

MONITORING THE INCLUSION OF VAW AT THE NATIONAL LEVEL OF THE AIDS RESPONSE AND THE IMPLEMENTATION OF THE UNAIDS AGENDA FOR WOMEN AND GIRLS

INTRODUCTION

This guide is conceived as a tool to monitor the intersection of HIV and violence against women (VAW) in the national HIV response as well as to monitor the implementation of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV. The guide serves to collect and compile information on different variables or factors that reflect and characterize the national AIDS response in regards to the incorporation of the links between VAW and HIV as well as the needs of diverse women and girls in the context of the epidemic.

The guide is divided in three sections, which explore the three different issues addressed by the UNAIDS Agenda for Women and Girls:

Section A: HIV&AIDS and violence against women: knowing the national pandemics better.

Section B: HIV&AIDS and violence against women: scale up programs and services.

Section C: Women empowerment and leadership in the context of the epidemic.

A- HIV&AIDS AND VIOLENCE AGAINST WOMEN: KNOWING AND UNDERSTANDING THE NATIONAL PANDEMICS BETTER:

Epidemiology provides important tools to evaluate and characterize the health/disease processes affecting a certain population. The frequency or number of cases of an event related to health/disease, as well as its distribution in time, place and population groups, provide valuable information to know the problem in order to design effective responses.

In the cases of HIV&AIDS and VAW epidemiological data and statistics play a key role in understanding not only the magnitude of both problems but also the urgent need for programs that address the links between both pandemics as well as the needs of those increasingly more affected by the epidemic: women and girls. It is crucial that national governments strengthen and improve their national systems to collect, register and analyze information on HIV, VAW and their links in order to know, understand and respond better to the effects of the HIV epidemic on women and girls.

The development of qualitative studies on HIV and VAW are a crucial tool to comprehend the diversity of factors and variables that put women and girls who have suffered violence at risk of HIV infection. Legal and socio-economic factors, including gender inequality, play a determinant role in women's vulnerability.

National governments must promote, conduct and financially support qualitative and quantitative studies on the links between violence against women and HIV in order to design and implement effective programs and services tailored to the needs of women and girls. Studies as well as data collection should include the participation of the diversity of women's groups and organizations including women living with HIV, sex workers, transgender people, youth, among others.

National current legislation on HIV and VAW also allows a better understanding of both phenomena at country level and reflects the commitment of governments to include certain topics in action plans. Collecting this information will reveal the advances and gaps in the national legislative framework in regards to human rights violations in the context of HIV and VAW, such as stigma and discrimination, barriers to access to HIV and VAW services, violations of confidentiality and privacy, violations of sexual and reproductive health rights (SRHR), among others.

The existence of legislation on HIV and VAW that protects and promotes the human rights of women and girls from a gender perspective facilitates women's access to programs, services and supplies that effectively respond to their needs.

National governments must reform, enact and enforce laws and legislation to end violence against women and girls and to end discrimination against PLWHA.

A. 1. NATIONAL HIV&AIDS STATISTICS:

1.1 Profile of the HIV epidemic at country level.

The prevalence rates of HIV infection allow associating the epidemic to the international classification that recognizes concentrated and generalized epidemics.

1.1.1 Number of HIV cases reported from the beginning of the epidemic (or from the beginning of the notification of HIV cases)

HIV epidemic in Ukraine continues to spread rapidly. According to the estimated figures 360 000 HIV-positive people lived in Ukraine at the end of 2010. HIV prevalence in the 15-49 years age group was 1.29%, the highest among the countries of Western and Eastern Europe and the CIS countries.

Since the discovery of the first case of HIV infection in 1987 and by the end of 2010 in Ukraine there were 182 028 officially registered cases of HIV infection among citizens of Ukraine, including 37 167 AIDS cases and 20 924 deaths from AIDS. Only in

the last five years the number of new cases of HIV infection was 50% of the total number of new HIV infections reported for all epidemiological observation period between years 1987-2010.

(See Appendix 1, Fig. 1).

Source:

- Newsletter "HIV Infection in Ukraine" #35 and #36, MoH of Ukraine

1.1.2 Distribution by age (5-year cohorts for all ages) and sex of reported HIV cases per year (periods of time may vary).

