As before, these programs were implemented mainly within the framework of USAID-funded projects, initially covering mainly the so-called PEPFAR regions (central, eastern, and southern regions with the highest HIV prevalence) although following Russia's full-scale invasion the geographic focus was broadened, as many members of key and vulnerable populations were displaced throughout Ukraine. In the context of the project HealthLink, 100% Life Network organized a comprehensive training program for primary and secondary health care providers. Between 2020 and 2022, 217 trainings were conducted, reaching 1,652 nurses and 1,582 medical doctors. For detail, see section on the theory of change.

In 2021, the Public Health Center began integrating materials on human rights and medical ethics into continuing education programs available on its website for health care providers. Among others, materials related to patient-centered care and stigma and discrimination were included in family medicine modules and material on community mobilization, communication and advocacy was included in its public health course. The Public Health Center informed the progress assessment team that more than 135,000 users had received certificates for completing its online course on HIV, TB and key populations. The effectiveness of these online trainings is not yet known.

Stigma and discrimination were also included in 100% Life Network's "Your Family Doctor" campaign, which sought to inform health care workers and key and vulnerable populations about changes in the provision of care resulting from Ukraine's health care reforms. During the assessment period, this campaign reached more than 2,000 doctors with offline training events.

Following on recommendations from the mid-term assessment, stakeholders have started to organize systems to refer structural challenges and key cases identified by key population monitoring programs such as hotlines and paralegal assistance to the Public Health Center so the latter can coordinate a timely and effective government response. For example, in 2021, TB People, the 100% Life Network, and the Public Health Center signed a memorandum on cooperation in this area, although the launch of the coordination mechanism was delayed to late 2022 as a result of Russia's full-scale invasion of Ukraine.

Ukraine also continued to implement programs to engage health care workers with respect to specific populations (see also the theory of change section). During the assessment period, the Alliance for Public Health sought to increase tolerance through dialogue between health care professionals of OST programs and their patient community, increased coverage from three to eight regions and increased the number of health care workers reached from 177 to 460. TG groups expanded the network of "TG-friendly" doctors, with the creation of multidisciplinary teams in five regional centers.

Recommendations:

- Continue integration of training on stigma and discrimination into routine pre-service and in-service trainings for health care workers, differentiated for different types of health care workers (doctor, nurse, psychologist, social worker) and by type of care (primary, secondary, specialist). These trainings should be offered through multiple modalities and should be part of mandatory professional development.
- Strengthen programs to train and engage health care workers that provide specific services to particular key and vulnerable populations (such as drug treatment doctors, endocrinologists, and gynecologists) through organizations working with PWUD, TG people, sex workers and women living with HIV.
- 100% Life Network and the Public Health Center should evaluate the effectiveness of training modules containing materials on stigma and discrimination in terms of changes in knowledge and behavior of health care providers who have taken these modules.
- With massive displacement of key and vulnerable populations and changes due to Ukraine's health care reform process, efforts should be undertaken to ensure that health care workers who are new to working with key and vulnerable populations be properly trained, including medical doctors and nursing staff but also social workers.
- Strengthen linkages between community monitoring tools such as CLM, paralegals, hotlines, and other grass-roots mechanisms and health care providers. Collaboration

between health care providers and community-based human rights programs is essential to ensuring quick resolution of specific cases and effective responses to structural challenges.

(c) Ensure rights-based law enforcement practices

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Ensure rights-based law enforcement practices	3.0	4.0	4.2

The work in this program area remained generally the same as at mid-term, with Alliance for Public Health and the sex worker community implementing the bulk of programs to raise awareness among law enforcement officials. 100% Life Network led on engagement with parliamentarians, and FreeZone on prison officials.

Alliance for Public Health's programming focused on raising awareness of HIV prevention, harm reduction and substitution treatment programs among law enforcement officials (see also section on theory of change). It gradually expanded geographic coverage of these programs from 18 to 21 regions in 2020 and 2021, respectively. Russia's full-scale invasion of Ukraine briefly interrupted these programs, but after the Alliance for Public Health made some adaptations to address war-related needs of law enforcement agencies, their implementation continued. High turnover rates among police officers - many former police have joined the Ukrainian armed forces - poses a challenge, as it drains knowledge of HIV and key populations from the police force.

Various programs, including ReACT and the OST hotline, documented cases of human rights violations by law enforcement agencies of PWUD and took actions to resolve such cases. Frequently, this involved engagement with law enforcement officials to raise awareness of the law, public health interventions, and stigma and discrimination. Both ReACT and the hotline achieved close to national coverage, with exception of temporarily occupied areas of Ukraine.

Legalife-Ukraine conducted trainings for law enforcement officers to reduce stigma and discrimination against sex workers and members of other key populations. For example, in 2020, 3,872 law enforcement officers were covered by such trainings.

FreeZone continued its work with the prison system, training penitentiary personnel around HIV, TB, drugs and human rights in an increasing number of Ukraine's regions. Two monitoring programs of prisoners' rights were implemented through the office of the Ombudsman and the national torture preventive mechanism, both national monitoring mechanisms and thus sustainable. Both modalities included follow-up advocacy activities, including interaction with the relevant state authorities regarding the identified violations. FreeZone and other stakeholders also engaged in advocacy for the allocation of funds from local budgets to finance this monitoring work, with five regions committing funds.

Recommendations:

- Trainings on HIV, TB and key populations should be integrated into routine training programs for police, penitentiary service and justice officials. Efforts should be undertaken to ensure that relevant materials become a routine part of pre-service and in-service training for officials.
- Continue to train police officers, especially in areas with high turnover, to ensure knowledge of HIV and key populations isn't lost and adapt training modules for police to ensure that they are as relevant as possible to police, military, and other agencies, especially as conditions change due to the war.
- Work with law enforcement to address structural issues identified through CLM and documentation, including longstanding issues such as the impact of criminalization of possession of small amounts of drugs and newly emerging issues such as harassment of key populations by military or territorial defense forces.
- Implement programs to raise awareness of HIV, TB and key and vulnerable populations among newly relevant institutions such as the military, military administrations, territorial defense units, and others that, due to the war, significantly affect and can be barriers to services for key and vulnerable populations.

(d) Legal literacy ("know your rights")

HIV program area	Score		
	Baseline (2018)	Mid-tTerm (2020)	Progress (2023)
Legal literacy ('know your rights')	2.0	3.2	4.0

This program area has been scaled up significantly, with a wide variety of modalities used to make know-your-rights information available and scale up to most regions in Ukraine. Know-your-rights activities are also frequently integrated with other human rights programs, such as monitoring, access to justice, advocacy, and community mobilization. Integration into service programs should be strengthened further.

Modalities for improving legal literacy include traditional print materials, websites, phone applications, chatbots, awareness-raising through hotlines, informal legal literacy gatherings organized by paralegals, and sharing of rights information at health services providers. Alliance for Public Health continued to produce and distribute national periodicals on HIV and rights. 100% Life Network and FreeZone developed phone applications or chatbots with detailed rights information. overcoming barriers to access to health and social services.

Since the beginning of the current Global Fund funding cycle and with additional C19RM support, paralegal support programs have received a significant increase in funding, allowing for an increase in the coverage of legal literacy information components integrated into such programs (see figure 4). For example, the Paralegal Hub has developed and is distributing a series of training video lessons on basic legal skills for advocacy for representatives of key

populations among paralegals and representatives of key populations. Likewise, the ReACT program run by Alliance for Public Health continued to expand its regional and population coverage.

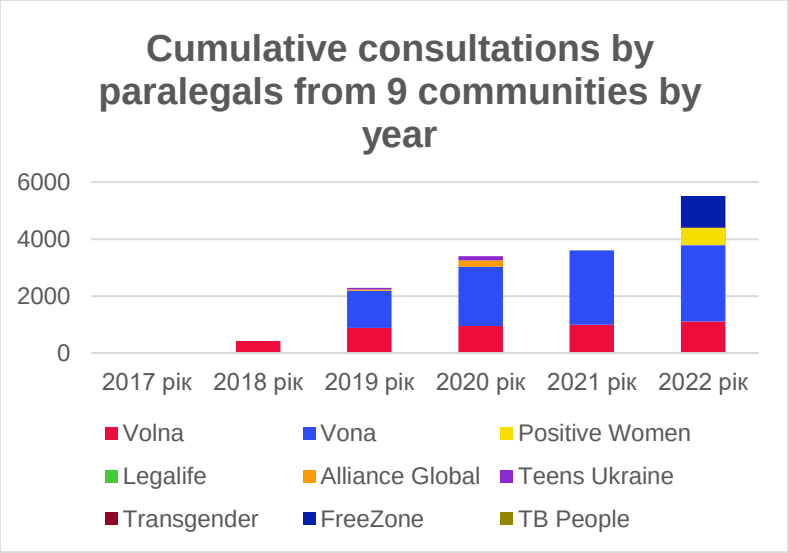


Figure 4

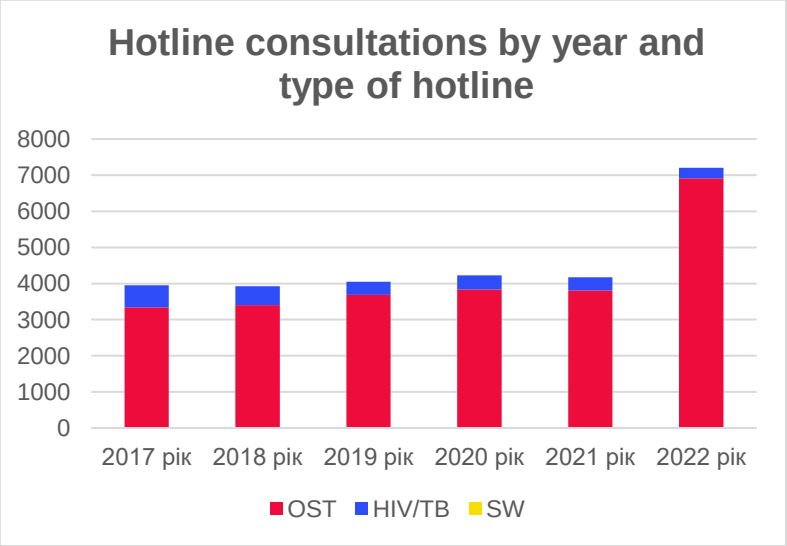


Figure 5

100% Life Network developed and disseminated materials as part of its “Your Family Doctor” campaign on HIV services under Ukraine’s health care reform that included legal literacy information. These materials were widely circulated to health care workers and to patients attending health services at 50 health care sites.

FreeZone integrated legal literacy activities into its programs to re-socialize and support former prisoners. The FreeLife app includes information on prisoners' rights, giving them a single window of access to a wide range of information, including access to information on rights, psychological support, vocational training, and other resources. FreeZone also organized “film

clubs" to engage more than 300 imprisoned people. Film viewing included information on laws, legal procedures, human rights, and remedies.

Recommendations:

- Integrate legal literacy and access-to-justice information with service provision. Clients of prevention and treatment programs should routinely receive information about their rights, be provided opportunities to report abuses, and be connected to effective remedies. Implementers of human rights programs should work with prevention and treatment programs to ensure the relevant information is available and shared with clients. This should include distribution of legal literacy information through peer educators.
- Where this has not happened yet, legal literacy materials should be reviewed to determine whether it should be complemented with additional information on issues such as displacement, martial law, and other issues relevant to key and vulnerable populations as a result of Russia's full-scale invasion of Ukraine.
- Periodically assess the level of knowledge of key and vulnerable populations of their rights, as well as their willingness to seek non-judicial or judicial remedies in case of violations of their rights. This can be done through stigma index studies or small cross-sectional surveys among key and vulnerable populations.

(e) Improve access to justice

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023
Improve access to justice	2.7	3.6	4.5

Programs to improve access to justice expanded significantly geographically and cover all key and vulnerable populations (see Table 1 for a selection of programs). Community members can use a broad array of modalities to report human rights violations and/or seek justice, which has significantly lowered the threshold for doing so. These programs are generally well integrated with other human rights programs, and work is underway to ensure sustainability of legal services through Ukraine's national free legal aid system. The databases in which cases are collected appear to have adequate data protection measures in place to ensure data cannot be accessed by unauthorized individuals.

Paralegal programs made very significant progress. While at mid-term these programs existed for a few communities, by 2021 all communities of key populations had launched paralegal services. Such programs were implemented both in the civilian sector and in penitentiary facilities, although they still had limited coverage in the latter. At least three of these paralegal networks (Legalife, Positive Women, VONA) focus specifically on the needs of women from the respective key populations. Most paralegal programs, with the exception of teens and TG

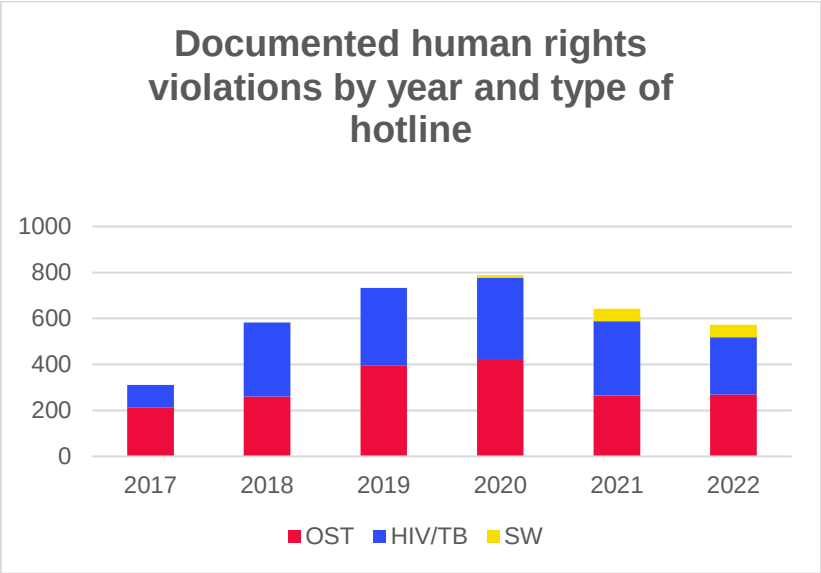
people, covered all government-controlled parts of Ukraine. Paralegals engaged across multiple human rights program areas, increasing legal literacy among key populations and providing them access to remedies, conducting monitoring and documentation, and establishing connections with health care providers and law enforcement agents.

Alliance Global and the Ukrainian Legal Aid Foundation ran training and coordination programs for paralegals to ensure they were adequately supported in their work, had the requisite training, and were connected to professional legal services when needed. The Ukrainian Helsinki Human Rights Union provided legal services for judicial cases and connections were increased with Ukraine's free legal aid system to ensure that, eventually, all key and vulnerable populations can access free legal aid when they require professional legal support. The collaboration with the free legal aid system included training of lawyers and employees of this system regarding the protection of violated rights of representatives of groups vulnerable to HIV as well as advocacy to expand coverage criteria to key and vulnerable populations. More than one 100 people were trained on the specifics of working with key groups and a number of internal regulatory documents in the free legal aid system were developed, including materials on training and eligibility.

Alliance for Public Health expanded ReACT, another system that allows key and vulnerable populations to report human rights violations and seek justice (11 regions in 2020, 17 regions in 2021). In contrast to the paralegal program, ReACT works with "reactors" who work at services or NGOs and can provide members of key and vulnerable populations information on rights, document violations, and help provide redress. The two approaches are complementary, providing key and vulnerable populations more pathways to learn about and defend their rights.

Access-to-justice programs reported excellent results in terms of the percentage of complaints that were successfully resolved (67.5% for Datacheck and 89% for ReACT). The vast majority of cases are resolved through mediation rather than formal judicial proceedings. The number of cases that result in strategic litigation continues to be very small. It is therefore critical for human rights programs to focus on ensuring that non-judicial remedies are as effective as possible.

National hotlines for HIV and TB, PWUD, and sex workers continued to operate, registering complaints of abuses, helping resolve them, or linking clients to legal services. For example, the National Hotlines on Drug Dependence, OST, and Viral Hepatitis received 3,834 calls in 2020, and 2,706 calls in 2021. Hotline operators supported clients with 104 cases of human rights violations, of which 98 cases were successfully resolved.



Ukraine's documentation platforms for these various documentation and response interventions remained fragmented, with different organizations each running their own systems. 100% Life Network runs Datacheck; Alliance for Public Health runs ReACT; and each hotline has its unique documentation system. The progress assessment team sought to evaluate whether these multiple systems led to duplication of work, unnecessary expenditure, and lost opportunities. Conclusions are tentative as there was not the capacity to review and compare documented cases across systems or examine detailed financial records.

The determination is that there is some risk of duplication, as survivors of human rights abuses can theoretically use multiple mechanisms to report violations. However, this risk seems moderate, as human rights workers from different programs working with the same population tend to work closely together (for example, the OST hotline work with paralegals from communities of PWUD) and are likely to be able to avoid duplication through such collaboration. Reconciliation meetings between Network and Alliance have apparently found only very limited duplication between Datacheck and ReACT.

The additional cost of running multiple parallel electronic data collection systems seems modest. Once operational, running these systems themselves is not particularly costly (it is the incentives for paralegals or reactors that consume the bulk of the budget). Moreover, a system like Datacheck Human Rights builds on an existing electronic platform and integrates with it. A single electronic platform would disconnect Datacheck Human Rights from Datacheck more broadly, which would disrupt the integration of 100% Life Network's service and human rights programs.

The main concern of the progress assessment team regarding these parallel systems is the risk of lost opportunities. A single repository of data allows for analysis of all data; currently, data is analyzed by system. This means that trends that could be identified from an analysis of all the data may go unnoticed and unaddressed. It is therefore recommended that steps be

taken to ensure that these different systems can talk to each other and that the organizations running these programs can analyze the totality of cases documented rather than only their own. At present, these systems are more capable of resolving individual cases than structural challenges.

