

CIVIL SOCIETY REPORT



**UKRAINE.
MONITORING
THE IMPLEMENTATION
OF UNGASS GOALS
ON SEXUAL AND
REPRODUCTIVE HEALTH**



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This publication presents civil society's view of the observance of the Ukrainian commitments to the UNGASS Declaration on Sexual and Reproductive Health. The findings of the research survey may be of interest to decision-makers in the sphere of social policy (specifically health care), representatives of non-governmental HIV-services, advocacy organisations, women's organizations, research workers and all who care about the health and future of the Ukrainian nation.

ALL-UKRAINIAN NETWORK OF PEOPLE LIVING WITH HIV

**UKRAINE:
MONITORING THE IMPLEMENTATION
OF UNGASS GOALS ON SEXUAL
AND REPRODUCTIVE HEALTH**

Analytical Overview

The Project is implemented with assistance from the Ford Foundation
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Gestos – Seropositivity, Communication and Gender Issues

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Background and Acknowledgments

The Declaration of Commitment on HIV/AIDS adopted at the 26th Special Session of the UN General Assembly was an important step in the history of mankind. Signing of this document by more than 100 countries proved their understanding of the global nature of the problem and the need to take decisive actions aimed at the prevention of HIV / AIDS epidemic, and provision of treatment, support and care for people suffering from AIDS. However, in practice, the implementation of the majority of the declared goals has been merely declarative in many countries.

One of the roles performed by the civil society is to implement control and monitoring of the achievement of the vitally important goals and actions associated with the government commitments.. That is why the civil society representatives in different countries have initiated continuous control over the HIV/AIDS epidemic response.

Almost half of the people living with HIV/AIDS are women. According to UNAIDS data 15.7 million HIV-positive women were in 2008 worldwide. In Ukraine a proportion of HIV-infected women is growing on the background of a rapid spread of the epidemic. According to the data of the Ukrainian AIDS Centre as of January 1, 2010 there were 6,688 new cases of HIV infection among women in the 15 to 49 age group, in 2009.

Lack of effective sexual and reproductive health actions in the context of HIV prevention is revealed by the burning problems in exercising sexual and reproductive rights of women living with HIV, growing number of children orphaned by AIDS and others. That is why NGOs from 12 countries of the world are implementing the project aimed at monitoring UNGASS sexual health and reproductive rights goals in each participating country.

Ukraine, represented by the All-Ukrainian Charitable Organisation “All-Ukrainian Network of PLWH”, is one of the project participants. In 2008, in partnership with the analytical centre “Socioconsulting” the Network undertook the first research survey entitled “Ukraine: Monitoring the UNGASS-AIDS Goals on Sexual and Reproductive Health”, its findings were presented at the 2nd UNGASS Forum in Kyiv in January 2008 and during the UN General Assembly Special Session on HIV/AIDS in June 2008. This survey was the first in Ukraine to illustrate the opinion of civil society on accomplishment of commitments made by government after signing the UNGASS Declaration on sexual and reproductive health.

The second stage of the research “Monitoring the Implementation of UNGASS Goals in the Sphere of Sexual and Reproductive Health” was implemented in 2010. Its aim was to analyse activities in the sphere of sexual and reproductive health implemented in Ukraine in 2007-2009 in accordance with goals specified at the UN General Assembly special session on HIV/AIDS.

Presentation and discussion of the research findings took place on February 12, 2010 at the meeting of stakeholders that included representatives of the Ukrainian AIDS Centre under the Ministry of Health, UNAIDS, UNFPA in Ukraine, the International Fund “International HIV/AIDS Alliance in Ukraine”, UNDP and others. The key results of that meeting were as follows:

- Recognition of the research as a foundation for further actions in the sphere of changing policy on sexual and reproductive health, namely in relation to HIV/AIDS in Ukraine;
- Development of the Advocacy Plan in order to ensure access to services in the sphere of reproductive health for families affected by HIV/AIDS.

We appreciate greatly the valuable contribution to the research of the organizations implementing activities on prevention of mother to child transmission:

- Chernihiv Affiliate of the All-Ukrainian Network of PLWH
- Cherkasy Affiliate of the All-Ukrainian Network of PLWH
- Charitable Organisation “Vybir” (Sumy)
- NGO “Nasha Dopomoha” (Sloviansk)
- NGO “Istok” (Mariupol)
- Charitable Found “Oberih” (Kostiantynivka)
- Charitable Found “Karitas-Donetsk” (Donetsk)
- Donetsk Oblast Society for the Support of HIV-infected people (Donetsk)
- Kryvyi Rih Affiliate of the All-Ukrainian Network of PLWH
- Charitable Found “Future without AIDS” (Rivne)
- NGO “Asotsiatsiia 21 Stolitya” (Kherson)
- NGO “Liniiia Zhattia” (Horlivka)
- NGO “Vidkryti Dveri” (Nikopol)
- Charitable organisation “Shans” (Lutsk)

Research Methodology

The aim of the research was to monitor the implementation of activities specified by the UN General Assembly Special Session on HIV/AIDS in the sphere of sexual and reproductive health in 2007-2008 and to analyse some of the results obtained during the first stage of research.

The research tools were developed and adapted to enable the identification of gaps in information and to analyse the achievements between the first and second research stages.

205 HIV-positive women of reproductive age – clients of PMTCT projects were interviewed for detailed assessment of the situation. The respondents presented 13 cities of Ukraine (Chernihiv, Cherkasy, Kherson, Sumy, Sloviansk, Mariupol, Kostiantynivka, Donetsk, Horlivka, Nikopol, Kryvyi Rih, Lutsk, Rivne)

During the first stage of the research it was discovered that almost all participating countries have guidelines, legal or programmatic documents addressing female sexual and reproductive health, however they are not always followed. Accordingly, the second stage of the research focuses primarily on the effectiveness of implementation of such standards and other legal documents.

Three key themes were studied:

- a) actions in the sphere of sexual education (sexual awareness);
- б) actions in the sphere of sexual and reproductive health;
- в) actions aimed at female abuse prevention.

The target group of the research included women and girls, irrespective of their HIV status.

Four information sources were selected for data collection:

- Interviews with key persons.
- Analysis of information sources (desk study) on this subject matter.
- Evaluation of typical cases (evidences/reports, case analysis).

- State statistics and reporting (reports on implementation of objectives of the Cairo Platform of Action and Millennium Development Goals) as well as further National UNGASS Report 2009.

OVERVIEW OF THE RESEARCH TOOLS

The research tools consist of three sections:

- 1) The first section calls for a brief description of the national health system of the country and the presentation of statistics on the HIV epidemic and on the sexual and reproductive health of women in the country.
- 2) The second section sets out the information required to cover each theme.
- 3) The third section provides brief analysis of the collected data.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIHA	American International Health Alliance
ARV medications	antiretroviral medications
ART	antiretroviral therapy
CSW	commercial sex worker
Department	State Penitentiary Department of Ukraine
FGD	focus group discussion
GDP	gross domestic product. The total monetary value of all goods and services produced domestically by a country.
GF, Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HAART	highly active antiretroviral therapy
ICF	international charitable fund
IDU	injecting drug user
IOM	International Organization for Migration
LGBT organizations	organizations of lesbians, gays, bisexuals, transsexuals
MES	Ministry of Education and Science
MIA	Ministry of International Affairs
MoH	Ministry of Health
MSM	men who have sex with men
NGO	non-governmental organization
PATH	Program for Advanced Technologies in Health
PCR	polymerase chain reaction
PLWH	people living with HIV/AIDS
PMTCT	prevention of mother to child transmission
SSSFCY	State Social Service for Family, Children and Youth
SUNRISE	“Scaling Up the National Response to HIV/AIDS through Information and Services” project
UNAIDS	UN Joint Programme on HIV/AIDS
UNGASS	UN General Assembly Special Session on HIV/AIDS
UNFPA	UN Population Fund
UNICEF	UN Children’s Fund
VCT	voluntary counselling and testing
WHO	World Health Organization
YFC	youth friendly clinics

SECTION I

SURVEY OF THE NATIONAL HEALTH CARE SYSTEM AND STATE POLICY IN THE SPHERE OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV/AIDS

- **Main characteristics of the Ukrainian health care system**
- **Availability of universal access**
- **Free medical services provided by the state for free and services to be paid for by the population**

The Constitution of Ukraine declares that every Ukrainian citizen has the right to health protection, medical assistance and medical insurance. The health care system of Ukraine is made up of a network of 10.9 thousand health facilities. There are 224.9 thousand doctors of all specialties, that is 48.4 per 10 thousand population. The ratio for paramedical staff is 106,1 per 10 thousand population, and the number of in-patient beds in hospitals is 95.6 per 10 thousand population.

Health care in Ukraine is ensured by three levels of health services provision: by state, communal and private health facilities. The primary (non-specialised) care level is provided by polyclinics, ambulance stations, rural medical and obstetrical stations and antenatal clinics. There is however, no clear-cut division of medical services between primary and secondary (specialised) medical services in Ukraine. Patients may apply directly to medical specialists without referral from a district doctor.

Specialized medical care occupies a significant place in the Ukrainian health care system and is subdivided into the second and third levels of medical assistance. The second level is provided by specialised departments in polyclinics and in-patient hospitals as well as by dispensaries and medical centres. The third level (highly specialised assistance) is provided by the specialised clinics and research institutes under the Ukrainian Academy of Medical Sciences.

Patients pay for medical services in private health facilities while the state and communal facilities are supposed to provide medical services for free. However, limited financial resources mean that the declared free medical assistance is not available to the entire population so the common practice is when patients themselves or their relatives donate certain amounts of money as a charitable contribution to support the respective facility. Such payments have become increasingly common and have made the health care system less accessible for poor populations.

Protection of reproductive health in Ukraine is one of the priorities in the State social policy. In addition to health care services, the Ukrainian legislation envisages a number of benefits and allowances for families with children. Women are provided with paid maternity leave for 126 days. After childbirth a woman receives a one-time assistance as well as a paid leave to enable her to care for her child; her employment is guaranteed for the period until the child is three years.

Childbirth assistance (for a child born after December 31, 2007) is provided in the total amount of UAH 12,240 for the first child, UAH 25000 for the second child and UAH 50000 for the third and further children. For the first child the child care assistance is paid in the form of an initial payment of UAH 4800 and 12 monthly disbursements of UAH 620; for the second child, the initial payment is UAH 4840 and

24 monthly disbursements of UAH 840; and for the third child and any further children the first payment is UAH 5,000 followed by 36 monthly disbursements of UAH 1,250¹.

Medical services are provided by the network antenatal clinics, medical-genetic centres, reproductive health and family planning centres, and in-patient gynaecological hospitals and maternity hospitals. The network includes 90 maternity hospitals and in-patient gynaecological hospitals, 566 antenatal clinics, and 95 medical-genetic centres. A family planning system was established in Ukraine in 1995. Currently there are 45 regional (oblast) and city family planning centres, and more than 500 family planning offices in district hospitals.

The services are provided at the regional (oblast) and district levels by obstetricians-gynaecologists whose number according to the Ukrainian statistics for 2008 is 12,177 specialists, i.e. 4.89 per 10 thousand female population. The problem of providing reproductive health and family planning services to rural population by involving family doctors (there are 9,000) and paramedical staff (23,000) has not been solved yet. The legislation requires family doctors and obstetricians to provide counselling on these issues, but the level of appropriate knowledge and skills is insufficient, restricting the access of rural population to such services.

Organizational principles and the health care administration system have been inherited from the Soviet system. Various initiatives to reform the health care system were developed and partially implemented since the country had become independent. However, the former official state guarantees and administrative approaches are still in place including funding mechanisms based on the indices of the declared service provision, orientation at the narrow specialization of medical assistance, and insufficient attention to prevention activities. All this has its negative impact on the quality and accessibility of the health care services.

The question of instituting state medical insurance is being actively discussed in Ukraine because of the lack of health care system funding. However, no real steps have been taken in that direction. There are private insurance companies currently functioning in Ukraine and offering their own packages of medical services.

In the last few years a series of documents aimed at reforming the health care system has been adopted. In 2007 the Ukrainian government approved the National Health Care System Reform Plan for the period up to 2010, which among other things envisages the improvement of financial support for the health sector, coordination of funding levels and levels of free medical services and the optimisation of health facilities. It contemplates a shift from the present model of command-administration to the contract-based medical services management; the introduction of mechanisms for strategic procurement of medical services on a contractual basis and transforming the system of financing the health sector by budget item allotments to a system of funding based on the scope and structure of the services provided.

The Ukrainian Parliament (Verkhovna Rada) forms the foundations of state policy for the health sector and the executive authorities are responsible for its implementation. The Cabinet of Ministries of Ukraine develops the state target programmes and creates mechanisms for their implementation. The Ukrainian Ministry of Health is the state authority that governs the country's health sector. A system for development of state programs has been put in place in order to find solutions for urgent health care problems. This system is responsible for specifying the development of concrete interventions to

¹ As of December 28, 2009 the NBU exchange rate was 100\$= 796.5500 UAH.

improve the situation, defining their funding mechanisms and attracting funding from other sources. The Ministry of Health is currently implementing more than 25 state target programmes and other activities approved by decrees of the President of Ukraine and resolutions of the Cabinet of Ministers.

● **National Plan with clearly defined strategic objectives
as a part of the National HIV/AIDS Policy**

Ukraine has recognized the HIV/AIDS problem to be a priority direction in health care and social policy. The attention of the state and the general public is increasingly being drawn to the problem of HIV-infection in Ukraine. Considering that the overwhelming majority of HIV-positive people (over 90%) are able-bodied individuals of reproductive age, the epidemic has a negative impact on social and economic situation in Ukraine. UNAIDS forecasts indicate that by the year 2014 the HIV epidemic may cause a 6% decrease in the gross domestic product of Ukraine GDP.

The National Council on counteraction to TB and HIV/AIDS and the Committee on counteraction to HIV/AIDS and other socially dangerous diseases were established to consolidate decision-making in developing the state policy, programs and activities to fight TB and HIV/AIDS in Ukraine.

HIV prevention, exclusion of discrimination and stigmatisation of HIV-positive people and protection of their legal rights are the most urgent tasks to be addressed by the legislation. The Ukrainian legislation on HIV stipulates the improvement of quality of life of people living with HIV and AIDS, providing them free access to treatment and out-of-hospital care as well as granting them additional rights and privileges.

The Ukrainian Law of 1992 on Prevention of AIDS and the Social Protection of the Population laid the foundations of a modern regulatory framework covering issues arising in the sphere of HIV control and defining state policy on them. This law is the key document addressing the issues of PLWH as well as of people, who due to their profession, help them.

Since the first version adoption of this law the epidemiological situation in Ukraine had changed and certain provisions of the old version of the law did not comply with current international practices and Ukrainian commitments to the European Council in regard to humanising the Ukrainian legislation. The new version of the Law has been in force since March, 1998 (with additions and amendments introduced in compliance with Law № 2776-III of November 15, 2001 and Law № 1257-VI of April 14, 2009). The preamble to the Law emphasizes on its compliance with international legal norms and recommendations of the World Health Organization. It provides definitions for all basic concepts associated with HIV and AIDS issues and establishes basic norms covering vital activities of PLWH. In particular, the Law establishes state guarantees on HIV prevention, accessibility, quality and effectiveness of medical tests on HIV diagnosis, the rights and obligations of HIV-positive people and others.

In 2009 a new version of the Law on Prevention of AIDS and the Social Protection of the Population was developed with the assistance of international and civil society organizations and this new version of the law was widely discussed with the public. Article 12 of the new version of the Law stipulates the rights of HIV-positive women, particularly the right to receive antenatal care, care during labour and post birth care services as well as free medication to prevent MTCT in health facilities nearest to the

place of residence; to obtain family planning services in the nearest health facility in order to prevent unplanned pregnancy; and to participate in assisted reproductive technologies programs provided that MTCT prevention is observed. Currently the draft law is pending approval.

The key documents specifying the legal regulation of activities aimed at HIV prevention in Ukraine, and the measures of social protection for people living with HIV and AIDS as well as people professionally involved in assisting them establish:

- state guarantees, particularly for the social protection of HIV-positive and people with AIDS, members of their families and health workers involved in the sphere of AIDS control as well as the provision of all kinds of appropriate medical assistance to people living with HIV and AIDS;

- a ban on any refusal to admit to health facilities or provide health care services to people on the grounds of their HIV-positive or AIDS status.

The country, together with international and non-governmental organizations is putting every effort into fulfilling the large number international commitments made by the Government of Ukraine aimed at the fight with HIV epidemic. Implementation of the state programs on HIV prevention, treatment and support for HIV-positive people and people with AIDS is an example of such partnership efforts.

In 2008 the fifth National Program (for 2004 –2008) on HIV prevention, treatment and support for HIV-positive people and people with AIDS was completed. A comprehensive external evaluation of the National Response to HIV/AIDS and other socially dangerous diseases was conducted. The evaluation was performed during October 2007 – January 2008 to implement the decision of the National Council on Counteraction to TB and HIV/AIDS. The evaluation studied all programmatic aspects of the National Response to HIV/AIDS in Ukraine. The findings of the evaluation were taken into consideration in the preparation of the new National Program for 2009-2013.

Growth rates of HIV infection prevalence decreased from 16.8% to 7.6% within the period 2006-2008, which proves there has been a slowdown in the HIV epidemic. This tendency is especially visible when analysing AIDS incidence figures. The findings for 2007-2008 prove that thanks to a wide use of antiretroviral therapy, for the first time, a 3% annual decrease in AIDS incidence was registered. AIDS mortality rates are also steadily decreasing from over 56% in 2003 down to 7.4% in 2008.

The number of HIV tests has increased in the country as well as the rates of new HIV cases detection owing to the promotion of voluntary HIV counselling and testing (VCT). The number of applications for VCT increased by 12.1% in 2008 as compared to 2007, thus contributing to increased levels of HIV case detection. According to the data for 2008 the proportion of HIV infection via sexual transmission is 40% compared to 38% associated with injecting drug use, which shows that the epidemic is expanding and embracing the general population.

The patterns of HIV epidemic growth in Ukraine and the need to create a system of effective actions for the further HIV prevention urge that the design and development of the next programme must take into account the current growth tendencies of the epidemic and the outcomes of previous programs.

The National Programme on HIV Prevention, Treatment, Care and Support for People Living with HIV and AIDS for 2009-2013 was developed on the basis of an integrated approach and approved by National Law No. 1026-IV dated February 17, 2009. The goal of the Program is to stabilize the epidemic situation, decrease the level of HIV

incidence and mortality rates by implementing the state program designed to provide the population with access to large-scale prevention measures, and treatment care and support services for HIV-positive people and people living with AIDS, including the supply of nationally-produced sterile, disposable medical materials.

The Program is composed of activity modules with identified main objectives.

The prevention module provides for undertaking work with general population and also specific actions aimed at most-at-risk groups:

- provision of large-scale primary prevention of HIV propagation among young people and the general population by means of mass media and Internet awareness-arousing campaigns promoting healthy life styles; spiritual, moral, ethic and cultural values; and safe behaviour;

- observance of medical examination safety requirements by adopting the use of disposable medical materials;

- strengthening donor safety and prevention of mother-to-child transmission of HIV infection;

- strengthening prevention activities addressing the specifics of most-at-risk groups;

- provision of free access to VCT for the population especially for youngsters and vulnerable groups.

The module for improved treatment provides:

- provision of antiretroviral medication for HIV-positive people and treatment for any opportunistic or concomitant diseases;

- creation of mechanisms to control the outbreak of HIV strains resistant to antiretroviral medications;

The Program also envisages care and support activities:

- organization of palliative care and provision of social services as well as psychological support and non-medical care for HIV-positive people and people with AIDS;

- provision of legal assistance to HIV-positive people and people with AIDS.

Furthermore, activities have been identified to address the following problems: (1) improvement of legislation regulating HIV prevention and treatment, care and support for HIV-positive people and people with AIDS, (2) improvement of serum-surveillance measures in response to the spread of HIV infection in order to increase effectiveness of prevention efforts, (3) provision stepwise development of specialized services and facilities providing medical and social services to HIV-positive people and most at risk groups, (4) involvement of medical, social and educational specialists, officials from state and local government bodies, employers, trade unions, representatives of business circles, and other civil and religious organizations into the implementation of the Program.

The Programme also outlines the outcomes expected to result from the activities such as: 60% coverage of most at risk groups; provision of antiretroviral medications to at least 80% of HIV-positive persons; reducing MTCT rates to 2%; developing a network of specialized services and facilities for rendering medical and social services to HIV-positive persons and others.

Thus the main activities of the Ukrainian response to HIV are embodied in the National Program in order to unite the efforts of the state, civil and international organisations and institutions. Program is supposed to be funded by the state and private sectors, however coordination of state and private sector cooperation in the sphere of

Program funding, the delegation of partner functions to NGOs in identifying priorities, and the provision of transparency and accountability for state funding disbursements have not been properly regulated by the Program. The experience of implementation of the national care and support program show that it does not facilitate effective public spending.

- **Official policy on sexual and reproductive health in Ukraine**

In the first place, the promotion and protection of public reproductive health is underpinned by provisions of the Ukrainian Constitution. Albeit the Constitution does not contain the term ‘reproductive health’, it undoubtedly creates appropriate framework conditions for positive development of national legislation directed towards recognition of reproductive rights. Article 24 of the Constitution of Ukraine proclaims equality of human rights and freedoms as well as inadmissibility of privileges or restrictions including restrictions on the grounds of gender. Article 49 of the Constitution of Ukraine proclaims the right to health care, medical assistance and medical insurance and stipulates the obligation of the state to create conditions for effective health care accessible to all citizens.

The Civil Code of Ukraine (approved on January 16, 2003 by the Parliament of Ukraine) is also very important for the protection of reproductive health. This legal act guarantees the right to life (Article. 281), the right to health care (Article 281), the right to information about state of health (Article 285) and the mandatory observance of the confidentiality of information on the individual’s state of health (Article 286). The Family Code of Ukraine adopted by the Parliament on January 10, 2002 identifies the legal age for marriage (Article 22) and sets out the rights and obligations of the married couple (Chapter 9). On the whole, the Ukrainian legislation is orientated towards the right of the woman to make her own decision about the number of children she will have and the time interval between their births. The Family Code of Ukraine regulates those rights.

It is worth mentioning the observance of the right of HIV-positive women to have children. According to the national legislation and the international documents signed by Ukraine a woman enjoys a guaranteed right to give birth to children and HIV infection is not a contraindication to that right. However, the real situation in Ukraine has developed in such a way that doctors often insist on an abortion if a woman is HIV-positive. Low level of knowledge about achievements in the sphere of mother to child prevention and unwillingness of doctors to apply ARV therapy leads to violation of the reproductive rights of HIV-positive women.

The National Program on Reproductive Health for 2001-2005 approved by Presidential Decree N° 203 on March 26, 2001 has become a political and strategic instrument for solving a number of reproductive health problems. Activities implemented within the Program have fostered improvement of the legal and regulatory framework, completion of family planning facility creation, suspension of negative processes in the sphere of reproductive health, growth of public awareness about responsible parenthood and contraception methods. Also the Program implementation has facilitated a decrease the infant and maternal mortality and allowed them to get closer to the indicator levels established by the WHO for Ukraine in accordance to its social and economic development.

However, the said indicators are still 2-3 times higher than those in the developed countries of the world, which calls for a new approach to the improvement of the reproductive health of Ukrainian population and the identification of effective ways qualifying and improving it in order to ensure a positive impact on the demographic situation.

The results achieved by the Program implementation have not fully solved the problem of reproductive health in Ukraine or drastically improved it.. The level of public awareness about reproductive health and family planning, especially in rural areas, continues to be unsatisfactory. Training of medical staff (especially family doctors) as well as social workers and pedagogical staff needs upgrading. There is an urgent need to develop comprehensive approaches to the sexual education of adolescents and young people and to develop strategies for providing the population with contraceptive materials as one of the primordial aspects of family planning. Improvement of the reproductive health of men and their active involvement in family planning, are required as well as the implementation of an integrated approach to the provision of medical assistance in reproductive health. There are still reproductive health problems to overcome: miscarriage (annual reproductive losses stand at around 40 thousand) and infertility is present in approximately 1 million married couples. These are all important demographic barriers to the achievement of positive results.

In order to ensure sustainability of the results and establish further improvements of population's reproductive health as a state policy priority, Resolution N° 1849 of Ukrainian Cabinet of Ministers dated December 27, 2006 approved the adoption of the State Program The Nation's Reproductive Health for the period up to 2015. Implementation of the Program uses a system-based approach in addressing the reproductive health problems.

The goal of the Program is to improve the reproductive health of Ukrainian population as the significant component of ensuring social and economical potential of the country. Among the Program priority activities are: increasing public awareness regarding responsible attitudes to personal health; implementing a strategy for the provision of reproductive health services by general practitioners and family doctors; gender equity in the provision of reproductive health services; and broadening access to medical services for adolescents and young people, including those in rural areas.

Implementation of the Program provides:

- improvement of the legal and regulatory framework in the sphere of reproductive health protection;
- development and implementation of intergovernmental strategies aimed at promoting forming and fostering a healthy life style, responsible parenthood, safe maternity, and family planning;
- enhancement of a prevention perspective in reproductive health medical services for every target group, particularly the provision of reproductive health services by general practitioners and family doctors;
- establishing gender equity in the provision of reproductive health services for men and women;
- broadening access to medical services for adolescents and young people including the rural population;
- improvement and optimisation of the family planning system and development of strategies for providing the population with facilities for preventing unwanted pregnancy.

The Program outlines the expected outcomes after the activities implementation, particularly, decreases of the following indices: maternal mortality – by 20%; artificial abortion – by 20%; STI incidence – by 30%; and the provision of antenatal care to embrace 98% of pregnant women; and 20% increase in the use of modern prevention technologies for the unwanted pregnancy. Moreover, the indicators for intermediate results have been developed to monitor the achievement of expected outcomes.

For more effective Program implementation through the consolidated efforts of the state authorities and civil associations, the Ministry of Health has approved the membership of the Program Coordination Council and the Regulations on its activities by means of Order N° 74 dated February 13, 2008.

Program activities implemented in 2008 have contributed to the improvement of reproductive health indicators; however, a number of problems still remains. According to the operational data the maternal mortality indicator decreased by 12% compared to 2007 (2007–17.8 per 100 thousand newborns, 2008 – 14.9). The Ukrainian prenatal mortality index in 2008 remained at almost at the same level as in the previous year (10.88 compared to 10.83 per 1,000 born alive and dead). The high level of prenatal mortality is associated with the high level of newborn babies with low body weight at birth. Implementation of the Program activities has led to a decrease in the number of artificial abortions to 200 thousand in 2008, which is 16.6 per 1000 women of fertile age thereby placing Ukraine in the WHO ratings among the countries with the average level of abortions. Irrespective of the sustained positive tendencies towards a decrease in these indicators, they are still much higher than in the majority of European countries and continue to have a negative impact on the reproductive potential of the nation.

Professional upgrading of health workers (especially family doctors), educational and social workers requires improvements. There is an urgent need to develop comprehensive approaches to the sexual education of adolescents and young people and to develop strategies for providing the population with contraceptive materials as one of the primordial aspects of family planning. Improvement of the reproductive health of men and their active involvement in family planning is required, as well as the implementation of an integrated approach to the provision of medical assistance in reproductive health. There is no understanding of the importance of Program prevention activities, so levels of funding for development of information materials or provision of equipment for informational campaigns are not always sufficient to enable the achievement of Program targets. Local government bodies and regional directors of the health care departments do not always understand that prevention activities can be a safeguard against numerous health problems.