88% of HIV-infected are young individuals of reproductive and working age. There is a tendency of the increase in the proportion of HIV-infected persons aged 30-39 years among both women and men. In 2010, in the age structure of people with newly diagnosed HIV infection prevailed people aged 25-49 years (64.8%).

Distribution of HIV-positive citizens of Ukraine by sex and age groups (new cases of HIV infection)

Age groups	2005		2006		2007		2008		2009		2010	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
< 15	1 294	1 222	1 458	1 376	1 738	1 711	1 872	1 777	1 842	1 924	2 042	2 019
15 – 19	108	304	125	311	64	337	59	326	51	285	57	233
20 – 24	890	1 259	837	1 353	775	1 467	657	1 427	618	1 383	683	1 132
25 – 29	1 822	1 190	2 031	1 396	1 983	1 558	1 922	1 736	1 877	1 723	1 795	1 702
30 – 39	2 698	1 272	3 342	1 612	3 563	1 886	3 970	2 200	4 323	2 355	4 459	2 409
40 – 49	1 045	403	1 292	568	1 501	620	1 647	759	1 753	947	1 978	1 029
50 +	187	76	255	122	308	158	381	230	463	296	551	400
Total	8 044	5 726	9 340	6 738	9 932	7 737	10 508	8 455	10 927	8 913	11 565	8 924

In years 2005 – 2010 in Ukraine the possibility of infection for young women aged 15 – 24 years was 1.7 – 2.4 times higher than for young men of the same age. An important factor in gender and age inequalities from the point of view of the spread of HIV among young people is the prevalence of sexual intercourse between young women and older men.

Source:

- Operational information on officially registered HIV-positive people in Ukraine (monthly)

1.1.3. Number of AIDS cases reported since the beginning of the epidemic in the country

The number of cases of AIDS for the period 1987 – 2010 was 37 167 people.

Number of patients with AIDS in the country was increasing till year 2006, inclusive. In 2007 some decrease in the incidence of AIDS was recorded for the first time (from 10.1 per 100 thousand population in 2006 to 9.8 per 100 thousand population in 2007).

In years 2008 – 2009 these rates were kept at 9.5 and 9.7 per 100 thousand population, but in 2010, compared to 2009, this figure rose to 12.8 per 100 thousand population. The increase in registered AIDS incidence rate in 2010 may be to some extent due to the influence of the Order of MoH of Ukraine from 12.07.2010, # 551 "On approval of the clinical guidelines for antiretroviral therapy of HIV infection in adults and adolescents", where the definition of "AIDS" is given according to the WHO Staging System for HIV Infection, 2006, and includes both the diagnoses "pulmonary tuberculosis" and "extrapulmonary tuberculosis."

(See Appendix 1, Fig. 2).

Source:

- Newsletter "HIV Infection in Ukraine" #35 and #36, MoH of Ukraine

1.1.4 Distribution by age and sex of reported AIDS cases per year (periods of time may vary)

Proportion of AIDS cases among men and women over the past six years has hardly changed:

- in 2005 - 70.8% men, 29.2% women
- in 2010 - 68.0% men, 32.0% women

In 2010, the percentage of persons aged 25-49 years among male patients with AIDS was 89.6%, among female patients with AIDS – 83.2%. Most cases of AIDS were recorded in the age group 25-49 years.

Official statistics forms of AIDS cases have distribution in other age groups than among new cases of HIV infection:

Distribution of citizens of Ukraine with AIDS by gender and age groups

Age groups	2005		2006		2007		2008		2009		2010	
	Males	Females										

0 – 14	80	63	63	60	57	58	33	41	52	41	64	69
15 – 17	2	4	3	3	8	10	0	1	2	4	1	1
18 – 24	158	90	140	116	293	185	81	110	82	76	85	85
25 – 49	2 660	1 046	3 057	1 118	2 748	1 061	2 793	1 124	2 725	1 217	3 573	1 559
50 +	86	28	129	34	102	51	153	47	158	80	265	159
Total	2 986	1 231	3 392	1 331	3 208	1 365	3 060	1 323	3 019	1 418	3 988	1 873

Source:

- Reporting form #2 – HIV/AIDS "Report on individuals with conditions and diseases caused by the human immunodeficiency virus (HIV)" (annual) for 2005-2010.