Table 1: Programs to increase access to justice for key and vulnerable populations

Name and description of the program	Implementing agency	Regional coverage and population outreach (2020-2022)
ReACT, a tool for monitoring and responding to human rights violations at the community level	Alliance for Public Health	16 provinces
Supporting the activities of the network of paralegals ("street lawyers") by engaging activists in protecting the rights of women with drug addiction	All-Ukrainian Association of Drug Addicted Women "VONA"	All regions of Ukraine, except for the occupied territories
National hotlines on drug addiction, OST and viral hepatitis (OST hotline)	Hope and Trust	All regions of Ukraine, except for the occupied territories. 4,277 calls to the SMT hotline. 795 calls to the viral hepatitis hotline.
Strengthening the quality of the free legal aid system in Ukraine	Ukrainian Legal Aid Foundation	National level
Advocacy of the right to free legal aid for representatives of key populations by formalizing the procedures for providing such aid to HIV-vulnerable groups at the level of administration of the state-guaranteed protection system	Ukrainian Legal Aid Foundation	National level
Building a network of paralegals in the sex worker community	Legalife-Ukraine	Vinnytsia, Poltava, Kryvyi Rih, Cherkasy, Dnipro, Mykolaiv, Kropyvnytskyi, Zhytomyr, Lutsk, Mariupol, Rivne
Supporting the national hotline for sex workers and sex workers	Legalife-Ukraine	All regions of Ukraine, except for the occupied territories. 380 consultations were provided
Developing a network of paralegals from members of the PWID community and provision of paralegal assistance; Involvement of regional community leaders in the national paralegal hub.	VOLNA	All regions of Ukraine, except for the occupied territories. In 2022, 508 consultations on legal issues were provided, legal aid was provided to more than 300 community members

Development of a network of paralegals for the community of women living with HIV	Positive Women	All regions of Ukraine, except for the occupied territories. In 2022, 2,207 appeals were registered, 1,595 appeals were successfully closed
Development of a network of paralegals for the MSM community	Alliance.Global	Paralegal assistance was provided to 136 representatives of the LGBT community. 62 appeals were completed with the involvement of a project lawyer.
Legal support, information, referrals, counseling and representation of the interests of people living with HIV, TB and representatives of vulnerable groups.	Ukrainian Helsinki Human Rights Union	All regions of Ukraine, except for the occupied territories. More than 4,700 legal consultations to representatives of communities vulnerable to HIV
Establishment of a national hub of paralegal assistance providers who represent groups vulnerable to HIV	Alliance.Global	All regions of Ukraine, except for the occupied territories. A network of 144 paralegals has been created to provide assistance to representatives of groups vulnerable to HIV. 8,157 clients' appeals were recorded
Operation of FreeLife an application that collects information about all the services provided by the state and the public sector to (released) prisoners in a single electronic space and reports violations of rights and cases of stigma and discrimination	FreeLife	All regions of Ukraine, excluding temporarily occupied regions. Total number of registered users – 1,926 people.

Recommendations:

- Fully operationalize linkages between paralegals, “reactors”, and the free legal aid system. This should include ensuring key and vulnerable populations are eligible for free legal aid for both civil and criminal cases; training staff and lawyers of the free legal aid system on legal questions key and vulnerable populations face; and putting in place effective referral mechanisms.
- Improve collaboration of paralegals with health service providers. Paralegals are a civil society tool and should thus retain their independence from the health care system. However, close collaboration and coordination with health care providers is essential for them to be able to assist their clients as effectively as possible.
- Ensure paralegals receive ongoing training and mentoring. This is particularly important at a time of conflict with rapidly changing conditions, when paralegals deal with a much more diverse set of issues than during peace-time.

- Create a system to allow the analysis of cases documented through Datacheck, ReACT, OneImpact, and hotlines in their totality, conduct such analysis regularly, and develop mechanisms of response to structural issues identified through this analysis.
- The PRs should ensure that community organizations have access to all cases collected (properly anonymized to protect confidentiality) by their paralegals at all times. These organizations should be able to review these cases and analyze trends and patterns so that they can develop advocacy strategies based on these cases. Some community organizations told the assessment team that they currently do not have such access and, therefore, maintain a parallel system to keep track of "their" cases.
- Develop, pilot and implement a model to collect data that allows for a better assessment of impact of the work of paralegals, reactors and hotlines on the HIV and TB cascade. In particular, a data collection system that assesses the risk of service access disruption for clients and records clients' service access status would, over time, provide much greater insight in the impact of these programs on the cascade.

(f) Monitoring and reforming laws and policies

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Monitoring and reforming laws and policies	4.6	5.0	5.0

Community-based and community-led monitoring, as well as efforts to reform laws, policies and practices, continue to be among the most developed and impactful programs. The activities of all key and vulnerable populations' communities included advocacy activities, each with priorities specific to their populations. These advocacy efforts focused on a wide range of legal and policy barriers, and pursued both short-term and long-term goals. Russia's full-scale invasion of Ukraine affected these programs significantly, with the state of emergency imposing restrictions on advocacy activities and the government's priorities understandably shifting. However, the European Union accession process also created opportunities for legal and regulatory change that could benefit key and vulnerable populations.

Compared to the mid-term assessment, significant progress was made in strengthening community advocacy strategies that addressed multiple barriers and were implemented simultaneously at multiple levels. In many cases, these strategies were informed by the results of community-based monitoring. For example, CLM by Volna, the community of PWUD, of the availability and timeliness of procurement of OST medications informed advocacy activities aimed at preventing late delivery of OST and/or treatment interruptions. The organization also successfully advocated for savings in procurement to be redirected to the purchasing of additional courses of treatment, allowing for procurement of medicines for an additional 8,125 patients.

Ukrainian civil society continued to advocate for state and local funding for the HIV response prior to the full-scale Russian invasion of the country. In 2021, 100% Life Network implemented 11 successful advocacy initiatives that attracted almost US$50,000 in additional funding from local budgets. Other community organizations likewise advocated for national funding for services for their populations. For example, Volna secured a commitment of almost US$30,000 from the city of Lviv for social services for clients of the substitution maintenance therapy program. Russia's full-scale invasion hampered these efforts significantly in 2022.

Almost all communities were strongly engaged in advocacy around Ukraine's healthcare reform to ensure services specific to their beneficiaries were included and funded from the state budget. Community-based organizations used a wide range of tools, including information campaigns, patient mobilization, and direct advocacy with decision makers, and involved expert help from outside the non-profit sector to maximize the effect of this work. This significantly strengthened the role of communities and enhanced the effectiveness of their interaction with public authorities, which increasingly see community organizations as partners. An example of such interaction is the work of FreeZone with the penitentiary system to build a patient-centered healthcare system in penitentiary institutions. The model of penitentiary medicine developed by the community for HIV, TB, and hepatitis C care formed the basis of the draft law on ensuring the right to health care in the institutions of the State Penitentiary Service of Ukraine, which is currently under consideration in parliament.

Under GC6, 100% Life Network implemented the parliamentary platform "Fight for Life," an initiative that sought to strengthen the ability of community organizations to advocate for legal and regulatory reform. Launched in 2021, the platform brought together legal experts with community advocates to develop specific legislative and regulatory proposals and advocate for these with members of Parliament. Through the platform, community organizations contributed to the new HIV law, securing the inclusion of various provisions important to PLHIV. As noted above, several legal changes, including related to the criminalization of transmission of HIV and other sexually transmitted diseases and to recognition of same-sex partnerships, are currently pending. The Parliamentary platform is also working on changes to Order 188, which sets thresholds for criminal liability for possession of drugs.

The MSM community made moderate progress toward some of its advocacy goals, which focus on explicitly banning discrimination based on sexual orientation and recognition of same-sex partnerships. Prior to Russia's full-scale invasion, cultural conservatism posed challenges for the realization of these advocacy goals. However, as noted, the EU accession process has created openings for progress and several draft laws recognizing same-sex partnerships are at different stages of the review process with Ukraine's Parliament.

The mid-term assessment expressed concern that civil society organizations focused too much on changing law and policies, and not sufficiently on enforcement of existing legal standards. With the expansion of the paralegal program, the work of the hotlines, and ReACT, capacity to address non-enforcement has grown significantly. However, the use of

documented cases to inform advocacy on systemic issues, such as compliance with specific legal provisions, remains weak. Community organizations told the progress assessment team that they do not have access to "their" cases and thus face challenges analyzing these cases for trends and patterns. Moreover, as noted, coordination of monitoring programs and integration of results to allow for analysis across different CLM systems continues to be a weakness. This means that these monitoring systems have potential for greater impact that is currently not realized.

Recommendations

- Improve coordination between stakeholders in advocacy efforts in order to agree on the most urgent and strategic law and policy reform initiatives. Collaborate across community organizations to jointly advocate for these priorities.
- Create better links between community-led and -based monitoring and advocacy activities. In particular, mechanisms should be created to identify key structural issues from data from community monitoring initiatives and to develop appropriate advocacy strategies to address these issues.
- Make permanent the positive policy changes that were implemented following Russia's full-scale invasion of Ukraine, including changes to allowable quantities of take-home methadone.

(g) Reduce HIV-related gender discrimination

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Reduce HIV-related gender discrimination	1.5	2.5	3.5

Since the baseline assessment, work in this program area has significantly improved, with several organizations emerging that focus specifically on gender issues, including Positive Women, Vona (an organization of women who use drugs), and Kogorta, a TG organization. Nonetheless, this remains one of the less-developed program areas in Ukraine.

Since the mid-term assessment, territorial coverage of programs and coverage of beneficiaries as well as the organizational capacity of organizations that work on gender discrimination have all increased. For example, Positive Women expanded its operations to all government-controlled regions of Ukraine and Vona operated offices in 12 regions. This geographic expansion has allowed these organizations to strengthen local monitoring, know-your-rights and access-to-justice services at the regional level, and ensure a voice for these communities in regional decision-making. For example, regional representatives of Positive Women are included in all regional committees for the elimination of mother-to-child transmission of HIV, syphilis, and hepatitis, providing it important opportunities to advocate for women and girls. Vona used its regional presence to, among other efforts, successfully advocate for distribution

of OST through family doctors in the Chernivtsi region. This regional engagement has strengthened the impact of national advocacy, as it allows for local follow-up to ensure adequate implementation.

Various communities have worked with health care providers to ensure services without gender-based discrimination for their populations. For example, communities of TG people and women who use drugs expanded networks of friendly doctors, including gynecologists, venereologists, and infectious disease specialists. Regional coordinators of Positive Women created an informal database of doctors who provide non-discriminatory care to women living with HIV to whom it refers its clients.

Positive Women engaged in advocacy for new clinical guidance for pregnant women living with HIV, resulting in the adoption of evidence-based clinical guidelines and a standard of care on prevention of mother-to-child transmission of HIV. Vona's advocacy at regional level has resulted in the increase in the number of health care providers who are knowledgeable about and friendly to women who use drugs. Kogorta advocated for the establishment of a special service for TG people in Kyiv to provide trans-specific care; unfortunately, the opening of this service was delayed as a result of Russia's full-scale invasion of Ukraine.

During the assessment period, programs to assist victims of gender-based and domestic violence were significantly expanded, especially in response to the COVID-19 pandemic. These programs were mainly service-oriented and provided psycho-emotional and safety support to women, although women's organizations also advocated for legal and policy reform. As noted above, following Russia's full-scale invasion, the need for gender-based violence services is likely to grow significantly, posing a new challenge for the government and civil society organizations and making linkages to sexual and gender-based violence services of humanitarian clusters a key challenge.

While the work of organizations with a gender-specific mandate has grown strongly, other programs generally remain weak in terms of their gender-responsiveness. Many of these programs do not differentiate the services they provide based on gender, or necessarily recognize that gender-specific needs exist and should be addressed.

Recommendations

- Continue to support organizations with a gender-specific mandate to implement and, as necessary, expand the services they provide and use these organizations to assess gender-responsiveness of programs of other organizations.
- Identify and address gender-specific challenges faced by prisoners, sex workers and other key and vulnerable populations and scale up programs to address these challenges.
- Improve collaboration between organizations that have a general and a gender-specific focus to ensure that general programs to remove human rights-related barriers are

gender-responsive. In particular, this should include efforts to jointly review planned programming to assess their gender-responsiveness and identify opportunities to integrate gender-responsiveness into them.

- Improve collaboration with civil society organizations, government and UN agencies that work on gender equality and non-discrimination broadly to ensure alignment and integration of efforts wherever possible. In particular, they should focus on ensuring referral mechanisms to sexual and gender-based violence services and inform joint advocacy toward government and humanitarian agencies to improve the response to these types of violence.
- With war always leading to increased incidence of gender-based violence (violence by military or paramilitary forces; increased incidence of domestic violence; increased vulnerability of women, MSM, and TG populations in communities), strengthening programs that prevent, protect and support people from such violence is essential and should include efforts to increase awareness of gender-based violence, improve protective mechanisms, and provide access to remedies. All programs that work directly with beneficiaries should be reviewed to identify practical ways to strengthen and develop gender components, including indicators related to gender equality.

(h) Support community mobilization and engagement

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Support community mobilization and engagement	*	*	4.5

Ukraine has made major progress in this program area. At the time of the baseline assessment, Ukraine had strong capacity among the community of PLHIV but not among key population communities. The vast majority of human rights programs described in the baseline report were implemented by the Network of People Living with HIV (now Network 100% Life) and its regional affiliates. MSM and sex worker organizations also implemented some programs, as did the Alliance for Public Health and several other non-community-based organizations.

By mid-term, this had significantly changed. The mid-term assessment found that “community organizations have played an important role in the *Breaking Down Barriers* process, which has empowered and strengthened these organizations… The capacity of community groups involved in these programs has grown rapidly, in part as a result of a deliberate strategy of channeling human rights matching funds to these organizations.”

Since mid-term, community organizations have continued to grow their capacity, despite the COVID-19 pandemic, and many of them have dramatically expanded regional coverage of the programs they implement to provide legal and other services, conduct monitoring, and engage

in advocacy. This regionalization strategy has also led to increased community capacity at the regional level.

Community-based information, legal assistance, and monitoring mechanisms have seen impressive growth since the start of the *Breaking Down Barriers* initiative and appear to service significant numbers of clients, providing them with information about their rights and about health services, and assisting them in resolving human rights and other challenges that they encounter. Many of these mechanisms have been quite successful in addressing specific challenges encountered by individual clients, with high rates of resolution reported. The overall impact of these community instruments on structural barriers could be strengthened if stronger mechanisms were established to review the totality of information collected through CLM, so that systemic or structural issues are identified across different platforms.

Recommendations:

- Continue to invest in the capacity of community organizations and facilitate their active role in the HIV response; strengthen organizational capacity, including their governance mechanisms and administrative and financial capacity, including at the regional level.
- The PRs and human rights working group should assess how different community organizations have been affected by Russia's full-scale invasion of Ukraine to identify impacts that threaten their effectiveness in implementing human rights and community programs for their clients. Resources should be made available to address key weaknesses and strengthen these organizations.
- Adequately invest in the TG community, which has been significantly affected by the war, to allow it to rebuild the capacity it has lost as a result of the war and strengthen its role in the HIV response.
- Create a system to allow the analysis of cases documented through Datacheck, ReACT, OneImpact, and hotlines in their totality, conduct such analysis regularly, and develop mechanisms of response to structural issues identified through this analysis.

7.2 Program Areas for TB

Ukraine has continued to make progress since the mid-term assessment in 2019 in most program areas for TB, although this progress has been more modest than that made for HIV.

(a) Eliminate stigma and discrimination in all settings

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Eliminate stigma and discrimination in all settings	1.0	2.1	2.4

Efforts in this program area continue to mainly take the form of information campaigns against stigma and discrimination. TB People Ukraine conducted large-scale information campaigns and educational activities to raise public awareness of TB issues for the general population, with a variety of activities around the declaration of human rights of TB patients in Ukraine. It continued holding events on World TB Day in various population centers and meeting with local media representatives to raise their awareness and understanding of TB-related issues and to promote proper communication of messages about the disease and people affected by it.

In an important development, Ukraine conducted its first assessment of TB-related stigma in 2021 using the Stop TB Partnership methodology. The study found an overwhelming majority of people with TB (97%) showing signs of self-stigma; and it also noted that many people living with TB reported belonging to multiple stigmatized populations and thus were facing stigma on multiple accounts. Almost 40% of study participants identified stigma, experienced in health care, work and home settings, as a barrier to accessing testing, treatment and care services.

The findings of the TB stigma assessment suggest that current activities to address TB-related stigma and discrimination are insufficient and that interventions beyond targeted information campaigns and sporadic public activities are required. Additional activities should be informed by the assessment findings and focus, among others, on addressing pervasive self-stigma and intersectional forms of stigma and discrimination affecting people with TB.

While the TB stigma assessment provides an important baseline for programs to remove human rights barriers, a conflict between 100% Life Network, the organizations that conducted the assessment, and TB People Ukraine (the TB community organization) jeopardizes both the quality of the assessment and its appropriation. TB People Ukraine expressed concern that they have not been sufficiently involved in the assessment and has indicated it will not participate in the next assessment (which is planned for 2023), raising concerns about the sampling, quality and follow-up to the assessment.

Recommendations

- Significantly strengthen the capacity of community group representatives and the TB patient rights community to build and implement a comprehensive response to TB-related stigma and discrimination, with a particular focus on overcoming self-stigma.
- Integrate information materials related to TB stigma and discrimination into programs for PLHIV and all key populations and health care providers. This integration should cover all forms of materials and take into account the epidemiological characteristics of the regions where such programs are being implemented and the populations for which they are being implemented.
- Continue to conduct periodic TB stigma assessments using the Stop TB Partnership methodology. Ensure integration of the results of assessments in decision-making

systems regarding the implementation of TB programs at the level of donors and government agencies.

- Taking into account existing migration processes, integrate information materials related to stigma and discrimination against TB into training programs for staff (including medical staff) at sites/helpers for receiving/working with internally displaced people.
- Significantly increase integration of informational materials related to TB-related stigma and discrimination in relevant programs of all key vulnerable groups and religious communities and organizations to address intersecting stigma and discrimination.
- Ensure that the next TB stigma assessment is conducted with appropriate input from TB community organizations and actors to ensure these organizations both inform the study and use its results to inform their priorities and programming.

(b) Ensure non-discriminatory provision of health care

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Ensure non-discriminatory provision of health care	1.0	3.0	3.6

Since the mid-term evaluation, Ukraine has made significant progress in organizing training and professional development on TB-related stigma and discrimination for health care professionals. In 2021, 970 healthcare professionals across Ukraine were reached with such activities. Community advocacy resulted in a model policy for primary health care facilities to prevent TB-related stigma and discrimination being approved by 46 primary health care facilities by the end of 2021. This policy was subsequently included in the Requirements for Primary Health Care Providers for 2022, making it the standard of care throughout Ukraine's primary care system.

Significant efforts were made to create and integrate into the training programs course material focused on addressing stigma and discrimination, mental health and well-being, and a person-centered approach to planning and implementing TB-related treatment. In particular, such materials were integrated into the Public Health Center platform's materials for the continuing professional development of providers, which 136,657 health care workers from all regions of Ukraine can use to gain professional development credits.

TB People Ukraine developed a course on building a tolerant attitude towards people with or at risk of TB for health care workers at all levels which was published on the electronic web platform of the National Health Service of Ukraine for professional development.

Additionally, mechanisms to report, monitor and respond to cases of stigma and discrimination in TB services were expanded. OneImpact, the mobile application, was adapted to help inform health care workers on practices that reduce levels of stigma and discrimination against people

affected by TB and trained 315 health care workers on its use. TB People Ukraine has also started installing information boxes at health centers to simplify access to the OneImpact system for patients who do not have smart phones.