● **Official policy on combating violence against women**

The national gender policy of Ukraine is based on ensuring equal rights and opportunities for men and women. This means that the basic principle underlying the confrontation of violence against women and ensuring women's rights is the observation of equality between the genders, but it does not provide enhancing the role of women in society or any other measures of affirmative discrimination to protect women's rights.

Ukraine has signed all international documents on securing equal rights and opportunities for women and men (Declaration on Equality between Women and Men – in 1988, the Beijing Declaration and Platform for Action – in 1995, the Millennium

Declaration – in 2000, documents of the UN General Assembly Special Session on gender equality – in 2000 and others), and ratified the fundamental document (as a member-state of the former Soviet Union) Convention on the Elimination of All Forms of Discrimination against Women – in 1979 and has assumed the relevant obligations.

The country is taking steps to overcome violence against women. The last decade has been marked by significant achievements in creating the legal framework and institutional mechanisms in this area. In particular, on July 12, 1995 the Verkhovna Rada of Ukraine passed the Resolution Recommendations of the Participants in the Parliamentary Hearings to implement the UN Convention on the Elimination of All Forms of Discrimination against Women, which specified directly the need for governmental agencies to deliver specialised psychological advice to women who are the victims of domestic violence and family neglect. That Resolution has intensified the process of fulfilling the directives of the UN Convention On the Elimination of All Forms of Discrimination against Women on the part of the Ukrainian State. The National Action Plan for the years 1997-2000 for the advancement of women and enhancement of their role in society and the National Action Plan for the advancement of women and promotion of gender equality in society for 2001-2005 provided for appropriate measures to overcome violence in the family and combat human trafficking. On March 05, 1999 the Verkhovna Rada of Ukraine passed the Resolution Declaring the General Principles of the State Policy of Ukraine on the Family and Women and on March 14, 2001 the Cabinet of Ministers of Ukraine approved the State Programme Ukrainian Family aimed at strengthening the family as an institution, fostering the partnership relations within the family, and the equal sharing of responsibilities between the spouses.

Adoption of Ukrainian Law N° 2789-III (as amended by the Laws N° 609-V of 07.02.2007 and N° 599-VI of 25.09.2008) On the Prevention of Domestic Violence dated November 15, 2001 was a momentous event. The adoption of the Law has meant that opposing gender violence has become a part of the state policy. The Law defines the legal and institutional framework for the prevention of domestic violence, and establishes bodies and agencies to implement measures on preventing domestic violence. In execution of this Law, specialised agencies for victims of domestic violence started their work, including crisis centres, and social and psychological assistance centres to provide comprehensive psychological, legal, informational, advisory, social, medical and other assistance. After the Law of Ukraine On Prevention of Domestic Violence came into force in 2002, the occurrences of violence incidents began to be officially registered. Complaints/notifications of abuse cases are submitted to the agencies of internal affairs and educational institutions, health care bodies, departments for family and youth, social service centres for families, children and youth to be registered and transferred to the relevant territorial subdivisions of the juvenile services within one day after the complaint or notification has been submitted.

The practical application of the Law On the Prevention of Domestic Violence has shown that it needs to be improved. There are problems in isolating the victims of domestic violence from the individuals committing it. The sanctions applicable to offences of domestic violence and non-compliance with the regulations concerning defence need to envisage a more differentiated approach.

In order to achieve female and male parity in all spheres of vital activity through legally guaranteed equal rights and opportunities for men and women, elimination of gender discrimination and application of special provisional measures aimed at addressing

the imbalance in opportunities for men and women and to enforce the enjoyment of equal rights granted to them by the Constitution and the laws of Ukraine, the Verkhovna Rada of Ukraine passed the Law On Securing Equal Rights and Opportunities for Women and Men in 2005. That was concrete evidence of a new approach to addressing gender issues. The Law is an effective legal background to enable the passage from declarations to action and the effective implementation of gender reforms; it opens up the prospect of building an equitable society. The Law sets out the basic principles of state policy and mechanisms to guarantee equal rights and opportunities for women and men in the fields of education, local self-government, public service, job payment, relations with employers, social area, etc. Responsibility of the respective legal system entities in regard to violations of the legislation on securing equal female and male rights and opportunities has been also specified.

To implement the Law On Securing Equal Rights and Opportunities for Women and Men, to achieve development goals and objectives of the UN Millennium Declaration, and to meet the need for a set of measures addressing gender issues in all spheres of life, the Cabinet of Ministers of Ukraine approved the Resolution N° 1834 dated December 27, 2006 On the State Program for Assertion of Gender Equality in Ukrainian Society for the period up until 2010. Implementation of the Program is expected to increase the standard of living and quality of life of both women and men; to ensure equal female and male rights and opportunities in employment, job promotion, upgrading and retraining, doing business, and combining work activities with family obligation. It is also designed to further the process of formulating state policies in the fields of gender equality, to improve social and legal protection for women and men and to develop effective mechanisms to ensure equal female and male rights and opportunities both at the central and local governmental levels. Another expectation is that it will guide the efforts of central and local executive bodies, local self-governments and the public to improve the efficiency of state policy on securing the gender equality.

Currently, the measures contemplated in the State Program to secure gender equality in Ukrainian society for the period up until 2010 have not yet been duly performed. Measures initiated by the ministries and agencies are of situational, ad hoc nature and are focused on reporting needs rather than on any consistent implementation of gender policies into sectoral operations. Failure of the central executive bodies to appoint an authorised person responsible for implementing a gender component in their activities is also typical. Implementation of appropriate State program has not yet produced positive results; women in our country have much lower social status, suffer from violence and real gender discrimination. Today the gender equality in rights is often perceived not as a synonym for freedom of choice, but is rather understood as a female's assimilation to male. As international and domestic experts have established, gender inequality in Ukraine is vividly present in political life, access to economic resources, employment, etc. Thus, the efficiency of implementation of the State Program at the present stage remains very low and the process of establishing gender equality in Ukrainian society has not yet fully begun.

Pursuant to the Law of Ukraine On Securing Equal Rights and Opportunities for Women and Men, the Decree of the President of Ukraine On Operational Improvement of Central and Local Executive Bodies to Ensure Equal Rights and Opportunities for Women and Men and the Resolution of the Cabinet of Ministers of Ukraine On Gender and Legal expertise, the Ministry of Justice of Ukraine examines the current legislation

and draft regulations in a gender and legality perspective covering all areas of legislation relating to human rights and freedoms.

The Ministry of Ukraine for Family, Youth and Sport is vested with responsibility for implementing gender policy in Ukraine. A Department for family issues and gender policy has been set up within the Ministry framework.

Pursuant to the Law of Ukraine On Securing Equal Rights and Opportunities for Women and Men as well as the State Programme for assertion of gender equality in Ukrainian society, the ministries approve their departmental programs to implement gender principles. An example is the Program for ensuring gender equality in the Department of Internal Affairs for the period up until 2011.

In September 2009 the Ministry of Ukraine for Family, Youth and Sport approved the Regulations on a gender centre to operate in each region of Ukraine to provide legal support for female and male equal rights and opportunities, to elimination all forms of gender discrimination and to prevent violence. The Action Plan of National Campaign Stop Violence! has been developed and to be submitted for consideration by the Government. Mechanisms for monitoring and combating gender violence and discrimination in the regions have been introduced in the framework of the Campaign and in cooperation with international and non-governmental organisations.

Thus, the state policy on counteraction to violence against women is being implemented through the introduction of gender principles into the activities of society. Ukraine has ratified all international standards in this field and the national legislation is being gradually brought into line with the requirements of international documents. Despite the existence of the legal and regulatory framework to counteract violence against women in Ukraine, their effective implementation is still a problem.

● **Sexual education programs implemented in schools**

According to the state standards for basic and complete secondary education, sexual education is a compulsory component of school education. Sexual education curricula are implemented through compulsory study disciplines and alternative (optional for children, parents, or schools) curriculum components.

The **compulsory** component addresses sexual education in the biology course (the 9th form) and in the more detailed course Fundamentals of Health (5th – 9th forms).

At biology lessons children learn the structure of male and female genitals, human fertility function, pubescence and deviations in sexual development, sexual hygiene, hygiene of pregnancy, detrimental consequences of early sexual intercourse, etc.

Fundamentals of health is an integrated subject combining in its content the issues of health and life safety. They are aimed at forming pupils' conscious attitude in regard to their lives and their health, including sexual health, and enabling them to grasp the basic principles of a healthy lifestyle, acquire safe and healthy behaviour skills and become aware of the need to preserve their health.

Pursuant to the Standard curriculum models, approved by the Order № 132 of the Ministry of Education and Science dated February 23, 2004, pupils in the 5th-7th forms study the course Fundamentals of Health 1 teaching hour per week, and in the 8th-9th forms – 0.5 teaching hour per week. Training is based on the curriculum recommended by the Ukrainian Ministry of Education and Science (MES Official Communication

№ 1/11-6611 of December 23, 2004) Fundamentals of Health. Curriculum for the 5th – 9th forms of Comprehensive Schools, (Perun Publishing House, 2005).

The curriculum on Fundamentals of Health is based on an integrated combination of skills on the protection of life and strengthening of human health; it uses a concentric learning approach, i.e. at different periods of learning separate topics are repeatedly studied and their subject matters are expanded and deepened. It also includes topics on sexual education, such as:

- sexual identity of a person;
- formation of personality taking into account sexual identity;
- relations between people of different sexes based on gender equality;
- family relations;
- roles of mother and father in bringing up a healthy child;
- forming hygienic skills of girls and boys;
- risk factors for the reproductive health of youth;
- forming safe behaviour in order to preserve and strengthen the reproductive health of young people, etc.

It is the curriculum of this school subject that discloses issues and forms skills to preserve reproductive health, prevent sexually transmitted diseases, HIV infection, etc.

An alternative component is represented by various curricula on sexual education. The most common of these is the optional course entitled Schools against AIDS (for the 8th – 11th forms).

The optional course Schools against AIDS has the following overall objectives:

- Provide accurate and complete information on HIV/AIDS;
- Promote the formation of adequate attitude to this problem and PLWH;
- Develop appropriate skills to reduce youngsters' tendency to risk behaviour;
- Promote an enabling environment for the health and development of pupils.

The course is targeted at developing living skills to ensure:

1. Raising awareness on:
 - forms of transmission and methods of protection;
 - how to reduce infection risk;
 - how to build equitable relations;
 - how to counteract to discrimination.
2. Achieving positive changes in attitude:
 - HIV/AIDS problem is treated seriously;
 - awareness of the need to resist peer pressure;
 - delay of early sexual activity is positively treated;
 - drug use is negatively treated;
 - people living with HIV are treated with tolerance.
3. Formation of positive changes in intentions:
 - to abstain from drug use;
 - to refrain from sexual relations;
 - to use condoms in case of sexual activity.
4. Acquiring positive changes in skills and abilities:
 - to refuse offers of sexual relations;
 - to refuse offers to take alcohol;
 - to say 'no' to the other undesirable offers;
 - to behave adequately in case of sexual abuse threat.

The course has the appropriate educational and methodological support (curriculum, workbook for pupils in each form, the teacher's book Prevention of Risk Behaviour, separate versions of the book For You for boys and girls).

In addition, school psychologists conduct individual counselling for pupils and separate classes for boys and girls to discuss sex and sexual relations issues. Pupils acquire knowledge and life skills on reproductive health according to their age, training level and experience. Thus, optimal conditions are created for pupils to obtain the full scope of knowledge and skills on safe behaviour.

During 2006-2009 the Sector for monitoring and evaluation of prevention of education for children and youth of the Institute of Innovative Technologies and Content of Education under the Ministry of Education and Science of Ukraine conducted a monitoring research Efficiency of the Introduction of the subject 'Fundamentals of Health' in Comprehensive Schools.

The fact that 96 % of parents support the introduction of the subject Fundamentals of Health in schools confirms its effectiveness. Parents state that learning of this subject impacts the child's behaviour and offers a positive approach to the issues of healthy living. The research survey results indicate an increase in pupils' knowledge about reproductive health. Most of the students (87 %) understand how to behave in order to stay healthy; they identify correctly the ways of HIV transmission and the actions to be taken in case of STIs. The vast majority of students (68 %) are aware of adverse effects of early adolescent sexual relations on pubescence and the main reasons for children being involved in dangerous work (pornography and prostitution).

In order to study the status of teaching the subject Fundamentals of Health, in 2008 the Institute of Innovative Technologies and Content of Education carried out monitoring research on the effectiveness of its implementation in 7th form. The research outcomes give grounds to conclude that the subject Fundamentals of Health promotes conscious formation of a personality focused on a healthy lifestyle. Despite the fact that development of life skills for a healthy lifestyle is a long-term process, teachers believe that 22 % of seventh-form schoolchildren have these skills already well formed, while 74 % have these skills partially formed.

Efficiency of the prevention optional course for seniors School against AIDS is statistically confirmed by the outcomes of an independent monitoring study conducted in 2006-2007 using a "before and after" approach. The essences of the study lies in an anonymous survey of students conducted by means of a specially designed test before and after students undertake this course. The testing makes it possible to assess changes in knowledge, attitudes, skills and intentions of students.

The study outcomes prove that the prevention course School against AIDS provides increased individual protection for schoolchildren and the formation of skills reducing vulnerability of youth to risk behaviour. In particular, the number of students correctly answering all questions in the Knowledge section of the test increased 24-fold (from 1.4 % to 34 %). Given the creation of a healthy lifestyle, positive changes are also observed in the students' handling of such important problems as alcohol and drug use and smoking. The number of teenagers who treat negatively substance abuse after the optional course has increased by 8 %.

Learning in the School against AIDS course leads to positive changes in intentions and develops an important life skill such as responsible decision-making. For instance, the number of young people expressing a firm intention to refrain from early sexual

activity is growing by 13 % and those willing to make a responsible decision on condom use during sexual relations – by 27 %.

Because of introducing educational programmes based on life skills development the first reduction (by 4.7 %) in the number of new HIV infection cases in the age group 15-24 was registered in 2008 in Ukraine (information of the Committee on counteraction to HIV/AIDS and other socially dangerous diseases under the Ukrainian Ministry of Health Care).

Introduction of such programmes in Comprehensive Schools in Ukraine has been appreciated greatly by international experts (Integrated external evaluation of national actions to combat AIDS in Ukraine. Summary Report, January 2009).

● **Out-of-School sexual education programs for boys, girls and adolescents**

The Ministry of Education and Science of Ukraine has developed a curriculum entitled Basic Education Guidelines for pupils of the 1st – 12th forms of compulsory schools. The curriculum was approved by Order N° 1133 dated December 17, 2009. Issues of sexual education and formation of students' gender culture are incorporated into the curriculum section entitled Subject matter of educational activity.

The “Youth is for Healthy Lifestyle” curriculum is also widely applied in out-of-school education (through peer-to-peer education methods). It focuses on creating healthy lifestyles among pupils.

The “Youth is for Healthy Lifestyle” curriculum contains two modules on sexual education:

- The module “Your Life is Your Choice” aims at providing information to teenagers and enabling them to master skills associated to a healthy lifestyle and to treat their own health seriously; it teaches adolescents to assess risk situations, make responsible decisions and resist social pressures.

- The module “Show Care and Prudence” is targeted at familiarising teenagers with ways of infection spread and the consequences of HIV, AIDS and STIs. It leads teenagers to comprehend that HIV, AIDS, STIs and unplanned pregnancy are the results of risk behaviour, which can be prevented through the formation of their own responsible behavioural skills.

Subject matters of the above modules are directed at getting youngsters to:

- acquire respect for the opposite sex;
- comprehend the nature of sympathy and its link with friendship;
- become familiarised with the development specificities of boys and girls, and the respective physiological changes occurring in a body;
- master hygiene rules that are the prerequisites for good health, including reproductive ones;
- acquire safe behavioural skills in regard to HIV infection.

The above curriculum is provided with appropriate educational and methodological materials.

To provide educational and methodological support for the sexual education of young people, a training pack was prepared: “Family Education of Student Youth. A Set of Regulatory, Legal and Methodological materials” and “Psychological and Pedagogical Fundamentals to Prepare Students for Family Life. Proceedings of the Ukrainian National Scientific and Practical Workshop”.

During the implementation of the Program “Promoting peer-to-peer education on a healthy lifestyle among Ukrainian youth” over 5 thousand young instructors were trained to carry out prevention work among their peers. The Program reached more than 100 thousand pupils in secondary schools.

Studies conducted by the Ukrainian Scientific and Methodological Centre of practical psychology and social work under the Ukrainian Academy of Pedagogical Sciences on students’ comprehension of the harm of risk behaviours (smoking, alcohol and drug abuse) indicate that the percentage of students who ignore or do not realise the risk has significantly reduced after the peer-to-peer trainings.

- **Availability of separate sections in the National HIV/AIDS Program dedicated to women and HIV / AIDS**

The national Programme for HIV prevention, treatment, care and support for HIV-infected and AIDS patients for 2009-2013 envisages measures to prevent HIV transmission from mother to child by supplying the following materials to health care institutions: test systems for routine HIV examination of pregnant women; rapid tests to examine women during childbirth in case they have not been tested during the antenatal period; test systems to establish viral load and CD4; antiretrovirals to prevent HIV transmission from mother to child; test systems and consumables for early diagnosis of HIV infection in infants born to HIV-infected mothers using the PCR method; nationally produced disposable medical materials; adapted formula milk preparations for infants born to HIV-infected mothers. Activities on prevention of HIV transmission from mother to child have already been mainstreamed. However, forms and methods of work with HIV-positive women before and after delivery, and mechanisms for providing medical services to HIV-positive women in regard to reproductive health still need to be improved. Steps should be taken to enhance integration between the agencies that provide reproductive health/birth control (RH/BC) services and demand-oriented services for HIV-positive patients. The Program does not stipulate any measures to address those issues.

Neither current nor previous national programmes contain separate sections or measures on the prevention of HIV infection among women, or on the improvement of accessibility and quality of reproductive health services for women living with HIV such as provision of gynaecological services, prevention of unwanted pregnancy, use of assisted reproductive technologies, etc.

Thus, the country urgently needs to address RH/BC issues for PLWH at the national level and develop specific measures to ensure the provision of high quality RH/BC services for HIV-infected individuals and those who are at high risk of infection.

- **Availability of policies on STIs control**

Ukraine has the state policy to control the spread of sexually transmitted diseases. Official statistics includes registered cases of syphilis, gonorrhoea, trichomoniasis, chlamydiosis and mycoplasmosis. In accordance with Resolution № 157 of the Cabinet of Ministers of Ukraine Some Aspects of Registration, Recording and Reporting of Infectious Diseases dated February 21, 2001, registration of all cases of syphilis, and acute or chronic gonorrhoea is mandatory. Health care institutions and establishments whether public or private, at all

hierarchical levels, and private entities engaged in medical practice are required to report urgently (through emergency notification) on every case to the appropriate institution or agency of the State Public Health-Epidemiological Service of Ukrainian Ministry of Health of Ukraine. Statistics on trichomoniasis, chlamydiosis and mycoplasmosis is formed on the basis of official reports. Medical treatment institutions submit reports to the organisational and methodological departments of dermato-venereological dispensaries in the regions and the Autonomous Republic of the Crimea. Dermato-venereological dispensaries are independent specialized medical care and prevention institution established to provide counselling, diagnosis, treatment and preventive medical care to citizens in the vested territories and to undertake prophylactic and anti-epidemic measures to prevent STI spread. The Centre for Medical Statistics of the Ministry of Health of Ukraine summarises information received from the regions and develops an annual statistic report.

219,620 new STI cases were registered in 2008. Incidence level for syphilis has declined to 23.3 per 100 thousand population, and gonorrhoea to 16.5 per 100 thousand population; in 2006 those figures were 32.4 per 100 thousand population and 19.3 per 100 thousand population respectively. However, an increase in the levels of female chlamydia and mycoplasma infections has been observed. This can be explained by better female access to STI diagnostic services through family planning centres and consulting rooms targeted at STI prevention, diagnostics and treatment. High-capacity centres have a dermatological consultant on their staff list and laboratory diagnosis facilities. Though the centres are family-oriented, it is mostly women who seek for such medical services.

STI supervision has traditionally been based on passive reporting of STI cases diagnosed in clinics and laboratories. A patient is registered after the diagnosis has been confirmed by a laboratory. STI diagnosis laboratories are generally located in dermato-venereological dispensaries, yet, up until now, the registration and certification of these laboratories has not taken place in all parts of the country. The existing system for data collecting and analysis does not reflect the real rates of STI. This is caused by both medical and non-medical specifics of the given group of diseases. A number of significant drawbacks in the existing epidemic control system is the reason for unreliable information on STI. Sometimes STIs are treated without statistical registration of the case.

Dermato-venereological, obstetric-gynaecological and urological services deal with STI prevention, diagnostics and treatment. Each service has its own sectoral regulatory and legal documents on STIs.

The dermato-venereological services are regulated by the Order № 286 On Improving Dermato-venereological Aid for Ukrainian Population issued by the Ministry of Health of Ukraine on April 07, 2004. The mentioned Order approves the methods and standards for STI diagnostics, treatment and prevention, sets out guidelines for detecting STIs in patients with urinogenital inflammations, including in-patients and out-patients with obstetric-gynaecological and urological case profiles. It also sets out a list of measures to be taken in regard to STI identification in the network of medical and prevention treatment institutions. Pursuant to the Order, treatment and further clinical follow up on STI patients (except for those with syphilis) may be conducted at the place of diagnosis provided the required accounting, reporting and other medical records are kept. When an STI is detected, the information about the sexual partners of the above cohort of patients is sent to a dermato-venereological specialist. Serological testing for syphilis is carried out on all in-patients and once a year on individuals seeking outpatient care. A senior dermato-venereological specialist of the administrative-territorial body is empowered to initiate disciplinary actions

against any persons working in medical and prevention treatment institutions in the various categories of ownership who violate current orders and instructions on prevention and registration of STI patients.

However, not all the patients with obvious disease symptoms apply to the dermatovenereological dispensaries or become registered. With the development of private medicine in Ukraine, there are fears that the published infection rate does not reflect the real picture as STI patients may seek treatment in private clinics and consulting rooms. In addition, there are private laboratories. The said medical institutions do not always report statistics according to the prescribed procedure. This would partly account for the apparent stabilisation and reduction in the STI rate as against the recorded increase in the rate of HIV infection.

The Obstetric-gynaecological service has approved the Protocol for Sexually Transmitted Infections (Order N° 582 of the Ministry of Health of Ukraine dated December 15, 2003). The Protocol establishes procedures for consultation and management of STI patients, and the algorithms for female STI clinical and laboratory examination and treatment, except for gonorrhoea and syphilis.

Although dermatovenereological services are in place in the country, still there is no effective integrated system for STI prevention and control. STI control in the field is performed in specialised institutions (dermatovenereological dispensaries – DVD) that provide treatment to patients with bacterial STIs (primarily syphilis and gonorrhoea) and detect sexual contacts. Cooperation between DVD specialists, family doctors and other specialists (urologists, gynaecologists, therapeutics) qualified to control STIs in the community is inadequate. Reluctance to establish such contacts is partially connected with the lack of professionals trained for this purpose, and the independence of certain specialised services. Health care institutions and social services should cooperate more effectively to arrange control and prevention of STI incidence at the local level. Coordination between local health programs and supervisory organisations, as well as practicing physicians is also important. Information on the basic principles of STI diagnostics and treatment is available to physicians, but it is unknown to what extent practitioners observe them. Medical aid on reproductive health issues, particularly STI control, calls for the introduction of an integrated approach in Ukraine; STI patients are mainly treated in outpatient departments. There is also insufficient understanding of the linkage between STI and HIV spread and that the main aspect of combating STI incidence must be primary prevention of those infections integrated with HIV prevention.

Ukraine needs to develop further the integrated health and sanitary services for STI patients, ensure accessibility of health services to adolescents and rural populations, provide equal male and female reproductive rights and conditions for equal access to STI services, and introduce a system for STI diagnostics and treatment by general practitioners and family doctors.

- **National policy on abortions**

- **Survey statistics reflecting public opinion on the right of HIV-positive women to abortion**

Ukraine has approved a set of international documents including the Program of Action agreed to at the International Conference on Population and Development held in Cairo in 1994. The Cairo Conference Program of Action calls for providing opportunities for

people to decide independently how many children a family should have, what the intervals between births should be, and to receive the relevant information and access to high-quality methods of family planning. In line with the Millennium Development Goals (2006) (goal N° 5), priority for the signatory states is to secure universal access to reproductive health services and reduce maternal mortality. As a consequence of ratification of the Action Plan (adopted at the Cairo Conference) by Ukraine as well as political and state support for its provisions, the country has established an effective system of family planning, following the example of many of developed countries to foster the population's demand for planning the number of children and frequency of their births, to ensure optimal conditions for birth, care and upbringing.

Operation of family planning services has had a positive impact in reducing the number of abortions in the country. Stable reduction of abortions has allowed Ukraine to shift in the world ranking from the high prevalence list (more than 20.0 per 1,000 women of reproductive age) to the medium prevalence list (20.0 - 15.0 per 1,000 women of reproductive age). The Abortion rate index in Ukraine in 2008 was 14.9 per 1,000 women of reproductive age. The statistical index of unwanted pregnancies for 2008 is 11.85 per 1,000 women of reproductive age.

Currently abortions are legally permitted in Ukraine. The procedure is governed by numerous legislative and regulatory acts. Legalisation on abortion has contributed to reducing the number of criminal abortions and related maternal losses. It has also made it possible for a woman to receive skilled medical care during the termination of an unwanted pregnancy. Current national policy is aimed at improving the quality of medical care in case of the woman's informed choice to interrupt her pregnancy, accompanied by active measures to prevent abortions.

Article 281 of the Civil Code of Ukraine states that any pregnancy of under 12 weeks duration may be artificially terminated at the woman's request; and in other cases established by the law a pregnancy may be artificially terminated from the 12th till the 22nd week of pregnancy. A separate regulatory act governs the list of circumstances allowing the termination of a pregnancy. Special Article 50 of the Ukrainian framework legislation on health care reads that surgery for the artificial termination of pregnancy (abortion) may be performed at the request of a woman in an appropriately accredited hospital in case the pregnancy term does not exceed 12 weeks. Pregnancy is artificially terminated in accordance with the requirements set forth in Article 43 of Ukrainian framework legislation on health care that requires consent to medical intervention of an objectively informed competent patient. The Civil Code of Ukraine (part 3 of Article 284) stipulates that health care for an individual of fourteen years old or over shall be provided by his/her consent. Individuals under 14 years are provided with medical care on the consent of their legal representatives. The same conditions apply to abortion services and family planning.

In case of severe diseases and in a situation where the pregnancy negatively affects the clinical course, it may be terminated up until the 22nd week according to Ukrainian Law N° 2135-IV On Amendments to Article 281 of the Civil Code of Ukraine dated November 02, 2004. Order N° 144 of the Cabinet of Ministers of Ukraine On Implementation of Article 281 of the Civil Code of Ukraine dated February 15, 2006 has approved the List of severe diseases that threaten the patient's health and life during pregnancy. In such cases, abortion is allowed in the period beyond the 22nd week.