1.1.5 HIV transmission routes in women and men. Routes of transmission disaggregated by age.

During the analysis of the dominant routes of transmission of HIV it was found that from 1995 to 2007 the main way of transmission of the pathogen was parenteral, predominantly when injecting drugs. In 2008 there was a change in the ways of HIV transmission – the proportion of sexual transmission became higher than parenteral injections of drugs. In 2010, proportion of individuals who were infected through sexual contact continued to increase (to 45%) while the proportion of those infected through injecting drugs decreased (to 33.8%).

With regard to HIV transmission routes in relation to gender, infection through the drug use still prevails among men (48.7% in 2010), and heterosexual transmission dominates among women (61.5% in 2010).

It should be noted that the percentage of women who were infected while injecting drugs from 2005 to 2010 declined from 23.1% to 14.6%.

Distribution of HIV-infected individuals among citizens of Ukraine by gender and routes of HIV transmission

Transmission routes	2005		2006		2007		2008		2009		2010	
	Males	Females										
Homosexual	20	0	35	0	48	0	64	0	94	0	90	0
Heterosexual	1 566	3 020	1 962	3 684	2 408	4 328	2 813	5 067	3 133	5 408	3 636	5 486
Intravenous injection of drugs	4 946	1 324	5 631	1 496	5 526	1 561	5 549	1 465	5 670	1 443	5 633	1 305
Blood transfusion	0	4	1	1	1	0	1	0	0	0	0	0

Mother to child transmission	1 288	1 210	1 450	1 372	1 731	1 699	1 864	1 771	1 831	1 910	2 041	2 008
Medical manipulation	2	1	1	0	0	0	0	0	0	0	0	0
Unknown	222	167	260	185	218	149	217	152	199	152	165	125
Total	8 044	5 726	9 340	6 738	9 932	7 737	10 508	8 455	10 927	8 913	11 565	8 924

Distribution of HIV-infected individuals among citizens of Ukraine by age groups and routes of HIV transmission

2005									
Transmission routes	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 +	Unknown	Total
Homosexual	0	0	4	6	7	1	2	0	20
Heterosexual	2	278	1 147	1 237	1 270	510	142	0	4 586
Drugs injection	7	122	909	1 688	2 571	877	96	0	6 270
Blood transfusion	3	0	0	0	1	0	0	0	4
Mother to child	2 498	0	0	0	0	0	0	0	2 498
Medical manipulations	0	0	0	0	3	0	0	0	3
Unknown	6	12	89	81	118	62	21	0	389
Total	2 516	412	2 149	3 012	3 970	1 450	261	0	13 770

2006									
Transmission routes	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 +	Unknown	Total
Homosexual	0	1	7	9	13	3	2	0	35
Heterosexual	0	302	1 318	1 420	1 730	669	207	0	5 646
Drugs injection	5	120	805	1 901	3 057	1 109	130	0	7 127
Blood transfusion	0	0	0	0	0	2	0	0	2
Mother to child	2 822	0	0	0	0	0	0	0	2 822
Medical manipulations	0	0	0	0	1	0	0	0	1

Unknown	7	13	60	97	153	77	38	0	445
Total	2 834	436	2 190	3 427	4 954	1 860	377	0	16 078

2007									
Transmission routes	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 +	Unknown	Total
Homosexual	0	1	10	9	23	5	0	0	48
Heterosexual	4	316	1 476	1 683	2 106	848	303	0	6 736
Drugs injection	1	71	699	1 785	3 204	1 207	120	0	7 087
Blood transfusion	0	0	0	1	0	0	0	0	1
Mother to child	3 430	0	0	0	0	0	0	0	3 430
Medical manipulations	0	0	0	0	0	0	0	0	0
Unknown	14	13	57	63	116	61	43	0	367
Total	3 449	401	2 242	3 541	5 449	2 121	466	0	17 669