Recommendations

- Significantly expand the reach of information campaigns related to stigma and discrimination around TB for health care workers and community health workers.
- Continue to expand training programs for TB clinic staff, general practitioners, and prison staff. Taking into account the significant experience that Ukraine has in implementing similar programs on HIV, it would be reasonable to study the experience gained and find optimal ways to build such programs on TB.
- Implement post-training support programs for health care workers around stigma and discrimination related to TB, such as through supportive supervision, mentoring, and counseling.
- Institutionalize TB-related stigma and discrimination education in postgraduate training programs for health care workers at all levels.
- Continue to expand mechanisms to report, monitor and respond to incidents of stigma and discrimination in TB care settings through OneImpact, information boxes, and paralegals.

(c) Ensure rights-based law enforcement practices

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Ensure rights-based law enforcement practices	1.0	3.0	3.0

The evaluation did not reveal any significant progress under this program component since the mid-term assessment. Alliance for Public Health incorporates TB components into its trainings related to drug use for police officers. The TB platform, which operates within the Parliament of Ukraine, continued to operate but it was unclear what its impact on the TB response has been. The TB stigma study suggests that law enforcement personnel do not pose a significant barrier to TB services in Ukraine. Activities with the penitentiary system are discussed below.

Recommendations

- Expand human rights training for prison staff of all types, focusing on gender-sensitive issues. Where possible, involve people affected by TB in such programs.
- Strengthen and expand the component of TB-associated human rights in training programs for police, territorial security units, and the military.

(d) Legal literacy ('know your rights')

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Legal literacy ('know your rights')	1.0	2.0	4.0

The assessment identified significant progress in this program area, with the creation of several new mechanisms to improve legal literacy among people affected by TB. In addition to the website of TB People Ukraine, the national roll-outs of OneImpact and a paralegal network offer much greater access to information on rights of people affected by TB than at the time of the mid-term assessment.

TB People Ukraine organized an active campaign to roll out OneImpact, using its regional representatives, activists and social media to widely promote its use to relevant communities. The development and work of the paralegal network is described in detail under access to justice, below, but paralegals provide another important entry point for community members to obtain information on their rights.

Information on TB legal literacy is partially integrated into legal literacy materials and activities of HIV groups. However, this information primarily targets PLHIV who are co-infected with TB. In addition, it should be noted that such programs are poorly integrated into HIV and TB service programs and do not have adequate coverage among beneficiaries.

Recommendations

- Expand the content and coverage of "know your rights" materials for all populations vulnerable to TB. Where possible, integrate such materials into similar HIV programs. Expand the use of digital tools to disseminate such materials, using, where possible, existing online platforms and tools.
- Expand distribution channels for "know your rights" materials by integrating them into TB and paralegal programs.
- Continue to expand the use OneImpact and the paralegal network to improve the legal literacy of community members and fight pervasive self-stigma.

(e) Improve access to justice

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Improve access to justice	2.0	3.0	4.0

Ukraine continued to make significant progress in providing TB legal services compared to the mid-term assessment, especially through the linkage of OneImpact with the newly established paralegal network, allowing TB People Ukraine to enhance community monitoring and the provision of (para)legal support to community members. The number of entry points for reporting human rights violations and seeking accompaniment has also grown, including through the internet, phone applications and physical complaint boxes. As during the mid-term assessment, no programs particularly targeting vulnerable populations such as miners and mobile populations were identified.

During the assessment period, community members reported 4,784 cases through OneImpact. According to TB People Ukraine, an average of 87% of these cases were resolved. While there was some variation in the barriers community members reported from year to year, the top categories included challenges in accessing TB services, including inability to pay for expensive diagnostic tests and inadequate resources to buy medications to suppress side effects; insufficient coverage of basic needs, including hygiene and nutrition; and legal issues, stigma and human rights violations. TB People Ukraine collaborated with the Public Health Center to set up a mechanism to consider and resolve cases related to structural barriers.

Support was provided to the Expert Group on TB Service Delivery and Patient Rights Violations at the Centralized TB Center of the Ministry of Health of Ukraine and regional expert groups on TB, which reviews complaints filed through OneImpact, including on barriers and violations of the rights of people with TB. As a result, by the end of the reporting period, the group had successfully resolved 15 cases of barriers and violations of the rights of people affected by TB.

Thanks to a significant increase in funding for this program area, TB People Ukraine launched paralegal networks. In 2020, trainings were held in ten regions for lawyers and attorneys from regional legal centers on legal assistance to TB patients. In 2021, community paralegals recorded 50 cases of violations of the rights of community members. By the end of 2022, paralegal assistance via representatives of the TB community has been provided in all the regions controlled by the government of Ukraine. More than 400 complex cases had been solved in this period.

HIV-oriented legal support programs continued to cover people who are co-infected but apparently not people with just TB. However, TB People Ukraine strengthened the skills of lawyers working with the state free legal aid system on TB. Specifically, it created a video course and distributed that through the Free Legal Aid system's professional development program. The course covered potential legal issues that people with TB may face.

Recommendations:

- Ensure integration of the TB component into HIV-related legal aid programs at the paralegal, secondary legal aid, and strategic litigation levels.

- Expand opportunities for TB patients to access free legal aid.
- Continue and significantly expand coverage of paralegal programs in all regions of Ukraine.
- Continue to support OneImpact, ensuring that it is used effectively to increase access to justice for beneficiaries.

(f) Monitoring and reforming laws and policies

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Monitoring and reforming laws and policies	1.0	2.0	3.8

This program area has seen significant growth since the baseline assessment, when almost no monitoring or advocacy activities were identified. The mid-term assessment noted some improvements, including the launch of OneImpact, but also noted a lack of understanding of the importance of advocacy and legal barriers in TB communities. At the time of the progress assessment, OneImpact had become a well-established tool, used for monitoring, legal literacy, and legal support, and community actors were increasingly engaged in local and national legal, policy and budget advocacy - a real reversal from past years.

The TB community played an important role in defining the package of TB services covered through the National Health Service of Ukraine (a relatively new agency that was created as part of Ukraine's health care reform and the introduction of universal health coverage). Among others, TB People Ukraine and others successfully advocated for the adoption of new evidence-based clinical guidance.

The TB community and other stakeholders made important contributions to efforts to update the law "On Counteraction to Tuberculosis". It provided analysis for outlining what an equity-based, integrated, people-centered, and ethical approach to a TB legal framework would look like, putting forward arguments for strengthening social protection measures for people and communities affected by TB disparities and addressing social determinants of health that make people particularly vulnerable to TB exposure, infection, development of active disease, and adverse treatment outcomes. Unfortunately, the draft changes to the law are temporarily on hold due to Russia's full-scale invasion of Ukraine. Community advocates also actively sought to expand access to anti-TB medicines, resulting in the inclusion of additional forms of injectable medications for treating TB.

Recommendations

- Significantly increase the capacity of the community affected by TB to monitor and advocate for reform of TB-associated laws and policies

- Continue and strengthen CLM (including through the OneImpact) of TB program barriers and the quality of life of TB patients
- Intensify and focus advocacy activities on eliminating legal and systemic barriers that limit beneficiary access to TB programs
- Expand community advocacy on eliminating barriers to access to social protection and disability services related to TB

(g) Reduce TB-related gender discrimination

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Reduce TB-related gender discrimination	1.0	1.0	2.0

The assessment found some evidence of partial integration of gender-related issues into programs - a small positive step. However, no plan of action was developed - as recommended by the mid-term assessment - and it does not appear that a holistic approach was undertaken to address the findings of the Alliance for Public Health TB gender assessment of 2018. The TB stigma assessment did not contain gender-specific conclusions or recommendations.

Gender-related issues were included in the work of paralegal services of TB People Ukraine and similar services of other communities and public sector organizations. Among others, the assessment team identified several projects that provided paralegal assistance, support, and access to shelters and crisis rooms for women and girls affected by TB and victims of discrimination, including gender-based and domestic violence victims.

TB People Ukraine and the Center for Public Health identified gender aspects of stigma and discrimination, gender-driven barriers to accessing TB services, and gendered effects of out-of-pocket expenses in several studies.[37] The Center for Public Health told the assessment team that these findings are taken into account in its work on the TB response. However, the assessment team could not identify a consistent practice of incorporating the results of these studies into TB programs in the country.

TB People Ukraine's work on the TB regulatory framework, discussed above, included some gender components but this work is on hold as a result of, first, the COVID-19 pandemic and, then, Russia's full-scale invasion.

Recommendations

[37] ДОСЛІДЖЕННЯ ЗАТРАТ ПАЦІЄНТІВ, ПОВ'ЯЗАНИХ З ДІАГНОСТИКОЮ ТБ ТА ВІЛ НА РІВНІ СИСТЕМИ ОХОРОНИ ЗДОРОВ'Я Київ 2022 https://www.phc.org.ua/naukova-diyalnist/doslidzhennya/doslidzhennya-z-tuberkulozu/doslidzhennya-zatrat-pacientiv-povyazanikh-z-diagnostikoyu-tb-ta-vil-na-rivni-sistemi-okhoroni-zdorovya

- Review all programs to remove human rights barriers and check the extent to which they incorporate a gender perspective
- Develop and ensure the necessary level of implementation of a plan to increase gender-transformative interventions in TB programs
- Ensure that gender barriers to TB programs are regularly assessed

(h) Support community mobilization and engagement

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Support community mobilization and engagement	2.0	3.0	4.0

The TB community organization TB People Ukraine, founded in 2018, continued to develop since the mid-term assessment, with ongoing investments in the organization's capacity at both the national and regional levels. Areas of investment include: overall technical and organizational capacity; partnerships strengthening and representation, including in the international arena; and engagement in various monitoring and advocacy activities. The organization has developed a network of regional branches that represent the community on regional and provincial coordination councils and expert groups. At the national level, TB People Ukraine is represented in all key national coordination platforms on accessibility and quality of TB-related services and treatment programs. In addition, at the national level, a subgroup on the sustainability of TB services was established at the Public Health Center with the support of community representatives as part of the transition from donor to domestic funding.

At the same time, collaboration between HIV and TB communities remains limited, even on important cross-cutting issues, resulting in insufficient coordination to holistically address challenges faced by people affected by TB and people who are HIV/TB co-infected. An apparent conflict between 100% Life Network, the current PR with the TB community portfolio, and TB People Ukraine, poses a risk to the effectiveness of community mobilization and engagement, as demonstrated, among others, by the lack of collaboration and coordination around the TB stigma assessment.

Recommandations:

- Continue to invest in the capacity development of community organizations of people affected by TB, contributing to their ability to implement programs to reduce human rights barriers
- Encourage representatives of the community of people affected by TB to be represented on all regional coordinating councils and other relevant platforms involved in the development and implementation of policies and practices related to TB

- Improve collaboration between TB and HIV community organizations, especially related to co-infected people, PWUD, and prisoners

(i) Programs in prisons and other institutions

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Programs in prisons and other institutions	2.0	3.0	3.4

The assessment found a modest increase in activity in developing guidelines for managing TB cases in prisons, training staff to conduct external monitoring of the right to health in prisons, and improving accountability and legal literacy and legal aid in prisons. But programs to sensitize staff in penitentiary institutions and eliminate stigma and discrimination need to be further expanded. In particular, FreeZone and TB People should collaborate to integrate HIV- and TB-focused human rights programs in prisons and other institutions and expand coverage nationwide.

Issues related to the observance of general medical and specialized rights of TB patients in penitentiary institutions were included in the programs of visits of the national preventive mechanism and the work of independent supervisory commissions of local authorities. However, it should be noted that neither the community affected by TB nor the narrowly focused issues of TB program implementation were included in the programs and questionnaires of the visits. The assessment also failed to identify a significant link between these programs and other TB community programs.

Community leaders acknowledged the need to build these linkages and ensure that TB-related interventions are integrated into the already built program of work in prisons. Some small steps have been taken in this direction. The FreeLife application contains some information about TB organizations and services. As of the assessment, some collaboration had started in accompanying inmates who have TB and are being released from prison to services in the community.

Recommendations:

- Expand support for monitoring (including through existing mobile apps, as well as CLM) of the rights of people who live with TB in detention and temporary facilities
- Strengthen and expand legal literacy programs in prisons; consider training inmate paralegals and human rights education counselors to enable them to provide peer-to-peer counseling
- Expand the TB component of the post-release support program for inmates

7.3 Implementation Status of Program Essentials

Starting with GC7, countries are required to report on the implementation status of program essentials for HIV and TB. Program essentials are a set of standards for the delivery of services by Global Fund-supported programs. All applicants are required, as they fill out the Essential Date Tables to support their funding requests, to provide an update on their country's status toward achieving program essentials. HIV applicants from Core and High-Impact countries are also asked to describe in their funding request narrative any plans to address program essentials that are not fulfilled. In addition, the conditions for countries qualifying for the human rights matching funding requires funding requests to not only consider the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers, but also to ensure the full implementation of all human rights program essentials.

HIV and human rights-related program essentials are:

- Prevention and treatment programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers to these programs
- Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings
- Legal literacy and access-to-justice activities are accessible to people living with HIV and key populations
- Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.[38]

The human rights-related TB program essential requires, "All TB programming must be human rights-based, gender-responsive and informed by and respond to analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access-to-justice activities; as well as support for community mobilization and advocacy and CLM for social accountability."[39]

Implementation status of rights-based HIV program essentials

The tables below present the progress assessment team's summary analyses of Ukraine's progress on the program essentials for HIV and TB.

[38] "Technical Brief: Removing Human Rights-related Barriers to HIV Services," The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf
[39] "Technical Brief: Removing Human Rights-related Barriers to TB," The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12729/core_removing-barriers-to-tb-services_technicalbrief_en.pdf

Human rights	Are all elements of a supportive environment[40] for effective operationalization of the program essentials in place?	Implementation Status
19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers.	Yes	Some programs[41]
20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.	Yes	Activities/programs in health care and three or more other settings at national level but less than 90% of national coverage[42]
21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations.	Yes	Activities/programs at national level but less than 90% national coverage [43]
22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.	Yes	Comprehensive[44]

Ukraine is close to fully implementing the HIV program essentials. In terms of policies, it has all the components of a supportive environment: a recent assessment of rights-related barriers, a national plan and strategy to remove these barriers, and an oversight mechanism that ensures communication - if not always adequate coordination - of programs through the Human Rights Working Group, chaired by the Public Health Center.

The program essential that remains the weakest is the integration of interventions to address human rights and gender barriers in HIV programs. Too often, human rights activities continue

[40] 1. a recent assessment of human rights-related barriers; 2. a country-owned, costed plan/strategy to reduce barriers; 3. an oversight mechanism to oversee implementation
[41] Response options include: No or few programs integrate such interventions; Some programs; Many or all programs
[42] Response options include: No or one-off activities/programs; Small-scale activities/programs in health care and at last one other setting; Activities/programs in health care and at least two other settings at sub-national level (less than 50% national coverage); Activities/programs in health care and three or more other settings at national level but less than 90% of national coverage; Activities/programs in health care and three or more other settings at national level with greater than 90% national coverage
[43] Response options include: No or one-off legal literacy and access to justice activities/programs; Small-scale activities/programs; Activities/programs at sub-national level (less than 50% national coverage); Activities/programs at national level but less than 90% national coverage; Activities/programs at national level with more than 90% national coverage
[44] Response options include: No support; Some support; Comprehensive support (including to community-led efforts)

to be implemented only by community organizations without service providers taking part in ensuring legal literacy and access to justice for clients, or without government institutions sufficiently integrating human rights training into standard training curricula for health workers, police, and penitentiary. In Grant Cycle 7, implementers of human rights programs should more consistently engage service providers and relevant government institutions to ensure integrated and sustainable programming. Programs to remove HIV-related stigma and discrimination and to advance legal literacy and access to justice operate at national level with strong coverage of most key and vulnerable populations, although such programs are not currently operational in occupied regions and regions acutely impacted by the war. Legal and policy reform programs remain exceptionally strong and the European integration process has opened a significant window of opportunity for further progress.

Aligned with this, the following recommendations are prioritized for support from the program areas above and the cross-cutting themes section below:

Eliminate HIV-related stigma and discrimination in all settings
• Material related to HIV, TB and stigma and discrimination should be integrated into all relevant professional education curricula, including for healthcare workers, police, justice system workers, and penitentiary system personnel. It should be part of both pre-service and in-service training. • Increase the integration of stigma and discrimination programs with services and other programs to expand the reach of these programs and achieve greater population coverage. • Russia's full-scale invasion of Ukraine has resulted in significant changes on the ground that affect key and vulnerable populations. Among others, military officials, military administrations, territorial defense forces and humanitarian aid workers now play a significant role in the lives of key and vulnerable populations. Activities should be implemented to ensure these officials have at least basic levels of knowledge about HIV, TB, and key and vulnerable populations and on the impact of stigma and discrimination. • The next stigma index study should fully include key populations. The most recent stigma index study covered only key populations who were living with HIV. Yet, stigma and discrimination against key populations who are not infected with HIV can significantly affect access to HIV prevention services. It is thus critical to document levels of stigma and discrimination on these populations generally and its impact on service access. Alternatively, stigma index studies could be conducted for specific key populations. • Increase programming focused on fighting stigma and discrimination in humanitarian settings.
Ensure people-centred and rights-based provision of health care
• Continue integration of training for healthcare workers on stigma and discrimination into routine pre-service and in-service trainings differentiated for different types of healthcare workers (doctor, nurse, psychologist, social worker) and by type of care (primary, secondary, specialist). These trainings should be offered through multiple modalities and should be part of mandatory professional development. • Strengthen programs to train and engage healthcare workers that provide specific services to particular key and vulnerable populations (such as drug treatment doctors,

endocrinologists, and gynecologists) through organizations working with people who use drugs, trans people, sex workers and women living with HIV.

- 100% Life Network and the Public Health Center should evaluate the effectiveness of training modules containing materials on stigma and discrimination in terms of changes in knowledge and behavior of healthcare providers who have taken these modules.
- With massive displacement of key and vulnerable populations and changes due to Ukraine's healthcare reform process, efforts should be undertaken to ensure that healthcare workers who are new to working with key and vulnerable populations are properly trained, including medical doctors, nursing staff but also social workers.
- Strengthen linkages between community monitoring tools such as CLM, paralegals, hotlines, and other grass roots mechanisms and healthcare providers. Collaboration between healthcare providers and community-based human rights programs is essential to ensure quick resolution of specific cases and effective responses to structural challenges.

HIV-related legal literacy

- Integrate legal literacy and access to justice information with service provision. Clients of prevention and treatment programs should routinely receive information about their rights, provided opportunities to report abuses, and be connected to effective remedies. Implementers of human rights programs should work with prevention and treatment programs to ensure the relevant information is available and shared with clients. This should include distribution of legal literacy information through peer educators.
- Where this has not happened yet, legal literacy materials should be reviewed to determine whether it should be complemented with additional information on issues such as displacement, martial law, and other issues relevant to key and vulnerable populations as a result of Russia's full-scale invasion of Ukraine.
- Periodically assess the level of knowledge of key and vulnerable populations of their rights, as well as their willingness to seek non-judicial or judicial remedies in case of violations of their rights. This can be done through stigma index studies or small cross-sectional surveys among key and vulnerable populations.