In order to prevent criminal and illegal abortions, Article 134 of the Criminal Code of Ukraine is put into effect. This Article stipulates that illegal abortion, namely, abortion by a

person without special medical education, shall be punished by a fine in the amount of 50 to 100 tax-free allowance, or by 100 to 240 hours of community work, or by correction labour for up to 2 years, or by imprisonment up to 2 years. In case of an illegal abortion resulting in long-term morbidity, infertility or death, the person that made abortion is punished by imprisonment for 5 years and may additionally be deprived of the right to occupy certain positions or engage in certain activities for up to 3 years.

As a rule, the abortion procedure is publicly available in Ukraine. HIV-positive women receive abortion-related medical services on general basis. Integrated medical care during abortion includes measures on high-quality artificial termination of pregnancy and prevention of future abortion. The patient is operated exclusively by obstetricians-gynaecologists in public and private health care institutions. Obstetricians should render counselling services to a woman seeking for medical care on abortion. Standards and procedures for abortion are approved by MoH Order N° 508 On Approval of Instruction on Surgical Procedures for the Artificial Termination of Pregnancy, Formats of Primary Records and Instructions for their Execution dated July 20, 2006. Sectoral orders and clinical protocols approve institutional and medical technologies that are mainly grounded on scientific, evidence-based medicine and WHO recommendations. However, insufficient training of specialists at the pre-and postgraduate level, low awareness of new technologies, and poor material resources and conditions for artificial termination of pregnancy impede the offering of safe abortion methods and qualified counselling on contraception to populations in all parts of the country. Most of the medical institutions performing functions in abortion planning and procedures are located in urban areas. Women from rural localities have limited access due to the time and material costs required for getting these services. Accessibility of abortion services also decreases due to the great number of obligatory test and related consumption of time and money, incompetent service providers, and other reasons. Counselling on contraception methods is an affordable service mostly in antenatal clinics and family planning offices; however it is not always of adequate quality. Doctor-Patient communication continues to be very poor.

Statistics and accounting systems for abortion-related services and contraceptive use are in place in Ukraine. For many years family planning services have been monitoring the number, age groups, and types of abortions. Notwithstanding a stable tendency to reduction in the total number of abortions through active state policy in that direction, the problem still remains topical for Ukraine. Abortion continues to be one of the methods used for birth control in Ukraine.

During the health and demographic survey of Ukrainian population in 2007, women and men were asked a set of questions about their attitudes to abortion. 45 percent of women and 59 percent of men aged 15-49 years believed that there are circumstances under which a woman should not conceive and that pregnancy in such circumstances must be terminated. Only 18 percent of women and 12 percent of men believed that such pregnancy should be kept. On the other hand, 32 percent of women and 22 percent of men stated that a woman has the right to make her own decision on pregnancy non-termination.

In the course of the strategic assessment of policies, programmes and research Abortion and Contraception in Ukraine 2008 carried out jointly by the Ministry of Health of Ukraine and WHO, the admissibility of abortion in the eyes of the population was studied. Different opinions were obtained - from complete denial to acceptance and understanding. Attitudes to contraception and abortion vary, depending on place of residence, education, religious commitment, sex, and material status. The population

considers that under certain circumstances abortion is a reasonable action, although it is often considered a violation of moral principles. Most people treat abortions negatively. Many of the respondents mentioned the moral and psychological burden associated to abortion. On the other hand, respondents believe that abortions should exist. Some people consider abortion as a normal medical surgery. Perception of abortion by the urban population in general is more approving; in rural areas people often believe that only women having multiple sexual partners terminate a pregnancy. Men treat abortions differently. Certain men categorically reject abortions; others recognise poor living conditions as a justification for an abortion. There is a group of men convinced that the issue of contraception and abortion in case of unintended pregnancy is exclusively a woman's problem and they, as partners, absolutely do not care. In general, women are well informed about the places of abortion in public and private sectors and pricing for services. IDUs, HIV-positive women and female sex workers mention the difficulties of applying for medical assistance due to lack of finance and the negative attitude towards them. Problems of stigma and discrimination of these populations do exist.

No specific sociological study of public opinion regarding the right of HIV-positive women to abortion has been undertaken in Ukraine.

● **Major national social and cultural characteristics (beliefs, convictions) that hinder efficient HIV control**

One of HIV infection specificities is its various effect on medical, demographic, socio-economic and cultural aspects of the society. HIV infection is transforming from a purely medical public health problem into a social development problem.

Sexual transmission is increasingly the main factor responsible for the growing rate of HIV in Ukraine, and there is a growing number of new cases of infection cases that are the result of transmission during unprotected sexual intercourses between people who are not connected directly with IDUs or any other risk group. In line with the HIV contagion growth rate the number of HIV cases among women of reproductive age and pregnant women is growing: over 40 percent of PLWH are women, and most of them (60 percent) are of active reproductive age.

Youth is under the increased HIV and STI risk as a result of interaction of various behavioural, biological and socio-economic factors. Specifics of sexual behaviour among young people are their tendency to numerous short-term sexual relations. The following features are also typical:

- gender inequality that increases vulnerability of girls and young women;;
- exaggerated sense of invulnerability and safety;
- psychological difficulties when seeking for medical assistance;
- lack of planning for the future and/or consequences;
- inadequate assessment of their own behaviour.

Young people are especially vulnerable to HIV infection through risky sexual behaviour or drug/alcohol use, lack of sufficient access to age-appropriate information on HIV infection and to prevention services; as well as because of socio-economic factors.

Churches and religious organizations in Ukraine have significant influence on formation of social consciousness, including formation of believers' convictions regarding HIV/AIDS. Churches and religious organizations hinder certain activities implemented by the State and NGOs:

1. The Church regards some of the prevention and educational programs to combat AIDS as mere propaganda for a free sexual life and advertising condoms. Traditional churches in Ukraine consider extramarital sex as a sin. Accordingly, it is immoral and sinful to popularise sin, even the context of combating AIDS. Cases where people openly live an 'immoral' life, even if they are famous and talented in their fields (this also applies to representatives of the LGBT community), and involved in campaigns to combat HIV/AIDS, are also deemed unacceptable. The Church strongly objects such campaigns and considers them immoral and irresponsible.

2. The Church is against contraception, because it contradicts Christian ethics. Clergymen have discussions on condom use for discordant couples. Most clergymen believe that HIV-positive people, being sick can no longer fully compose a marital couple or else they recommend them to refrain from sexual intercourses. At the same time the Church recommends the use of modern prophylactics and therapeutics to reduce the risk of HIV transmission from mother to child and make it possible to deliver healthy children in families where one or both spouses are HIV-infected.

3. One of the biggest obstacles to effectively combating the HIV/AIDS epidemic is the idea that HIV is God's punishment for a sinful lifestyle led by a specific person. Because of the biblical concept of the Fall, diseases accompany the person's corporal existence from birth to death. Lately theological and ethical discussions on various aspects of the disease have been held. The Churches are beginning to admit that HIV/AIDS is neither a sin nor a punishment for sins and urge their flocks to show compassion to people living with HIV/AIDS and care for them.

4. Traditional Churches do not support harm reduction programs (syringe exchange, ST). Churches believe that harm reduction programs do not eliminate the reason but temporarily delay fatal consequences of drug abuse and irresponsible sexual relations (Conference resolution). The worst thing, in the opinion of representatives of religious organizations, is that such programs undermine the moral foundations of society, harm reduction programmes are, in fact, permission to sin.

5. Belief in healing. Some clergymen preach that God can heal diseases (including HIV infection) therefore one should pray God and God will ensure miraculous salvation. There are cases where believers have been inspired to refuse ARV therapy because only they felt that only true faith heals.

More often the modern traditional church considers that integrated medical, psychological, social and pastoral assistance should be given to such people and that it is important for medical and pastoral assistance to be provided simultaneously.

- **National budget allocations for sexual and reproductive health and combating HIV**

- **Funding tendencies: growth/reduction (in comparison to the first stage of the study, 2006-2007)**

Nearly 20 percent of the state budget (or about 4 percent of the GDP) is annually allocated for public health in Ukraine. The share of health care expenditures from common and special funds of the state budget constitutes 3.6 percent in the total GDP volume (3.6 percent in 2006, 3.5 percent in 2007). UAH 1.7 billion is planned for utilisation to implement state programs and undertake integrated measures compared to 1.4 billion UAH in 2007.

Major principles for funding of medical institutions are based on budgetary support that mainly covers physicians' salaries, financing bed-days, payment of utilities, etc., and does not cover the costs associated to the full scope or the quality of medical services. Expenditure patterns within the health care system are also irrational; the bulk is allocated to in-patient medical care. Increased budgetary allocations to the sector during 2000/2007 were mainly directed at raising wages of medical staff and were not sufficiently used for the procurement of materials, covering the costs of diagnosis and treatment, or renovation of equipment.

The National Program for HIV prevention, treatment, care and support for HIV-infected and AIDS patients in 2009-2013 will be financed from the state and local budgets as well as from other sources. Tentative funding is as follows: overall total is 3,651,847.7 thousand UAH, including 2,905,938.3 thousand UAH from the state budget, 267,336.4 thousand UAH from the local budgets and 478,572.9 thousand UAH from other sources. Planned Program expenditures for 2009 are 510,893.3 thousand UAH, including 345,472.03 thousand UAH from the state budget; for 2010 – 632,708.1 thousand UAH, including 443,114.1 thousand UAH from the state budget.

Funding of the State Program Reproductive Health of the Nation for the period up until 2015 makes up of 761,010.5 thousand UAH; 455,165.7 thousand UAH from the state budget, 295,135.2 thousand UAH from the local budgets, and 10,709.6 thousand UAH from other sources. In 2008 it was planned to allocate 62,199.7 thousand UAH for funding from the state budget. Subsequent to the 2008 results, the Programme was 92.5 percent financed from the state budget.

International donors provide substantial support to combat STI/ HIV, create healthy lifestyle values and preserve reproductive health for a long time. A significant part of the prevention measures, including outreach and awareness-raising activities, harm reduction programs, prevention of HIV transmission from mother to child, supply of ARV medicines to HIV-infected patients, as well as HIV/AIDS research and surveys have been performed for the grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and funds provided by various UN agencies (UNDP, UNFPA, UNAIDS, USAID, UNICEF, etc.).

OFFICIAL SOURCES USED TO DRAFT SECTION I

- The Constitution of Ukraine
- The Civil Code of Ukraine
- The Family Code of Ukraine
- The Criminal Code of Ukraine
- National Plan for Health Care Development till the year 2010
- The Law of Ukraine On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of the Population
- The Law of Ukraine On Prevention of Domestic Violence
- The Law of Ukraine On Securing Equal Rights and Opportunities for Women and Men
- The Law of Ukraine on Fundamental Principles of Health Care Legislation in Ukraine
- Decree N° 1135/2005 of the President of Ukraine On Operational Improvement of Central and Local Executive Bodies to Ensure Equal Rights and Opportunities for Women and Men dated July 26, 2005
- Resolution N° 144 of the Cabinet of Ministers of Ukraine On Implementation of Article 281 of the Civil Code of Ukraine dated February 15, 2006

- Resolution N° 157 of the Cabinet of Ministers of Ukraine Some Aspects of Registration, Recording and Reporting on Infectious Diseases dated February 21, 2001
- The Resolution N° 504 of the Cabinet of Ministers of Ukraine On Gender and Legal Expertise dated April 12, 2006
- Resolution N° 57 of the Cabinet of Ministers of Ukraine Issue of Granting and Paying Material Assistance to Families with Children dated February 22, 2008.
- The National Program on HIV prevention, care and treatment for HIV-infected and AIDS patients (duration - 2004-2008)
- The National Program on HIV prevention, treatment, care and support for HIV-infected and AIDS patients in 2009-2013
- The National Program Reproductive Health for 2001-2005
- The State Program Reproductive Health of the Nation for the period till 2015
- The State Program on assertion of gender equality in Ukrainian society for the period up until 2010
- External evaluation of the national response to the HIV/AIDS epidemic in Ukraine
- Report on implementation results of the National Program for HIV prevention, and care and treatment for HIV-infected and AIDS patients for 2004-2008
- Report on the results of implementing in 2008 the State Program Reproductive Health of the Nation for the period up until 2015
- Order N° 286 of the Ministry of Health of Ukraine On improvement of dermato-venereological assistance to Ukrainian population dated April 07, 2004
- Order N° 582 of the Ministry of Health of Ukraine Care Protocol Sexually transmitted infections dated December 15, 2003
- Orders No. 740/1030/4154/321/614a of the Ministry of Health of Ukraine, the Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sports, State Penal Correction Department of Ukraine, Ministry of Labour and Social Policy of Ukraine On measures to prevent HIV MTCT, health care and social support to HIV-infected children and their families dated November 23, 2007
- Order N° 236 of the Ministry of Health of Ukraine On introducing voluntary counselling and testing for HIV infection dated April 19, 2006
- Order N° 508 of the Ministry of Health of Ukraine On approval of Instructions on the procedure for induced abortion, formats of primary registration documentation and instructions to fill them in dated July 20, 2006
- The Order N° 716 of the Ministry of Health of Ukraine On approval of clinical protocol for obstetric care to prevent MTCT`
- Medical and demographic survey of Ukrainian population, 2007
- Strategic evaluation of policies, programs and researches Abortion and contraception in Ukraine, 2008
- Order N° 4941 of the Ministry of Ukraine for Family, Youth and Sports On approval and implementation of standards for the minimal social service package in HIV/AIDS to different categories of children, youth and families dated December 18, 2008,
- State standards for basic and comprehensive secondary education
- Order N° 132 of the Ministry of Education and Science of Ukraine On approval of Standard curriculum model for comprehensive (12 years') schools dated February 23, 2004
- Order N° 1133 of the Ministry of Education and Science of Ukraine On Curriculum approval Basic educational guidelines for pupils attending the 1st -12th forms in comprehensive eschools dated December 17, 2007

- Participation of churches and religious organizations in Ukraine in combating HIV/AIDS epidemic and work with PLWH (inter-confessional book)

KEY STATISTICS ON THE EPIDEMIC AND STATISTICS ON SEXUAL AND REPRODUCTIVE HEALTH (2008/2009)

- **HIV/AIDS cases and incidence by gender and age groups:**

According to the Ukrainian AIDS Centre, the number of HIV cases registered in 2008 was 18,963, i.e. 40.9 per 100 thousand population: 10,508 cases among men and 8,455 among women.

Distribution by age groups:

Age group	Males	Females
0-14 years old	1872	1777
15-17 years old	13	90
18-24 years old	727	1669
25-49 years old	7519	4704
50 years old and over	377	215

The number of AIDS cases registered in 2008 was 4,380, i.e. 9.5 per 100 thousand population: 3,060 cases among men and 1,320 among women.

Distribution by the age groups:

Age group	Males	Females
0-14 years old	33	41
15-17 years old	0	1
18-24 years old	81	110
25-49 years old	2793	1121
50 years old and over	153	47

In the first 9 months of 2009, 14,744 cases of HIV infection were registered, including 3,198 AIDS cases. Distribution of HIV infection cases by sex: 8,150 cases among men and 6,594 cases among women. Distribution of AIDS cases by sex: 2,182 cases among men and 1,017 cases among women.

- **Percentage of people living with HIV (PLWH) on ART, distribution by sex:**

According to the Ukrainian AIDS Centre as of the end of 2009 14,256 patients were receiving ART; this represents only 43 percent of the demand. 6,859 (48 percent) out of the 14,256 patients were HIV-positive women.

- **Maternal mortality:** 14.7 per 100 thousand live births (information supplied by the Ministry of Health of Ukraine, 2008).

- **Prevalence of condom use:** not registered by official statistics, but according to International Donor Organisations in Ukraine in 2007: women – 60.2 percent, men – 80.1 percent.

- **Prevalence of contraceptive use:** 308.35 per 1,000 women of fertile age (intrauterine spirals and hormonal contraception) (information supplied by the Ministry of Health of Ukraine, 2008).

- **Percentage of HIV-positive women receiving ARVs to reduce the risk of HIV transmission from mother to child:** 94 percent (data of the Ukrainian AIDS Centre, 2008)

- **Percentage of births in hospitals:** 99.82 percent (information supplied by the Ministry of Health of Ukraine, 2008).

- **Percentage of births in juvenile age groups (children up to and including 14 year old and the 15-18 age group):** up to and including 14 years old - 121 births representing 0.026 percent of the total number; 15-17 years old – 9,777 births representing 2.15 percent (information supplied by the Ministry of Health of Ukraine, 2008).

SECTION II

SEXUAL AND REPRODUCTIVE HEALTH

[I] EDUCATION, INFORMATION, AND COMMUNICATION IN THE SPHERE OF SEXUAL AND REPRODUCTIVE HEALTH

- **Basic elements of prevention in the National Program directed at the sexual and reproductive health of women, youth and adolescents**

A) The main essence of the provisions:

- development of the minimum information modules addressing the issues of a healthy way of life and sexual education taking into account the age-specific features, for in pre-school establishments and comprehensive school, occupational educational institutions, and higher educational institutions of all levels of accreditation, for the purpose of carrying out health and education activities.

- development of the sexual education program according to age groups of children.

- producing and publishing information and methodological materials for children in general, school children and college students in regard to a healthy way of life and the maintenance of reproductive health (cards, booklets, placards, etc.). Introduction of post boxes for submitting questions and receiving answers in educational institutions.

- conducting research studies of the modern adolescents' state of health in order to determine the risk factors contributing towards female and male sexual system diseases; development of prevention, diagnosis, care and treatment standards for those diseases.

- establishing an educational system for work with children, adolescents, and young people in regard to a healthy way of life, family planning measures and prevention of sexually transmitted infections as well as HIV: publication of the corresponding literature.

B) Most frequently used mass media means and strategies:

- Creation of radio programs and introduction of a television, public service announcements aimed at promoting a healthy way of life and maintenance of reproductive health.

- Development and implementation of annual information and educational campaigns for the population with regard to a healthy way of life, reproductive health, and prevention of the unwanted pregnancies by means of thematic television and radio programs and public service announcements.

- Development of the Internet site for parents, children, and youth with regard to sexual education issues and continuous information support.

- Development and broadcasting a monthly cycle of television programs entitled «Reproductive Health of the Ukrainian nation».

C) Propagation, accessibility, and dissemination of condoms:

Not included into the Program.

D) Involvement of the general public in the action planning process:

Not included into the Program.

E) Involvement of the general public in the action implementation process:

Not included into the Program.

● Assessment of Program provisions aimed at HIV prevention among women, youth, and adolescents

Prevention activities among women, youth, and adolescents is carried out in accordance with the National program on HIV prevention, treatment, care, and support for HIV-infected and AIDS patients for 2009-2013². In accordance with the specified document, prevention actions involve: launching educational and explanatory actions among the population designed to promote and propagate a healthy way of life, spiritual, moral ethical, and cultural values, and responsible behaviour; escalation of prevention activities among most at risk groups; observance of requirements with regard to safety of medical and diagnostic processes by using disposable medical products; ensuring safety of the donor service; improvement of mechanisms for prevention of mother to child HIV transmission; and provision of access to free-of-charge testing for the population, especially youth and most at risk groups vulnerable to HIV infection.

Prevention activities among women, youth, and adolescents are carried out within the scope of the work done with the general population as well as within the framework of activities aimed at vulnerable groups, which include injecting drug users, sex workers, street children, migrants, and prisoners.

Primary prevention among the general population in accordance with the Program includes the creation and dissemination of thematic social advertising in mass-media, propagation of a healthy way of life among youth by means of mobile advisory offices under the Centres of social services for families, children and youth (CSSFCY), introduction in the educational institutions of optimal curriculum for young people entitled “HIV / AIDS Prevention”, development of prevention programs at the workplace, and establishment of free access for population to HIV tests.

Prevention among most-at-risk groups of women, youth, and adolescents is implemented in accordance with the Program by means of free distribution of syringes, condoms, and information materials; and by HIV and STI testing conducted by non-governmental organisations, centres of social services for families, children and youths, and other medical institutions.

Efficiency of prevention activities among the population may be evaluated by means of the official statistics with regard to identification of the new HIV cases. In accordance with the data provided by Ukrainian AIDS centre, the tendency to a decrease in the number of identified HIV cases has shown itself most clearly among the IDUs in general and young injecting drug users in particular as the following figures show: a drop from 925 cases in 2006 to 770 cases in 2007, to 582 cases in 2008 and down to 552 cases in 2009. Regarding women, who are the injecting drug users, the epidemiologists have not observed any tendency to decrease in new cases similar to that among the young IDUs. In 2006, 1,496 HIV cases were registered among this group; in 2007 the number of new registered cases reached 1,561, and in 2008 this indicator went down again to 1,465, while in 2009 it totalled 1,443 cases.³

The number of the new HIV cases among youth of the general population also decreases every year: in 2006 it totalled 2,950 cases, in 2007 – 2,705, in 2008 – 2,499, in 2009 – 2,337. Regarding women, the situation is quite the opposite – every year the number of registered HIV cases increases. In 2006 specialists registered 6,738 cases, in 2007 – 7,737, in 2008 – 8,455, and in 2009 – 8,913 have been revealed.

² Ukrainian Law No. 1026-VI On adoption of National Program on HIV prevention, treatment, care, and support for the HIV-infected and AIDS patients for 2009-2013, dated 19 February 2009.

³ According to data provided by the Ukrainian AIDS control and prevention centre.

In 2008 HIV transmission through sexual contacts surpassed parenteral transmission for the first time. The level of infection among the pregnant women is used to determine the level of HIV infection among the general population. Levels of HIV infection among pregnant women have remained unchanged over the last three years and it stands at 0.34 %. Similarly, according to the AIDS Centre, many HIV-positive pregnant women were infected by sexual exposure. Partners of many such women are heterosexual men who have never consumed drugs⁴. In view of that fact, prevention work among the general population and monitoring the efficiency of such activities is extremely important.

Tools for assessing prevention activity efficiency include the national monitoring and assessment indicators used to establish control over the HIV/AIDS epidemic situation⁵. In particular, efficiency of HIV prevention activities is assessed using the following group of primary indicators:

- Coverage of the prevention programs.
- Population awareness about sexual transmission of HIV and transmission prevention.
- Safe behaviour.
- Testing for HIV.

The starting point for any assessment of the efficiency of HIV epidemic prevention provisions in Ukraine based on national indicators is the National report on the implementation of the decisions of the Declaration on commitments to HIV /AIDS relief for the period from January 2003 to December 2005. The table below presents the abovementioned indicators with a breakdown by gender and by age group (Table 1)⁶.

Table 1. National monitoring and assessment indicators distributed by gender and by age group for 2005, 2007, and 2009, in percentages

№	Indicator	Target group	Indicator								
			Women			Youth 15-24			Percentage of the total		
			2005	2007	2009	2005	2007	2009	2005	2007	2009
1	Percentage of individuals covered by prevention programs	Youth aged 15-24	82%[1]	12%	n/a	n/a	n/a		83%[2]	16%	n/a
		IDU	41%	50%	33%	31%	41%	23%	38%	46%	31,6%
		CSW	34%	69%	59%	26%	67%	53%	34%	69%	59%
		MSM					51%	63%	n/a	50%	63%
		Prisoners		1%	13%		4%	14%	n/a	8%	15%
2	Percentage of target group individuals correctly identifying ways of HIV transmission and means of transmission prevention	Youth aged 15-24	13,30%	42%	41%				14%	40%	40,3%
		IDU	18%	45%	53%	15%	41%	54%	21%	47%	54,7%
		CSW	8%	48%		6%	43%	48%	8%	48%	51%
		MSM	n/a	n/a	n/a	47%	43%	72%	49%	47%	71%
		Prisoners	43%	37%	43%	28%	34%	38%	39%	42%	41%

⁴ HIV infection in Ukraine. Information bulletin № 32. – K, 2009. – P. 34.

⁵ Order of the Ministry of Health «On adoption of the list of national indicators on monitoring and assessment of the efficiency activities, which establish control over epidemic situation regarding HIV infection / AIDS» dated 17.05.2006 № 280 (as amended and approved by MoH Order № 870 dated 28.12.07).

⁶ National report on the implementation of the decisions of the Declaration on commitments to HIV /AIDS: Ukraine. Reporting period: January 2006 – December 2007

3	Percentage of target group individuals declaring condom use during last sexual intercourse	General population of 15-49 (15-24) years of age	65%	61%	61%	n/a	69%	80%	n/a	72%	61%
		IDU		56%	45%			52,8	34%	55%	48%
		CSW	80%	86%	89%	79%	86%	89%	80%	86%	88%
		MSM					39%	65%	72%	39%	64%
4	Percentage of IDU, informing sterile injection appliance use in last drug injection	IDU		81%	83%		83%	89%	63%	84%	87%
5	Percentage of target group individuals tested for HIV in the previous 12 month period and aware of results	General population aged 15-49	6%	20%	15%	5%	12%	12%	n/a	15,50%	13,10%
		IDU	26%	30%	32%	23%	23%	21%	26%	29%	28%
		CSW	32%	46%		30%	48%	56%	32%	46%	59%
		MSM				25%	25%	43%	25%	28%	43%
		Prisoners	25%	30%	17%	n/a	24%	11%	18%	25%	12%

The efficiency of the prevention programs can only be evaluated on a dynamic basis. For example, the table testifies that since 2005 the level of awareness indicators has been improved many times among at-risk young adults and women as well as the percentages of coverage of most-at-risk groups by the programs and the percentage of those testing for HIV, etc.

One serious shortcoming in the efficiency assessment of the prevention programs is the change of the methodology used for data gathering. That is clearly reflected in the figures for the coverage of youth aged 15 – 24 and is due to a change in the calculation methodology. In 2005 coverage was calculated taking into account all survey respondents aged 15 – 24 whereas in 2007 only young adults with risk behaviour were surveyed.

Another source that can be used to evaluate coverage of most-at-risk groups by prevention programs is the program monitoring data, in particular the «SyrEx» database, which contains quarterly reports filed by non-profit organizations – sub-agents of the International Fund “International HIV/AIDS Alliance in Ukraine”. In accordance with the results of program monitoring in 2008, the number of IDUs covered by the prevention programs totalled 102,166 persons, 23,935 out of whom were women; 119 were youth over 15 years; and 23,499 were people in the age group 16-497. The number of sex workers covered by the program was 16,997 individuals 16,479 of whom were women, 49 were under 15 years and 7,536 were in the 16-24 age group⁷. Efficiency of coverage may be evaluated by considering the estimated numbers belonging to most at risk groups. That being so, according to the survey that was conducted in 2005, the average evaluated number of IDUs was around 375 thousand individuals, and female sex workers (FSW) – 167 thousand⁸. Therefore, coverage by prevention programs of most at risk groups in 2008 among IDUs was approximately 27%; among FSW – approximately 10%. In 2009 ICF “International HIV/AIDS Alliance in Ukraine” launched the implementation of a new survey regarding the numbers of participants. In accordance with the new evaluation

⁷ Data of International Fund ‘International HIV/AIDS Alliance in the Ukraine’

⁸ “Assessment of population group number, vulnerable to HIV”, conducted in 2008 by Kyiv international institute of sociology, ordered by ‘International HIV/AIDS Alliance in the Ukraine’.

data, the number of IDUs at national level totals 290 thousand; and the number of FSW – 70 thousand. Thus, according to program monitoring in 2009 the proportion of IDUs covered by the program in 2009 reached 52%; and for FSW the figure was 36%. In 2010, the Program established target coverage for the IDU group 43 %, and for the FSW group 30 %.

It should be mentioned that routine epidemiological monitoring and collection of behavioural indicators among the vulnerable groups is conducted on a regular basis, whereas studies of the prevention activity efficiency among the general population, youth and women in particular is conducted irregularly. This may be attributed to the concentrated nature of the epidemic in the country, which forces the majority of the donor organisations to direct their efforts towards control of the epidemic among the most vulnerable groups.

It should be noted that in Ukraine a clear reduction tendency is observed in the new HIV infection cases identified among the young (15-24 years) injecting drug users, which is an obvious result of the comprehensive prevention activities conducted by both non-governmental and state organisations. Level of awareness, coverage by prevention programs, and safe behaviour of vulnerable groups have all increased considerably. Regarding women who are injecting drug users, no clear tendency towards reduction in the registration of new cases of HIV can be detected.

Efficiency of prevention activities among the general population, youth and women in particular may be proved by the increased awareness level in regard to the forms of HIV transmission, both among youth in general and women of that age group in particular. At the same time, there has been an observable decrease in the number of new HIV cases registered among youth.

The number of new HIV cases registered among women in general population has increased, and more and more pregnant women are infected by sexual exposure from heterosexual husbands, who are not the drug users. This may mean that the epidemic is gradually expanding beyond the limits of risk groups and that there is an urgent need for primary prevention initiatives directed at the general population. The current situation requires regular monitoring and assessment of the efficiency of such activities.

● STI cases among women, youth, and adolescents and specific national STI prevention campaigns targeting them

The official statistics evaluates the level of STI incidence among adolescents aged 14 and under and in the 15-17 age groups separately by sexes. Recent years have shown stabilisation and decreases of indicator levels for STIs among adolescents. Specialists observe an increase in the incidence of Chlamydia and Mycoplasma infections among women that may be attributed to the establishment of a network of private laboratories that now provide testing and diagnostic services to a wider contingent of the population. The national prevention campaigns against STIs do not consider these groups as their target publics and such activities are basically conducted by the international and civil society organisations.

● Addressing the issues of inequality (gender, racial, ethnic, social) in educational programs implemented by the government for STI prevention

In accordance with the Constitution of Ukraine: “There shall be no privileges or restrictions based on race, skin colour, political, religious, and other beliefs, gender, ethnic or social origin, property status, place of residence, language or other characteristics”

(Article 24). Therefore, normally the issues related to discrimination are not addressed in educational programs.

Even so, certain researches have shown that educational materials for comprehensive schools are characterized by the presence of a hidden gender discrimination, i.e. presence of gender stereotypes in the school textbooks and other teaching materials, which are used in the educational process.

That is not applicable to the educational programs implemented by the government for prevention of STI transmission. As far as all the teaching materials devoted to these issues stress on the equal responsibility of both women and men in regard to their health and health of their families; such materials underline the need for both men and women to use protectors during sexual intercourses to avoid infections, etc.

● **Training of health service staff to provide effective counselling on prevention for women, youth, and adolescents**

Health service staff has insufficient training and preparation. The current educational curricula within the framework of graduate and post-graduate education do not keep up with the principles of modern medicine. There are certain outstanding unresolved issues in the education of specialists in the sphere of reproductive health, both in the aspect of prevention and of provision of medical services.

Issues of specialist education in the sphere of reproductive health – both in prevention of diseases and provision of the medical services – call for relevant attention. Their quality is affected by the incompatibility of the existing educational curricula in the graduate and post-graduate education system with the principles of scientific and evidence-based medicine, and family planning; as well as very limited opportunities to make use of such information.

Post-graduate education in Ukraine includes training of the specialists in the course of a three-year internship for obstetrician-gynaecologists and after that every 5 years the doctor has to undergo one-month pre-attestation cycle and 2 week thematic cycles. Since 2009, it has become possible to take a one-week thematic cycle, which is equal to 2 week training cycle.

The system of obstetrician-gynaecologist qualification allocates an insufficient amount of instruction hours to issues of family planning and counselling (in the 4th year of study, none of the abovementioned issues are addressed; in the 5th year – 11.2 teaching hours; in the 6th year – 10.5 teaching hours).

The learning time in the course of a three-year internship in the sphere of obstetrics and gynaecology allocates just 74 hours to issues pertaining to family planning and counselling; such learning starts in the 2nd year of internship.

At the level of post-graduate education, the pre-attestation cycle curriculum does not include any topics addressing the issue of counselling on reproductive health and family planning. They are addressed in the form of a thematic cycle titled “Issues of prophylactic perinatology and family planning” comprising 156 learning hours designed for a narrow circle of specialists.

The curriculum of the unified study programme during the pre-attestation cycle (PAC) for those majoring in ‘Obstetrics and gynaecology’ does not include any topics regarding family planning and counselling. Some departments have revised the curriculum on their own initiative and included topics for their students regarding family planning and counselling for patients of reproductive age.

Certain higher medical education institutions, at their advanced training faculties, have introduced thematic cycles addressing the issues of family planning and counselling into

the respective curricula. While all that is going on, fundamental organizational questions remain unsolved because the doctors have to pay for such 1-month training themselves and during the training course their salaries are not guaranteed. Not all specialists agree to work under such conditions.

At the level of non-graduate education obstetricians are trained during 648 teaching hours of the course, which contains 243 hours dedicated to obstetrics and gynaecology issues, including 54 hours devoted to reproductive health and family planning whereas at the level of post-graduate education, the issues of family planning are addressed by a mere 8 teaching hours of instruction in the course of pre-attestation cycle, which is definitely not sufficient for this topic.

Since 2007, the medical schools and colleges that train nurses and medical assistants (three-year training course), have introduced 'Reproductive health' and 'Family planning' curricula. However, the specified curricula do not cover all aspects of the topic; they are mainly based on lecture material and do not contain interactive approaches to learning.

Medical educators do not update training curricula that no longer satisfy the requirements of regulatory documents and modern approaches. These issues are mostly resolved at workplace. There is an insufficient amount of specialized literature available to enable medical specialists to qualify themselves independently.

The specialisation curriculum on family medicine does not sufficiently address the issues of family planning. It has no practical training in counselling. As a result, family doctors are not qualified to provide counselling in the sphere of reproductive health.

Despite the mandatory nature of introduction of the organizational and methodological documents, they are not sufficiently utilized either at the level of specialist education or in practical activities.

- **Government initiatives to build counselling capacity of medical teams**

There are no governmental initiatives in this sphere. Medical teams basically provide medical and social support in the sphere of HIV. The prevention sphere requires development.

- **Discussion of the issue of male circumcision as a possible method for HIV prevention in Ukraine**

The issue of male circumcision as one of the methods for HIV prevention at the national level is not being discussed. Similar practices exist in Ukraine in certain separate ethnic communities, as for example in Jewish and Muslim communities; however it is a practice based on religious beliefs and not for the sake of HIV and STIs prevention. According to specialists, Ukrainian society's mentality is still not ready to consider the issue of male circumcision as a means of HIV prevention.

- **Campaigns, policies and procedures to stimulate HIV prevention activities among heterosexual men**

The National Program on HIV prevention, treatment, care, and support for HIV-infected and AIDS patients for 2009-2013 does not distinguish the male heterosexual population as a separate target group. Prevention work with men is performed within the framework of the national information campaigns directed at the general population by means of social advertisements,

lectures in comprehensive schools, and through the activities of the non-governmental organisations and the State social services within the framework of the mobile advisory offices, etc. As a risk group heterosexual men are considered in the context of other vulnerable groups (through their presence in large numbers) namely: injecting drug users (in accordance with behavioural surveys of IDUs conducted in 2007 and 2008, the proportion of IDU men to women is 1:3), street youth, and prisoners. In accordance with the results of epidemiological research undertaken to determine HIV infection and risk behaviour prevalence among the neglected, homeless children and street youth in the cities of Kyiv, Odesa, Donetsk and Makiivka in Donetsk region (conducted during the period from May 21 to December 16, 2008 by the Health Rights International organization in cooperation with the Ministry of Ukraine for Family, Youth and Sport, the Ministry of Health of Ukraine, the Department of Reproductive Health of the American Centres for Disease Control and the ICF “International HIV/AIDS Alliance in Ukraine”) 76 % of the surveyed groups consisted of males. The military personnel are considered as a separate group to be covered by specific campaigns in view of their behavioural practices.

Over the last years, given the tendency towards sexual exposure's becoming the dominant form of HIV infection, experts have drawn special attention to the so-called bridge groups, i.e. population groups, which serve as a carrier of the HIV infection from members of vulnerable groups into the general population. Male commercial sex workers are one of such bridge groups.

In accordance with the profile of FSW clients delineated by a survey conducted in 2009 “Monitoring behaviour and HIV prevalence among FSW and their clients”, FSW provide their services mostly to: military men, students, long distance lorry drivers, seamen, officers of law enforcement bodies, taxi drivers, and businessmen.

It should be mentioned that the research survey covered those female sex workers most vulnerable to HIV, i.e. those working on highways, on the streets, and in bars and saunas. It is natural then that FSW clients are exposed to a higher risk of HIV infection. According to the preliminary data of the said research survey, HIV prevalence among FSW at the national level totals 12.9 %. HIV prevalence among FSW clients, who were interviewed during the same research stood at 7.5 %. The portion of FSW clients that had always used a condom during sex with FSW in the previous 12 months was 24.8 %. 92 % of FSW clients informed about use of a condom during their most recent sexual intercourse with FSW. 500 FSW clients were interviewed in the course of research in the following cities: Ivano-Frankivsk, Simferopol, Kyiv, Kharkiv, Cherkasy.

Despite the high risk of HIV infection for male clients of FSW and justification of the urgency of such work, practically there are no special programs designed for work with this target group in Ukraine. Solitary examples of such individual activity include experience of the NGO ‘Unitus’ (Mykolaiv), which disseminated informative materials among FSW clients with help of female sex workers and the ‘Mariupol youth club’ (Mariupol). One of the reasons for the absence of regular initiatives is the complicated accessibility of this group. Nevertheless, considering the danger of the HIV epidemic to change from a concentrated to generalised one, men who use FSW services should be more meticulously addressed within the framework of HIV prevention activities.

- **Investigations on alternative forms of prevention for women (new design for female condoms, application of microbicides, etc.)**

Ukraine has only just begun to apply international experience in the sphere of alternative forms of HIV and STI prevention among women. Female condoms are one of

such precautionary means. In 2010, the ICF 'International HIV/AIDS Alliance in Ukraine' is beginning its femidom distribution project within the framework of activities targeting vulnerable groups, first of all, the female sex workers. During the preparatory stage of the project, experts conducted focus group sessions with social workers and the FSW themselves, and they pointed to the need for further studies of prevention practices involving the use of femidoms and their social capabilities. As a result, 2 pilot projects will be implemented in Ukraine. One pilot project encompasses the qualification of social workers who will learn how to train the FSW participants in the use of femidoms and later to conduct interviews with FSW to gather information on their experiences in using female condoms. The scope of the second pilot project includes educating the FSW themselves on how to counsel other FSWs and disseminate information about the use of female condoms, which they will do when they are distributing femidoms among them.

Based on the results of the pilot projects, experts will make decisions in a 6-month period with regard to the introduction of a certain model of the project. In addition to the abovementioned research, the Alliance initiated a review of the international experience with the use of the female condoms (femidoms) and their efficiency in preventing HIV and STIs.

At the moment, the abovementioned project and the review of foreign countries experiences in the application of condoms is the only initiative in the sphere of studying practical applications of alternative forms of prevention for women.

In 2010, UNAIDS in Ukraine intends to attract international experts to conduct a research regarding the state of country readiness for the application of female condoms.

The Ukrainian National Charitable Fund "Coalition of HIV Service Organisations" conducts certain activities within the framework of the project of International Council of AIDS-service organisations, supported by Bill & Melinda Gates Foundation, aimed at developing an advocacy network to articulate further educational work among communities and legislators regarding the need to introduce new prevention technologies based on human rights and ethics and that involve the utilization of microbicides and vaccines.

It must be highlighted that there are isolated clinical research projects underway investigating microbicides being conducted by separate scientific research institutes within the framework of dissertational research. Still, they are not widespread and merely reflect the interest expressed by certain scientists in alternative forms of HIV / STI prevention.

**● Programs or actions in sexual and reproductive health
or HIV prevention specific to women who belonging to ethnic minority**

In accordance with the Constitution of Ukraine, "There shall be no privileges or restrictions based on race, skin colour, political, religious, and other beliefs, gender, ethnic and social origin, property status, place of residence, language or other characteristics" (Article 24). Therefore, there are no special provisions or programs developed for women of the ethnic minorities providing medical services or prevention in the sphere of reproductive health. Such women obtain these services in accordance with the general practice.

[II] SEXUAL AND REPRODUCTIVE HEALTH

● Availability of HIV testing and its accessibility to all women in the country

Judging by the level of HIV infection prevalence in the country, Ukraine occupies one of the leading positions in Europe. The official statistics testifies that at the beginning of 2009 91 thousand HIV-infected patients were registered in the clinics. In accordance with the evaluated data provided by national and international specialists, the number of HIV-infected individuals is actually five times higher than the official data and totals approximately 377,600 individuals. This means that only one of every three HIV infected people in Ukraine has taken the respective test and is aware of his or her HIV status. Among the persons taking the test, annual surveys show that 3/4 are pregnant women or blood donors, and only 1/4 of the patients belong to the general population or vulnerable groups. The proportion of HIV-positive individuals among the vulnerable groups is 86 percent.

The national legislation on HIV clearly establishes that all testing for HIV should be carried out on a voluntary basis except for obligatory testing of blood and organ samples, and must be accompanied by the pre-test and post-test counselling. In accordance with the Law of Ukraine On prevention of the acquired immunodeficiency syndrome (AIDS) disease and social protection of the population, certain categories of the population in Ukraine are subject to screening examinations for HIV. The protocol with regard to counselling and testing is also developed and in the process of implementation. Thus it can be stated that Ukraine has legal and regulatory framework with regard to counselling and testing.

Over the last few years, the country has shown progress in developing the national voluntary counselling and testing system. The number of persons that take the test among the different groups of the population grows every year. In 2006, medical specialists conducted 2.5 million tests, in 2007 – 2.8 million tests, and in 2008 – 3.2 million tests. During that period the number of institutions providing voluntary counselling and testing services gradually increased, and today these services are provided in all large cities and small towns. Ukraine has also established a wide network of centres that provide ‘HIV testing and counselling’ services, including 214 centres and offices that provide services to their clients with regard to testing for HIV, as well as 648 counselling service offices covering all regions of Ukraine.

During the last 2 years, the number HIV tests in the country has increased together with the level of detection of new cases of HIV infection (accompanying the expansion of voluntary counselling and testing services): by 2.6% in 2006 compared to 2005, by 12.8% in 2007 compared to 2006 and by 12.1% in 2008 compared to 2007 and that increased testing was the reason for the corresponding increase in the number of detected cases of HIV infection. To ensure unrestricted access to counselling and free-of-charge testing for HIV infection of different categories of the population, in 2009 the government plans to allocate 885.30 thousand UAH from the state budget, and 90,510.00 thousand UAH from local budgets.

To comply with Article 5 of Decree N° 1674/2005 of the President of Ukraine dated November 30, 2005 “On improvement of government control in the sphere of HIV infection / AIDS and tuberculosis prevention in Ukraine”, as of January 01, 2009, the government established a network of 637 “Trust” offices in all regional and district centres, 181 of which are independent structural subdivisions, and others on the basis of infectious disease offices. Accurate and reliable laboratory diagnosis is the foundation that will enable Ukraine to implement monitoring of the HIV epidemic among the general population and its separate

groups. As of today, 124 screening laboratories operate in the country, 26 of which function at regional AIDS centres, 44 in the blood transfusion stations, 8 in the public health and epidemiological stations, 15 are departmental, 27 are located in central district hospitals and out-patient clinics, and 3 in the institutes of the Ukrainian Academy of Medical Science.

Confirmation of positive test results is carried out in the laboratories of 15 regions; medical institutions of the remaining regions deliver the blood samples for examination in the Institute of epidemiological and infectious diseases under the Ukrainian Academy of Medical Science.

The majority of tests are conducted among pregnant women and blood donors who are tested using test systems procured by the state budget. The local authorities do not make budget provisions for the purchase of the test systems for other categories of the population. Since 2005, the Ministry of Health of Ukraine has recommended the oblast authorities to allocate resources for conducting HIV tests for 5 percent of the oblast population every year. Despite that recommendation, the provisional target was not achieved in the majority of oblasts. Up until now, experts indicate considerable differences between oblasts in HIV testing service coverage as well as in numbers of new registered cases of HIV-infected people, which is directly correlated to the volumes of purchased test systems and use of test systems among key groups of the population purchased for the funds of local budgets. In accordance with sociological research, 19 percent of sexually active women in the 15-24 age group and 8 % of sexually active men in the 15-24 age group underwent HIV testing and received the test results in the 12 month period prior to the survey. In all subgroups, larger numbers of women took such tests and obtained their results as compared to men. For example, 20 % of women aged 20-24 years took the test for HIV and received results of this testing during the 12 months prior to the survey compared to 8% of men in the same age group. Possibly, the majority of these women took such tests during their pregnancy. For example, among women who had given birth during the two years which preceded the survey, 81 % in the 20-24 age group stated that they had taken the test and received results, and 52 % claimed that during antenatal care they were offered the HIV test, took it and received results of the tests.

The national counselling and testing protocol (hereinafter referred to as - the C&T) does not accurately differentiate service provider-initiated or service user-initiated testing from diagnostic testing. In 2007, the percentage of C&T initiated by clients represented less than 2% of all conducted tests, which is evidence of an extremely low level of awareness on C&T services on the part of the population at large. Daily practice testifies that not all the medical facilities provide free-of-charge service for clients (or separate client-sensitive categories), including counselling and testing services.

The primary problematic issues in Ukraine today are as follows:

- Absence of a development strategy for HIV counselling and testing directed at improving the quality and availability of services to the most vulnerable groups, first of all IDU, FSW, MSM, then prisoners, STI and TB patients, etc.

- Shotcomings in the legal and regulatory framework associated to C&T issues in the area of HIV infection and laboratory diagnosis in Ukraine; the techniques for assessing the population's HIV testing and counselling needs; in educational programs and training in counselling, testing and laboratory diagnostics of HIV infection; and in the procurement policy for laboratory ware, test systems, and other consumables.

- Absence of programs to ensure quality control, including a program to run quality checks of the test systems in the course of their registration, current utilization and renewal of permission for registration.

– Insufficient amounts of material, and personnel resources to address C&T needs satisfactorily in the sphere of HIV infection and clinical monitoring of patients.

In the event of its comprehensive implementation, the abovementioned medical service is not readily accessible to all citizens, including women owing to a number of factors. For example:

– Convenience of the location, close vicinity to the potential service user (absence of corresponding services in the small settlements, inconvenience of a site and/or remoteness from the potential clients).

– Owing to insufficient development of the network of ‘trust’ offices (centres for anonymous HIV testing and counselling), they do not facilitate adequate service provisions to address the needs of youth, especially vulnerable group.

Social advertising of the services and making them widely known is extremely limited (sometimes entirely absent) in the overwhelming majority of cities, including Kyiv (the capital of Ukraine), and other cities with a high incidence of HIV infection. Financing of test system requirements in the oblast medical facilities is done by both central and local budget allocations. The proportion contributed by one or another varies from region to region according to a variety of objective and subjective factors.

Epidemiological research surveys have demonstrated that, on the whole, women apply for medical services more often than men. However, HIV-positive women suffer more from HIV-related stigma and discrimination than men. Women’s fears of being left alone are much greater than men’s and so they are more afraid of testing for HIV, and in the event of obtaining a positive result they quite often refuse to apply for medical services at all. It was established that women with HIV apply to public health institutions for services much later than men, especially if a woman has a child, and that factor is behind the delays in referral to the medical services and underestimation of the disease severity.

The abovementioned obstacles are mostly of a regulatory, legal, organizational, and financial nature. The adopted National Program on HIV Prevention, treatment, care, and support for HIV-infected and AIDS patients for 2009-2013 (hereinafter referred to as - the National HIV/AIDS Program) makes provisions aimed at overcoming the obstacles facing individuals, but they still do not facilitate a system-based approach to implementation of the program and achievement of the expected results. In order to address and overcome existing problems more rapidly, experts developed, approved, and commenced the introduction of a Strategy to improve the provision of HIV testing and counselling services and standardised laboratory diagnosis of HIV infection (Order N° 509 of the Ministry of Health of Ukraine dated July 14, 2009).

Public authorities expect that successful cooperation among governmental organizations and institutions, civil society and international organisations in this direction will facilitate the effective utilisation of resources available in the country for the prevention of HIV infection, and foster the expansion of free access to the voluntary HIV counselling and testing among the population in general, particularly in the aspects of family planning and partner relations; and as well as to reach the groups most vulnerable to HIV.

● **Accessibility of HIV testing in antenatal clinics and maternity hospitals**

In the framework of the National HIV / AIDS Programm departmental programs have been implemented on the prevention of mother-to-child transmission since 2001. Monitoring of the efficiency of prevention measures against mother-to-child transmission

has been carried out since 1999. It includes counselling for pregnant women; prenatal and in-labour testing for HIV infection; ARV treatment for HIV-positive pregnant women; and counselling with regard to infant feeding.

Over the last years “feminisation of the HIV infection epidemic” has been observed in Ukraine. Currently women make up approximately 42 % of HIV-infected adults.

Provision of obstetric and gynaecological services to HIV-positive patients is regulated by Orders No 740/1030/4154/321/614a of the Ministry of Health of Ukraine, the Ministry of Education and Science, Ministry for the Family, Youth and Sport, State Department on Enforcement of Sentences, and the Ministry of Labour and Social Policies dated November 23, 2007 “On provisions for the organisation of prevention of mother-to-child HIV, and medical services and social support for HIV-infected children and their families” and by the clinical protocol adopted by Order N° 716 of the Ministry of Health of Ukraine dated November 14, 2007 “On the adoption of the clinical protocol governing obstetric assistance - Prevention of mother-to-child transmission of HIV”.

As a part of HIV prevention women are offered HIV testing and pre and post-test counselling during annual gynaecological prophylactic check up conducted in antenatal clinics. The test systems are to be provided for the funds local budgets.

All pregnant women are required to pass HIV tests in case of their informed voluntary consent. Standard testing of blood for HIV must be carried out upon their registration in specialized maternity medical facilities (antenatal clinics). The specialists are currently developing standardised approaches for HIV testing appropriate to the stage of pregnancy. In the event of obtaining negative result using an immune-enzyme analysis for HIV taken upon their registration in antenatal clinic at early pregnancy (less than 12 weeks), the repeat testing should be done in the 22nd to 23rd weeks of pregnancy. If a pregnant woman is registered in the antenatal clinic later than at the 23rd week of pregnancy, her blood test for HIV should be performed during the pregnant woman’s first visit to the antenatal clinic. In case the result is negative, the repeat HIV test should be done no later than at the 32nd week of pregnancy. In case a pregnant woman has registered at the antenatal clinic after 30 weeks of pregnancy, she can be tested for HIV using the immune-enzyme analysis (IEA) or using the rapid test. In the case the result is negative, the repeat examination should be conducted in the maternity hospital using the rapid test method. Pre-test counselling should be conducted by the obstetrician-gynaecologist specialist or by obstetrician. Blood sampling for examination purposes will be done by nursing staff at the facility. During the procedure of blood sampling for examination or other procedures, the nurse in charge should provide answers to the patients’ questions about HIV infection. The results of testing for HIV status must be delivered to the obstetrician-gynaecologist in charge who will be responsible for follow up of the patient.

In the event that the pregnant woman has not been examined for HIV before childbirth or has been admitted for child delivery with her HIV status unknown, HIV testing must be performed using the rapid test. Rapid testing for HIV must be done by a suitably qualified doctor or certified nurse/obstetrician, or by a specifically qualified member of staff of the laboratory of the maternity hospital. Results of rapid tests must be confirmed later by further standard HIV testing of blood using the IEA method. Information about the test results must be delivered to the doctor responsible for medical care of pregnant woman during childbirth, to enable the doctor to make decisions on prevention measures against mother-to-child transmission of HIV.

The percentage of the pregnant women tested for HIV among those who are registered in antenatal clinics has reached 98% over the last few years. Normally, pre-test counselling is

conducted by the local obstetrician-gynaecologist. Follow up on the course of the pregnancy of HIV-infected women is accomplished using the so-called “double” method, involving the obstetrician-gynaecologist doctor of the antenatal clinic and the doctor from the AIDS-Centre. The obstetrician-gynaecologist develops the follow up plan for the pregnant woman in accordance with the recommendations of the doctor from AIDS-Centre. Thus, post-test counselling for the HIV-positive pregnant women is conducted in AIDS-Centres as well.

In order to provide free access to voluntary HIV testing of pregnant women, the State budget of 2008 allocated resources to all regions of Ukraine for the procurement of test systems and rapid tests in the amount of 2,279.10 thousand UAH. In 2009, the state budget allocated sufficient funds to procure enough test systems to conduct 597,120 tests in the amount of 6,295.70 thousand UAH, enough to guaranteed HIV testing for 100% of pregnant women.

In 2008, practically 99% of pregnant women registered in antenatal clinics were tested for HIV infection. In 2008, according to the monitoring data, 4,916 HIV-positive patients were registered in antenatal clinics.

In the course of preparing the present research, social workers conducted a poll of HIV-positive women. 205 women took part in the survey on a voluntary basis. In view of the small number of the respondents, the results cannot be interpreted as necessarily representative of the general situation. The results obtained are considered to be primarily of a qualitative nature. They may serve however to detect certain tendencies.

The overwhelming majority of women (154) were in the 20-30 age group; there were 8 women under 20, and 42 were in the 30-40 age group. Among the 205 women interviewed, 96.5 % gave birth in 2009, 2 % in 2008, and 3 % expected to deliver in 2010. Thus, the sampling allows for a qualitative evaluation of the situation with regard to provision of medical services and social support to the HIV-positive women during pregnancy and childbirth. The vast majority of women had been registered in the antenatal clinic before the 23rd week of pregnancy – 70 %; 24 % after the 23rd week of pregnancy, and 6 % had not been examined during pregnancy. 72 women were aware of their HIV status before pregnancy, 126 women learned about it during pregnancy, and in 2 cases HIV-positive status was identified only during childbirth, i.e. the majority of women had learnt about their HIV status after testing for HIV during antenatal care. 76 % out of pregnant women who were registered in antenatal clinics were tested twice, 23 % once, and all in all 99 % were tested. It is worth mentioning that the data provided by the poll with regard to HIV testing is consistent with the corresponding official statistical data.

● **Availability of quality pre- HIV test counselling provided before childbirth**

The concept of “Voluntary HIV counselling and testing” in Ukraine is established and governed by a Procedure protocol adopted by Order No. 1404/11684 of the Ministry of Health of Ukraine dated August 19, 2005 and registered in the Ministry of Justice on November 22, 2005 under No. 1404/11684 “On the improvement of voluntary HIV counselling and testing”. This Procedure regulates the activities of state and municipal medical institutions, medical institutions under other forms of ownership, and civil society associations, (including international ones), and other establishments, organisations and institutions, that function in the spheres of HIV prevention, and medical care and support for people living with HIV. Thus counselling on HIV must be an integral and inseparable part of HIV testing process.

Services on counselling before and after HIV test may be provided by specialists of both state and municipal public health institutions as well as the state non-medical institutions (social service centres for family, children and youth, education officers etc.), medical institutions under other forms of ownership, representatives of religious communities and civil society associations that render services in the sphere of HIV-infection/AIDS, as well as religious communities that provide assistance to people living with HIV/AIDS, and self-help groups for PLWH.