Ensure rights-based law enforcement

- Trainings on HIV, TB and key populations should be integrated into routine training programs for police, penitentiary service and justice officials. Efforts should be undertaken to ensure that relevant materials become a routine part of pre-service and in-service training for officials.
- Continue to train police officers, especially in areas with high turnover, to ensure knowledge of HIV and key populations isn't lost and adapt training modules for police to ensure that they are as relevant as possible to police, military, and other agencies, especially as conditions change due to the war.
- Work with law enforcement to address structural issues identified through community-led monitoring and documentation, including longstanding issues such as the impact of criminalization of possession of small amounts of drugs and newly emerging issues such as harassment of key populations by military or territorial defense forces.
- Implement programs to raise awareness of HIV, TB and key and vulnerable populations among newly relevant institutions such as the military, military administrations, territorial

defense units, and others that, due to the war, significantly affect and can be barriers to services for key and vulnerable populations.
Improve access to justice
• Fully operationalize linkages between paralegals, reactors, and the free legal aid system. This should include ensuring key and vulnerable populations are eligible for free legal aid; training staff and lawyers of the free legal aid system on legal questions key and vulnerable populations face; and putting in place effective referral mechanisms. • Improve collaboration of paralegals with health service providers. Paralegals are a civil society tool and should thus retain their independence from the healthcare system. However, close collaboration and coordination with healthcare providers is essential for them to assist their clients as effectively as possible. • Ensure paralegals receive ongoing training and mentoring. This is particularly important at a time of conflict with rapidly changing conditions when paralegals deal with a much more diverse set of issues than during peace-time. • Create a system to allow the analysis of cases documented through Datacheck, ReACT, OneImpact, and hotlines in their totality, conduct such analysis regularly, and develop mechanisms of response to structural issues identified through this analysis. • The PRs should ensure that community organizations have access to all cases collected by their paralegals at all times. These organizations should be able to review these cases and analyze trends and patterns so that they can develop advocacy strategies based on these cases. Some community organizations told the assessment team that they currently do not have such access and, therefore, maintain a parallel system to keep track of “their” cases. • Develop, pilot and implement a model to collect data that allows for a better assessment of impact of the work of paralegals, reactors and hotlines on the HIV and TB cascade. In particular, a data collection system that assesses the risk of service access disruption for clients and records clients’ service access status over time would provide much greater insight in the impact of these programs on the cascade.
Monitor and reform HIV-related laws and policies
• Improve coordination between stakeholders in advocacy efforts in order to agree on the most urgent and strategic law and policy reform initiatives. Collaborate across community organizations to jointly advocate for these priorities. • Create better links between community-led and based monitoring and advocacy activities. In particular, mechanisms should be created to identify key structural issues from data from community monitoring initiatives and to develop appropriate advocacy strategies to address these issues. • Make permanent positive policy changes that were implemented following Russia’s full-scale invasion of Ukraine, including changes to take-home methadone.
Reducing HIV-related gender discrimination
• Continue to support organizations with a gender-specific mandate to implement and, as necessary, expand the services they provide and use these organizations to assess gender-responsiveness of programs by other organizations. • Identify and address gender specific challenges faced by prisoners, sex workers and other key and vulnerable populations, and scale up programs to address these challenges.

- Improve collaboration between organizations that have a general and a gender-specific focus to ensure that general programs to remove human rights-related barriers are gender-responsive.
- Improve collaboration with civil society organizations, government and UN agencies that work on gender equality and non-discrimination broadly to ensure alignment and integration of efforts wherever possible.
- With war always leading to increased incidence of gender-based violence (violence by military or paramilitary forces; increased incidence of domestic violence; increased vulnerability of women, MSM, and TG populations in communities), strengthening programs that prevent, protect and support people from such violence is essential and should include efforts to increase awareness of GBV, improve protective mechanisms, and access to remedies. All programs that work directly with beneficiaries should be reviewed to identify practical ways to strengthen and develop gender components, including indicators related to gender equality.

Support community mobilization and engagement

- Continue to invest in the capacity of community organizations and facilitate their active role in the HIV response; strengthen organizational capacity, including their governance mechanisms and administrative and financial capacity, including at the regional level.
- The PRs and human rights working group should assess how different community organizations have been affected by Russia's full-scale invasion of Ukraine to identify impacts that threaten their effectiveness in implement human rights and community programs for their clients. Resources should be made available to address key weaknesses and strengthen these organizations.
- Invest in the trans community, which has been significantly affected by the war, to strengthen its role in the HIV response.
- Create a system to allow the analysis of cases documented through Datacheck, ReACT, OneImpact, and hotlines in their totality, conduct such analysis regularly, and develop mechanisms of response to structural issues identified through this analysis.

Cross-Cutting HIV Recommendations

- The Global Fund should continue to support the Public Health Center to organize regular meetings of the human rights working group and help it plays a coordinating role in ensuring that programs to remove human rights-related barriers are effective, do not duplicative each other, are complementary, and synergies.
- The working group should also focus on the integration of programs to remove human rights-related barriers to HIV and TB services with health services and relevant standard training programs to increase the sustainability of these programs over time.
- Finalize, adopt and disseminate the new strategic action plan to remove human rights-related barriers to HIV and TB services.
- Make a concerted effort to demonstrate the link between community human rights interventions and access of key and vulnerable populations to HIV and TB services, and use evidence of these links to raise funds for human rights programs.
- Community organizations should work with HIV and TB service providers, including prevention and treatment programs, to identify opportunities and propose specific mechanisms for ensuring that community human rights mechanisms are involved in initial and

ongoing training of healthcare providers, that paralegal and other community support mechanisms can operate at health facilities, that information on rights and accountability mechanisms is available, and that community monitoring can and does take place at health facilities and that effective mechanisms are in place to address concerns identified through such monitoring.

- Integrate monitoring and evaluation—and particularly data collection on the impact of human rights programs on the HIV and TB cascade—into human rights programming. The human rights working group should work with PRs and SRs to develop a practical monitoring and evaluation framework that includes key indicators related to the Global Fund's theory of change.

Implementation Status of TB Program Essential

TB program essential	Are all policies and guidelines in place to fully operationalize the program essential?	Implementation Status
13. All TB programming must be human rights-based, gender-responsive and informed by and respond to analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access to justice activities; as well as support for community mobilization and advocacy and CLM for social accountability.	Yes	Implemented in many sites (50%-95%)[45]

As noted, programming to reduce human rights-related barriers to TB services continue to lag behind those for HIV. Nonetheless, Ukraine has made significant progress in implementing these programs, especially in the areas of ensuring non-discriminatory TB services, legal literacy, access to justice, community mobilization, and prisons. In these areas, programs have significant geographical coverage and fairly well-developed activities. Other program areas, particularly general stigma and discrimination reduction programs and programs to address gender discrimination, still require significant strengthening to fully fulfill the program essentials. General stigma and discrimination reduction programs need to be diversified to ensure that they reach necessary populations with effective messaging. To address gender discrimination, the recommendations on the TB gender study should be implemented.

[45] Response options include: Implementation not started; Implemented in some sites (<50%); Implemented in many sites (50%-95%); Implemented countrywide (>95%)

Aligned with this, the following recommendations are prioritized for support from the program areas above and the cross-cutting themes section below:

Eliminate TB-related stigma and discrimination in all settings
• Significantly strengthen the capacity of community group representatives and the TB patient rights community to build and implement a comprehensive response to TB-related stigma and discrimination, with a particular focus on overcoming self-stigma. • Integrate information materials related to TB stigma and discrimination into programs for PLHIV and all key populations and health care providers. This integration should cover all forms of materials and take into account the epidemiological characteristics of the regions where such programs are being implemented and the populations for which they are being implemented. • Continue to conduct periodic TB stigma assessments using the StopTB Partnership methodology. Ensure integration of the results of assessments in decision-making systems regarding the implementation of TB programs at the level of donors and government agencies. • Taking into account existing migration processes, integrate information materials related to stigma and discrimination against TB into training programs for staff (including medical staff) at sites/helpers for receiving/working with internally displaced people. • Significantly increase integration of informational materials related to TB-related stigma and discrimination in relevant programs of all key vulnerable groups and religious communities and organizations to address intersecting stigma and discrimination. • Ensure that the next stigma index study is conducted with appropriate input from TB community organizations and actors to ensure these organizations both inform the study and use its results to inform their priorities and programming.
Ensure people-centred and rights-based provision of health care
• Significantly expand the reach of information campaigns related to stigma and discrimination against TB for healthcare workers and community health workers. • Continue to expand training programs for TB clinic staff, general practitioners, and prison staff. Taking into account the significant experience that Ukraine has in implementing similar programs on HIV, it would be reasonable to study the experience gained and find optimal ways to build such programs on TB. • Implement post-training support programs for healthcare workers related to stigma and discrimination related to TB, such as through supportive supervision, mentoring, and counseling. • Institutionalize TB-related stigma and discrimination education in postgraduate training programs for healthcare workers at all levels. • Continue to expand mechanisms to report, monitor and respond to incidents of stigma and discrimination in TB care settings through OneImpact, information boxes, and paralegals.
Ensure rights-based law enforcement
• Expand human rights training for prison staff of all types, focusing on gender-sensitive issues. Where possible, involve people affected by TB in such programs.

- Strengthen and expand the component of TB-associated human rights in training programs for police, territorial security units, and the military.

TB-related legal literacy

- Expand the content and coverage of "know your rights" materials for all populations vulnerable to TB. Where possible, integrate such materials into similar HIV programs. Expand the use of digital tools to disseminate such materials, using, where possible, existing online platforms and tools.
- Expand distribution channels for "know your rights" materials by integrating them into TB and paralegal programs.
- Continue to expand the use OneImpact and the paralegal network to improve the legal literacy of community members and fight pervasive self-stigma.

Improve access to justice

- Ensure integration of the TB component into HIV-related legal aid programs at the paralegal, secondary legal aid, and strategic litigation levels.
- Expand opportunities for TB patients to access free legal aid.
- Continue and significantly expand coverage of paralegal programs in all regions of Ukraine.
- Continue to support the OneImpact, ensuring that it is used effectively to increase access to justice for beneficiaries.

Monitor and reform TB-related laws and policies

- Significantly increase the capacity of the community affected by TB to monitor and advocate for reform of TB-associated laws and policies.
- Continue and strengthen community monitoring (including through the OneImpact) of TB program barriers and the quality of life of TB patients.
- Intensify and focus advocacy activities on eliminating legal and systemic barriers that limit beneficiary access to TB programs.
- Expand community advocacy on eliminating barriers to access to social protection and disability services related to TB.

Reducing TB-related gender discrimination

- Review all programs to remove human rights barriers and check the extent to which they incorporate a gender perspective.
- Develop and ensure the necessary level of implementation of a plan to increase gender-sensitive interventions in TB programs.
- Ensure that gender barriers to TB programs are regularly assessed.

Support community mobilization and engagement

- Continue to invest in the capacity development of community organizations of people living with/affected by TB, contributing to their ability to implement programs to reduce human rights barriers.

• Encourage representatives of the community of people affected by TB to be represented on all regional coordinating councils and other relevant platforms involved in the development and implementation of policies and practices related to TB. • Improve collaboration between TB and HIV community organizations, especially related to co-infected people, people who use drugs, and prisoners.
Programs in prisons and other institutions
• Expand support for monitoring (including through existing mobile apps, as well as community-based monitoring) of the rights of people who live with TB in detention and temporary facilities • Strengthen and expand legal literacy programs in prisons; consider training inmate paralegals and human rights education counselors to enable them to provide peer-to-peer counseling. • Expand the TB component of the post-release support program for inmates.

7.4 Cross-cutting Observations

While Ukraine's programs to reduce human rights-related barriers to HIV and TB services are generally strong, the progress assessment identified a number of key cross-cutting challenges that need to be addressed. Most of these challenges have already been described above in previous sections.

- **Integration human rights programs into prevention, treatment, care and support programs.** This is discussed both in the section about the impact of the war and the section on program essentials. Among others, this includes integration of training for health care providers on human rights into pre- and in-service training, CLM of health services and supply chains, embedding paralegals into health facilities, and distribution of information about patients' rights and redress mechanisms through health facilities.[46] At a time of acute recourse limitations, integration of human rights, prevention and treatment programs is especially critical, as it can result in economies and efficiencies as well as improve client experience by ensuring all services are accessible in one place (one-stop-shop principle). Such integration should be achieved through collaboration between community organizations and services providers that preserves the independence of community mechanisms, such as CLM, paralegals and hotlines.
- **Gender responsiveness of programs.** As discussed under the HIV program area about gender discrimination, general human rights programs were often lacking gender-responsiveness even while gender-specific organizations, such as Positive Women and Vona, implement some excellent gender-responsive programming. With the war almost certain to lead to worsening gender-based violence, all programs should be assessed for their gender-responsiveness and for the need for gender-specific services. Organizations that specifically work on gender issues, whether on

[46] Page 16. https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

discrimination against women or on gender identity questions, can play an important role in conducting these assessments

- **Coordination and collaboration.** Coordination and collaboration between implementers of human rights programs remains a challenge, with competition and distrust continuing to be significant barriers to integrating and aligning programming to maximize impact. The human rights working group plays an important role as a platform for sharing of information on human rights programs and for joint strategizing. However, organizational interests and personality issues too frequently stand in the way of closer collaboration between implementers that could lead to qualitatively better programming and greater impact
- **Monitoring and evaluation.** As noted above, Ukraine has yet to put in place M&E systems that allow for an analysis of the impact of human rights programs; much of the routinely collected data continues to be process and output data that confirms that activities took place but shed little light on how effective they were. Developing indicators or evaluation questions related to the theory of change of programs can help collect data that can help better understand whether specific interventions have the intended effect; identify potential adjustments if not; and provide information to justify continued investments in the interventions. Program implementers should examine the M&E mechanisms in place for their human rights programs, seek to identify meaningful new outcome and impact indicators, and start collecting data on such indicators or, where relevant, propose that specific questions be examined through an independent evaluation

Recommendations

- Make a concerted effort to demonstrate the link between community human rights interventions and access of key and vulnerable populations to HIV and TB services, and use evidence of these links to raise funds for human rights programs.
- Assess all programs for gender responsiveness and for the need for gender-specific interventions. Make changes to programs to address gender-specific needs.
- Community organizations should work with HIV and TB service providers - including prevention and treatment programs - to identify opportunities and propose specific mechanisms for ensuring that community human rights mechanisms are involved in initial and ongoing training of health care providers, that paralegal and other community support mechanisms can operate at health facilities, that information on rights and accountability mechanisms is available, and that community monitoring can and does take place at health facilities and that effective mechanisms are in place to address concerns identified through such monitoring
- Integrate M&E - and particularly data collection on the impact of human rights programs on the HIV and TB cascade - into human rights programming. The human rights working

group should work with PRs and SRs to develop a practical M&E framework that includes key indicators related to the Global Fund's theory of change.

8. Evaluating the Theory of Change: Effects and Impacts of Programs to Remove Rights-related Barriers on Health Services and the Enabling Environment

To assess the impact and effects of human rights programs on the HIV and TB cascades, the team took the following steps: 1. It reviewed relevant population-level indicators. 2. It assessed the alignment of human rights programs with the theory of change of the *Breaking Down Barriers* initiative, and 3. It examined, where possible, whether programs had the expected effects, based on the assumptions underlying the theory of change. Together, this analysis provides insight into the overall trends with respect to human rights-related barriers to HIV and TB services and the pathways through which programs to address them result in or contribute to changes on the ground.

The Global Fund has long recognized that it cannot achieve its goal of ending the HIV and TB epidemics as a public health issue as long as populations at high risk of contracting HIV and TB avoid getting tested and treated because of stigma, discrimination and criminalization. It has therefore encouraged and incentivized countries to invest Global Fund resources into the implementation and scale-up of programs that have been shown to reduce and ultimately overcome human rights-related barriers to services. Its theory of change for these programs can be described as follows:

- Programs that reduce levels of **stigma and discrimination** toward people living with HIV, TB, and key populations among the **general population**, **health professionals and the police** will result in an increased sense of safety and protection among these populations, which will enhance these populations' ability and willingness to access HIV and TB prevention, testing, treatment and care services
- Programs to improve legal literacy and access to justice for key and vulnerable populations will result in populations that are **knowledgeable about their rights and have the necessary support to realize** which will increase their ability and likelihood to seek the health service to which they are entitled and advocate and demand respect for their health and other rights
- Programs to reform **policies, laws and practices** that stigmatize and criminalize key and vulnerable populations will help create a more enabling legal environment that protects the rights of key populations and ensures their safe access to health care, making it easier and safer for these populations to access services

- Building **the leadership and capacity of communities** of PLHIV, TB communities, and key populations will empower and enable them to monitor health care delivery, and organize and advocate for improved services, the realization of their health rights, and policies and practices that improve their access to services.

Each of these components of the theory of change relies on a set of logical assumptions or theorized pathways of change. The progress assessment set out to identify these logical assumptions for each of the above-mentioned areas of programming, to collect data to test these assumptions, and to analyze that data to determine whether these programs move Ukraine along according to the theory of change.

8.1 Population-level indicators

Population-level indicators provide insight into the extent of the challenge posed by human rights barriers, the dynamics related to these barriers over time, and, ultimately, offer a way or a means to assess progress in a country's efforts to remove these barriers. These indicators, however, also have important limitations that must be borne in mind: They usually cannot explain the reasons or provide insight into the effectiveness of specific programs in reducing human rights-related barriers. Moreover, methods used to collect data on specific indicators often change over time, making it hard to do a meaningful time-series analysis using these data.

Ukraine's PLHIV Stigma Index studies are one of the few sources of population-level data related to human rights barriers to HIV services. Unlike in many other countries, the organization 100% Life has conducted stigma index studies four times in the past decade (2010, 2013, 2016 and 2020) in Ukraine, meaning that a significant amount of data on a variety of stigma and discrimination indicators is available. Promisingly, these studies suggest substantial progress in most areas where time-series analysis is possible (see Figure 1 and Table 1). Importantly, reductions in levels of stigma and discrimination across key indicators are both significant and consistent over time, adding confidence that these trends are real.

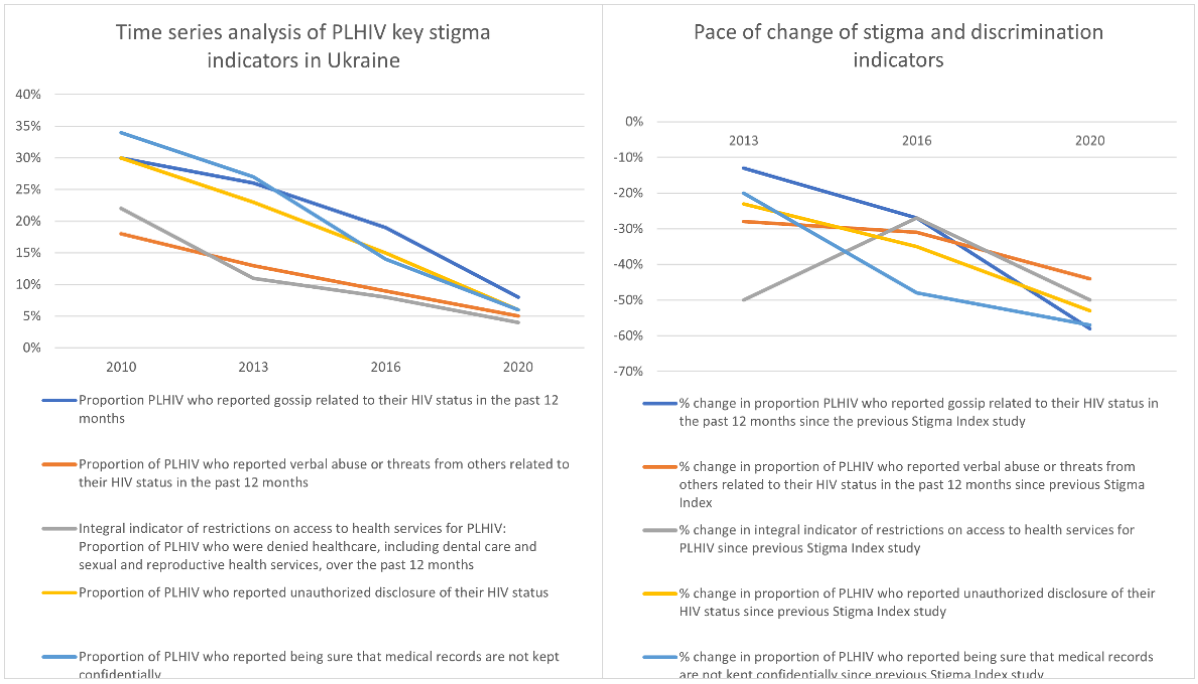


Figure 1

For example, the 2020 PLHIV Stigma Index study found that unauthorized disclosures of HIV status in the social environment among study participants had decreased by more than 50% between 2010 and 2020, and the proportion of participants reporting being the victim of gossip or verbal abuse or threats related to their HIV status had decreased by more than 70% over that period. Meanwhile, several indicators related to the treatment of PLHIV in health care settings showed an 80% drop in negative experiences among participants. In a promising sign, progress on many of these indicators was especially strong in the 2020 PLHIV Stigma Index study, which was conducted during the fourth year of the *Breaking Down Barriers* initiative, a period during which significant additional investments were made into programs to remove human rights barriers. The one exception to this overall trend is self-stigmatization which, at almost 50% of study participants showing sign of self-stigma, did not change significantly from 2016.

The picture emerging from these PLHIV Stigma Index studies, promising as it is, is unfortunately incomplete. Until 2020, the Stigma Index studies focused exclusively on PLHIV, so the dynamics of stigma and discrimination faced by key populations such as sex workers, MSM and PWUD cannot be yet analyzed. The 2020 study found clear evidence that PLHIV who belong to these populations face greater levels of stigma and discrimination than those who do not. Questions related to legal literacy of PLHIV and key populations, the incidence of human rights violations, and willingness to defend one's rights have changed all over time, complicating the analysis of dynamics over time. Finally, it is not yet known how Russia's full-scale invasion of Ukraine will affect stigma and discrimination and human rights barriers to HIV services more broadly; community organizations, however, have anecdotally reported increases in stigma and discrimination toward key and vulnerable populations.

Indicator	2010	2013	2016	2020	Net change 2010-2020	% Change 2010-2020
Unauthorized disclosure of HIV status						
Proportion of PLHIV who faced unauthorized disclosure of HIV status to members of the social environment	37%	-	-	18%	-19%	-51.4%
Stigma and discrimination from social environment						
Proportion of PLHIV who experienced stigmatization and discrimination due to HIV status from their social environment in past 12 months (aggregate indictor)	-	-	-	11%	-	-
Sex workers	-	-	-	24%	-	-
MSM	-	-	-	20%	-	-
PWUD	-	-	-	14%	-	-
Not key populations	-	-	-	8%	-	-
Proportion of PLHIV who reported gossip related to their HIV status in the past 12 months	30%	26%	19%	8%	-22%	-73.3%
Proportion of PLHIV who reported verbal abuse or threats from others related to their HIV status in the past 12 months	18%	13%	9%	5%	-13%	-72.2%
Stigma and discrimination in health care facilities						
Integral indicator of restrictions on access to health services for PLHIV: Proportion of PLHIV who were denied health care, including dental care and sexual and reproductive health services, over the past 12 months	22%	11%	8%	4%	-18%	-81.8%
Proportion of PLHIV who reported unauthorized disclosure of their HIV status	30%	23%	15%	6%	-24%	-80%
Proportion of PLHIV who reported being sure that medical records are kept confidentially	18%	24%	44%	51%	+33%	+183%

Proportion of PLHIV who reported being sure that medical records are not kept confidentially	34%	27%	14%	6%	-28%	-82.3%
Internal stigmatization						
Proportion of PLHIV who experienced feelings of guilt related to their HIV status	-	-	48%	48%	0	0
Proportion of PLHIV who experienced feelings of shame related to their HIV status	-	-	41%	45%	+4%	+8.8%
Human rights and PLHIV						
Proportion of PLHIV aware of Ukrainian laws that protect PLHIV against discrimination	-	-	-	53%	-	-
Proportion of respondents who encountered at least one human rights violation (as listed in questionnaire) in the past year/prior to the last year	-	-	-	4%/10%	-	-
Sex workers	-	-	-	10%/24%	-	-
MSM	-	-	-	7%/5%	-	-
PWUD	-	-	-	3%/11%	-	-
Not key populations	-	-	-	3%/8%	-	-
Laws, policies and practices						
Status of adoption of structural legal and policy recommendations*	-	-	Adopted: 6 (2017)	Adopted 6		
	-	-	Partially adopted: 0	Partially adopted: 2		
	-	-	Not adopted: 2	Not adopted: 1		
	-	-	No data: 2	No data: 1		

Table 1 – Population-level indicators related to human rights barriers to HIV services
* Based on the HIV Policy Lab data on structural policy adoption (policies on political and social drivers of HIV, including criminalization, gender, and human rights issues) (https://www.hivpolicylab.org/ua)

The PLHIV Stigma Index study also suggests that programs to remove human rights-related barriers to HIV services remain highly relevant. It found, among others, that stigma and discrimination are frequently cited by people living with HIV as a reason for delaying the initiation of HIV treatment or disrupting it. For example, 34% of study participants who delayed ART initiation blamed bad experiences with health care workers, as did 18% of those who disrupted ART. The study also found that members of key populations delayed initiation of ART considerably more than PLHIV not belonging to a key population, which may be due to higher levels of experienced stigma and discrimination among key populations. Only a relatively low percentage of study participants reported having encountered the human rights violations listed in the questionnaire (4% overall but 7% among MSM and 10% among sex workers). However, they could choose only from a limited list of human rights violations, such as involuntary testing, detention, arrest, or conviction, and sexual abuse. This list does not include many of human rights violations that key and vulnerable populations most commonly encounter, such as verbal abuse, harassment, extortion, blackmail, and confiscation of medicines.

The progress assessment team was unable to identify population-level data related to human rights barriers to TB services in Ukraine. In 2021, Ukraine conducted its first stigma assessment for TB, thus setting a baseline for the prevalence and severity of human rights-related barriers to TB services against which future effects and impacts of programs to address these barriers can be assessed. The study found that TB-related stigma in Ukraine remains very high, with an overwhelming majority of people with TB (97%) showing signs of self-stigma. Many people living with TB reported belonging to multiple stigmatized populations (people with disabilities, low-income populations, people living with HIV, former inmates, etc.) and facing stigma on multiple accounts. Almost 40% of study participants identified stigma, experienced in health care, work and home settings, as a barrier to accessing testing, treatment and care services. The study also found that Ukraine's legal and policy environment fails to properly define and protect the rights of people living with TB.

8.2 Reduce stigma/discrimination in society, including police and health care

According to the theory of change, if police officers and health professionals are trained on the rights of key populations, they will receive and treat key populations better, which will reduce barriers to access to services for key populations and will increase the demand for health care from these populations. The assessment looked at what evidence exists to show that training and other stigma reduction activities resulted in changes in behavior of trainees and what evidence exists that, in response, key and vulnerable populations show a greater willingness to access services.

Over the past five years, Ukraine has implemented a large variety of different kinds of activities to reduce stigma and discrimination in society broadly, and among health care workers and

police in particular. Stigma and discrimination reduction activities have been diverse, as the mid-term assessment noted:

> *Among others, there were programs to raise general public awareness around HIV-related stigma and discrimination at national and regional level; programs to raise public awareness focused on stigma and discrimination experienced by specific key and vulnerable populations at national and regional level; public advocacy activities aimed at improving protection of the rights of specific key and vulnerable populations at the national and regional level; and initiatives to measure levels of stigma and discrimination with regard to each of the populations. These programs cover the majority of the six settings (health, education, employment, justice, communities, and humanitarian settings), with particularly strong programs in community, health care and justice settings.*

In the context of the progress assessment, it is not feasible to assess the effects and impact of more than a few of these activities. It was therefore decided to focus on a few programs that have received significant or long-term investments of Global Fund and PEPFAR resources.

Evidence of behavior change as a result of training and other stigma and discrimination reduction activities. While trainings for health care providers and law enforcement officials aim to influence the behavior of trainees, data on such behavior change is rarely collected systematically. Often, training and other activities are assessed using pre- and post-training surveys that measure changes in knowledge and attitude at the end of the activity but provide little insight in whether and how trainees subsequently internalize this knowledge, adapt their own behavior towards key and vulnerable populations, or seek to influence practices of their colleagues and institutions. It was attempted to assess behavior change based on data implementers made available and the observations of interviews with key stakeholders, including community advocates and peer paralegals. To facilitate the assessment of the effects and impacts of these programs in the future, program implementers should, as much as possible, use indicators that are linked to the theory of change of these programs.

Case study 1: Stigma and discrimination reduction activities for primary care workers. Throughout the assessment period, 100% Life Network has implemented training programs for health care workers, medical staff, and clinic administrators in health care facilities on HIV transmission, prevention, testing, treatment and care, as well as stigma and discrimination and HIV-related legislation, mostly supported through USAID/PEPFAR. During the assessment period, such trainings were offered to both primary and secondary level health care providers; the former play a newly important role in providing HIV and TB care as a result of Ukraine's health care reform. Between 2020 and 2022, a total of 217 trainings were conducted, reaching 1,652 nurses and 1,582 medical doctors.

In 2021-2022, 100% Life Network commissioned a study to evaluate the effectiveness of these trainings, which was conducted among nursing staff in the Kirovograd region of Ukraine. As part of the study, a group of nurses was invited to participate in an online survey to assess

their HIV knowledge in October-November 2021; participants were then offered the opportunity to take an online course on HIV; and subsequently, those who finished the online course were sent a second survey on HIV knowledge in April-May 2022. The study showed both increased knowledge about HIV and reductions in stigmatizing views. For example, 70% of participants in the second survey said that they felt comfortable caring for a patient living with HIV, compared to 59% before the training; 65% stated agreed that sex workers have the right to receive high-quality health services in their medical facilities, compared to 53% before. Conversely, the percentage of participants who held the stigmatizing view that people living with HIV should be treated in isolation from others to prevent the spread of HIV dropped from 11% to 7%, a 36% reduction.

The pre- and post-test data and the Kirovograd study did not assess changes in health care provider behavior toward key and vulnerable populations. However, when read in conjunction with data from the PLHIV Stigma Index study showing greater trust in health care providers and decreases in the frequency of stigmatizing or discriminatory experiences in health settings, it seems likely that these trainings are indeed resulting in behavior changes among health care providers.

Case study 2: Friendly doctors services. Given the high level of stigma faced by certain populations, the particular vulnerabilities they face, and complexity of the medical care they require, Ukrainian stakeholders have implemented a variety of programs that seek to develop cohorts of community-friendly health care workers with deep familiarity with the populations they serve who can provide them with non-stigmatizing services that are tailored to their needs. These programs have focused primarily on TG people and PWUD.

TG people in Ukraine continue to face significant barriers to health care services. Stigma toward them remains high and most health care providers have little to no knowledge of their care needs, specifically care supporting the gender transition process. The Alliance for Public Health and Kogorta, a TG NGO, have sought to facilitate and engage multidisciplinary teams of health care providers in various regions of Ukraine to work with the community, provide integrated HIV care, reduce stigma and discrimination, and ensure legal support for community members. Through these programs, almost 150 physicians have been trained in TG people care; 177 trans individuals have been supported in their transition, and new administrative protocols to change gender assignment in identity documents have been developed. Unfortunately, Russia's full-scale invasion of Ukraine has had a significant impact on this program, as many participating physicians left Ukraine or moved to different regions, while many members of the TG community were also displaced. Moreover, state-of-emergency regulations have greatly affected the community as a result of the military draft and restrictions on movement for men.

To date, no internal or external evaluations of the effectiveness of this program have been conducted. Nevertheless, TG community members, NGOs, and experts note a significant

number of members of the community have received access to essential TG health care services and have not reported any cases of discriminatory or stigmatizing treatment.

Case study 3: Training for law enforcement on drugs, drug users, and HIV. Alliance for Public Health, in collaboration with organizations of PWUD, conducts trainings for law enforcement officers about drugs, HIV, and drug treatment. These trainings target those police officers who are most likely to encounter PWUD in their day-to-day work and feature community members and advocates with a view to overcoming preconceived notions about PWUD and facilitating connections between officers and community advocates. To make these trainings appealing to law enforcement officers, Alliance for Public Health has deliberately integrated questions of interest to police, such as occupational safety (avoidance of needle pricks) during interactions with PWUD. Since the full-scale Russian invasion of Ukraine, Alliance for Public Health has also integrated emergency care into the trainings.

No independent evaluations of the effectiveness of these trainings have been conducted. However, CLM and anecdotal evidence suggest that they have had both positive effects on police behaviors toward PWUD and have facilitated collaborations between law enforcement and communities to protect the health rights of PWUD. For example, key informants noted that, prior to Russia's full-scale invasion, police confiscations of OST medicines from patients in communities with stable OST programs had become increasingly rare, although this remained in issue in towns with growing programs. Moreover, paralegals and hotline operators provided examples of how they worked with police contacts to resolve complaints about police encounters from drug users. The National OST and Drug Dependence Hotline noted that in some cases police officials call the hotline to seek guidance on appropriate interactions with PWUD

Case study 4: Combining stigma and discrimination reduction in prisons with linkages to services. Since 2018, Freezone, an organization of former prisoners, has implemented a variety of activities to reduce stigma and discrimination related to HIV and TB in prisons and penal colonies and support former prisoners to reintegrate into society - and obtain the necessary health services - following their release. These activities have included advocacy with the ministry of justice around HIV and TB prevention and treatment services in prisons; training of prison personnel on HIV, TB, harm reduction, and stigma and discrimination; pre-release training and planning sessions with prisoners; and accompaniment of prisoners immediately following their release.

Freezone's engagement with the penitentiary system has resulted in significant changes in attitude of the top brass of the system and leadership and staff at many penal colonies. While no formal studies have been conducted to assess attitudinal and behavior changes, the number of regions and colonies where Freezone is able to conduct trainings for staff and engage in pre-release preparation and planning of inmates, with the participation of penitentiary staff, has increased from 35 prison colonies in 12 regions in 2021 to 54 in 19 regions currently. The penitentiary system has also agreed to Freezone selecting and training

paralegals who will be raising rights awareness among prisoners and documenting and addressing cases of human rights violations. These attitudinal changes were on full display in the immediate aftermath of the full-scale Russian invasion of Ukraine, when Freezone was able to partner with the ministry of justice to address many of the challenges the prison system faced, especially around prisoner safety and humanitarian needs.

A unique feature of Freezone's activities is that it links its stigma and discrimination reduction work with facilitating access to services. For example, three months prior to their release, it works with prisoners and penitentiary staff to identify post-release needs of the prisoner. Through a country-wide network of partner organizations, it helps prisoners restore identification documents that are needed to access health services and jobs; ensures former prisoners have a place to stay following their release; reviews health care needs and options; and ensures that former prisoners are enrolled in whatever health care services they need. Since 2018, Freezone has accompanied almost 4,000 former prisoners with a history of drug use to harm reduction, OST, TB, and ART service providers following their release, ensuring they are able to continue accessing these critical health care services without interruption.

Evidence of impact on the cascade. Measuring the impact of these programs on the cascade is inherently challenging, as it requires assessing how these interventions affect health care-related behavior of people who are not directly targeted by them. Where data on avoidance of health care services is available, this can provide an indicator of whether these programs are resulting in or contributing to behavior change, but there was insufficient data to do a time-series analysis. However, consecutive HIV stigma index studies have shown dramatic improvements in health care-related stigma and discrimination indicators, showing both very large reductions in stigma incidents in health care settings and increases in trust among people living with HIV in health care providers, a combination that strongly suggests positive changes in health care-seeking behavior.

Community-based monitoring mechanisms suggest that over the years prior to Russia's full-scale invasion of Ukraine the frequency of police harassment of PWUD at harm reduction and OST sites had decreased in some locations. At the same time, key informants at organizations of PWUD have noted, anecdotally, significant increases in the willingness of clients to access health services. Freezone's work has put 893 released prisoners with a history of drug use in a position to continue or enroll in health care services they need. Although no formal study has been conducted to evaluate this, it stands to reason that without Freezone's interventions a majority of these prisoners, many of whom would not have had identity documents or knowledge of where to receive services upon release without Freezone's accompaniment, might have faced at least interruptions in access to prevention and treatment services, or might have been lost to follow-up altogether.