In accordance with the Centre of medical statistics under the Ministry of Health of Ukraine, 501,678 births were registered in 2008, 99.82 % of which took place in medical institutions where women had an opportunity to receive counselling from medical specialists. The purpose of counselling for pregnant women is to inform them about HIV prevention, and to help them to make a voluntary informed decision regarding the HIV test to determine their HIV status. It also fosters safe behaviour of the woman with regard to HIV infection and her reception of timely medical services in the sphere of PMTCT. It also informs them of the availability of family planning services and comprehensive support for HIV-infected persons. Counselling is aimed at forming adherence to ARV treatment. In accordance with the regulatory documents, all pregnant women should take pre-test counselling about the necessity and importance of timely testing for HIV infection in order to take actions to avoid HIV transmission to a foetus or the newborn infant in the event of an HIV-positive test result. Pre-test counselling for the pregnant women must be conducted by doctors or obstetricians/nurses of out-patient clinics in public health institutions irrespective of the form of ownership. Pre - and (especially) post-test counselling on HIV for pregnant women must be provided by a doctor who will later follow up the pregnant woman during her pregnancy period. In the event of the pregnant woman's refusal to take testing, additional counselling to such person should be provided by the psychologist and social worker. As a rule women of reproductive age are vulnerable insofar as they do not know about their HIV status, and are insufficiently informed with regard to issues of HIV / STIs prevention. In view of the growing number of cases of sexually transmitted HIV, many women only learn about their HIV status during antenatal care in antenatal clinics and that often leads to psychological crisis and depression.

Despite the fact that the benefits, advantages, and prevention efficiency of the counselling process, and pre- and post-test counselling in particular are widely recognised by domestic specialists and that counselling has found its way into the regulatory documents, it is still not provided everywhere or in all cases. The quality of the service itself is far from optimum. In general the AIDS centres provide quality services with regard to counselling, however other public health institutions, antenatal clinics in particular, where most of the HIV testing is actually done, still provide pre-test and post-test counselling of poor quality, or do not provide it at all; sometimes post-test counselling is only offered to patients with HIV-positive results. In accordance with the Medical and demographical survey of the population of Ukraine of 2007, among women who had borne children during the previous two years, 58 % had received counselling with regard to HIV during the antenatal care before their last childbirth, and almost eight out of ten women (79 %) had given their consent to testing for HIV infection, taken the test and received results. Every second woman (49 %), who had delivered a child over the previous two years, had received counselling and had voluntarily agreed to take the offered test for HIV infection and received the results of testing. The percentage of women, who had taken the test and received results, was highest among women aged 30-39 years (84 %), urban women (84 %), and women with higher than secondary-level education (85 %).

According to the survey results carried out as part of the research for the development of the current report, 80 % of respondents gave positive answers to the question on whether

they had received pre-test and post-test counselling, 16 % of respondents had not received counselling, and 4 % of the interviewed persons did not answer this question. The issue of the quality of counselling still requires additional research.

The issues of pre-test and post-test counselling are not a priority for the obstetrician-gynaecologist doctors in the course of the follow up of the pregnant woman. In addition, medical personnel of antenatal clinics and maternity hospitals are insufficiently qualified in the provision of these services, and there are not enough special information materials for the medical specialists. Education has been conducted basically in the form of training sessions organised with the support of the international and civil society organisations. Joint efforts of the international and state organisations have facilitated the qualification of more than 3,000 consultants in the sphere of C&T issues, including supervisors and master-trainers. In cooperation of state and international organisations (The P.L. Shupik National Academy of Post-graduate Medical Education, the Ministry of Health of Ukraine, National AIDS Centre; the project of the development of HIV services in Ukraine, the 'International HIV/AIDS Alliance in Ukraine'; organisation "Programme of optimum technologies in public health services", PATH) a reference book entitled "Basic issues of voluntary counselling and testing for HIV infection" was developed and advanced training courses for physicians devoted to "Basic issues of voluntary counselling and testing (VCT)" were conducted twice a year.

Thus it can be seen that comprehensive counselling directly associated to HIV testing in Ukraine is insufficient. According to the results of the Medical and demographical survey of the population of Ukraine (MDSU) of 2007, less than half of the women (46 %) and men (45 %) in Ukraine have comprehensive knowledge about HIV /AIDS transmission or the means for preventing it. Discrepancies can also be seen among the regions in regard to levels of awareness. Women, who live in the Central regions (54 %), demonstrate the highest level of comprehensive knowledge about AIDS, whereas the level of awareness among women in the Western regions is the lowest (37 %).

- **Provision of additional nutrition to HIV-positive pregnant women**

HIV-positive pregnant women are not provided with any additional nutrition.

- **Availability and accessibility of HIV prevention during childbirth**

The prevention of mother-to-child transmission of HIV during childbirth is accessible in Ukraine. This issue is regulated by the Orders Nos. 740/1030/4154/321/614a of the Ministry of Health, Ministry of Education and Science and Ministry for Family, Youth and Sports, the State Department on Enforcement of Sentences, and the Ministry of Labour and Social Policy dated November 23, 2007 "On provisions for the organisation of prevention against mother-to-child transmission of HIV, and medical services and social support for HIV-infected children and their families" and by the clinical protocol adopted by the Order N° 716 of the Ministry of Health of Ukraine dated November 14, 2007 "On the adoption of the clinical protocol governing obstetric assistance – Prevention of mother-to-child transmission of HIV".

In-patient medical services shall be provided to HIV-infected pregnant women on a territorial basis. It is recommended that HIV-infected pregnant women be admitted to the maternity hospitals prior to childbirth at the 37th to 38th weeks of pregnancy for elaboration

of the child delivery plan.

In order to make provisions for the prevention of MTCT, all necessary ARV medicine is supplied to the obstetric health institutions at all levels of public medical service administration. To ensure the timely administration of prevention medication using nevirapine, the local medical authorities establish inter-district ARV medicine storage offices and appoint a specialist to be responsible for medicine administration at the behest of the head physician of the public health institution concerned. The HIV-positive pregnant women, whose status has been determined during childbirth, are treated with azidothymidine, lamivudine, and nevirapine during the course of delivery, and after the childbirth such medication is prescribed to mother and child in accordance with the protocol. Further tactics of the anti-retroviral therapy and follow up of women whose HIV-positive status was determined during the childbirth, will depend on CD4 and viral load, and the results of clinical examination.

Medications supplied to medical institutions are purchased using resources provided by the Global Fund and the humanitarian deliveries of Nevirapine (Viramune) preparation made by the “Beringer Ingelheim” company within the scope of the ‘Viramune donation program’. Since 2008, supplies have been procured using state budget allocations and delivered to the regions in accordance with need for them.

According to the monitoring done in 2008, 214 HIV-positive pregnant women did not receive preventive medication. The significant amount of such cases is caused by failure to register within an antenatal clinic and cases when a woman was admitted to the maternity hospital for childbirth with her HIV status unknown. In such cases medication was given to the child only. 30 such women who were admitted to the maternity hospital had negative results of rapid tests which shows that an investigation need to be made of the situation and further training be provided to health workers involved in administering rapid tests. In 29 cases the child was delivered at home. There were also 18 cases of HIV-positive pregnant women’s refusing to take treatment for various reasons.

During the process of interviewing HIV-positive women carried preparatory to the present report, specialists established that 8 women (4 % of the respondents) had received prevention during the delivery because they had not registered within the antenatal clinics with regard to their pregnancy and registered late. Medication for prevention MTCT was readily available in the maternity hospitals and the women were provided with it for free.

Caesarean section as a form of PMTCT is recommended at viral loads of 1,000 copies or above. Currently Ukraine lacks enough obstetrician-gynaecologists qualified to perform the «dry» caesarean technique recommended for HIV-positive pregnant women and that considerably limits its application.

HIV-infected mothers, who are prescribed to take ARV medicine after childbirth, are readressed to the specialists at the AIDS Centres, where the decision on their further treatment is taken and counselling is provided on the importance of adherence to ART for the viral resistance prevention.

● **Availability and free accessibility of breast milk substitutes for children born to HIV-positive women**

To increase the efficiency of prevention against mother-to-child transmission of HIV, the HIV-infected mother renounces breast-feeding the newborn child upon her informed consent. Medical specialists in the maternity hospitals provide counselling with regard to artificial feeding and teach how to feed the newborn with the adapted breast milk substitutes.

Supply of powdered baby milk to children born to HIV-positive mothers is provided at the expense of state and local budgets, but some supplies have been obtained using the funds of the Global Fund within the scope of project “Overcoming the HIV /AIDS epidemic in the Ukraine”. Basically, children are supplied with the breast milk substitutes until they are 3 months old. There are some situations where families are provided with powdered baby milk by civil society organisations within the scope of certain grant programs in the sphere of medical and social support for ARV therapy.

80 % of the 205 women, who participated in the interviewing conducted in the course of preparing the answer to this question, mentioned that they had received free breast milk substitutes, 18 % of them had not received it at all, and 2 % of women did not answer the question. As a rule, women had received breast milk substitutes in the children's out-patient clinics (49,5 %) and from the non-governmental organisations (16 %), 14 % of women had received breast milk substitutes in the maternity clinics, and 10 % - in the AIDS Centres and children's counselling. Respondents also reported that they had experienced certain problems in receiving breast milk substitutes: irregular delivery of breast milk substitutes by the out-patient clinic, and requests to pay a certain amount of money to receive breast milk substitutes. Mykolaiv authorities did not allocate funds for purchase of the breast milk substitutes in their budget.

Currently, responsibility for provision of breast milk substitutes to all HIV-positive children that require such feeding is vested predominantly in the local budgets, which in many cases are incapable of providing an uninterrupted supply due to insufficient financing or poor organisation. Parents are compelled to buy breast milk substitutes at their own expense or from time to time receive it from civil society organisations like the All-Ukrainian Network of PLWH.

- **HIV Counselling and testing in public and private institutions, providing services for pregnant women**

In accordance with the current legislation of Ukraine (Article 7 of the Law On prevention of the acquired immunodeficiency syndrome (AIDS) disease and social protection of the population № 1972-XII dated December, 12, 1991), the right to conduct medical examination for the purpose of detecting HIV infection and issuing the official conclusions about its results is vested exclusively in state and municipal public health institutions, adequately equipped with special laboratories and accredited in accordance with the procedure established by the Cabinet of Ministers of Ukraine. In Ukraine, testing for HIV infection of the pregnant women is accomplished in the laboratories of the AIDS Centres. Specialist of antenatal clinics or maternity hospitals under any other form of ownership may only take the blood samples which are then delivered to AIDS Centre Laboratories.

Pre-test and post-test counselling of pregnant women should be performed by doctors or obstetricians /nurses of out-patient obstetrical public health institutions irrespective of their form of ownership. Representatives of social services and civil society organisations are also permitted to conduct pre-test counselling.

- **Provision of anti-retroviral therapy to HIV-positive pregnant women for prevention of mother-to-child transmission**

As HIV prevalence grows in Ukraine among the population of reproductive age and expands beyond the borders of most at risk groups, the number of HIV-infected pregnant

women increases annually approximately by 20-30 % and 98 % of the registered HIV-positive children in Ukraine are those born to HIV-positive mothers.

HIV-positive pregnant women, upon their consent, terminate their pregnancy by abortion in 10-14 % cases, and approximately 2-3 % of the pregnant HIV-infected patients terminate their pregnancy in accordance with the medical indications associated to their HIV-positive status.

Normally, pregnant women receive anti-retroviral treatment and prevention as well as all other medical services in municipal clinics.

In the event of the HIV-positive status of the pregnant woman being confirmed, she is provided with complete information with regard to:

- the need to use condoms to prevent further HIV infection and STIs during sexual intercourse during pregnancy;
- the risk of transmitting HIV infection to the foetus / newborn infant and ways of preventing it;
- the risks and benefits of ARV prevention therapy;
- the relative risks of different delivery modes in regard to HIV transmission, including the Caesarean section mode;
- recommendations concerning the feeding of the newborn infant.

After the HIV-infected woman obtains complete information about probable risks and opportunities for receiving the medical services, she will make an informed decision about maintaining or terminating the pregnancy. Each woman has an opportunity to make an informed choice with regard to her reproductive intentions.

One of the most important stages of prenatal prevention of HIV infection is the use of ARV medication for the pregnant women and the newborn child. In Ukraine, prevention based on medication to prevent MTCT is carried out in accordance with the clinical protocol approved by the Order N° 716 of the Ministry of Health of Ukraine dated November 14, 2007 “On the adoption of the clinical protocol governing obstetric assistance”.

In accordance with the clinical protocol, prevention of mother-to-child transmission of HIV is conducted according to various scenarios associated to the period of the pregnancy and the stage of the HIV infection. The primary provisions for PMTCT are as follows:

1) for HIV-infected pregnant women that do not require highly active antiretroviral therapy (HAART):

The basic regime: – starting from 24-26 weeks of pregnancy the physician prescribes zidovudine + lamivudine + lopinavir /ritonavir or sakvinavir /ritonavir up until childbirth. The abovementioned ARV therapy is continued through the delivery period. After delivery ARV therapy is interrupted.

The alternative regime – starting from 24-26 weeks of pregnancy, the physician prescribes zidovudine up to the beginning of labour. During labour zidovudine therapy continues until the child is delivered, lamivudine and nevirapine is prescribe in a single dose at the beginning of delivery.

2) for HIV-infected pregnant women that require HAART – irrespective of the pregnancy period and in accordance with CD4, the physician prescribes zidovudine + lamivudine + nevirapine or zidovudine + lamivudine + lopinavir /ritonavir up until delivery. The abovementioned scheme should be continued during labour and childbirth and go on during the postnatal period.

3) for the HIV-infected pregnant women that started HAART before the pregnancy, the HAART scheme should be maintained provided it does not include Efavirenz. Efavirenz,

should be replaced by saquinavir or nevirapine. During delivery and afterwards the former regime should be continued.

The pregnant woman normally receives enough quantity of ARV medicines for the prescribed treatment until the next visit to the antenatal clinic. The obstetrician-gynaecologist supervises the dispensing of ARV medicine during each visit of the pregnant woman to the medical institution in accordance with the clinical protocol in force. Specialists at the AIDS Centres conduct the obligatory counselling and training regarding taking ARV medicines. To increase the efficiency of prevention measures against perinatal HIV transmission, the local obstetrician-gynaecologist doctor and specialist of the AIDS Centre assess the patient's level of adherence (level of the patient's commitment to follow the doctor's prescriptions) to ARV prevention or ARV therapy. In the event there is no adherence or there is insufficient adherence to ART, the doctor, with the informed consent of the patient, provides information to the specialist of the corresponding CSSFCY for provision of the psychological and social support with family involvement in the PMTCT.

In order to ensure sustainability of PMTCT regional public health facility must appoint a person to be responsible for the rational distribution of ARV medicine in the regional public health institutions, and that person will collect operational information about the availability of such medicines in the region from the regional specialists in obstetrics and gynaecology.

Efficiency of ARV prevention depends on the timely registration of a pregnant woman within the antenatal clinic, HIV tests, and beginning of ARV therapy. In accordance with the sociological research undertaken, approximately one third of women (33 %) and men (31 %) are aware that the risk of HIV transmission from mother-to-child can be reduced if the mother takes special medicine during the pregnancy. The research data suggest that pregnant women are better aware about prevention of such transmission than the women, who are not pregnant at that time (50 % against 33 % of women).

In 2008, 90 % of women, who were registered within the antenatal clinics before the 12th week of their pregnancy; however, a certain portion of women were registered at late pregnancy. Quite often, delays in prescription of ARV prevention therapy to the HIV-positive pregnant women occurs associated to confirmation of HIV status determined for the first time during the pregnancy by means of repeated IET method followed by confirmation of the testing result using immuno-blot technique which can only be carried out in the laboratories of regional AIDS centres. The procedure takes up to 4 weeks on average, and that may cause delays in the beginning of prophylaxis therapy.

To facilitate the provision of PMTCT in 2008 the State budget allocated 5855,21 thousand UAH for medicines to be used for that purpose. In 2008, the number of childbirths among HIV-positive pregnant women totalled 3,540. Preventive medications were taken in 94 % of cases. In accordance with the interview results held in 2009 within the scope of the present research, 96 % of women with different pregnancy durations obtained prevention against mother-to-child transmission of HIV.

However, the quality of medical services and the attitudes of the medical personnel towards the HIV-positive women still require improvement; only 38 % of those interviewed were satisfied with quality of the medical services which they had received, 55 % said about moderate quality of services, 4 % of the respondents spoke unsatisfactory services, and 3 % of the respondents were not sure about the quality of services provided. Even so, 29 % of the respondents experienced the negative attitude of the medical personnel in connection with their HIV status.

The obstetrician-gynaecologist service bears responsibility for monitoring and assessment of programs on prevention against mother-to-child transmission of HIV, however, that directive is not treated as a priority. It has led to the duplication of data collection, absence of any coordination of data collected from different sources and as a consequence, the opportunity to improve the quality of services is lost.

● **Availability of social and psychological support**

The State Social Service for Family, Children and the Youth of the Ministry for Family, Youth and Sports of Ukraine is the primary institutional agent in the state system of care and support, with subdivisions in all the regions. The specialised network of centres for HIV-infected children and young adults is still being developed. Currently it only covers approximately one quarter of the country regions. It has officially registered more than 80 thousand HIV-infected people, but the priority target groups for provision of care and support services are pregnant women, youth and children, including members of their families, who are affected by HIV, children-orphan, children deprived of the parental care and homeless children, whose HIV status is confirmed and stay in the parental facilities and specialised state establishments / institutions for children.

Order N° 4941 of the Ministry for Family, Youth and Sports of Ukraine dated December 18, 2008 adopted three Standards:

1. Standard of the minimum package of social services for children living with HIV infection, and children born to HIV-infected mothers and members of their families.
2. Standard of the minimum package of social services and medical services for children and youth in the sphere of HIV /AIDS prevention.
3. Standard of the minimum package of social services directed at HIV / STI prevention and complications associated to the use of injecting drugs.

However, their mere adoption has in no way affected the quality of services as the mechanism for introducing and enforcing those standards has not been determined.

Up until now social support for HIV-infected persons and AIDS patients has been provided largely by non-governmental organisations acting with funding support of the Global Fund. That being so, the network of those organisations is not homogeneously developed and almost fails to reach out to regional levels so that adequate services are not provided near the place of residence. Services to support treatment adherence among pregnant women are predominantly provided by NGOs working in partnership with AIDS Centres, and the coverage of such services remains limited. Upon introduction of the more complicated schemes of prevention against HIV transmission from mother-to-child the need for such services will grow.

Presently the All-Ukrainian Network of PLWH is the key agent in care and support system in Ukraine, and it covers the majority of the country regions through its own regional representative offices and other NGOs and it coordinates the implementation of projects and financing grants for provision of services with support of the Global Fund to fight AIDS, tuberculosis, and malaria (GFATM), in the framework of the project Support for HIV / AIDS prevention, treatment and care for the most vulnerable population groups of Ukraine. HIV-infected pregnant women and mothers with newborn children as well as children born to HIV-infected mothers are among the primary target groups of organizations providing care and support services. The purpose of the projects is to foster prevention of mother-to-child transmission of HIV, provide social support to HIV-infected pregnant women and

HIV-infected mothers, and psychological assistance to overcome the crisis caused by learning about their HIV status as well as to encourage commitment to responsible motherhood and future prevention as well as not abandoning the child.

As of July 2009, projects to provide medical and social support to HIV-infected pregnant women and mothers were 25 NGOs, and starting from August of that year – 27 organisations in 16 oblasts of Ukraine and the Autonomous Republic of the Crimea (Simferopol and Sevastopol).

Comprehensive support for HIV-positive pregnant women and mothers is carried out using a multidisciplinary approach by gynaecologists, paediatricians, psychologists and social workers. Specialists develop the models to ensure coverage of residents not only in the regional centres but also in small towns and settlements. Cooperation is established with the necessary institutions and organisations to access target groups and there is comprehensive introduction of the projects, namely in regional and city AIDS Centres, antenatal clinics, maternity hospitals, centres of the family planning, out-patient clinics for children, central district hospitals, CSSFCY, and other HIV service organisations functioning in the region for the purpose of timely readdressing. Harm reduction projects provide access to the target groups as well as further support for HIV-positive women that are injecting drug users.

183 women (89 % of the respondents interviewed within the scope of the current research development) obtained information about the services with regard to social and psychological support during their pregnancy or after childbirth. Mostly it were the services on psychological counselling – 158 women; assistance in testing for CD4 levels, virus load, and PCR – 154 women; stimulation and monitoring of adherence to PVT/ART – 143 women; peer to peer counselling – 127 women; home nursing and nursing in the maternity clinics – 116 women; information sessions – 96 women; assistance in the official registration of documents and social aid – 86 women; self-help groups – 71 women; and follow up in the medical facility – 62 women. Regarding the institutions that rendered the respective services, the overwhelming majority of the respondents mentioned the non-governmental HIV-service organisations (45 %), the AIDS Centres (28 %), and maternity clinics (17 %).

Projects on medical and social support for HIV-positive pregnant women and HIV-positive mothers embraced 1,577 HIV-positive pregnant women and women after childbirth in 2007-2008, and 2,477 in 2008-2009.

Project personnel reported the following examples of positive changes in the lives of their clients (the brackets indicate direct speech of the respondents) (Operational research survey of the service provision system to people living with HIV carried out as part of the research component Care and Support – an analytical report on the results of interviewing, Yaremchenko Social Research Institute – 2009):

– With regard to the family (*“Improvement in family relations”, “Over the last year 3 families were created, stability appeared in their lives”, “An HIV-positive person has returned to the family and has been living with them for 1.5 years though they have lived separately for 2 years”, “Healthy children”, “Children born to HIV-positive mothers remain in families”, “Improvements are observed in relations between parents and children, and this facilitates prevention of divorces and other family crises”*);

– The clients’ words with regard to the family sphere (*“I have received a consultation that I can give birth to a healthy child, so now I am not afraid of pregnancy”, “I’ve got acquainted with a young man”, “I gave birth to my son, returned to my family, and I regularly examine my health”, «I’ve got married», “I gave birth to a child without HIV”*).

The level of mother to child transmission in Ukraine has essentially decreased from 27.8 % (2001) to 6.2 % (2008) and continues decreasing, which suggests overall effectiveness of

prevention programs in the field of MTCT. The national goal in prevention against mother-to-child transmission of HIV is to lower the indicator to less than 2 % by 2013. The MTCT prevention program is one of few prevention interventions in Ukraine that has managed to cover most of the target group (more than 90 %). The indicators decrease, and high level of adherence to treatment is an achievement that considerably exceeds the progress obtained in similar directions in care and support for other adult HIV /AIDS patients.

● **Contraception guidance and recommendations offered to HIV-positive women**

Issues related to the prevention of unwanted pregnancy are resolved jointly by the specialists in family planning and specialists of the AIDS Centres in accordance with patient's wishes, the state of her health, and her reproductive plans with the observance of confidentiality principles.

Counselling of HIV-positive women with regard to family planning is conducted by the specialists of Centres for family planning (CFP), AIDS Centres, antenatal clinics, and other public health institutions, which are qualified to provide counselling in family planning and HIV infection specifics. If the AIDS Centre has an obstetrician-gynaecologist, that person provides FP counselling in the Centre; in other cases the specialist of the AIDS Centre refers the HIV-positive woman to CFP (family planning offices) for provision of contraception services, or family planning service specialists in AIDS Centres provide such services in accordance with the established schedules.

Recommendations on contraceptive methods for HIV-positive persons are based on the general criteria used for contraceptive selection. The majority of contraceptive methods is safe and effective and may be used by HIV-positive women. Except for some hormonal contraceptives that interact with the anti-retroviral medicines, any contraception method may be recommended to an HIV-infected person. Special attention during counselling with regard to family planning should be drawn to the issues of STI / HIV prevention as well. As condoms are the only method of contraception that have been proven to protect against STD /HIV transmission, family planning services focus women's attention on regular and correct use of condoms. Three key issues for PLWH behavioural changes and family planning intentions are ABC, which stands for: Abstaining from risky sexual relations, being Faithful to their own partner, and using Condoms. It is especially important for young men and adolescents to employ ABC principles. Regular use of condoms will facilitate the decrease of HIV infection and other sexually transmitted diseases (STD) as well as preventing unwanted pregnancies.

In addition to the medical criteria for selecting a contraception method, it is necessary to consider social, cultural, and behavioural conditions of the client. Recommendations with regard to application of contraceptives should have an individual character for each woman and couple depending on the stage of their disease and treatment as well as on their life style and personal desires. Each woman should receive information about disadvantages and advantages as well as the side effects associated to each method of contraception, the effects of the method on HIV / STI prevention, and any possible interactions between ARV medicines and contraceptives. The client himself or herself must make the final choice of the contraception method.

At present, the country needs to improve the forms and methods of work with HIV-positive women before and after childbirth, and improve the mechanisms of medical services provision to HIV-positive women with regard to reproductive health and family planning.

There is insufficient cooperation between the obstetric and gynaecological services and the HIV services and the system of clients referrals and readdressing. Obstetrician-gynaecologists are insufficiently informed in regard to some features of HIV infection, ARV therapy, and contraceptive selection criteria for HIV-positive women. Furthermore, HIV-positive clients still experience negative attitudes from the medical staff.

In accordance with results of interview (carried out as a part of the present report) of 205 HIV-positive women who delivered children in 2008-2009, 83 % respondents had received information on family planning (use of contraception methods) at least once from medical staff during their pregnancy period or after the childbirth, 10 % of women had not received any information, and 7 % of the respondents could not remember. Medical workers at the AIDS Centres (45 %) and antenatal clinics (40.6 %) were the persons who had provided such information. In accordance with the monitoring, 526 women had abortions in 2008, which accounts for 14.8 % of the total number of women that gave birth during that period.

The features of services provided to HIV-positive clients revealed here show that there is a need to raise the level medical specialists' knowledge in order to improve the quality of medical services associated to reproductive health and family planning provided to this particular category of women. In 2008 to address that issue the Project Together for Health and the All-Ukrainian Network of PLWH developed and published a manual entitled "Family planning for PLWH" for the first time in Ukraine. The manual was developed for distribution to medical personnel and specialists of other areas interested in the issues of reproductive health protection and HIV prevention in various spheres, and it contains up to date information with respect to the prevention of unwanted pregnancy based on international and domestic experiences. The manual addresses issues pertaining to providing comprehensive medical services for protection of the health of HIV-positive people and presents information in a readily accessible and understandable form about the general concepts of prevention, diagnostics, clinical course, and treatment of HIV infection; the basics of counselling and its specificities in regard to HIV and family planning. It describes modern approaches to contraception in terms of efficiency, accessibility, convenience of use, availability of method; methods of contraception for people living with HIV and contains instructions for patients; as well as discusses the question of psychological and social support for people living with HIV in the context of family planning.

In accordance with medical specialists, the best results are observed among women, who consciously plan their pregnancy and receive comprehensive medical services in preparation for it. Family planning is one of the most recognised components for PMTCT, as women, whose pregnancy is unwanted, do not seek for medical care and medication-based prevention against the transmission of HIV to the child.

To ensure the understanding of risks associated to unwanted pregnancy and STI / HIV, family planning programs should cover the population of reproductive age. Double protection is one of the effective provisions. It involves condom use in combination with other effective methods of contraception.