8.3 Empowering PLHIV and key populations to know, demand and defend their own rights

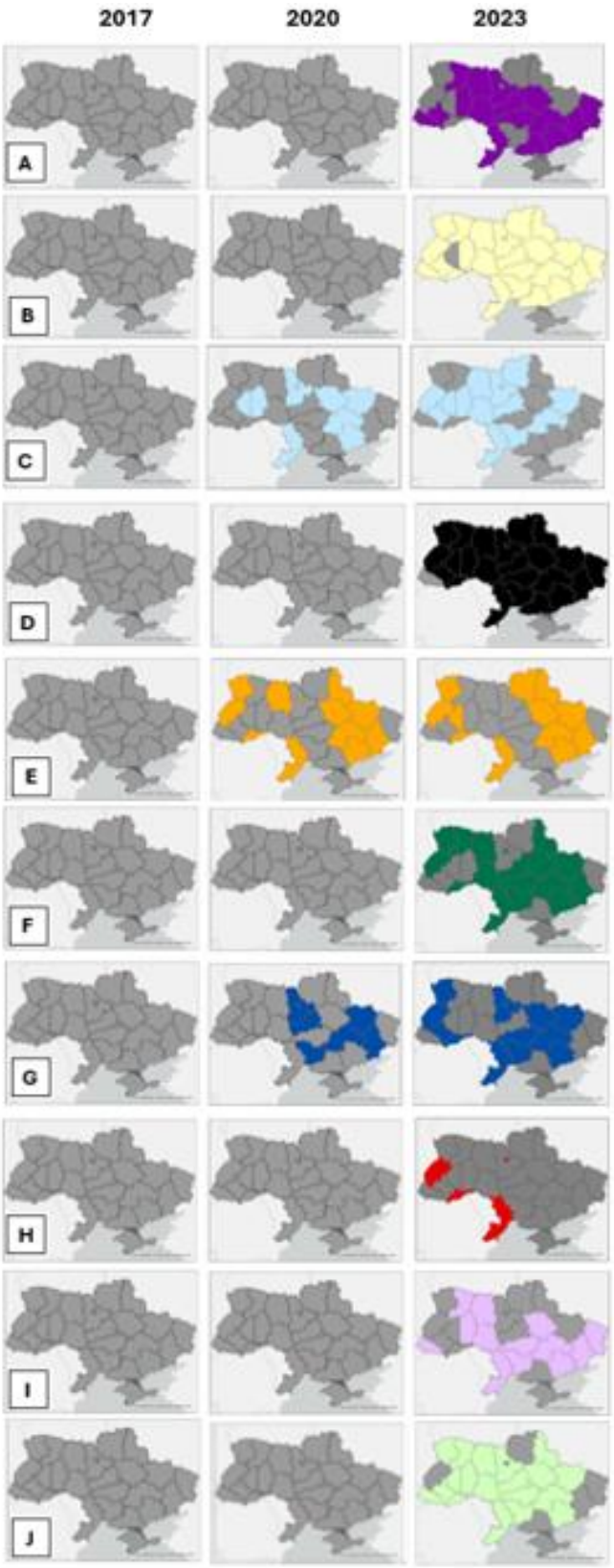
According to the theory of change, populations educated on their rights and benefiting from legal support are able to better defend these rights and are therefore better equipped to demand the high quality, stigma-free health services that they need. To analyze this component of the theory of change, the progress assessment team sought to assess 1) whether there are demonstrable changes in the level of knowledge of key and vulnerable populations about their rights; 2) whether access of key and vulnerable populations to legal services has changed; and 3) whether evidence exists that increased knowledge of rights and better access to legal services has increased the willingness of key and vulnerable populations to demand and defend their rights.

Knowledge of rights and access to remedies. The progress assessment identified only a few studies that examined levels of knowledge of rights among key and vulnerable populations. The 2020 Stigma Index study asked participants about their awareness of Ukraine's laws providing protections to PLHIV and found that about half of PLHIV in the sample (53%) were aware of such laws. In past iterations of the stigma index study, questions about knowledge of rights were formulated differently, preventing time-series analysis. A 2019 survey among 502 women living with HIV, conducted by the organization Positive Women, found that 58% of study participants agreed or strongly agreed with the statement "I know my rights and if I experience a rights violation within the health services I know where I can go to make a complaint."[47]

Despite the lack of survey data on knowledge of rights, there is ample reason to believe that such knowledge among key and vulnerable populations has increased in the past five years. Community organizations have dramatically increased the availability of information about rights to all main key and vulnerable populations, through community-based outreach, hotlines, mobile applications, websites, and distribution of print materials. Where at baseline, legal literacy programs were described as suffering from "uneven coverage geographically and of the full range of key populations," by early 2022 these programs were operational throughout the country (with the exception of temporarily occupied territories) and for all key and vulnerable populations (see map).

[47] https://pw.org.ua/wp-content/uploads/2022/12/human-rights_pw_eng.pdf

Figure: Expansion of Paralegal Service by Region and Population (2017-2023)



Populations

A	People living with HIV (Overall)
B	Women living with HIV
C	Adolescents affected by HIV
D	People who use drugs (Overall)
E	Women who use drugs
F	Sex workers
G	MSM
H	Transgender persons
I	Prisoners
J	People affected by TB

Note: Russian occupation of Crimea, and parts of Luhansk, Donetsk, Kherson, and Zaporizhia limit expansion of paralegal services in these regions.

Access to remedies for key and vulnerable populations has similarly dramatically increased since the start of the *Breaking Down Barriers* initiative. Paralegals, reactors, hotline operators and owners of mobile applications have all been trained to provide primary legal aid to clients, and to refer them to professionals if secondary or tertiary legal aid is required. Efforts to link community human rights mechanisms to Ukraine's state free legal aid services are progressing - although Russia's full-scale invasion has somewhat delayed them - through formalizing eligibility of key and vulnerable populations for free legal aid and training of free legal aid coordinators throughout the country on HIV, TB and key and vulnerable populations.

Readiness to demand and defend rights. Population-based data on the readiness of key and vulnerable populations to demand and defend their rights is limited. The PLHIV Stigma Index study asked participants who reported rights violations whether they had taken remedial action and found that only 17% had done so. Lack of knowledge, lack of confidence in the outcome, fear of disclosure of HIV status, fear of taking action, and procedural challenges were cited as the leading reasons for not taking action. The PLHIV Stigma Index also assessed what proportion of all participants (i.e., not only those who had suffered human rights violations) were engaged themselves in countering stigma and discrimination against PLHIV during the previous 12 months (20%) and prior to that (27%); PLHIV belonging to key populations reported higher-than-average levels of engagement (MSM – 30%/34%, PWUD – 25%/35%, sex workers – 29%/36%). Unfortunately, no comparison to 2016 or earlier data is possible due to significant changes in the formulation of the relevant questions. The study concludes that the "assertiveness of PLHIV…remains low."

Other data, however, suggests that the readiness of key and vulnerable populations to demand and defend their rights may be greater than the PLHIV Stigma Index study suggests. Thousands of members of key and vulnerable populations have reported violations of their rights to a variety of CLM and documentation initiatives (community outreach workers such as paralegals and reactors, hotlines, and mobile applications), demonstrating both an awareness of their rights and a willingness to report violations (see figures 2 and 3). Moreover, since the full-scale Russian invasion of Ukraine, the number of inquiries and complaints from key and vulnerable populations have significantly increased, forcing, among others, the OST and Drug Dependence Hotline to increase their operating hours, and new channels of communication, such as a Telegram channel, to meet demand for information and help ensuring clients' continued access to health services.

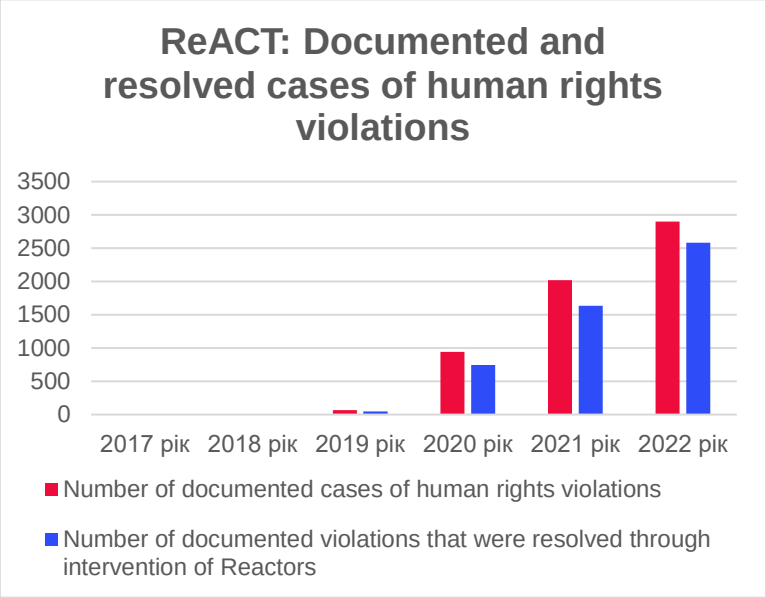


Figure 2

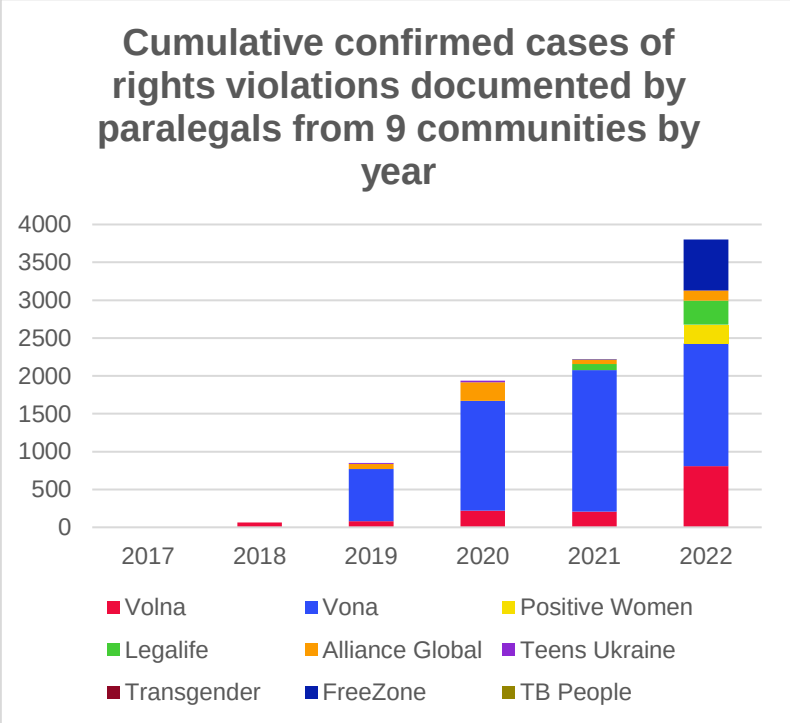


Figure 3

Data on the results of efforts to seek remedial action suggest that their effectiveness is generally high. For example, Alliance for Public Health and 100% Life Network reported that respectively 89% of the 2,900 cases and 67.5% of 3,696 of cases of HIV and TB-related human rights violations documented in the ReACT and DataCheck systems in 2022 were

resolved through interventions of community actors or legal professionals.[48] The PLHIV Stigma Index study found that out of the 15 study participants who sought to defend their rights, 7 (46.7%) had been resolved, 3 (20%) were pending, and 5 (333%) had not been resolved.

While survey data is too limited to allow for an assessment of the effects and impacts of legal literacy and access-to-justice programs, program-level data shows significant increases in the availability and accessibility of information on the rights of key and vulnerable populations, increased demand and utilization of this data, and a rapid increase in the number of human rights violations that are reported, documented, and addressed. The high success rate for cases may reinforce this dynamic, as it may serve as an incentive for more members of key and vulnerable populations to report violations and seek remedies.

8.4 Improving the legal and political environment

According to the theory of change, reforming policies and laws that stigmatize and criminalize key and vulnerable populations can improve their legal environment and consequently ensure their ability access to health care safely, without fear of abusive treatment or arrest, negative repercussions from their social environment, and with confidence that they have access to effective remedies should someone violate their rights. To analyze this component of the theory of change, the progress assessment team sought to assess 1) whether the legal environment for key and vulnerable populations has improved; 2) whether and how programs to remove human rights-related barriers have contributed to these improvements; and 3) what evidence exists that these legal changes have contributed to increased access, utilization and retention in HIV and TB services by key and vulnerable populations.

Changes to the legal environment. The HIV Policy Hub has tracked compliance with ten structural good practice policies related to the policy environment for key and vulnerable populations since 2017, including levels of criminalization, existence of protective laws against discrimination, and the operating environment for NGOs. In 2017, Ukraine had fully adopted six of these good practice policies, not adopted two, and for two information was unavailable. By 2022, it had made some progress, partially adopting one additional good practice policy. One policy recommendation remained unadopted and the status of another was unknown.

Data collected for the progress assessment suggests more significant improvements in the legal environment for key and vulnerable populations since the start of the *Breaking Down Barriers* initiative, although the single most significant legal barrier, the criminalization of PWUD, persists. Improvements to the legal environment include, among others:

- Changes to the HIV Law (2022)

[48] Alliance for Public Health and 100% Life Network use different methodologies for determining whether a case was resolved. This methodological difference may be responsible for the different resolution percentage. This should therefore not be interpreted as evidence that one organization is more successful at resolving cases than the other.

- Changes to regulations for take-home doses of opioid substitution therapy (2020, 2022)
- The removal of legal provisions banning MSM from becoming blood donors (2021)
- The decision to transfer the prison health care system from the ministry of justice to the ministry of health (2021)
- The decision to transition to new TB medications (2021)
- The approval of multi-month dispensing of ART (2020)
- The decentralization of prescribing and dispensing of ART and OST (2020)
- Reforms of patent laws (2020)
- The removal of the ban on adoption for people living with HIV (2019)
- The removal of the ban on in-vitro fertilization for women living with HIV (2019)
- Policy changes to enable utilization of HIV prevention services provided by civil society organizations funded through the state without identifying data (2019)

A window of opportunity for significant further progress appears to be open as of July 2023. Several amendments to key laws affecting key and vulnerable populations are currently pending before Ukraine's Parliament and are expected to pass as part of efforts to bring Ukrainian legislation in line with EU standards. These amendments, including the decriminalization of transmission of HIV and the recognition of same-sex partnerships, were drafted with active participation of community organizations through the Parliamentary platform.

Contribution of human rights programs. Attributing legal, policy and practice changes to specific programs or activities is inherently challenging, as many factors play a role in such processes that are outside the control of any particular organization or program. Thus, determining the extent to which specific changes are due to specific programs to remove human rights related barriers is often not possible (although some exceptions are discussed below); this assessment therefore focuses on enabling factors that increase the likelihood that advocacy programs result in impact.

Ukrainian civil society organizations have a long history of pushing the government, health care system, and other state and non-state structures to innovate the response to HIV and TB and adopt international best practices. Civil society and, increasingly, community groups have been among the first to advocate for many legal and policy changes that have happened in Ukraine over the years, including advocacy for the expansion of OST, expansion of take-home doses of OST, multi-month prescribing of ART, the decentralization of prescribing and dispensing of HIV and TB medicines, reform of national patent laws, social contracting of HIV prevention services, and increasing the allocation of national budget resources to the responses to HIV and TB, to name a few. By introducing new ideas and questioning established practices, these groups have repeatedly forced new ideas onto the policy and political agenda, created space for innovation - including on politically sensitive topics - and

then used their advocacy and media resources to influence those debates by mobilizing advocates, inserting information and arguments, and cultivating allies.

Civil society and community organizations have used their prominent position in the national HIV and TB responses when advocating for policy and practice changes. These organizations are represented - in no small part a result of their own advocacy - on practically all main political, technical and expert working groups and other bodies that make decisions related to HIV, TB, drug dependence and the health system more broadly, thus providing them important platforms and opportunities to make their voices heard. As a result of their long engagement in the national HIV and TB responses, these organizations have excellent access to decision-makers at the highest levels and can thus advocate their ideas directly to them. In fact, quite a number of government officials and staff of technical partners are alumni of these organizations.

The engagement of civil society organizations on policy discussions, their history of championing innovation, and their access to decision-makers, taken together, suggest that these organizations have likely played a significant role in many of the legal and policy changes listed above. The expansion of advocacy programs, made possible through the *Breaking Down Barriers* initiative, has strengthened the ability of civil society organizations to advocate for a friendlier policy environment for key and vulnerable populations. One stakeholder noted that while civil society organizations had successfully advocated for regulatory changes previously, the adoption of the new HIV law in 2022 was the first time community organizations' advocacy had contributed to - or even resulted in - changes to a law, representing an important breakthrough. The progress assessment identified a number of examples of legal, policy and practice changes that can reasonably attributed, at least in part, directly to advocacy programs:

- **Removal of identification requirement for users of state harm reduction services.** During negotiations about the transition of harm reduction services to state funding in 2019, it was discovered government regulations required all users of these services to register their passport information in order to access services. Community organizations pointed out that this requirement would likely lead to many clients foregoing harm reduction services. Advocacy by these organizations, alongside the Global Fund, ultimately led to the government replacing the identification requirement with a process that allows tracking of unique users of services without disclosing their identity.
- **Wartime changes to OST regulations.** Russia's full-scale invasion of Ukraine in February 2022 initially caused significant disruptions in the work of government agencies and health care services, leading to great uncertainties for key and vulnerable populations. Enjoying greater flexibility than state institutions, civil society and community organizations stepped into the temporary vacuum to support clients, health care providers, and state agencies and ensure, as much as possible, continuity of services. They worked with state agencies to make various policy adjustments to allow

them to effectively support health services, including further liberalization of take-home OST, securing permission for Alliance for Public Health to deliver methadone to health facilities state agencies could not reach. These adaptations were significant for ensuring continuity of services for clients and were, in large part, possible due to the policy savvy of civil society organizations, their engagement in policy processes, and the trust earned from state agencies through years of collaboration.

- **Lifting IVF and adoption restrictions for people living with HIV.** As noted in the mid-term assessment, as a result of community advocacy people living with HIV are now eligible for IVF and adoption. While no official data is available on IVF or adoptions, community advocates noted that they are aware of multiple adoptions by couples living with HIV and that the change has made it easier for people living with HIV to obtain guardianship. Because health insurance does not cover IVF, it is believed that few women living with HIV have been able to use this service.

Impact on access to services. Legal and policy changes vary in their impact on services. There is little doubt that changes such as multi-month prescribing of ART and expanded take-home OST privileges have allowed many Ukrainians to continue to stay in HIV and drug dependence treatment in the year since Russia's full-scale invasion. Similarly, provisions ensuring the anonymity of harm reduction clients is likely to have had an immediate impact on service utilization (by preventing clients from dropping out). Unfortunately, no data is available at present to fully quantify the impact on the cascade of any of these policy changes.

The impact on the cascade of other legal and policy changes is more indirect, and therefore even harder to quantify. However, many of the legal and policy changes listed above are likely to contribute to improvement of the cascade. Some (patent reform and approval of the use or procurement of new TB medicines) by affecting, over time, the availability, accessibility and affordability of health services; others (such as changes to IVF and adoption eligibility or allowing blood donorship among MSM) by contributing to an environment that is more welcoming to key and vulnerable populations.

8.5 Strengthen the capacities and role of communities

According to the theory of change, if the leadership and capacities of communities of PLHIV and key populations are strengthened, they will be able to monitor and improve health care, advocate for their rights and for the reform of policies and practices in order to improve their access to services. To analyze this area, the progress assessment looked at evidence that the leadership and capacities of communities have been strengthened, what role these organizations play in the response to HIV and TB, and that community-led mechanisms, such as CLM, are effectively identifying challenges communities face in accessing services, and whether the outcomes of these community-led mechanisms are used to respond to individual and structural challenges identified related to the cascade.