- **Existence of encouragement for HIV-positive women to undergo sterilization**

In Ukraine there are no forms of encouraging women to undergo sterilization in the legislative or regulatory spheres. Sterilization operations on women are performed in compliance with the requirements of Article 281 of the Civil Code of Ukraine and Article 49 of the Law of Ukraine Fundamentals of Health Care Legislation, which provide sterilization

only for persons of full age and only if they wish it. The Ukrainian legislation sets out special conditions for the sterilization of disabled persons. Sterilization of disabled person may be performed only with medical evidence, consent of the disabled person's trustee and due observance of the said legal requirements (paragraph 5, Article 281 of the Civil Code of Ukraine).

Sterilization is considered to be one of the possible contraception methods in Ukraine. According to Order N° 121 of the Ministry of Health of Ukraine dated July 6, 1994 On Application of Sterilization Methods for Citizens, surgical sterilization shall be performed only if a person wishes and after signing a special form of consent to sterilization. This method is not widespread in Ukraine for a number of reasons. The legal framework is obsolete and requires amendments in line with modern international approaches. There is no specific clinical protocol for sterilization, though some steps have been made. A working group has been established for the revision of the MoH order presently in force and the development of the clinical protocol. However, this protocol will require practical implementation and training of doctors. Also Ukraine does not have enough health facilities with equipment for laparoscopy or enough doctors trained to perform this technique. Sterilization is mainly performed during Caesarean section with consent of the patient. The population does not have enough information about this method nor do the health facilities that provide such service. It is impossible to analyse the situation in regard using sterilization as a contraception method because there is no official statistics on it, neither there are any relevant sociological studies. Therefore, this issue requires further investigation in Ukraine at large and among people living with HIV, in particular.

● **Availability and Accessibility of Emergency Contraception in Ukraine**

Emergency contraceptives are available and accessible in Ukrainian pharmacies. There are two emergency contraceptives of the Gedeon Richter trademark registered in Ukraine:

- 1) Postinor (one tablet contains 0,75 micrograms of levonorgestrel, 2 tablets in blister, one blister in a package);
- 2) Escapelle (one tablet contains 1,5 mg of levonorgestrel, 1 tablet in blister, blister in a package).

The said contraceptives are sold in the pharmacies. Average price of one package is 10 USD. State and local governments do not procure such contraceptives for the protection of socially vulnerable populations.

● **Specific Programs aimed at protecting the sexual and reproductive health of HIV-positive women**

There is no special program in Ukraine for the protection of the reproductive health of HIV-positive women. The National Program on HIV Prevention, Treatment, Care and Support for HIV-positive people and AIDS patients for 2009-2013 does not contain a separate section on this issue. It has only items addressing the prevention of mother to child HIV transmission. Likewise the State Program The Nation's Reproductive Health for the period up to 2015 does not contain sections on these issues for HIV-positive women and married couples living with HIV. PLWH are expected to receive reproductive health services on the same basis as non-infected women.

It is notorious that specialists of gynaecological and obstetrics services do not have enough knowledge and skills to work with HIV-positive women. Health workers need to have access to the latest achievements in providing counselling for PLWH. Moreover the problem is not specifically medical but it requires psychological and social support.

In terms of reproductive health protection for people with HIV/AIDS the legislation focuses mainly on prevention activities (access to testing, PMTCT etc) and therefore, public and private funds are only spent on such activities. Nothing is specified about implementation of the reproductive rights of people and couples with HIV/AIDS or devoted to the possibility for such people to have children if they wish or to receive services on the preservation of reproductive and sexual health. That reveals the fragmentary and inconsistent nature of the legislation in Ukraine as regards attempts to direct activities towards the protection of the reproductive rights of PLWH.

Distinguishing reproductive health issue for HIV-positive patients into a separate section is only present in the provision of medical services to this group. Concomitant diseases are common for this group and they should be considered while providing medical assistance to PLWH. Issues of prevention of mother to child transmission and provision of antiretroviral medications to women have been appropriately addressed, but the issues of providing services for preservation of reproductive and sexual health require essential revision ranging from the development of relevant legislation to logistics and social support.

Therefore, there is an urgent need at state level to support the issue of preservation of reproductive health for people living with HIV through development of methodological approaches in the organisation of quality medical and social services. It would be appropriate to integrate the HIV elements into the activities for preservation of reproductive health and the other way round in order to increase efficiency and to achieve positive impact with improved quality of services.

● **Accessibility of services on Assisted Reproductive Technologies for HIV-positive women**

Application of assisted reproductive technologies in Ukraine is regulated by the Order N° 771 of the Ministry of Health dated December 23, 2008 On Approval of Instructions for Assisted Reproductive Technologies Procedures registered at the Ministry of Justice on March 20, 2009 under N° 263/16279 and the MoH Order N° 589 dated November 29, 2004 On the Order of Referral of HIV-positive Women for the First Treatment Course against Infertility by Methods of Assisted Reproductive Technologies on the Basis of Absolute Medical Evidence Funded from the State Budget Procedure was registered at the Ministry of Justice on February 15, 2005 under N° 224/10504.

Since these orders are duly registered at the Ministry of Justice of Ukraine, they are binding for all health facilities irrespective of their ownership status and hierarchical subordination.

Order N° 771 specifies procedures and conditions for the application of assisted reproductive technologies methods in Ukraine. Item 15 of the said Order determines contra indications for using assisted reproductive technologies with reference to Order N° 589. MoH Order N° 589 specifies procedure for the referral of women for the first course of treatment of infertility by the assisted reproductive technologies methods, absolute indications for such treatment, pharmacological and clinical-diagnostic provision of the treatment course and a list of medical contra-indications for treatment of infertility by methods of assisted

reproductive technologies (diseases for which pregnancy is contraindicative). **In line with the said list (Appendix N° 1 to Order N° 589) HIV-infection in general, irrespective of the stage of the disease, is contraindicative for assisted reproductive technologies application. Therefore in Ukraine HIV infection is a contra-indication for the application of assisted reproductive technologies.**

Assisted Reproductive Technologies have been used in Ukraine since 1987 and now there are 20 clinics using them. Most of the clinics are located in large cities and they are mostly private. State facilities account only for 11.0% of such clinics and in the structure of assisted reproductive technologies cycles implementation they account for 11.4%. The cost of one cycle includes direct expenditures for the treatment cycle (consumable materials and reagents), medications, depreciation of equipment and indirect expenses. The State Program The Nation's Reproductive Health for the period up to 2015 specifies financing for 600 cycles a year from the state budget (medications and consumable materials), which are implemented only in 2 state health facilities for certain specific medical indications.

In order to address the issue of accessibility of HIV-positive women to assisted reproductive technologies the All-Ukrainian Network initiated a working group under the National Committee on Counteraction to HIV/AIDS and other socially dangerous diseases in 2009, uniting representatives of stakeholder. The working panel addressed issues such as making amendments to the legal framework in Ukraine in order to provide access for discordant families to reproductive technologies with the aim of avoiding HIV infection; studying the training needs for the specialists from the reproductive health centres and AIDS centres in the sphere of providing services on assisted reproductive technologies; and identifying the format of a pilot project for providing PLWH access to those services. Taking into account the lengthy process of legislation revision involving changes in the orders according to the legal norms, the un-preparedness of the reproductive health centres to work with PLWH and the effective availability at the AIDS centres of relevant staff (gynaecologists and paediatricians) with experience of work with HIV-positive people, and also the availability of models for the provision of appropriate services in Ukraine, it was decided to initiate implementation of a pilot project at the AIDS Centre with support from the All-Ukrainian Network of PLWH.

● **Recommendations for HIV-positive women who wish to conceive**

Planning of pregnancy is held together with the doctor of the AIDS Centre. Specialists from family planning centres / antenatal clinics, when making such decisions take into account the level of viral load and the stage of HIV infection. HIV-positive women who wish to become pregnant are provided with individual counselling. The main aims of PLWH partner counselling are: to inform about ways of HIV transmission and prevention of HIV infection, to support HIV-safe behaviour, and to facilitate the understanding of the reality of giving birth to a healthy child. The counselling facilitates informed decision making about HIV testing on the part of those that do not know their HIV status, and promotes the identification of HIV status, the provision of timely medical assistance and medical examination for TB and STI, and the identification of opportunistic infections and their treatment; the timely initiation of ART; prevention of mother-to-child transmission; as well as comprehensive support including a 'peer-to-peer' approach.

Moreover, information is provided on specifics of pregnancy with HIV infection, the possible consequences of HIV-infection for the newborn infant, and available prevention

methods to avoid MTCT. Childbirth planning services include an evaluation of the immune status of the woman, her somatic health and the presence of any gynaecological diseases and also include STI diagnosis. It is possible to involve doctors of other specialties to perform preventive medical examinations and administer treatment.

The woman herself makes the final informed decision about childbirth planning.

● Recommendations for discordant couples

Provision of services on HIV/AIDS to discordant couples is not sufficiently developed in Ukraine.

The All-Ukrainian Network of PLWH initiated and supported the development and publication of the manual Social Support and Medical Aid for Discordant Couples in the framework of the Project Support for HIV/AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine supported by the Global Fund to Fight AIDS, TB and Malaria.

This is the first Ukraine manual ever issued to meet the needs of discordant couples. The manual sets out recommendations for primary health facilities, centres and offices for family planning and reproductive health where services are provided to PLWH, and for social and legal entities, NGOs and self-support groups providing social and legal support to discordant couples. The information in the manual is client-oriented and addresses the most urgent problems.

While preparing these recommendations a survey was conducted by interviewing discordant couples who collaborated voluntarily. In all, 195 persons were interviewed. Since the number of respondents was small, the answers to the questions should not be viewed as typical or representative. The results obtained are primarily qualitative in nature. Among the 195 respondents 142 were women and 53 were men. The majority of the respondents are of reproductive age; almost half of them are married, the married women being twice as numerous as the married men. Among more than 1/3 of the interviewed couples it was the woman who was infected, most of them having been aware of their status for more than 3 years and receiving HAART. More than half of the respondents were planning to have children. The majority of the respondents intended to have a baby consciously. They sought for information about preservation of the negative status of the partner, use barrier contraceptives and were ready for artificial fertilization. At the same time the majority of the respondents had not yet applied to health facilities, maybe because they expected for the negative attitude of the staff towards them. The absolute majority of the respondents expressed the wish to have a complete family and to raise children.

Analysis of the questionnaires makes it possible to identify the service needs of discordant couples:

- Information on fertilization and childbirth;
- Availability of a specialised doctor to provide services to discordant couples wishing to have a baby and counselling at the reproductive health centre;
- Psychological and social support including referrals;
- Establishment of more centres of social support for PLWH and special centres for discordant couples.

The current situation in the development of HIV/AIDS epidemic in Ukraine shows that the families affected by the epidemic who wish to have healthy children can be divided into the following categories:

1) Families that do not have fertility impairments and whose main problem is healthy fertilization – preservation of HIV-negative status of the partner in the discordant couple, avoiding HIV re-infection and avoiding infection of the child;

2) Families that have fertility impairments and need application of assisted reproductive technologies.

For the first category of patients it is necessary to provide access to appropriate services depending on the positive status of either woman or man upon their consent. If a woman is HIV-positive and a man is not, artificial fertilization using the man's sperm is proposed. Counselling and the required assistance on artificial fertilization method is provided by the specialists of the centres/offices of reproductive health and AIDS Centres. If after a repeated insemination a woman fails to conceive during a year, the couple receives referral to treat infertility. If a man is HIV-positive the couple is recommended to use technologically simple and inexpensive (compared to assisted reproductive technologies) method of sperm washing with subsequent insemination of HIV-negative woman.

If there is a fertility problem, a couple is recommended to receive counselling at the reproductive medicine clinic for selection of the next procedure and possible use of assisted reproductive technology methods.

Provision of services to discordant couples is not sufficiently developed in Ukraine and requires considerable improvement.

All-Ukrainian Network of PLWH, with support of the MoH, the National Committee on Counteraction to HIV/AIDS and other socially dangerous diseases initiated work on providing access to sperm washing for HIV-positive partners with subsequent insemination of the HIV-negative woman. This activity requires the coordination of efforts of family planning and reproductive health services with AIDS centres for couples that have no fertility disorders. The pilot project will identify appropriateness of providing services for discordant couples on sperm washing of the HIV-positive partner and subsequent insemination of the HIV-negative woman at the AIDS centre. This is the stage of development so far of the integrated assistance at the AIDS Centres. Implementers of the pilot project will identify advantages and disadvantages of practical implementation of the services, which will allow its rolling out to other regions of Ukraine to help discordant couples who are growing in number.

There are trained specialists in Ukraine – obstetricians, gynaecologists, lab assistants and specialists in reproductive health ready to provide such assistance. However, issues on a possibility of conducting sperm washing and insemination at the AIDS Centres have not yet been addressed. In 2009 the Ministry of Health of Ukraine initiated implementation of this scheme at one of the AIDS Centres, providing a wide range of medical services to HIV-positive families.

The next steps are: to provide training of lab assistants in mastering the technique of sperm washing of the HIV-positive man; identify the funds needed for the procurement of the laboratory equipment, develop and ratify the clinical protocol on providing reproductive health services to discordant couples and on procedures for sperm washing on the basis of the medical evidence data and international experience.

- **Legislative and traditional (informal, social, and cultural) barriers hampering young women from receiving services in the sphere of sexual and reproductive health and ART when necessary**

Often the rights of HIV-positive women and adolescents are not recognized or given priority. Gender inequality and some social and cultural traditions often restrict or control

decisions that a woman may make in regard to sexual and reproductive options. As a result of poverty, stigmatisation and discrimination related to HIV infection, access of HIV-positive women and girls to extremely important information and services is restricted, and that can cause negative consequences. Services in the sphere of sexual and reproductive health for HIV-positive women are restricted in quantity, quality and accessibility. To some extent it is caused by the low priority of such services, which itself is the manifestations of gender inequality, stigmatisation and discrimination of people living with HIV. It is also hampered by shortcomings in the sphere of services restricting access to care and social support.

Stigmatisation in health facilities leads to a reluctance to apply for help including assistance on reproductive problems. At the same time, according to the international legislation regulating reproductive health as the human right of people affected by HIV, HIV-positive couples should have the same access to reproductive health services as any other, including modern reproductive technologies. Health workers require relevant training and support to get rid of stigmatized attitudes to HIV-positive women so common in health facilities and to provide them quality services on the basis of understanding and sympathy.

There is formally stereotyped behaviour in providing services to HIV-positive women. Even though provision of services on prevention of unwanted pregnancy for HIV-positive women is recognized as one of the key strategies for PMTCT, the main focus is still on the baby. Patients, as a rule apply for receiving services related to pregnancy or childbirth and health workers most often respond to this specific request. Health workers fail to identify other problematic aspects of reproductive and sexual health and accordingly they do not provide relevant assistance.

Since every case of HIV infection is both a medical and a social problem, medical assistance to couples with HIV should be based on coordinated work of the team dealing with this population group. It is necessary to organize joint work of specialists in the following spheres: HIV infection, obstetrics, gynaecology, counselling, care, and social and legal support (as requested by the couple together or individually). However, coordination of specialists of different services in providing services in the sphere of reproductive services has not yet been properly elaborated.

[III] FIGHTING VIOLENCE AGAINST WOMEN

● Legislation on counteraction to violence against women, punishment of offenders and promoting efforts to reduce harm to women suffering from violence

Violence against women is usually considered in the light of three major areas: private life, the workplace and reproductive health. Civil rights advocates often include into this classification another form of gender violence: trafficking in women. The latter form of human rights abuse is described in a separate section. The present review deals with violence committed against women in private life (domestic violence), at workplace (sexual harassment) and in the area of reproductive health (right to an abortion).

Family (domestic) violence

The importance of this problem is confirmed by statistical data and research surveys performed in Ukraine over recent years. According to the public opinion poll conducted by the Olexander Yaremenko Ukrainian Institute of Social Research in March 2007 - "Public Attitudes toward Domestic Violence" - the issue of domestic violence affected 8% of all

respondents, 20% of whom admitted that domestic violence was an issue for their friends and/or acquaintances. 81% of all respondents recognized the importance of this issue for Ukraine as a country. The survey covered 2,000 respondents 18 to 70 years old coming from all over Ukraine. The survey was representative of the entire Ukrainian population.

According to statistics provided by the Ministry of the Interior of Ukraine 91,050 Ukrainian nationals were registered as those who have committed domestic violence, with 54,892 of them being accused during 9 months of 2009. 83,364 of the total number were men, 7,270 were women and 416 persons under legal age. As to the nature of the violence: 31,297 of these persons were accused of physical violence; 21,914 of psychological abuse and 1,681 of economic violence.

According to statistics provided by the International Women Rights Centre La Strada – Ukraine which maintains the nationwide child violence prevention and rights protection hot line. In just over 11 months of 2009 the hot line received 3,149 calls, 25.2% of which were related to cases of domestic violence. About 46% of all calls were from women.

Domestic violence is regarded as just another form of violation of human and civil rights and legal interests. Although the legislation on counteraction to domestic violence was enacted in Ukraine in 2001 the problem still remains acute and requires some urgent solutions.

The term domestic violence was first mentioned in the Law of Ukraine On Prevention of Domestic Violence passed by the Ukrainian Parliament in 2001. To support this legislation, the Law of Ukraine On Amendments Introduced into Administrative Offences Section of Administrative Code of Ukraine to Establish Responsibility for Domestic Violence or Failure to Observe Restraining Order was adopted. The definition of this term in the Law of Ukraine On Prevention of Domestic Violence reads as follows: “Domestic violence shall mean any premeditated acts of physical, sexual, psychological or economic nature committed by one family member against another family member if such acts infringe constitutional rights and civil liberties of this family member as a human being and a citizen and inflict upon this family member moral damage and/or undermines his/her physical health or psychological well-being”.

The Law of Ukraine On Amendments Introduced into Some Ukrainian Laws to Improve Legislation of Ukraine on Counteraction to Domestic Violence that entered into effect on January 1, 2009 stipulated that certain changes were to be made in the Administrative Offence Code, in particular articles 173-2, 262, 263 and 277 and the Law On Prevention of Domestic Violence. According to those amendments all individuals found guilty of domestic violence could face administrative detainment for up to 5 days or be sentenced to take a course in a correctional program. If the act of violence is proven, the individual who has committed it is subject to pay an administrative penalty. The new amendments raised the size of this penalty to an amount equivalent to 10 guaranteed tax-free official minimum salaries (today one tax-free official minimum salary stands at UAH 17). Thus the whole the burden of violence is shifted to those who have suffered or to the entire family.

The amendment requires that all laws and regulations adopted by the Cabinet of Ministers, ministries and other central executive agencies are brought in compliance with this new Law. To this effect the Ministry of Ukraine for Family, Youth and Sport has established an expert working group whose task is to work out a set of rules and procedures to prevent domestic violence. The working group members are governmental officials from agencies directly responsible of addressing family violence issues and representatives of civil society organizations.

On March 30, 2004, the Ministry of Ukraine for Family and Youth (now the Ministry of Ukraine for Family, Youth and Sport) and the Ministry of the Interior of Ukraine approved, by means of a joint executive order, the Procedure of Cooperation between Family and Youth Departments, The Services for Underaged individuals, Centres of Social Service for Youth and Internal Affairs Agencies on Issues Related to Measures of Counteraction to Domestic Violence (No 3/235 dated March 09, 2004) for the purpose of improving the interface between agencies and departments directly responsible for measures to fight domestic violence.

The Procedure specifies that the departments of the Ministry for Family, Youth and Sport (structural units) to set up and facilitate the committees (on coordination of activities for domestic violence prevention) under executive agencies and local governments.

One of the most important issues related to fighting domestic violence is rehabilitation of persons who suffered from violence. All family violence victims can apply for legal, consultancy and psychological assistance to non-government organizations and the State Social Service. These agencies act in accordance with the Law of Ukraine On Social Work with Families, Children and Youth, the Law of Ukraine On Social Services and the Law of Ukraine On Public Associations. This issue remains open as to the medical assistance. Today the establishment of state service for medical and social assistance to domestic violence victims has just been launched. The national system of clinical and epidemiological data on health disorders of domestic violence victims does not exist.

Following the Law of Ukraine On Prevention of Domestic Violence the Ministry of Health issued executive order N° 38 dated January 23, 2004 On Approval of Measures to Enforce Law of Ukraine “On Prevention of Domestic Violence” and Standard Provision on Medical and Social Rehabilitation Centre for Domestic Violence Victims. This document defines the norms according to which specialized medical and social rehabilitation centres for those who fall victim to this human right violation must be established in each region of Ukraine. So far, such centres operate only in two cities: Chernihiv and Sevastopol.

Along with abovementioned forms of assistance, the victims of domestic violence can apply for help to crisis centres established under the Law of Ukraine On Prevention of Domestic Violence. According to information provided by the Administration of District Police Inspectors of the Public Safety Department under the Ministry of the Interior of Ukraine as of November 2009 there were 56 such centres of various ownership types across the entire country.

In Ukraine the issue of domestic or family violence is considered as a gender problem. The most of such delinquencies are committed by husbands against their wives. Although, domestic violence is defined as an offence by national legislation some by-laws and regulations still require certain adjustments and amendments to maximize the efficiency of the Law. Many civil rights advocates believe that another reason behind apparent inefficiency of current laws is the lack of respective target programs at the national and regional levels. The same reason often leaves the victims of domestic violence exposed and deprived of the protection they need. However, the main problem continues to be medical and psychotherapeutic assistance for those who suffer from domestic violence.

Violence at Workplace

One of the most brutal manifestations of violence at workplace is sexual harassment. Although sexual harassment, similarly to domestic violence, is viewed as a problem concerning men and women to an equal extent, the global statistics shows that it affects mostly women. Unfortunately, statistics related to this offence is entirely absent in Ukraine.

According to the results of the research survey *Women Problems in Ukraine* nearly 15% of all female respondents have come across one or another type of sexual harassment at workplace at least once during their professional careers. One piece of research that included a survey of 44 focus groups in 4 major Ukrainian regions was sponsored by the World Bank and carried out in 1999 by the Kiev International Sociology Institute. The total number of interviewees who participated in the discussion was 440 persons (100 men and 340 women).

According to another research *Behavioural Monitoring of Military Personnel as a Second Generation HIV Surveillance Component* that was performed in 2007, 9% of all women in the army admitted been the subject of attempts made by their colleagues or superiors to talk them into or pressure them into sexual contacts. The research was sponsored by the ICF International HIV/AIDS Alliance in Ukraine and performed by the SOCIS Centre for Social and Political Research. Its objective was to explore the risks of HIV infection due to behavioural patterns of the military personnel.

The term sexual harassment was first introduced in the Ukrainian legislation by the Law of Ukraine On Equal Rights for Women and Men.

Its present definition reads as follows: “*Sexual harassment* shall mean the sexually tainted acts expressed verbally (threats, intimidations, obscenities) or physically (touching, spanking), which degrade or insult persons in a subordinate position by virtue of their labour, professional, financial or other status”.

The Law appeals to the employers who have some duties to their employees, and for creating an environment that discourages sexual harassment (Art.17) (but it does not specify the mechanism for implementing and controlling such environment); the Law grants the right to appeal against the facts of discrimination on the grounds of sexual preference and sexual harassment (Art. 22) and the right to seek compensation for material and moral damages inflicted by virtue of sexual preference and sexual harassment (Art. 23).

Article 4 of the draft Labour Code entitled *Prevention of Workplace Discrimination* defines sexual harassment as an inadmissible offence that is an expression of sexually tainted discrimination.

The National Program to Promote Gender Equality in Ukrainian Society for period up to 2010 includes provisions according to which changes should be made in current legislation to meet the requirements of the Law of Ukraine On Equal Rights for Women and Men. Notwithstanding the fact that the importance of preventing sexual harassment and protecting labour rights is generally recognized, the respective draft law that was submitted for review to the Ukrainian Verkhovna Rada totally neglects those issues.

In most countries sexual harassment is considered as a delinquency or offence. However the term of sexual harassment is not used in the Ukrainian Penal Code. Instead it comprises articles that deal with the issue of sexual harassment indirectly. Section IV of the Ukrainian Penal Code Criminal Offences Against Sexual Freedom and Sexual Personal Immunity includes the article 152 Rape, article 153 Forcible Satisfaction of Sexual Desire in an Unnatural Way, article 154 Forced Sexual Relations, article 155 Sexual Relations with a Person under Age of Consent and article 156 Deprivation of Under-Age Children.

The closest to sexual harassment is the definition used in the Art. 154 of the Penal Code Forced Sexual Relations. It should be understood though that the notion and phenomenon of sexual harassment is far broader than just coercing a person to sexual relations. In its present wording Article 154 falls short of the goal to provide a full range of legal protection against this offence.

The issue of sexual harassment at workplace is latent. The lack of statistics on claims submitted by the victims with regard to such offences and lukewarm attitude of the general public makes its research even more complicated. Laws and regulations that regulate and institutionalise the right to claim and receive compensation for sexual harassment at workplace are still on paper since the mechanisms of their actual enforcement do not exist. The Ukrainian legislation regards the fact of sexual harassment rather as a delinquency than a crime, and as such the Penal Code leaves it unpunished.

Summarizing the above, we can say that the legal basis for women rights protection in Ukraine is generally in line with international standards, although some provisions still need further updating. At the same time actual implementation of this legislation runs across problems at different levels: financial, logistic (creation of crisis and rehabilitation centres) and actual enforcement of legal rights. The most important issue is public stigmatisation. It equally affects victims of all types of violence, including HIV-infected women and hinders implementation of their rights.

● **Measures to fight sexual exploitation of girls and boys**

There are three major interrelated forms of sexual exploitation of children: child prostitution, child pornography and child trafficking committed for the purpose of sexual exploitation.

Child prostitution

According to behavioural researches among women who offer paid sexual services in Ukraine, the proportion of under-age girls who practiced prostitution was 6% in 2007 (13 to 17 years old) and 3% in 2008 (14 to 17 years old) (data provided by the Behavioural Monitoring of Commercial Sex Workers as Component of Second Generation HIV Surveillance conducted in 2007 and 2008). The sample included 1,600 CSW each year. The 2007 research was carried out by the Olexander Yaremenko Ukrainian Institute of Social Research. The 2008 and 2009 studies were performed by the Kiev International Sociology Institute. All of those studies were commissioned by the ICF International HIV/AIDS Alliance in Ukraine.

The Penal Code of Ukraine (PCU) sets out criminal responsibility for procuring and incitement to prostitution (Art. 303 Procuring or Incitement to Prostitution). The punishment established by this legislation for inciting or pressuring any person to prostitution is 3 to 5 years imprisonment. The same acts committed toward a person under the age of consent are penalized by 5 to 10 years imprisonment with or without forfeiture of estate.

Article 302 of PCU Establishment or Maintenance of Brothels and Pandering explicitly prohibits establishing or maintaining brothels and/or the practice of pandering. If such crime involves under-age children the punishment is two to seven year of imprisonment.

The Penal Code does not provide for any punishment for purchasing sexual services from children. However, Art. 155 of the Penal Code does establish the penalty for sexual relations with a “person who has not reached sexual maturity” (which is custodial restraint for up to three years or imprisonment for the same term). Art. 156 of the Penal Code sets the punishment for “debauchery of under-age children” defines the under-age persons as those aged under 16.

Child pornography

The definition of child pornography is rather broad and covers demonstration of materials representing explicit sexual acts with participation of children, real or modelled,

or any representation of children's genitals, predominantly for sexual purposes. According to international standards, pornographic products include computer-stored printed materials, and video, audio or digital records.