Strengthened community leadership, capacity, and role. As the baseline assessment for Ukraine did not assess the capacity of community organizations, no formal baseline exists. However, a review of the baseline assessment suggests strong capacity among people living with HIV but not among key population communities. The vast majority of human rights programs described in the baseline report were implemented by the Network of People Living with HIV (now Network 100% Life) and its regional affiliates. MSM and sex worker organizations also implemented some programs, as did the Alliance for Public Health and several other non-community-based organizations.

That situation drastically changed over the course of the ensuing five years. The mid-term assessment lauded the "leading role affected communities have played in the design and implementation of such programs and the increasing integration and operationalization of human rights principles into the fabric of Ukraine's HIV and TB response." It noted that:

> *Community organizations have played an important role in the Breaking Down Barriers process, which has empowered and strengthened these organizations… The capacity of community groups involved in these programs has grown rapidly, in part as a result of a deliberate strategy of channeling human rights matching funds to these organizations. This organizational strength should allow for continued scale up of programs to reduce human rights-related barriers in the next few years.*

The progress assessment found that community organizations have continued to grow their capacity since mid-term, despite the COVID-19 pandemic, and many of them have dramatically expanded regional coverage of the programs they implement to provide legal and other services, conduct monitoring, and engage in advocacy. This regionalization strategy has also led to increased community capacity at the regional level; there were multiple interviews with regional coordinators of community organizations, who demonstrated an impressive level of knowledge and sophistication.

Strength and effectiveness of community-led mechanisms. As noted above, community-based information, legal assistance, and monitoring mechanisms have seen impressive growth since the start of the *Breaking Down Barriers* initiative and appear to service significant numbers of clients, providing them with information about their rights and about health services, and assisting them in resolving human rights and other challenges that they encounter. Many of these mechanisms have been quite successful in addressing specific challenges encountered by individual clients, with high rates of resolution reported. As discussed elsewhere in this report, these mechanisms have proven particularly important in the aftermath of Russia's full-scale invasion of Ukraine, where these low-threshold, community-based services were the first port of call for many community members who were at risk of losing their access to HIV and TB services.

The overall impact of these community instruments on structural barriers could be strengthened if stronger mechanisms were established to review the totality of information collected through CLM, so that systemic or structural issues are identified across different

platforms. At present, these community mechanisms tend to work in silos, although efforts are underway to agree on approaches to identify structural and strategic issues and review and act on them centrally.

9. The role of human rights programs during the war

The progress assessment found that human rights programs, particularly the community-based human rights infrastructure, including paralegals, hotlines, and community-led organizations, played a significant role in responding to the needs of key and vulnerable populations. Although the progress assessment methodology does not allow for quantifying the impact on the HIV and TB cascades, the data collected for the assessment suggest that these programs likely contributed to saving countless lives and preventing disruption of HIV and TB services.

The assessment identified a number of factors that contributed to these programs playing a key role during the war. These include:

- **Major impact of war on key and vulnerable populations.** The war has had major impact on the (humanitarian, economic, social, legal, etc.) needs of populations. It has exacerbated pre-existing human rights and gender barriers to HIV and TB services, increasing the vulnerability of these populations. Among other factors, internal displacement likely had a disproportionately negative impact on access to HIV and TB services for key populations because of their marginalization.
- **Strong increase in demand for services of human rights programs.** Throughout the war, frontline human rights services have seen great increase in demand for their services as key and vulnerable populations sought them out in unprecedented numbers. This is likely a result of the proximity of these services to communities, their low threshold nature, and the trust and credibility they enjoy in communities.
- **Ability to adapt programming to needs of clients.** Community organizations have shown remarkable ability to adapt programs to ensure they continue to meet the changing needs of clients. Community organizations adapted their services to address humanitarian needs of clients, understanding safety, shelter and food would be key determinants of adherence to HIV and TB services in time of war. Existing funds were re-programmed and new funds raised to meet these needs and other needs. Because of their proximity, these programs were uniquely placed to identify changing needs and adapt to them.
- **Focus on problem-solving.** Human rights programs have always focused on helping clients overcome practical barriers to services and have, over the years, gained significant experience, built networks, and developed problem-solving skills. They were therefore well placed to respond to the very practical challenges the war caused for clients. As a result, hotlines and paralegals functioned as key intermediaries between

community members, health services and government agencies in cases of displacement, closure of health sites, stockouts of medicines, etc., supporting countless people who were at high risk of disruption of HIV and TB services.

Based on these findings, the progress assessment concludes that continued investment in human rights programs is essential in GC7, both for responding to war-related needs and for effectiveness of the eventual recovery.

During the preparations of the funding request for GC7, the progress assessment team made a number of key recommendations.

Recommendations:

- **Link community and human rights priorities to the HIV and TB cascades.** One of the key questions the progress assessment examined was how human rights and community programs responded to the war and whether and how that response contributed to the HIV and TB cascade. As noted above, the assessment suggests that the human rights infrastructure built over the last five to ten years was often the first port of call for members of key and vulnerable populations, many of whom were at risk of losing access to HIV and TB services. It is likely that these programs helped prevent the disruption of services for significant numbers of people.

  Given pressures for the commoditization of the GC7 grant, it seems important to consistently point out the role human rights programs have played in ensuring key and vulnerable populations continued to have access to HIV and TB services, and point out that just buying commodities alone does not guarantee that they will reach the people who need them, especially members of key populations that may face increased stigma and discrimination in time of war. As community organizations develop their list of priorities for GC7 and propose their programs for inclusion in the funding request, they should speak with one voice about the importance of human rights programs work for the HIV and TB cascades and the likelihood that without these programs, increasing numbers of member of key populations may drop out of services; the fact that the war has increased human rights and gender barriers to services, making these programs even more important now than in peace time; and the fact that the war may well result in an increase in sex work and drug use, as a result of economic deprivation.

- **Human rights programming needs to be highly adaptable during GC7.** With gaping differences between the situation in different parts of Ukraine and significant uncertainty about short-term developments in the war, maximum flexibility (within the limits of Global Fund policies) will be critical to allowing implementers to respond to changing needs in a timely, efficient, effective manner. It is thus important that flexibilities be built into the funding request as much as possible.

  The GC7 grant includes multiple modalities of human rights programs that address different scenarios (standard modality, modality for frontline regions, modality for

recently liberated territories, etc) that have been costed. By including multiple costed modalities, the Global Fund will review each of these modalities for compliance with its financial, programmatic and other requirements as part of the grant-making process. Should conditions on the ground require the mix of modalities to be modified, such changes can be approved much more rapidly than a request for reprogramming that requires full compliance review. Thus, this allows implementers to switch from regular programming (for example, clients pick up ART once a month at their health center) to emergency programming (for example, start mobile delivery of medicines to clients' homes).

To ensure that implementers of human rights programs can rapidly respond to the needs of clients they should consider using a similar approach. This would require PRs and SRs to review programs to identify different types of modalities of implementation, cost them, and propose an initial mix of modalities. For example, for its accompaniment of released prisoners, FreeZone might propose and cost one modality for its services in stable regions (where released prisoners can travel from prison colonies to organizations that support their transition) and another for regions near the front where newly released prisoners need to be met at the prison colony and provided transportation.

- **Community-led organizations should be enabled to provide greater humanitarian resources to key and vulnerable populations.** Most community organizations have tried to address the enormous humanitarian needs of their communities through reprogramming of funds or raising small amounts of funds from donors. However, they have not had access to significant humanitarian aid resources. Yet, these organizations could be an effective route for channeling humanitarian aid to key and vulnerable population communities. Unquestionably, meeting the basic needs of these communities as part of a holistic package of services that also includes HIV prevention services and linkages to treatment and care, will advance adherence to HIV and TB services which otherwise may not be a priority for key and vulnerable populations. The PRs should endeavor to make more of the humanitarian funds and resources they have access to through large humanitarian donors available to community organizations so that they can provide their communities with more holistic services.
- **Prioritize community infrastructure.** As noted, the human rights community infrastructure - paralegals, hotlines, reactors, regional coordinators and other low-threshold human rights mechanisms - have played a significant role during the war. They are the eyes and ears of the HIV and TB response; they have the trust of communities; and they are best placed to learn how needs change on the ground. This infrastructure should therefore be high priority for human rights programs in GC7. In particular, this means that:
  - Existing infrastructure should be sustained and strengthened, and expanded or rebuilt in areas where it is weak

- Steps should be taken to ensure this infrastructure has the tools and resources it needs to function effectively (means of communication, generators, etc)
- Adaptations are made to ensure this infrastructure can meet the level of need of communities (i.e., it may need strengthening in areas with high numbers of internally displaced peoples)
- In newly liberated regions, rebuilding this infrastructure should be a key priority. This infrastructure should, as much as possible, be integrated with other service delivery systems as those are rebuilt
- Issues like burnout that potentially threaten this infrastructure as a result of the cumulative toll of the war should be addressed

- **Integrate human rights programs into prevention, treatment, care and support programs.** Integration of interventions to reduce human rights and gender-related barriers into prevention and treatment programs is one of the ***program essentials*** the Global Fund has identified for GC 7. Among others, this includes integration of training for health care providers on human rights into pre- and in-service training, CLM of health services and supply chains, embedding paralegals into health facilities, and distribution of information about patients' rights and redress mechanisms through health facilities.[49]

  During the war, integration of human rights programs with other programs funded by the Global Fund increased, likely as a result of increased coordination and collaboration between implementers and the imperative of addressing clients' holistically. At a time of acute resource limitations, integration of human rights, prevention and treatment programs is especially critical, as it can result in economies and efficiencies as well as improve client experience by ensuring all services are accessible in one place (one-stop-shop principle). Such integration should be achieved through collaboration between community organizations and services providers that preserves the independence of community mechanisms, such as CLM, paralegals and hotlines.

  In the preparation for the funding request, community organizations should work with HIV and TB service providers, including prevention and treatment programs, to identify opportunities and propose specific mechanisms for ensuring that community human rights mechanisms are involved in initial and ongoing training of health care providers, that paralegal and other community support mechanisms can operate at health facilities, that information on rights and accountability mechanisms is available, and that community monitoring can and does take place at health facilities and that effective mechanisms are in place to address concerns identified through such monitoring.

- **Address new or worsened barriers to services.** Due to the war, institutions such as military administrations, territorial defense units, and others can now significantly affect key and vulnerable populations and stigmatizing or discriminatory treatment from them will have a negative impact on access to health services. Moreover, key and vulnerable

[49] Page 16. https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

populations face numerous new barriers—social, economic, humanitarian and legal—that, if not addressed, increase their risk of dropping out of HIV and TB services. To address these new or worsened barriers, programs should be put in place or expanded to raise awareness among staff at these institutions of HIV and TB and establish constructively working relationships with community members, organizations and other stakeholders. Similarly, programs should seek to holistically address the barriers key and vulnerable populations encounter through integrated approaches.

- **Strengthen M&E.** While human rights programs in Ukraine are increasingly well-established, collection of M&E data that can help examine their impact on the prevention and treatment cascade remains limited. Routine monitoring data often continues to be limited to data from process and output indicators for human rights programs that can confirm activities were implemented but give little insight on whether these activities achieved their goal (e.g., did those trained change their behavior vis-à-vis key and vulnerable populations; did interventions to support members of key and vulnerable populations result in greater adherence to HIV and TB services, etc).

  Developing indicators or evaluation questions related to the theory of change of programs can help collect data that can help better understand whether specific interventions have the intended effect; identify potential adjustments if not; and provide information to justify continued investments in the interventions. While responding to war-related needs should be the top priority, program implementers should examine the M&E mechanisms in place for their human rights programs, seek to identify meaningful new outcome and impact indicators, and start collecting data on such indicators or, where relevant, propose that specific questions be examined through an independent evaluation.

  Ukraine has a wide variety of CLM modalities that provide members of key and vulnerable populations a broad range of options for reporting human rights abuses. Modalities include: several hotlines, paralegal programs, the ReACT project, electronic systems such as OneImpact and FreeLife, and proactive community monitoring of health facilities and supplies. Each of these platforms has its own mechanisms for responding to individual cases that operate independently, with response options ranging from provision of information to mediation or legal action. However, at present no mechanism exists to bring together the information collected through these different monitoring mechanisms and allow for joint analysis. While there are obvious challenges with combining data from different sources - such as differing methods for categorizing data, assessing validity, doing quality control, etc. - developing a mechanism for jointly conducting overall analysis, identifying priority challenges, and developing and implementing strategies to address them should be a priority during the next grant period.

- **Strengthen gender-responsiveness of programs.** War always leads to increased incidence of gender-based violence: Violence by military or paramilitary forces; increased incidence of domestic violence; increased vulnerability of women, MSM, and

TG populations in communities. Thus, strengthening programs that prevent, protect and support people from such violence is essential and should include efforts to increase awareness of gender-based violence, improve protective mechanisms, and access to remedies. All programs that work directly with beneficiaries should be reviewed to identify practical ways to strengthen and develop gender components, including indicators related to gender equality.

- **Smart advocacy focused on big opportunities and on improving cascade.** One of the findings of the mid-term assessment was that Ukraine needed to focus more on implementation of existing protections for key and vulnerable populations. It noted that

  "…while the enthusiasm for advocacy for structural change is commendable, it has perhaps also contributed to a lack of focus on implementation of existing legal standards and policies. Ukraine has numerous legal provisions that adequately protect human rights but that are poorly implemented. It is essential that stakeholders demand not just good laws but also their full implementation. That requires painstaking work to disseminate new laws/policies to key stakeholders and those affected, to include these in legal literacy and monitoring efforts and to address routine violations rather than advocating for legislative change. This approach is currently not sufficiently prioritized."

With the growth of community monitoring mechanisms since the mid-term assessment, this concern has, to a significant degree, been addressed. This focus on enforcement of existing laws should continue during the next grant period.

Advocacy for policy and legal reform should be as smart and focused as possible. With limits on advocacy as a result of martial law and significant funding shortfalls likely resulting in a high level of commoditization of the GC7 grant, advocacy should be focused on the most important challenges and the greatest opportunities, and should, as much as possible, be coordinated between stakeholders so as to avoid a proliferation of policy proposals that cannot realistically all be addressed at once. Advocacy priorities should be chosen based on questions such as the greatest potential for impact on the cascade, newly emerged opportunities as a result of the war, and the EU accession process. Rather than each community putting in its own proposals, we recommend a joint process to identify the most urgent and promising opportunities for advocacy.

Annex 1: Abbreviations and Acronyms

ART	Antiretroviral treatment
CLM	Community-led monitoring
GBV	Gender-based violence
GC7	Grant Cycle 7 (Global Fund)
Global Partnership	Global Partnership to Eliminate HIV-related Stigma and Discrimination
KPI	Key performance indicator
M&E	Monitoring and evaluation
MDR/RR-TB	Multidrug-resistant tuberculosis/rifampicin-resistant tuberculosis
MSM	Men who have sex with men
OAT	Opioid agonist therapy
OST	Opioid substitution treatment
PEPFAR	President's Emergency Plan for AIDS Relief (U.S.)
PLHIV	People living with HIV
PR	Principal Recipient
PWID	People who inject drugs
PWUD	People who use drugs
SR	Sub-recipient
TB	tuberculosis
TG	transgender
USAID	United States Agency for International Development
XDR	Extremely drug-resistant tuberculosis

Annex 2 – Scorecard Methodology

A key component of the progress assessment is the review of specific programs and the preparation of KPI scores for the Global Fund. Drawing upon the data collected from program reports and key informant interviews, in addition to the descriptive analysis of findings for each program area, the assessment team also developed a quantitative scorecard to assess scale-up of HIV, TB and, where applicable, malaria programs engaged in removing human rights barriers.

Criteria/Definitions

Scoring is based on the following categories measuring achievement of comprehensive programs. First, researchers should determine the overall category with integers 0-5 based upon geographic scale:

Rating	Value	Definition[50]
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	Ongoing initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population.
3	Operating at subnational level	Operating at sub-national level (between 20% and 50% national scale)
4	Operating at national level	Operating at national level (>50% of national scale)
5	At scale at national level (>90%)	"At scale" is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.

Next, researchers can adjust scores within the category based upon reach of relevant target populations:

[50] The definition of the term "comprehensive" has been developed through extensive consultation, internally within CRG and MECA as well as externally, with the research consortia carrying out the baseline assessments and the members of the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. UNAIDS and WHO have been consulted as a member of the Working Group.