The Penal Code of Ukraine also includes Art. 301: "Importation, manufacturing, marketing and distribution of pornographic goods". It imposes punishment for importing into Ukraine any goods, representations or other items of pornographic nature for the purpose of sale or distribution and/or their manufacturing, transportation or other transfer for the same purpose and/or their marketing or distribution. The same article also applies to the cases of children being abused for the purpose of manufacturing such materials (pornographic imagery, cinema and video products or software). Such crimes are punished by 3 to 7 year imprisonment. Although this legislation is meant to encompass the entire area of child pornography, it fails to specify any sanctions for accessing or distributing pornographic products via Internet. Similarly, it does not cover possession or exportation of all types of child pornography.

Trafficking of children for the purpose of sexual exploitation

Criminal responsibility for trafficking in persons, including children, is legally persecuted in accordance with Art. 149 Trafficking in persons or other illegal arrangements concerning human beings of the Ukrainian Penal Code. It defines this type of trafficking in the following manner: "Trafficking in persons or entering into other illegal arrangements whose objects are human beings as well as recruitment, transportation, transfer, harbouring or receipt of persons for the purpose of their exploitation by means of deception, fraud, blackmail or abuse of power or a position of vulnerability shall be punished by 3 to 8 year imprisonment". The same acts committed with respect to the person under age of consent are punished by 15 years imprisonment. In this context, exploitation means, among other things, all kinds of sexual exploitation in the pornography business.

From 1998 to November 2009 the Departments to Combat Human Trafficking instituted 2,606 proceedings that resulted in 446 legal convictions. (Data provided by the IOM - International Organization for Migration as of September 30, 2009).

With a focus on increasing efficiency of measures to fight commercial sexual exploitation of children and child trafficking, the Government of Ukraine, i.e., Ministry of Ukraine for Family, Youth and Sport in cooperation with other ministries, non-governmental and international organizations have developed the National Plan of Actions for Implementation of the UN Convention on Rights of the Child on 2006-2016. Its major measures for combating child trafficking and commercial sexual exploitation of children include: protection of children against brutality, exploitation and violence; and the extermination of child trafficking, sexual exploitation and other forms of brutal behaviour toward children. The Plan envisions a set of prevention measures among children, rehabilitation assistance for children who have suffered the above crimes and expansion of the system to track down cases of sexual exploitation of children.

The function of fighting sexual exploitation of children and child trafficking in Ukraine is assigned to the National Network to Fight Commercial Sexual Exploitation of Children that currently incorporates 25 non-governmental organizations from all over Ukraine and the IOM-sponsored NGOs that provide assistance to victims of human trafficking.

According to IOM statistics, during the period from January 2000 to June 30, 2008 assistance was provided to 5,214 persons under 18 years old, 265 of them were victims of

human trafficking, including 230 under-age children 14 to 18 years old, 16 children 11 to 14 years old, 14 children 5 to 11 years old and 5 children 3 to 5 years old. In 2007 and the six months of 2008 86 girls and 19 boys were the victims of this crime (according to the International Organization for Migration as of June 30, 2008).

The fight against sexual exploitation of children is their key priority for a number of non-governmental organizations. The International Women Rights Centre La Strada - Ukraine jointly with the Ukrainian Ministry of Education and Science has issued the manual Prevention of Child Trafficking that is disseminated in Ukrainian schools and is used as a methodological basis for school psychologists and class supervisors. Another activity pursued by the Centre is the dissemination of handout materials distributed by the Departments of the Ministry of Education throughout the country. Another educational organization that has been acting almost across the entire country since 2003 is the Mobile Lecturers Group on Preventing Human Trafficking.

The Centre jointly with the Police Department on Juveniles works on a daily basis with children in placement and shelter centres for children. In most cases these are street children left without parental or foster care. The work conducted with these children is directed at crime prevention. In many cases psychologists help to rehabilitate children who have been the victims of sexual exploitation.

Another program currently implemented in Ukraine is the Child Safety in the Internet. The Coalition for Children Safety in the Internet was established in the framework of the Program. The coalition includes international members such as UNICEF, International Organization for Migration, as well as non-governmental organizations such as International Women Rights Centre La Strada – Ukraine and commercial entities, including Microsoft, Hewlett Packard, and the biggest telephone and Internet service providers (Kievstar, The Ukrainian Internet Association) etc. The funds raised under this program are used to set up training sessions on Internet safety for children of different age groups ranging from 7 to 14 years old and for adolescents aged 15 to 18. One of the program achievements is the Internet site “Onlandia” that can be found at: <http://www.onlandia.org.ua/ukr/partners.aspx>.

To fight and prevent the circulation of child pornography on the Internet the Centre La Strada-Ukraine has established an electronic hot line: www.internetbezpeka.org.ua that is used as a tool to collect information about child pornography diffused through Internet. The software for this hot line was created in compliance with current analogues of similar hot lines operating in the European countries.

Another subject is child sexual tourism, one of the varieties of the sexual exploitation of children its urgency for Ukraine is growing by the day: the number of foreign citizens coming into the country to get cheap sexual services from Ukrainian children keeps increasing. To combat child sexual tourism a number of Ukrainian organizations initiated the Ethical Code for Tourist and Hotel Business in Ukraine that has already been signed by progressive national and international companies.

It can be concluded that Ukraine has set up the system to combat sexual exploitation of children. The country commits all major international covenants and treaties addressing the subject. The national legislation now considers sexual exploitation of children as a punishable crime; the state has initiated the National Program, under which the state institutions along with non-governmental organizations carry out the child violence prevention work and assist violence victims. Another important element is that Ukrainian business entities have joint the fight against crimes against children.

- **Organizations (services) protecting the rights of women and girls who are the victims of sexual or other violence**

- **Accessibility of such services**

To meet requirements set forth in the Laws of Ukraine On Social Work with Families, Children and Adolescents and On Social Services and the Resolution of Cabinet of Ministers On approval of Standard Provision on Social and Psychological Assistance Centre, the social and psychological assistance centres provide specialized support to persons who are in difficult life situation. This category includes women who have suffered different kinds of violence. The centres provide twenty-four-hour shelter services; and offer social, legal, psychological assistance etc. According to the provisions such centres are to be founded by a local executive agencies and local governments.

In 2008, the Centres of Social Service for Family, Children and Youth referred 38 persons and 47 families (89 children) to the Social and Psychological Assistance Centres.

The state social services in general and Centres of Social Service for Family, Children and Youth in particular support hot lines and run victim assistance programs, under which those who have suffered from violence can apply for and receive the necessary psychological and legal support or can be referred for treatment to the social and psychological assistance centres.

The system of crisis centres for women who have suffered of domestic violence was established in pursuance of the Law of Ukraine On Prevention of Domestic Violence. According to the Ministry of the Interior of Ukraine statistics there were 56 such centres in the country as of September 30, 2009. These are crisis centres under any form of proprietorship: state, non-government and private. Their services include elementary medical assistance, psychological support to women, and correction programs for offenders.

According to the abovementioned law and Decree N° 38 of the Ministry of Health of Ukraine dated 23 January 2004 On Approval of Measures to Enforce Law of Ukraine “On Prevention of Domestic Violence” and Standard Provision on Medical and Social Rehabilitation Centre for Domestic Violence Victims created a legal basis for the setting up of state medical and social rehabilitation centres for victims of domestic violence. As mentioned above, actually such centres function only in two cities: Chernihiv and Sevastopol. It should be noted though, that these two centres were established under psychiatric and drug abuse clinics and that fact tends to discourage potential clients. The centres are established to provide primarily medical assistance to the victims of violence.

To implement the Comprehensive Program on Counteraction to Human Trafficking for 2002– 2005 and the State Programme on Counteraction to Human Trafficking for the period till 2010, sponsored by the International Organization for Migration, 8 shelters for persons who have suffered trafficking were established in Ukraine: in the regions of Volyn, Zhytomyr, Lviv, Odesa (2), Chernivtsi, and Kherson and in the city of Kyiv. Over the period from January 2001 to September 30, 2009 312 individuals who had suffered from human trafficking applied to and received services in IOM-sponsored shelters maintained by non-government organizations; if necessary the shelters also provide accommodation to victims of domestic violence.

Since 2002 the IOM Centre for Trafficking Victims Assistance has been operating in Kyiv. From 2002 to 2007 it has provided confidential and comprehensive medical and psychological assistance to 1,165 victims of human trafficking. To be able to offer rehabilitation

services to children who suffered from trafficking, the Centre was additionally equipped with a playground and its services were complemented with prevention and educational components.

As part of the Program on Counteraction to Human Trafficking the International Organization for Migration offers reintegration assistance to the victims, which includes medical and psychological help, safe return of victims to Ukraine from abroad, professional training, promotion of small business, a set of reintegration grants, and legal aid.

In 1997 the International Women Rights Centre La Strada –Ukraine introduced the national hot line for issues associated to human trafficking and in 2004 it supplemented this service with the national hot line on issues of violence prevention and protection of children's rights. Such hot lines offer legal advice and psychological counselling. If necessary the violence victims are referred to rehabilitation centres where they can access all above mentioned services. According to La Strada –Ukraine from November 1997 to November 2009 the hot line to prevent human trafficking 40,862 calls, more than 4% of which concerned assistance to trafficked persons and about 1% was legal advice and court-room support. From the total of 4,309 calls to the fight-the-trafficking hot line from November 2004 to September 2009 more than 13% concerned psychological counselling for persons suffering from violence.

In conclusion it can be said that Ukraine has built the required legal and regulatory basis for rehabilitation assistance to those who have suffered violence. This legislation is enforced through the network of crisis centres designed to help domestic violence victims and trafficked persons. Because of certain financial problems the services to violence victims are provided on the regular basis only by non-governmental and international organizations.

- **Availability of HIV and STIs prevention, emergency contraception and legal abortion to women and girls who have suffered sexual or other forms of violence**

Prevention measures of HIV-infection spread among violence victims in the above rehabilitation centres are not conducted on a permanent basis. They are implemented only by a fraction of non-governmental organisations that in parallel with projects to assist victims of violence or human trafficking implement HIV prevention programs and employ staff psychologists who provide HIV prevention counselling as part of reintegration services rendered to violence victims. For instance, the non-governmental organization Vira, Nadia, Liubov is a member of the IOM-sponsored network that focuses on reintegration assistance to trafficked persons and at the same time is one of the most vigorous HIV-prevention service providers working with commercial sex workers and drug addicts. As the HIV and STI prevention awareness program is one of their most important components; it covers all the social groups targeted by this organization.

Taking into account that in most cases the women who fall victim to human trafficking are forced into provision of sexual services the tests for HIV and STIs make one of the basic medical services they need. HIV and STI tests are offered to all clients of the Medical Rehabilitation Centre of the International Organization for Migration. The Centre meets the costs to treat STIs.

The non-governmental organization Vira, Nadia, Liubov also runs rapid HIV tests for female CSW, including those who have suffered human trafficking.

It should be noted that the artificial termination of pregnancy is not included in the list of services offered by the medical rehabilitation centre. If necessary, women are referred to medical institutions where they can have abortion within a legally established period (before 12 weeks, and in some cases before the 22-nd week of pregnancy).

● **Public data collection and data publication system providing information on violence committed against women and girls**

There are several key documents to monitor the respect for human rights in Ukraine that to a certain extent cover issues of violence against women. These are:

Annual Report developed by the Verkhovna Rada Authorised Representative on Human Rights "On the State of Respect and Protection of Human Rights and Freedoms in Ukraine". All such annual reports are developed by the Ombudsman as provided by Article 18 "Annual and Special Reports developed by Verkhovna Rada Authorised Representative of the Law of Ukraine on Verkhovna Rada Authorised Representative on Human Rights. Since the date when Ombudsman position was introduced 5 reports "On the State of Respect and Protection of Human Rights and Freedoms in Ukraine" and two special reports "On the State of Respect and Protection of Human Rights and Freedoms on Ukrainian Citizens abroad" and "Respect for International Standards on Human Rights and Freedoms in Ukraine" were developed. The issue of violence towards women, human trafficking in particular, was raised only in the first annual report. The most recent 5th Report that was delivered on 24 June 2009 (and covered period of 2006-2007) included a separate section on measures to enforce children's rights in Ukraine, which incidentally addressed the issues of the sexual exploitation of children.

The 2nd specialized report highlighted the issue of observing existing standards when implementing the UN Women's Rights Convention and the UN Convention on the Rights of the Child.

Report on Observance of the CEDAW – The Convention on the Elimination of All Forms of Discrimination against Women. This report is prepared by the Ministry of Ukraine for Family, Youth and Sport once every 4 years and submitted to the UN General Secretary. Ukraine will submit the next report in 2011. Normally the document includes information about the practice of implementing the UN Convention requirements in public policy.

Human Rights Report: Civil and Personal Rights in Ukraine. This is the annual human rights report that has been regularly prepared by the Ukrainian Helsinki Human Rights Group since 2004. As a matter of fact this report is an alternative to the Ukrainian Ombudsman Annual Report "On the State of Respect and Protection of Human Rights and Freedoms in Ukraine". The sections on the protection of women rights include: Domestic violence as a violation of human rights; Human Trafficking as a contemporary form of slavery; Women rights and gender equality.

Along with summary reports that cover different areas of human rights abuse in Ukraine a number of state programs on respect for women rights is monitored:

Monitoring of the State Gender Equality Program for period up to 2010.

Monitoring of the State Program to Fight Human Trafficking for period up to 2010.

Therefore it could be stated that the country has built the system of the public control over public policy related to protection of women rights and enforcement of legislation directed at fighting violence against women and introducing gender equality in the society. The reports that summarize monitoring results include concrete statistics and actual data on violation of women rights and recommendations on improving the situation.

- **National campaigns to counteract violence against women and the sexual exploitation of girls**

On May 15, 2008, in the framework of “Unite to End Violence against Women” campaign initiated in February 2008 by the United Nations, Ukraine launched its national campaign Stop The Violence! to combat violence against women, children and domestic violence. It is scheduled to last till November 25, 2015 (International Day to End Violence against Women).

The major goals pursued by the Stop The Violence! campaign are the following: improve fight-the-violence legislation; prompt national and public leaders and decision-makers to recognize publicly the gravity of such crimes as violence; increase public awareness on human rights violations and introduce the notion of violence as a violation of human rights; instil to the broad public intolerance towards violence; and work with violence victims and perpetrators of domestic violence.

The events held as part of the national campaign included the National forum Against the Violence; the concept of social advertising was developed. Outdoor billboards were installed in Kyiv, Simferopol, Yalta, Dnipropetrovsk, Donetsk, Zaporizhia, Lviv, Odesa and Kharkiv. The main slogan of the social advertisements was We're are Fed Up With Such Gifts, which urged all affected persons to access the free all-national hot line on violence prevention and children's rights protection. Also, 10 video clips of similar content were prepared and run on TV.

Another significant participant in organisation and management of this campaign are private businesses: PA Tabasco has elaborated the advertisement concept for free, The Outdoor Advertising Association of Ukraine provided support by placing the social advertisement posters Stop The Violence! for free and the digital marketing agency Internet Expert assisted in placing Stop The Violence! banners on the Internet. At the same time the Stop The Violence! was backed by such powerful media resources as TSN (web-site of the 1+1 TV Channel), web-site Odnoklasniki.UA (local version of a top social network site) and others.

Private businesses join public organizations to fight violence. The Avon Foundation launched the Speak Out Against Domestic Violence program; its major objectives are to protect human rights; provide social, legal and psychological aid to women who have suffered domestic abuse; overcome violence against women in families; increase public awareness on family violence and prevent violence and brutality.

Another regular event set up to combat violence against women is the national campaign 16 Days Against Gender Violence that starts annually on November 25 and lasts until December 10. Within this period a number of actions on gender equality issues and eliminating violence against women, protection of human rights etc are held across the entire country.

It should be noted that the public awareness campaigns designed to draw attention to the problems of violence against women are held in Ukraine on a regular basis. Today the idea of fighting violence is embodied in the national campaign supported by almost all governmental agencies as well as by private businesses. The number of calls coming to the hot line on violence issues is growing by the year; increasingly more people decide to report cases of domestic violence to law-enforcement agencies. This trend shows that the society is gradually changing its attitude from that of viewing violence as a private matter to the concept of violence as being an infringement of human rights.

● Action plan to fight trafficking in women

The public policy in Ukraine on issues of human trafficking is based on three major principles: prevention, investigation and assistance for trafficked persons.

Investigation

Criminal responsibility for human trafficking was introduced in Ukraine in 1998. Over the last 11 years the Article that determines punishment for this crime has undergone a series of changes. The last amendments were made to the Penal Code of Ukraine in January 2009. According to the present Article 149 People trafficking or other illegal arrangements concerning human beings, all such crimes are punished with three to eight years imprisonment. In the case of child trafficking the same article sets out the punishment of five to fifteen years of imprisonment.

When fighting human trafficking in persons the executive agencies activities are regulated by a number of procedures approved in the National Program for Combating Human Trafficking for period up till 2010. This document was preceded by the Program on Combating Trafficking of Women and Children, 1999-2002 and Comprehensive Program on Combating Human Trafficking for 2002-2006. To implement the State Program the Inter-Departmental Coordinating Council to Combat Human Trafficking is established under the Cabinet of Ministers of Ukraine; it includes key ministries and departments, non-governmental and international organizations. The programs to combat human trafficking are also adopted and implemented at the regional level. To this effect, the regional and district administrations have set up Coordination Councils.

In 2001 the departments to combat human trafficking were established in each oblast. Before 2001 similar departments operated only in 3 oblasts: Luhansk, Donetsk and Kyiv. In 2005 the Ministry of the Interior established a department dedicated to crimes related to human trafficking; it confirms that the state is fully aware of the problem of human trafficking and the need to combat effectively this crime. In this area law-enforcement agencies successfully cooperate with non-governmental organizations. When receiving any complaints concerning violence, the departments to combat human trafficking refer the victims to the civil society organizations providing them the necessary assistance. In most cases reintegration assistance is reimbursed by the International Organization for Migration. The IOM covers the legal counselling and lawyer fees if necessary. It also helps in establishing links with law-enforcement agencies from other countries if the cases fall under the program International Security, Legislative and Legal Assistance require investigation to go beyond national borders.

However, court decisions pronounced under the aegis of Article 149 are sometimes ambiguous. The current practice is to impose conditional or adjourned sentences on offenders accused of this crime. This creates an environment in which offenders feel free to carry on with their misdoings. To inform the Ukrainian court officials on the current international practices of performing investigations in similar crimes the OSCE Projects Coordinator Office in Ukraine is implementing the project to improve the capacity of the Ukrainian judicial system.

Assistance to violence victims

Victims of human trafficking are provided with the following assistance: return to Ukraine from abroad, getting shelter, receiving medical, psychological and legal aid, attending professional upgrade training courses. On the other hand, the country implements a program of small grants to promote private entrepreneurship among the trafficked persons to enable

them to maintain their families economically. In 2005-2006, 57 former victims of human trafficking received small business grants to the amount of USD 138,424 and opened 45 micro-enterprises in six regions of Ukraine (Chernivtsi, Donetsk, Khmelnytskyi, Luhansk, Ternopil and Vinnytsia), and in the Autonomous Republic of the Crimea, which resulted in creating 147 work places. Interestingly, the average monthly income of the trafficking victims who became entrepreneurs amounts to UAH 2,597, which is almost the double of the average Ukrainian salary rate in 2007 (UAH 1,368). Having received USD 138,424 in grants the entrepreneurs converted it into the USD 470,300-worth of assets, which is the equivalent of a 340-percent interest growth within a period of 1 to 2 years.

The network of non-governmental organizations was created in different Ukrainian regions to assist trafficking victims. A total of 8 specialized shelters for trafficked persons were founded, including the Medical and Rehabilitation Centre in Kyiv which runs the full range of medical tests and provides medical assistance. Assistance and shelter for trafficked persons are provided mostly under the Comprehensive Program for Combating Human Trafficking run by the International Organization for Migration. Among other organizations that can also help the trafficked persons are the International Women Rights Centre La Strada –Ukraine, and CF Caritas-Ukraine.

The OSCE Projects Coordinator Office in Ukraine has established the referral system for victims of human trafficking to improve the efficiency of the entire effort. Under this system reintegration help will also be provided by government agencies such as the Employment Centre and Centre of Social service for family, children and youth. So far, these services been virtually left out of the system.

Another priority in combating human trafficking is prevention. In 1998 the International Women Rights Centre La Strada –Ukraine, a pioneer in this area, jointly with the Ministry of Education and Science of Ukraine introduced new techniques for preventing human and child trafficking.

In the framework of this initiative the manual Prevention of Human Trafficking was prepared and published with a large first edition (today it is already in its fourth edition). Each school in Ukraine can get immediate access to such materials if it applies to the local Education Department. With the support of the Ministry of Ukraine for Family, Youth and Sport, the Ukrainian Ministry of Education and Science and the Ministry of the Interior the Centre publishes and distributes these handouts and manuals in educational institutions.

In 2001 the Centre La Strada-Ukraine launched the project Mobile Lecturers Group on Human Trafficking; its members regularly travel for lecturing purposes to the most remote parts of the country.

The national hot line for preventing human trafficking has been operating in Ukraine since 1997. By 1 November 2009 it had received 40,862 calls, about half of which were about safe employment in foreign countries.

As part of the State program to Prevent Human Trafficking in persons the State Employment Service of Ukraine and regional centres deliver lectures on this issue regularly to the unemployed persons officially registered in Employment Centres.

Information campaigns designed to combat human trafficking deserve a separate discussion. Prevention information campaigns include such elements as social advertisement with the participation of famous music stars, hot line services, awareness programs for the youth and trainings for journalists. All these actions are usually performed by the private sector. For instance, in February 2008 during the campaign to

combat human trafficking the GalNaftoGas Corporation installed outdoor billboards at 12 OKKO gas fuel stations in the Western Ukraine, which warned potential migrants of potential human trafficking risks.

IOM jointly with mobile phone operators such as: Kievstar and MTC offered the free hot number 527 by dialling which, all subscribers can receive authentic information about real and potential threats that migrants must be aware of when travelling abroad.

For the same purposes various organizations have shot and broadcast educational films and documentaries and social advertisement videos: Victims of Silence (2001), Human Trafficking: It Can Happen to Anyone (2005), Protect Yourself (2005), Destination Point: Life (2005), Dangerous Games: Avoid Becoming a Slave (2006).

In short, the public policy on preventing and fighting human trafficking in persons that has been developed in Ukraine up to now is underpinned by the key international principles for combating this crime. However, regardless of active and persistent work, efforts are still falling short of achieving the desired effect. In its annual Human Trafficking Report, 2009 the US State Department pointed out that the Government of Ukraine does not fully comply with the minimum standards for the elimination of trafficking. The most problematic issues are the punishment of trafficking offenders and providing sufficient protection for trafficking victims. In the ranking used in the report Ukraine was placed, as in all previous years, on the Tier 2 Watch List that includes countries who are making significant efforts to bring themselves into compliance with international standards but are not always successful.

● **Availability of statistics on HIV-positive women who have suffered violence because of their serological status**

The violence against HIV-infected women is similar to the violence against women as a whole and is usually characterized by infringement of their rights in three major areas: private life, the workplace and reproductive health. However, if a woman is HIV-positive the violence in the above areas acquires a different nature and becomes yet another component that boosts the level of public stigmatisation and discrimination.

Article 24 of the Constitution of Ukraine guarantees constitutional rights and freedoms to all Ukrainian citizens. Article 17 of the Law of Ukraine On Acquired Immune Deficiency Syndrome (AIDS) and Social Protection⁹ re-iterates the guarantee of all rights to HIV-infected persons in conformity with the Ukrainian Constitution. Unfortunately, in real life the majority of HIV-infected persons feel themselves afflicted by stigma and discrimination. There follows a short review of some cases of violence committed against HIV-infected women in the abovementioned areas.

Family (domestic) violence

Although reports of human rights organizations contain a detailed description of HIV-infected women who have suffered physical and psychological violence these cases relate mostly to persons belonging to marginal societal groups such as injecting drug users or commercial sex workers. For instance, the report Human Rights in Ukraine – 2005, Section Observance of rights of HIV-infected and AIDS Patients and Measures to Prevent Epidemic¹⁰ includes some quotes from interviews with women from the above mentioned groups concerning physical and psychological violence they have suffered from their close

⁹ Law of the Ukraine № 1972-12 dated December 19, 2001

¹⁰ <http://www.helsinki.org.ua/index.php?id=1151338888>

friends or from strangers. The types of violence they complained of included: beating, rape, sexual passion satisfaction in an unnatural way, blackmail etc.

There were also reported cases of one spouse prosecuting another one because of being infected with HIV and ensuing psychological violence on these grounds¹¹.

The violence at workplace is characterized by unjustified termination of the employee's labour contract after his/her HIV-status has been disclosed. According to the research Availability of services and human rights of HIV-infected person in Ukraine¹², each third case of human rights violation related to HIV-positive person occurs by infringing his/her right to employment or education.

In conditions of economic crisis women are the first to be laid off or to get their salaries slashed and if found HIV-positive in circumstances of job competition, are the first to be fired. The most commonly used pretext for dismissal in such cases is professional inadequacy.

Violence in reproductive health area

Violence in the area of reproductive health is expressed through violation of a woman's right to have a baby. The common practice in Ukraine is for the obstetricians to insist on ending pregnancy if the pregnant woman was tested and found HIV-infected. According to available statistics, 33.3% of all doctors insist that HIV-infected women have an abortion¹³. It must be admitted that the rights of HIV-infected persons to receive medical services are commonly violated in Ukraine. According to the above research almost 70% of all PLWH encountered violation of their right to receive medical assistance, and discrimination; 13% of all interviewees acknowledged that they have encountered some problems after the medical staff learned of their status. This evidence was supported by 11% of all HIV-infected women. During their stay in the maternity hospital 23% of HIV-infected pregnant women experienced discrimination. The most frequent manifestations of discrimination, according to interviewees, was downgrading their living conditions compared to other patients; 16% of interviewed women said they had to pay more for medical services than other patients; 9% testified that the medical personnel who were informed of their HIV-positive status refused to provide help¹⁴.

The above cases were described in separate civil rights reports or studies. **Regular monitoring of HIV-infected persons' rights and violence against HIV-positive women is not performed in Ukraine.**

Therefore, it can be concluded that although the Ukrainian legislation has been updated to take into account requirements of the international laws with regard to PLWH, in practice discrimination remains a considerable issue. Most frequently human rights are violated by infringing PLWH rights to education or employment, and access to medical services. Although, reports and studies commissioned by civil right advocates often contain the facts of HIV-infected women's rights violations, such monitoring remains sporadic so that only a small fraction of similar evidence becomes the public domain. With the existing level of stigma and discrimination of PLWH that is characteristic of Ukrainian society, women who live with HIV will undoubtedly continue to keep to themselves the facts about the violence they experience, and that will only worsen the situation.

¹¹ Human rights protection of HIV-infected persons in the court: the handbook for judges /edited by M. Buromenskiy – K., 2009. – C. 16

¹² Availability of services and human rights of HIV-infected person in Ukraine. Research conducted by the All-Ukrainian Network of PLWH in 2004.

¹³ V. Kotova. Biotic norms and human rights in the context of HIV pre-natal transfer and medical surveillance over infants born by HIV-infected women/Integrated anthropology. – No2(8). – 2006. – pages 29-32.