Additional points	Criteria
+0	Limited scale for some target populations (reaching <35%)
+0.3	Achieved scale to approximately half of target populations (reaching between 35 - 65% of target populations)
+0.6	Achieved widespread scale for most target populations (reaching >65% of target populations)

Additionally, where a score cannot be calculated the following can be noted:

Notation	Meaning	Explanation
N/A	Not applicable	Used when the indicator cannot be logically assessed
*	Unable to assess	Used when researchers were unable to determine a score.
**	Not a program area at the time of scoring	Program area did not exist at the time of the calculation of the scorecard at either baseline, mid-term or both

Annex 3 - Recommendations

Enabling environment and cross-cutting recommendations	
National ownership and enabling environment	• The Global Fund should continue to support the Public Health Center to organize regular meetings of the human rights working group and play a coordinating role in ensuring that programs to remove human rights-related barriers are effective, not duplicative each other, are complementary, and identify synergies. • A key role of the working group should be to periodically assess the effectiveness of programs to remove human rights-related barriers. To do so, the working group should adopt an outcomes-and-impact framework that enables discussion of the results of these programs—and particularly their impact on the HIV and TB cascade—and helps avoid organizational interests dominating proceedings. • The working group should also focus on the integration of programs to remove human rights-related barriers to HIV and TB services with health services and relevant standard training programs to increase the sustainability of these programs over time.
Cross-cutting recommendations	• The Global Fund should continue to support the Public Health Center to organize regular meetings of the human rights working group and help it plays a coordinating role in ensuring that programs to remove human rights-related barriers are effective, do not duplicative each other, are complementary, and synergies. • The working group should also focus on the integration of programs to remove human rights-related barriers to HIV and TB services with health services and relevant standard training programs to increase the sustainability of these programs over time. • Finalize, adopt and disseminate the new strategic action plan to remove human rights-related barriers to HIV and TB services. • Make a concerted effort to demonstrate the link between community human rights interventions and access of key and vulnerable populations to HIV and TB services, and use evidence of these links to raise funds for human rights programs. • Community organizations should work with HIV and TB service providers, including prevention and treatment programs, to identify opportunities and propose specific mechanisms for ensuring that community human rights mechanisms are involved in initial and ongoing training of healthcare providers, that paralegal and other community support mechanisms can operate at health facilities, that information on rights and accountability mechanisms is available, and that community monitoring can and does take place at health facilities

	and that effective mechanisms are in place to address concerns identified through such monitoring. • Integrate M&E - and particularly data collection on the impact of human rights programs on the HIV and TB cascade - into human rights programming. The human rights working group should work with PRs and SRs to develop a practical M&E framework that includes key indicators related to the Global Fund's theory of change.
Eliminate stigma and discrimination in all settings	• Material related to HIV, TB and stigma and discrimination should be integrated into all relevant professional education curricula, including for healthcare workers, police, justice system workers, and penitentiary system personnel. It should be part of both pre-service and in-service training. • Increase the integration of stigma and discrimination programs with services and other programs to expand the reach of these programs and achieve greater population coverage. • The Russian invasion has resulted in significant changes on the ground that affect key and vulnerable populations. Among others, military officials, military administrations, territorial defense forces and humanitarian aid workers now play a significant role in the lives of key and vulnerable populations. Activities should be implemented to ensure these officials have at least basic levels of knowledge about HIV, TB, and key and vulnerable populations and on the impact of stigma and discrimination. • The next stigma index study should fully include key populations. The most recent stigma index study covered only key populations who were living with HIV. Yet, stigma and discrimination against key populations who are not infected with HIV can significantly affect access to HIV prevention services. It is thus critical to document levels of stigma and discrimination on these populations generally and its impact on service access. Alternatively, stigma index studies could be conducted for specific key populations. • Increase programming focused on fighting stigma and discrimination in humanitarian settings.
Ensuring non-discriminatory treatment in health care settings	• Continue integration of training for health care workers on stigma and discrimination into routine pre-service and in-service trainings differentiated for different types of health care workers (doctor, nurse, psychologist, social worker) and by type of care (primary, secondary, specialist). These trainings should be offered through multiple modalities and should be part of mandatory professional development. • Strengthen programs to train and engage healthcare workers that provide specific services to particular key and vulnerable populations

	(such as drug treatment doctors, endocrinologists, and gynecologists) through organizations working with PWUD, TG people, sex workers and women living with HIV. • 100% Life Network and the Public Health Center should evaluate the effectiveness of training modules containing materials on stigma and discrimination in terms of changes in knowledge and behavior of health care providers who have taken these modules. • With massive displacement of key and vulnerable populations and changes due to Ukraine's health care reform process, efforts should be undertaken to ensure that health care workers who are new to working with key and vulnerable populations are properly trained, including medical doctors, nursing staff but also social workers. • Strengthen linkages between community monitoring tools such as CLM, paralegals, hotlines, and other grass-roots mechanisms and health care providers. Collaboration between health care providers and community-based human rights programs is essential to ensure quick resolution of specific cases and effective responses to structural challenges.
Legal literacy	• Integrate legal literacy and access-to-justice information with service provision. Clients of prevention and treatment programs should routinely receive information about their rights, provided opportunities to report abuses, and be connected to effective remedies. Implementers of human rights programs should work with prevention and treatment programs to ensure the relevant information is available and shared with clients. This should include distribution of legal literacy information through peer educators. • Where this has not happened yet, legal literacy materials should be reviewed to determine whether it should be complemented with additional information on issues such as displacement, martial law, and other issues relevant to key and vulnerable populations as a result of the Russian invasion. • Periodically assess the level of knowledge of key and vulnerable populations of their rights, as well as their willingness to seek non-judicial or judicial remedies in case of violations of their rights. This can be done through stigma index studies or small cross-sectional surveys among key and vulnerable populations.
Improving access to justice	• Fully operationalize linkages between paralegals, reactors, and the free legal aid system. This should include ensuring key and vulnerable populations are eligible for free legal aid; training staff and lawyers of the free legal aid system on legal questions key and vulnerable populations face; and putting in place effective referral mechanisms. • Improve collaboration of paralegals with health service providers. Paralegals are a civil society tool and should thus retain their

	independence from the health care system. However, close collaboration and coordination with health care providers is essential for them to assist their clients as effectively as possible. • Ensure paralegals receive ongoing training and mentoring. This is particularly important at a time of conflict with rapidly changing conditions when paralegals deal with a much more diverse set of issues than during peace-time. • Create a system to allow the analysis of cases documented through Datacheck, ReACT, OneImpact, and hotlines in their totality, conduct such analysis regularly, and develop mechanisms of response to structural issues identified through this analysis. • The PRs should ensure that community organizations have access to all cases collected by their paralegals at all times. These organizations should be able to review these cases and analyze trends and patterns so that they can develop advocacy strategies based on these cases. Some community organizations told the assessment team that they currently do not have such access and, therefore, maintain a parallel system to keep track of "their" cases. • Develop, pilot and implement a model to collect data that allows for a better assessment of impact of the work of paralegals, reactors and hotlines on the HIV and TB cascade. In particular, a data collection system that assesses the risk of service access disruption for clients and records clients' service access status over time would provide much greater insight in the impact of these programs on the cascade.
Ensure rights-based law enforcement practices	• Trainings on HIV, TB and key populations should be integrated into routine training programs for police, penitentiary service and justice officials. Efforts should be undertaken to ensure that relevant materials become a routine part of pre-service and in-service training for officials. • Continue to train police officers, especially in areas with high turnover, to ensure knowledge of HIV and key populations isn't lost and adapt training modules for police to ensure that they are as relevant as possible to police, military, and other agencies, especially as conditions change due to the war. • Work with law enforcement to address structural issues identified through community-led monitoring and documentation, including longstanding issues such as the impact of criminalization of possession of small amounts of drugs and newly emerging issues such as harassment of key populations by military or territorial defense forces. • Implement programs to raise awareness of HIV, TB and key and vulnerable populations among newly relevant institutions such as the military, military administrations, territorial defense units, and others that,

	due to the war, significantly affect and can be barriers to services for key and vulnerable populations.
Monitoring and reforming laws and policies related to HIV	• Improve coordination between stakeholders in advocacy efforts in order to agree on the most urgent and strategic law and policy reform initiatives. Collaborate across community organizations to jointly advocate for these priorities. • Create better links between community-led and -based monitoring and advocacy activities. In particular, mechanisms should be created to identify key structural issues from data from community monitoring initiatives and to develop appropriate advocacy strategies to address these issues. • Make permanent positive policy changes that were implemented following the Russian invasion, including changes to take-home methadone.
Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity	• Continue to support organizations with a gender-specific mandate to implement and, as necessary, expand the services they provide and use these organizations to assess gender-responsiveness of programs by other organizations. • Identify and address gender specific challenges faced by prisoners, sex workers and other key and vulnerable populations, and scale up programs to address these challenges. • Improve collaboration between organizations that have a general and a gender-specific focus to ensure that general programs to remove human rights-related barriers are gender-responsive. • Improve collaboration with civil society organizations, government and UN agencies that work on gender equality and non-discrimination broadly to ensure alignment and integration of efforts wherever possible. • With war always leading to increased incidence of gender-based violence (violence by military or paramilitary forces; increased incidence of domestic violence; increased vulnerability of women, MSM, and TG populations in communities), strengthening programs that prevent, protect and support people from such violence is essential and should include efforts to increase awareness of GBV, improve protective mechanisms, and access to remedies. All programs that work directly with beneficiaries should be reviewed to identify practical ways to strengthen and develop gender components, including indicators related to gender equality.
Community mobilization and human rights advocacy	• Continue to invest in the capacity of community organizations and facilitate their active role in the HIV response; strengthen organizational capacity, including their governance mechanisms and administrative and financial capacity, including at the regional level.

	• The PRs and human rights working group should assess how different community organizations have been affected by the Russian invasion to identify impacts that threaten their effectiveness in implement human rights and community programs for their clients. Resources should be made available to address key weaknesses and strengthen these organizations. • Invest in the TG community, which has been significantly affected by the war, to strengthen its role in the HIV response. • Create a system to allow the analysis of cases documented through Datacheck, ReACT, OneImpact, and hotlines in their totality, conduct such analysis regularly, and develop mechanisms of response to structural issues identified through this analysis.
Eliminate stigma and discrimination in all settings	• Significantly strengthen the capacity of community group representatives and the TB patient rights community to build and implement a comprehensive response to TB-related stigma and discrimination, with a particular focus on overcoming self-stigma. • Integrate information materials related to TB stigma and discrimination into programs for PLHIV and all key populations and health care providers. This integration should cover all forms of materials and take into account the epidemiological characteristics of the regions where such programs are being implemented and the populations for which they are being implemented. • Continue to conduct periodic TB stigma assessments using the Stop TB Partnership methodology. Ensure integration of the results of assessments in decision-making systems regarding the implementation of TB programs at the level of donors and government agencies. • Taking into account existing migration processes, integrate information materials related to stigma and discrimination against TB into training programs for staff (including medical staff) at sites/helpers for receiving/working with internally displaced people. • Significantly increase integration of informational materials related to TB-related stigma and discrimination in relevant programs of all key vulnerable groups and religious communities and organizations to address intersecting stigma and discrimination. • Ensure that the next stigma index study is conducted with appropriate input from TB community organizations and actors to ensure these organizations both inform the study and use its results to inform their priorities and programming.

Ensuring non-discriminatory treatment in health care settings	• Significantly expand the reach of information campaigns related to stigma and discrimination against TB for healthcare workers and community health workers. • Continue to expand training programs for TB clinic staff, general practitioners, and prison staff. Taking into account the significant experience that Ukraine has in implementing similar programs on HIV, it would be reasonable to study the experience gained and find optimal ways to build such programs on TB. • Implement post-training support programs for health care workers related to stigma and discrimination related to TB, such as through supportive supervision, mentoring, and counseling. • Institutionalize TB-related stigma and discrimination education in postgraduate training programs for healthcare workers at all levels. • Continue to expand mechanisms to report, monitor and respond to incidents of stigma and discrimination in TB care settings through OneImpact, information boxes, and paralegals.
Legal literacy	• Expand the content and coverage of "know your rights" materials for all populations vulnerable to TB. Where possible, integrate such materials into similar HIV programs. Expand the use of digital tools to disseminate such materials, using, where possible, existing online platforms and tools. • Expand distribution channels for "know your rights" materials by integrating them into TB and paralegal programs. • Continue to expand the use OneImpact and the paralegal network to improve the legal literacy of community members and fight pervasive self-stigma.
Improving access to justice	• Ensure integration of the TB component into HIV-related legal aid programs at the paralegal, secondary legal aid, and strategic litigation levels. • Expand opportunities for TB patients to access free legal aid. • Continue and significantly expand coverage of paralegal programs in all regions of Ukraine. • Continue to support the OneImpact, ensuring that it is used effectively to increase access to justice for beneficiaries.
Ensure people-centered and rights-based law enforcement practices	• Expand human rights training for prison staff of all types, focusing on gender-sensitive issues. Where possible, involve people affected by TB in such programs. • Strengthen and expand the component of TB-associated human rights in training programs for police, territorial security units, and the military.

Monitoring and reforming laws and policies related to TB	• Significantly increase the capacity of the community affected by TB to monitor and advocate for reform of TB-associated laws and policies. • Continue and strengthen CLM (including through the OneImpact) of TB program barriers and the quality of life of TB patients. • Intensify and focus advocacy activities on eliminating legal and systemic barriers that limit beneficiary access to TB programs. • Expand community advocacy on eliminating barriers to access to social protection and disability services related to TB.
Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity	• Review all programs to remove human rights barriers and check the extent to which they incorporate a gender perspective. • Develop and ensure the necessary level of implementation of a plan to increase gender-sensitive interventions in TB programs. • Ensure that gender barriers to TB programs are regularly assessed.
Supporting community mobilization and engagement	• Continue to invest in the capacity development of community organizations of people living with/affected by TB, contributing to their ability to implement programs to reduce human rights barriers. • Encourage representatives of the community of people affected by TB to be represented on all regional coordinating councils and other relevant platforms involved in the development and implementation of policies and practices related to TB. • Improve collaboration between TB and HIV community organizations, especially related to co-infected people, people who use drugs, and prisoners.
Addressing the needs of people in prisons and other closed settings (TB only)	• Expand support for monitoring (including through existing mobile apps, as well as community-based monitoring) of the rights of people who live with TB in detention and temporary facilities • Strengthen and expand legal literacy programs in prisons; consider training inmate paralegals and human rights education counselors to enable them to provide peer-to-peer counseling. • Expand the TB component of the post-release support program for inmates.

Annex 4 – Key Informants and Interviews

- Skala Pavlo, Associate Director: Policy & Partnership at Alliance for Public Health
- Rachinska Valeria, Head of Regional Policy Team at CO «100% Life» (formerly the Network of PLWH)
- Olena Stryzhak, Director, Head of the Board, Charitable Organization «Positive Women»
- Svitlana Tkalya, Ukraine National Hotline for patients of opioid maintenance therapy
- Tatyana Lebed, VONA
- Oleksii Zagrebel'nyi, Charity Foundation "FREEZONE"
- Natalia Isayeva, Director, Charity Foundation Legalife-Ukraine
- Olga Klimenko, TBpeople Ukraine, Board Member, TB Europe Coalition
- Oleksandr Pavlychenko, Ukrainian Helsinki Union for Human Rights
- Oleg Dymaretski, Director of All-Ukrainian Union of People with Drug Dependence "VOLNA"
- Sheilat Afolabi, Project Manager at Ukrainian Legal Aid Foundation
- Mykola Syoma, Director at Ukrainian Legal Aid Foundation
- Andruschenko Myroslava, Program Manager: Knowledge Sharing at International HIV/AIDS Alliance. Alliance for Public Health
- Andrii Chernyshev, Head of External Communications and Advocacy – ALLIANCE.GLOBAL
- Anastasiia Yeva Domani, Director of Cohort
- Serhii Myroniuk, Chief Expert in Project Management and International Cooperation
- Olga Karpenko, project manager, Charity Foundation "FREEZONE"
- Nikolay Kukarkin, regional coordinator, Charity Foundation "FREEZONE"
- Elena Fiskova - Head of the Board, Charity Foundation Legalife-Ukraine
- Natalia Dorofeeva - information manager, analyst, Charity Foundation Legalife-Ukraine
- Ruslan Voevodov, regional coordinators, All-Ukrainian Union of People with Drug Dependence "VOLNA"
- Svetlana Rodyk, regional coordinators, All-Ukrainian Union of People with Drug Dependence "VOLNA"
- Karina Melykyan, regional coordinators, All-Ukrainian Union of People with Drug Dependence "VOLNA"
- Serhii (last name withheld), ex-prisoner, client of the pre-release programs in Rivne region
- Inspector of the pre-release program at the correctional colony №96 in Rivne region (name withheld)

Annex 5 – Documents Reviewed

Documents related to *Breaking Down Barriers* Initiative

- The Global Fund to Fight AIDS, Tuberculosis and Malaria, Baseline Assessment: Ukraine (2018).
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, Mid-term Assessment: Ukraine (2020).
- Methodology Guide for the Global Fund Breaking Down Barrier Initiative 2022-2023 Progress Assessments, 2022
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, Ukraine 2023-2025 allocation letter
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, Technical Brief Removing Human Rights-related Barriers to HIV Allocation Period 2023-2025 (2022)
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, Audit report: Global Fund Grants in Ukraine (2021)
- Short-term Action Plan within the framework of the Breaking Down Barriers Program in connection with the Russian aggression against Ukraine, Center for Public Health of the Ministry of Health of Ukraine (2022)
- Announcements of the CO 100% LIFE and the ICF “Alliance for Public Health” on the selection of sub-grantees under the project implemented with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (2019-2021)The Global Fund to Fight AIDS, Tuberculosis and Malaria, Performance letters to PRs 2018-2022
- PUDRs from 2018 to 2022
- Report "Main results of biobehavioral research among key populations", ICF "Alliance for Public Health” (2018)
- Report "Assessment of the fiscal, administrative and political impact of health care reform on access to health care services for people with HIV, tuberculosis, viral hepatitis and addictions", Center for Public Health of the Ministry of Health of Ukraine (2022)
- Report "Priorities for health system recovery in Ukraine joint. Discussion paper", WHO Ukraine (2022)
- Report "National response of HIV, TB, HCV and OST programs to full-scale russian invasion", Center for Public Health of the Ministry of Health of Ukraine (2022)
- Summary report based on the results of studies and routine monitoring among key populations and NGO specialists regarding the needs, receiving and providing of HIV services during the war in Ukraine, ICF “Alliance for Public Health”, 2022.
- Public report on the results of the work of the "Para-leadership hub" on monitoring violations of the rights of people from the communities vulnerable to HIV in Ukraine in 2022, CO 100% LIFE (2022)
- Consolidated strategic plan of the main recipients in the field of HIV and tuberculosis response within the framework of the project implementation in Ukraine with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019-2022

- Reports from SRs CO 100% LIFE (descriptive; quantitative; logic matrices) from 2020 to 2022
- Reports from SRs ICF “Alliance for Public Health” (descriptive; quantitative; logic matrices) from 2020 to 2022
- APH Situation Reports on Supporting the Sustainability of Healthcare Programs during the russian War in Ukraine, ICF “Alliance for Public Health” (2022) https://aph.org.ua/en/news/reaction-of-the-alliance-for-public-health-on-response-to-challenges-caused-by-the-russian-aggression/
- Owczarzak, J., Fuller, S., Coyle, C. et al. The Relationship Between Intersectional Drug Use and HIV Stigma and HIV Care Engagement Among Women Living with HIV in Ukraine. AIDS Behav 27, 1914–1925 (2023). https://doi.org/10.1007/s10461-022-03925-w
- Gender-based violence in Ukraine, Analysis of secondary data, GBV AoR Helpdesk (2022)
- Global Fund to Fight AIDS, TB and Malaria, Health Systems in Crisis: The Global Fund's Impact in Ukraine, 2022, https://www.results.org.uk/publications/health-systems-crisis-global-funds-impact-ukraine
- Presentation «WAR session on emergency response in Ukraine», CO 100% LIFE (2022)
- Report on TB stigma assessment in Ukraine, CO 100% LIFE (2021)
- Information Strategy on Tuberculosis, Center for Public Health of the Ministry of Health of Ukraine (2021)
- Strategy for advocacy, communication and social mobilization in the field of tuberculosis (TB) control in Ukraine for 2019-2021, Stop TB. Ukraine (2019)
- Substitution maintenance therapy (SMT): Assessment of barriers to access to OST and evaluation of service delivery models in the context of their effectiveness, European Institute for Public Health Policy, Center for Public Health of the Ministry of Health of Ukraine (2022)
- Presentation "Free legal aid (FLA) and implementation of interaction providers of prevention, care and support services with the FLA system, Center for Public Health of the Ministry of Health of Ukraine (2022)
- Report on the results of the Integrated Biobehavioral Survey among convicts, Center for Public Health of the Ministry of Health of Ukraine (2021)
- Situation reports on access to substitution maintenance therapy programs in Ukraine, Center for Public Health of the Ministry of Health of Ukraine (2022)
- Report on the results of the survey "Assessment of the impact of the COVID-19 epidemic on the quality of health care services for HIV-positive women in Ukraine", Kyiv (2021)
- Report on the results of the work of the Department of Tuberculosis Management and Control in 2021 and priority areas for 2022, Center for Public Health of the Ministry of Health of Ukraine (2022)
- Report on the results of the Integrated Biobehavioral Survey among people who inject drugs, Center for Public Health of the Ministry of Health of Ukraine (2021)