¹⁴ <http://www.helsinki.org.ua/index.php?id=1117358648>

● **Government implementation of strategies to assist boys and girls living with HIV/AIDS to guarantee psychological support, education, shelter, nourishment, medical services and guarantee tolerant non-discrimination attitudes (support for orphan children, and state budget allocations for these purposes)**

The Epidemic situation, aggravated by the spread of HIV among Ukrainians, continues to deteriorate quickly, which jeopardizes population growth and the overall public health, primarily that of children and young people.

According to the official statistics, by 1 January 2009, 7,985 children born to HIV-infected women, including 1,968 children with established diagnosis of HIV-infection and 6,017 with still unconfirmed diagnosis of HIV-infection were under regular medical surveillance; only 245 HIV-infected adolescents 15 to 18 years old and 14,321 persons 18 to 25 years old were registered.

However, official statistics fail to reflect the real number of the HIV-infected children. The spread of HIV among the vulnerable groups aged 15 to 19 is convincingly illustrated by the latest research: this rate was estimated at 39% of all girls injecting drug users and 11% of girls who provide commercial sexual services, and 29% of boys injecting drug users and 4% of boys who have sex with men¹⁵. The extent of HIV-infections among street and neglected 15–24 years old children and adolescents (“street children and adolescents”) reaches 18.4%. The extent of HIV spread among orphan children in the same group equals 25.5%; and 28.9% among street children and adolescents; or 34.9% of those who provide sexual services for money, food or shelter¹⁶.

The existing Ukrainian legislation that was created to overcome the spread of HIV/AIDS among children (primarily the National programme of preventing HIV-infection, treatment, medical care and support to HIV-infected and AIDS patients for 2009–2013) is focused essentially on prevention. However the financial support for these provisions is extremely scarce. That makes many normative documents purely declarative by their nature. These documents include the Law of Ukraine On Acquired Immune Deficiency Syndrome (AIDS) and Social Protection¹⁷, On Approval of the Standard Provisions on Centres for HIV-infected Children and Adolescents, On Approval of Standard Organizational Structure and Staff Lists of Centres for HIV-infected Children and Adolescents¹⁸, On the Approval of Standard Logistical Support and Nourishment Standards of Centres for HIV-infected Children and Adolescents¹⁹, On Approval of Regulations Regarding Records of Persons who Stay at Centres for HIV-infected Children and Adolescents and many others.

Since the mechanism of concrete implementation has not been elaborated and the efficient control over observance of these documents does not exist, none of the above legislation acts has led to any noticeable progress.

¹⁵ Based on statistics from studies conducted by the Olexander Yarenko Ukrainian Institute of Social Research in 2007 Behaviour Monitoring of IDU as Second Generation Surveillance Component, Behavioral monitoring of commercial sex workers as Second Generation Surveillance Component, Behavioral monitoring of MSM, as Second Generation Surveillance Component.

¹⁶ Based on statistics from the studies conducted in 2008 among homeless and neglected children and street adolescents in Kiev, Odessa, Donetsk and Makiyvka, Donetsk Oblast by Health Rights International jointly with the Ministry of Ukraine for Family, Youth and Sport, Ministry of Health of Ukraine, Department of Reproductive Health of the American Centre for Disease Control and International HIV/AIDS Alliance in Ukraine.

¹⁷ Resolution of the Cabinet of Ministers of Ukraine N° 148 dated February 15, 2006

¹⁸ Executive Orders of the Ministry of Ukraine for Family, Youth and Sport N° 3075 dated September 08, 2006 and N° 4273 dated December 20, 2006.

¹⁹ Executive Order of the State social service for family, children and youth N° 69 dated December 11, 2008

The joint Executive Order On Measures to Prevent Mother-to-Child Transmission of HIV, Medical Assistance and Social Support for HIV-Infected Children and Their Families still only exists on paper²⁰. This Order determines important procedures of medical and social support for children born to HIV-positive mothers or studying in educational institutions, boarding schools, schools of different foster care forms, institutions of the State Department on Enforcement of Sentences, etc. So far, this is the only legislation in Ukraine that envisions a multi-disciplinary approach to assistance provision for HIV-infected children, which however is not working. This document also abrogates the Executive Order of the Ministry of Education and Science of Ukraine On Approval of Methodology Recommendations for Organization of Medical Assistance and Care for HIV-Infected Children in Preschools and Comprehensive Schools²¹, that was used as a legal basis for setting up specialized groups in schools and separate institutions for HIV-infected children. In practice, however, the previously created boarding schools for HIV-infected children in Kyiv, Donetsk and Dnipropetrovsk oblasts keep operating just as always. The future of children in these schools remains undetermined all the more so since the state has failed to take any measures to protect them from stigma and discrimination.

One of the priorities in work with HIV-positive and HIV-sensitive children at the state level is the issue of extending the network of specialized public organizations that would work with children, in particular, centres for HIV-infected children and adolescents. The Standard Provision about Centres for HIV-Infected Children and Adolescents requires urgent changes and amendments. The very title of this document contains the element of stigmatising attitude towards persons affected by HIV; the structure and staff list must be changed as well as the norms of logistic support and nourishment of foster children. On the other hand, the Provision does not specify what services the centre can offer, what programs it can implement; there is nothing in this document about cooperation with other state organizations; the criteria of commissioning psychologist services are based, not on real needs, but on the number of registered HIV-positive persons within a certain range from around the centre; there is no clear-cut classification of children and adolescents that are eligible to be accepted; there is no state strategy of cooperation with the Children's Assistance Service (which currently refuses to perform medical examinations) and no mechanism of referral in cases of HIV-infected children identified among "street children" who for the Centre are actually the target population.

Another important issue is prevention and social support for the Children at Risk (CAR) performed by state agencies (especially those who are in charge of child rights protection). Vague regulations regarding the examination of HIV-infected children under 14 years old without parental consent or persons who substitute them, and at the child's consent, as well as uncertainty of the status that is assigned to children in boarding schools, constitute factors that interfere with measures to prevent the spread of HIV-infections among CAR (rapid tests by NGOs do not address this issue properly).

Another problem is the way the child is supposed to be informed of his/her HIV status. Presently, the physicians can disclose to the child positive test results only in the presence of his/her parents or guardians, which is impossible in case of homeless and neglected children.

The most crucial problem today is the lack of the state funds to support HIV and AIDS prevention programs and measures targeting children at risk and vulnerable to HIV,

²⁰ Executive Order of Ministry of Health Protection, Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sport, State Department of Corrections, Ministry of Labour Nos 740/1030/4154/321/6140 dated November 23, 2007

²¹ Executive Order of the Ministry of Education and Science of Ukraine N° 448 dated 29.11.2002 (rescinded)

which should have been appropriated under the National Program on HIV prevention, treatment, care and support for HIV-infected and AIDS patients for 2009–2013 (substantial part of such programs and measures is financed by either international sponsor and non-profit organizations or through the local budgets).

The situation with regard to state strategies for supporting children who live with HIV can be summarized as follows: the legislation that has been adopted targets predominantly the area of HIV prevention but even laws and regulations that stipulate social support for such children are extremely poorly funded and thus remain futile and inefficient. The existing shortcomings of some boarding schools for HIV-infected children were not eliminated even though prescribed by appropriate legislation. Stigmatisation and discrimination of children who live with HIV continues to be one of major problems impeding this target group from enjoying its right to education and getting access to medical assistance. Another issue is the estimation method applied with regard to HIV-infected children that reflects on the extent and efficiency of coverage of this group by prevention programs.

The important step of strengthening state policy in the area of medical, social and legal support for HIV-vulnerable children and HIV-infected children can be the most expeditious adoption and implementation of the mechanism that will enable control over the materialisation of the National HIV Prevention and HIV/AIDS Care and Support Strategic Action Plan for HIV-Vulnerable Children and Adolescents at Risk that has recently been developed through the joint efforts of state, civil and international organizations working in this area as well as development and adoption at the state level of the Minimal Initial Service Package and social standards for HIV affected children and families and children in HIV-vulnerable groups.

SECTION III

DATA ANALYSIS

- **Partners in promoting the reproductive health of women living with HIV/AIDS in Ukraine**

The Verkhovna Rada of Ukraine develops Health Care Policy. Public health care policy is implemented by executive authorities. The Cabinet of Ministers develops state target programs and mechanisms for their implementation. The Ministry of Health is the central executive authority in charge of health care policies in the country.

According to the Constitution of Ukraine, each Ukrainian citizen has the right to health protection, medical assistance and medical insurance. The health care system in Ukraine consists of a network of 10.9 thousand medical institutions. The total number of doctors in the country is 224.9 thousand or 48.4 persons per 10 thousand population; the number of paramedical personnel is 106.1 persons per 10 thousand population; the number of hospital beds is 95.6 per 10 thousand population. Protection of reproductive health is one of the priorities of state social policy in Ukraine.

Medical services are provided at the regional and district levels by 12,177 certified obstetrician-gynecologists (statistics for 2008), which is equivalent to 4.89 doctors per 10 thousand female population. The reproductive health/ family planning program for rural population has been developed and is currently being implemented; when completed it will ensure access of Ukrainians living in rural areas to medical services provided by 9,000 family physicians and 23,000 registered nurses. According to the program, family doctors and obstetricians/ midwives will be qualified to consult on issues of reproductive health; however, the level of their professional knowledge and skills remains to be unsatisfactory thus restricting accessibility of the services to rural population.

Medical services are provided in the set of maternity clinics, reproductive health/ family planning centres/ offices and gynaecological and maternity hospitals. This network encompasses 90 maternity and gynaecological hospitals, 566 maternity clinics and 95 medicogenetic clinics. The family planning system in Ukraine was established in 1995. So far, 45 oblast and city family planning centres and over 500 offices in district hospitals have been established.

Responsibility for implementation of gender policy in Ukraine is assigned to the Ministry for Family, Youth and Sport. Department of Family and Gender Policy has been established under the Ministry.

Ukraine has recognized that the problem of HIV/AIDS is the top priority of health protection and social development in the country. The problems of HIV-infection in Ukraine are at the centre of nation-wide public attention.

Ukraine has also established the National Council on counteraction to TB and HIV/AIDS and the Committee on counteraction to HIV/AIDS and other socially dangerous diseases for its capacity building consolidated decision making on public policy and programs/ measures to combat HIV/AIDS in Ukraine.

Major priorities in fighting HIV in Ukraine are summed up in the National Program, which facilitates joint efforts of the state, international and civil organizations. The National Program stipulates that the required financing will come from the state and local budgets

but admittedly has some gaps in the regulation of the interface between state and public financing sources, in the delegation of right to set priorities to NGO partners, in ensuring transparency, and in determining the accountability of state expenditures. Judging by the national experience of implementing surveillance and support programs, the last item often results in the inefficient use of state funds.

It should be emphasized that international donors provide substantial long-term support for measures to fight STI/HIV, promote healthy lifestyles and preserve reproductive health. They are instrumental in making feasible a considerable part of the prevention campaigns, including: information and educational programs, harm reduction programs, PMTCT programs; in guaranteeing ARV medicines supplies and so on. HIV/AIDS research and surveys in Ukraine have been funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria and various UN agencies (UNDP, UNFPA, UNAIDS, USAID, UNICEF etc).

● **Availability of major capacities to prevent the spread of the epidemic among women**

The National Program On HIV Prevention, Treatment, Care and Support for HIV-infected and AIDS Patients for 2009–2013 was developed on the basis of an inter-disciplinary comprehensive approach and legislatively approved.

The Program is divided into sections each with a set of primary tasks. For instance, the prevention section has the task of work with general population and envisaging special measures for risk groups.

Among other actions, the National Program On HIV Prevention, Treatment, Care and Support for HIV-infected and AIDS Patients for 2009–2013 sets out measures to prevent mother-to-child transmission of HIV.

The forms and methods of treating HIV-positive women before and after childbirth and the mechanisms of providing reproductive health medical services to HIV-positive women require further improvement. Efforts must be made to strengthen cooperation between institutions offering reproductive health/family planning (RH/FP) services and agencies that cater to the needs of HIV-positive patients.

Measures that have been implemented in Ukraine over the last years in the framework of the National Program The Nation's Reproductive Health for 2001-2005 have improved the legislative and regulatory basis, contributed to the creation of family planning agencies, helped curb negative processes in the area of reproductive health, and have promoted public awareness on responsible parenthood and contraception methods.

On December 27, 2006, by means of Resolution N° 1849, the Cabinet of Ministers approved the National Program The Nation's Reproductive Health for Period of up to 2015 to enhance the efficiency of achieved results and ensure the solution of reproductive health problems that are regarded as a priority. The Program sets out the principle of a systematic approach to solving reproductive health problems as one of major conditions determining its overall success.

Another concern is the proper training of medical personnel (especially family doctors), social and educational workers. There is an urgent need to start the elaboration of comprehensive state approaches to the issue of sexual education for under-age children and adolescents, and develop the strategy for promoting the use of contraceptives among the public as one of most important aspects of family planning. Another need is to improve the reproductive health of men and engage them in active participation in family planning

processes. It is also important to introduce an integrative approach to the reproductive health aspects of medical assistance. Public authorities and regional health protection agencies tend to overlook the importance of prevention programs that in many cases help to avoid serious health malfunctions.

The tasks of STI prevention, diagnosis and treatment are assigned to the Dermato-venereological, Obstetric-Gynaecological and Urological Services. Each of these Services is guided by its own STI-related regulations. Unfortunately the link between family doctors and other physicians (urologists, gynaecologists, therapists) dealing with STI is too weak. The weakness of such relations can be partially explained by the lack of physicians who are qualified in these areas and the strong independence of specialized services. To strengthen STI prevention and treatment at the local level, health protection organisations and social services must show more willingness to cooperate.

On the other hand, specialists in Ukraine often underestimate the importance of the connection between the spread of STIs, HIV and the fact that the major factor in combating STIs is the primary prevention of these infections in tight conjunction with HIV prevention.

Ukraine needs to develop further its system of comprehensive medical and sanitary services for STI treatment; ensure accessibility of medical services for adolescents and village populations; provide equal reproductive rights and equal access to STI-related services for men and women; and introduce services on STI diagnosis and treatment by general practitioners and family doctors.

● **Main obstacles and drawbacks to the implementation of measures defined in official policies to promote sexual and reproductive health, prevent HIV/AIDS and combat violence against women**

The main documents specifying the legal regulation of activities aimed at the HIV prevention in Ukraine, and the measures of social protection for people living with HIV and AIDS as well as people professionally involved in assisting them establish:

– state guarantees, particularly for the social protection of HIV-positive and people with AIDS, members of their families and health workers involved in the sphere of AIDS control as well as the provision of all kinds of appropriate medical assistance to people living with HIV and AIDS;

– a ban on any refusal to admit to health facilities or provide health care services to people on the grounds of their HIV-positive or AIDS status.

With regard to reproductive health rights of HIV/AIDS positive persons, the existing legislation focuses and consequently allocates a considerable share of public and non-public funds and efforts to prevention measures (access to tests, prevention of mother to child transmission etc). That implies an almost total neglect of HIV/AIDS persons and spouses' reproductive rights, in particular their right to have children. This fact can be considered as revealing the fragmentation and inconsistency of the Ukrainian legislation related to the protection of HIV/AIDS positive people.

The presence of HIV infection or AIDS is a contraindication for female infertility treatment by methods of assisted reproductive technologies. HIV or AIDS is the contraindication for pregnancy (2004), though at present day the methods of prevention mother-to-child HIV transmission are available.

The above facts confirm our thesis on selectiveness and inconsistency of Ukrainian legislation related to protection and implementation of reproductive and other rights of HIV-infected people, which are the evidence of their unsystematic nature and the existence of potential loopholes for premeditated or unpremeditated violation of those rights.

The main conclusion following the Comprehensive Peer Review of National Measures to Combat AIDS in Ukraine performed by UNAIDS independent experts at the request of the National Council on Counteraction to HIV/AIDS and Tuberculosis in 2008 is that despite notable progress on individual issues and policies, the national effort of combating AIDS needs a considerable boost. The Government of Ukraine must restore its leadership to carry out large-scale changes in the national planning, financing, and management systems and their coordination, which will ensure steady progress and successful implementation of national measures to fight AIDS.

- **Main obstacles and drawbacks in civil society to the implementation of measures to promote sexual and reproductive health, prevent HIV/AIDS and combat violence against women**

According to the Comprehensive Peer Review of National Measures to Combat AIDS in Ukraine the country has made rather limited progress in addressing the respect for human rights and protecting rights of those who live with or is affected by HIV/AIDS.

Ukraine has stable, high levels of stigmatisation and discrimination, especially of drug users, commercial sex workers, adolescents with risky behaviour, and in particular street children. There is evidence of denying HIV-infected children access to education, keeping orphan children in hospitals instead of sending them to boarding schools. Drug users are sometimes refused services, including Antiretroviral Therapy (ART).

Ukrainian women report on pregnancy-related stigmatisation: in many cases physicians insist on interrupting pregnancy if they find out that the pregnant woman is HIV-positive. Low level of HIV-infected pregnant women awareness about the latest achievements of medicine in the area of preventing MTCT and lukewarm attitude of physicians to Antiretroviral Therapy (ART) result in violations of HIV-infected women reproductive rights.

Substituting criminal penalties for prostitution with administrative fines can be considered as an achievement in area of human rights in Ukraine. At the same time sketchy legislation on those issues creates problems in prevention of HIV infection among sex workers and gives rise to abuse among law-enforcement personnel.

For all the ponderous legislation on human rights in Ukraine they frequently remain neglected. According to the public testimony neither Ombudsman nor Attorney General has ever opposed illegal police arrests of drug users or the violence against female sex workers and adolescents at risks.

There is an imperative need to introduce and maintain protection policies regarding any manifestations of stigma and discrimination related to HIV-infection in all governmental and non-governmental agencies.

Underage children often run into legal obstacles when trying to access HIV prevention, treatment and care services because the national legislation requires that all children under 18 years old to secure parents' consent to access these services although the common civil law does permit children over 14 years to give their informed consent in order to receive medical treatment.

Measures to define the extent of stigma and discrimination in society need to be incorporated in the national monitoring and evaluation system.

Counteraction to HIV is an inter-sectional activity where an important role is played by the civil society; nevertheless the final responsibility for making progress rests on the Ukrainian Government.

CONCLUSIONS

Findings of the research survey Monitoring the Implementation of UNGASS Goals in the Sphere of Sexual and Reproductive Health revealed the following problems in the sphere of reproductive health of people suffering from the HIV/AIDS epidemic:

1. The National Programs lack specific sections or activities on the prevention of female HIV infection, improvement of accessibility to services on reproductive health preservation for HIV-positive women, and their quality, particularly provision of gynaecological services, prevention of unwanted pregnancy, ART use and others.

Therefore, there is an urgent need in the country to address reproductive health problems for PLWH at the state level with development of specific activities for organization of quality reproductive health services for HIV-positive people and those exposed to the risks of HIV infection.

2. Health care staff have not been trained enough to provide effective counselling on HIV prevention to women, youths or adolescents.

Effective university and post-graduation curricula lag behind the principles of the modern medicine. Problems in training specialists in the sphere of reproductive health preservation, prevention and treatment as well as the provision of medical services require solutions.

3. Lack of an integrated approach to diagnosis and treatment of STIs. Official data about STI prevalence do not show the real picture.

Information on basic principles of STI diagnosis and treatment is available to health workers but it is not known to what extent practitioners adhere to those principles. Provision of medical assistance in the sphere of reproductive health, specifically, STI control, requires implementation of the integrated approach because STI patients are treated in the out-patient departments. There is also a lack of understanding of correlations between STI and HIV incidences as well as the fact that the main aspect of STI prevalence control is in primary prevention of these infections integrated into the HIV prevention program.

Development of private medicine in Ukraine means that it can be expected that the official statistics on the STI rate does not reflect the real situation because STI patients may apply to private health centres and offices. Moreover, there are private diagnostic labs. The mentioned health care facilities do not always provide statistical data as appropriate. This may partially explain the apparent stabilization and decrease of STI incidence against the background growth of HIV incidence.

4. Insufficient quality and accessibility of services in pre- and post-test counselling, and the existence of legal, organizational and financial constraints.

Lack of a development strategy for HIV counselling and testing (VCT) aimed at increasing quality and accessibility of services for risk groups, primarily IDU, FSW, MSM, prisoners, and patients with STIs, TB and other infections.

Imperfect legislation on HIV VCT and lab diagnostics in Ukraine, and the lack of defined HIV counselling and testing methodology; as well as imperfect training programs

on HIV counselling, testing and diagnosis; and imperfect procedures for procurement of laboratory equipment, test-systems and consumables.

Lack of programs for provision of quality and quality control including programs for checking quality of test-systems in the process of their registration, current use and renewal of registration authorization.

Insufficiency of materials and staff resources for providing VCT and clinical monitoring of patients.

Formal attitude of health workers to prior and after test counselling procedure.

5. Lack of special state programmes for the protection of the reproductive and sexual health of HIV-positive women.

The National Program on HIV prevention, treatment and care for HIV-positive and AIDS patients for 2009-2013 does not provide a special section on these issues, and only specifies items for prevention mother to child HIV transmission. The State Program National Reproductive Health for the period up to 2015 does not contain sections for HIV-positive women or couples living with HIV. It sets out that services in the preservation of sexual and reproductive health should be provided for PLWH on the same basis as for non-infected women.

6. Lack of access to assisted reproductive technologies for couples affected by the HIV epidemic.

HIV infection, irrespective of the disease stage, is classified as a contraindication for application of assisted reproductive technologies in Ukraine (MoH Order N° 771 dated December 23, 2008, On Approval of Instructions on the Order of Application of Assisted Reproductive Technologies registered at the Ministry of Justice on March 20, 2009 under N° 263/16279 and Order N° 589 dated November 29, 2004, On Approval of the Procedure for Referral of Women for the First Treatment of Infertility by Assisted Reproductive Technology Methods on the basis of Absolute Indications for Budget Resources (registered at the Ministry of Justice on December 15, 2005 under N° 224/10504).

Analysis of the questionnaires (respondents are the representatives of discordant couples) suggests that discordant couples require the following services:

- Information on fertilization and child birth;
- Availability of a special doctor to provide constant care for discordant couples who wish to have children and counselling at the reproductive health centre;
- Psychological and social support including counselling of specialists;
- Creation of a greater number of social centres for PLWH support and special centres for discordant couples.

7. Low quality of psychosocial support for HIV-positive pregnant women provided by the state. The programs are mainly concentrated in NGOs.

Low coverage of clients at the district level.

The State Social Service for Family, Children and Youth under the Ministry of Ukraine for Family, Youth and Sport is the main institutional agent in the system of care and support. Order N° 4941 of the Ministry of Ukraine for Family, Youth and Sport dated December 18, 2008 approved three Standard Service Packages:

1. Standard Minimal Package of Social Services for Children Living with HIV, Children Born to HIV-positive Mothers and for Members of their Families.
2. Standard Minimal Package of Social Services and Medical Assistance for Children and Youth in the Sphere of HIV/AIDS Prevention.
3. Standard Minimal Package of Social Services for HIV/STI Prevention and Complications Concomitant with Injecting drug Use.

However, their approval did not affect the quality of services since there is no mechanism for implementation of those standards in place.

Psychosocial support is mainly implemented by NGOs. The network of these organizations is not equally well developed in all oblasts and does not reach district level, which makes it impossible to receive services at the place of residence. Services for adherence to ART among pregnant women are provided mostly by NGOs working in partnership with AIDS centres. Coverage of these services remains limited. After the implementation of complicated PMTCT schemes the need for such services will grow. The All-Ukrainian Network of PLWH is currently the key agent in the system of care and support in Ukraine. It acts through its regional offices and other NGOs covering the majority of Ukrainian regions, coordinating project implementation and financing grants for providing services of the project Support of HIV/AIDS Prevention, Treatment and Care for Most Vulnerable Populations of Ukraine with support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

8. Low quality of medical services provision and low level of training for health workers in care and support for HIV-positive pregnant women. Lack of health workers interest in forming adherence to ART.

According to the national legislation and international agreements which Ukraine has joint, a woman is guaranteed the right to give birth to a child. HIV-infection is not a contraindication to childbirth. However, the situation in Ukraine has developed in such a way that health workers often insist on pregnancy termination if a woman is HIV-positive. Low awareness of HIV-positive pregnant women on PMTCT achievements and lack of health workers interest in forming adherence to ART lead to violation of the reproduction rights of HIV-infected women.

Quality of medical services and attitude of medical staff to HIV-positive women still need improvement. Only 38% of women respondents reported that they were happy with the quality of medical services, 55% reported medium quality of services, 4% reported the services as being unsatisfactory and 3% were hesitant about the quality of services.

9. Lack of regular monitoring of the respect for rights of HIV-positive people and abuse of women living with HIV in Ukraine.

Abuse of HIV-positive women in Ukraine is characterized not only by violation of their rights in three major spheres (private, labour and reproductive) but also by manifestations of stigmatisation and discrimination.

Domestic violence is more typical for women from marginal populations, such as injecting drug users and commercial sex workers (physical/psychological violence from their inner circle and from outsiders manifested in the form of fights, rapes, perverse sexual intercourse, blackmail and others).

Violence in the labour sphere. Because of economic crises women are exposed to staff reductions and salary decreases. Once the administration learns about a woman's

HIV-positive status, she is the first candidate for dismissal. Professional inadequacy is the official ground for dismissal in this case.

Violence in the reproductive sphere.

It is the violation of the woman's right to childbirth. The situation in Ukraine has developed in such a way that health workers often insist on pregnancy termination if a woman is HIV-positive. According to the research findings, 33.3% of health workers insist on abortions for HIV-positive women. It is noteworthy that the violation of the rights of HIV-positive persons to access medical services is typical in Ukraine. 70% PLWH faced discrimination and violation of rights to health care provision. 13% of the respondents reported that they had faced problems during treatment after medical staff learnt about their HIV-status. During their stay in the maternity hospital 23% of HIV-positive women experienced discrimination. The most common manifestation of discrimination, according to the respondents, was in the worse conditions of stay in comparison with other patients; 16% of the respondents reported that they had to pay more money for medical services than other patients. 9% of the respondents reported that medical staff who knew about their HIV-status refused to provide services.

10. High levels of stigmatisation and discrimination of HIV-positive people, particularly HIV-positive women, who apply for medical services in the sphere of reproductive health.

Stable high levels of stigmatisation and discrimination are observed, especially in relation to drug users, sex workers, youths from risk groups and to street children in particular. There is evidence that HIV-infected children are denied access to education. Orphans are kept in hospitals instead of institutions for orphans. Drug users are sometimes denied services, including access to ART.

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«Моніторинг поведінки ЧСЧ, як компонент епіднагляду за ВІЛ другого покоління».

67. Дослідження, проведені в 2008 р. серед бездоглядних та безпритульних дітей та вуличної молоді міст Києва, Одеси, Донецька та м. Макіївки Донецької області Організацією HealthRight International (Право на здоров'я) у співпраці з Міністерством України у справах сім'ї, молоді та спорту, Міністерством охорони здоров'я України, Департаментом репродуктивного здоров'я американських центрів з контролю над захворюваннями та Міжнародним Альянсом з ВІЛ/СНІД в Україні.

68. Постанова Кабінету Міністрів України від 15.02.2006 №148.

69. Накази Мінсім'ямолодьспорту від 08.09.2006 №3075 та від 20.12.2006 №4273.

70. Наказ Державної соціальної служби для сім'ї, дітей та молоді від 11.12.2008 №69.

71. Наказ МОЗ, МОН, Мінсім'ямолодьспорту, Держдепартаменту з питань виконання покарань, Мінпраці від 23.11.2007 №740/1030/4154/321/6140.

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