2008									
Transmission routes	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 +	Unknown	Total
Homosexual	0	2	23	11	23	5	0	0	64
Heterosexual	3	309	1 498	1 918	2 633	1 110	410	0	7 881
Drugs injection	2	69	513	1 650	3 404	1 226	150	0	7 014
Blood transfusion	0	0	0	0	0	0	1	0	1
Mother to child	3 635	0	0	0	0	0	0	0	3 635
Medical manipulations	0	0	0	0	0	0	0	0	0
Unknown	9	5	50	79	110	65	50	0	368
Total	3 649	385	2 084	3 658	6 170	2 406	611	0	18 963
2009									
Transmission routes	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 +	Unknown	Total
Homosexual	0	3	18	32	32	7	2	0	94
Heterosexual	0	289	1 436	1 993	3 045	1 270	508	0	8 541

Drugs injection	0	37	515	1 509	3 482	1 359	211	0	7 113
Blood transfusion	0	0	0	0	0	0	0	0	0
Mother to child	3 741	0	0	0	0	0	0	0	3 741
Medical manipulations	0	0	0	0	0	0	0	0	0
Unknown	25	7	32	66	119	64	38	0	351
Total	3 766	336	2 001	3 600	6 678	2 700	759	0	19 840
2010									
Transmission routes	< 15	15 - 19	20 - 24	25 - 29	30 - 39	40 - 49	50 +	Unknown	Total
Homosexual	0	2	17	27	28	10	6	0	90
Heterosexual	3	236	1 363	2 087	3 276	1 497	660	0	9 122
Drugs injection	0	46	415	1 332	3 470	1 445	230	0	6 938
Blood transfusion	0	0	0	0	0	0	0	0	0
Mother to child	4 048	1	0	0	0	0	0	0	4 049
Medical manipulations	0	0	0	0	0	0	0	0	0
Unknown	10	5	20	51	95	55	54	0	290
Total	4 061	290	1 815	3 497	6 869	3 007	950	0	20 489

Source:

- Reporting form #2 – HIV/AIDS "Report on individuals with conditions and diseases caused by the human immunodeficiency virus (HIV)" (annual) for 2005-2010.
- Operational information on officially registered HIV-infected individuals in Ukraine (monthly) for 2005-2010.

1.1.6 HIV prevalence in general population disaggregated by sex.

The level of prevalence of HIV infection among Ukraine's population increases every year. From 2005 to 2010 the figure almost doubled - from 235.8 to 402.3 per 100 thousand population.

Proportion of HIV-infected men under medical observation at health care settings decreased from 61.8% to 55.9% and proportion of women increased - from 38.3% to 44.1%.

Number of HIV-infected individuals under medical observation

	2005	2006	2007	2008	2009	2010	Total
Men (absolute number)	38 832	43 601	48 420	53 146	57 442	61 759	303 200
Women (absolute number)	24 056	28 357	33 321	38 571	43 740	48 642	216 687
Total (absolute number)	62 888	71 958	81 741	91 717	101 182	110 401	519 887
<i>Total (per 100 000 of population)</i>	<i>235,8</i>	<i>278,7</i>	<i>309,4</i>	<i>334,8</i>	<i>365,0</i>	<i>402,3</i>	

HIV prevalence among pregnant women quite accurately reflects the level of HIV infection and trends of the epidemic among the general population. In Ukraine the rate of this indicator increases and is among the highest in the European region. According to the results of initial medical examination of pregnant women it was 0.55% in 2009 and 0.48% in 2010 compared to 0.002% in 1995.

These data indicate a rapid convergence to the general epidemic, with the annual increase in the number of new HIV cases, and the transition toward more cases of heterosexual transmission and the "feminization" of the epidemic.

Source: Reporting form #2 – HIV/AIDS "Report on individuals with conditions and diseases caused by the human immunodeficiency virus (HIV)" (annual) for 2005-2010.

1.1.7 HIV prevalence in key affected populations: WSW/MSW, transgender people, people who use drugs, MSM, adolescents and youth (15 to 24 years of age).

The data related to the mentioned population (MSM, WSW) is not collected at national and regional levels. It should be noted that this population group is closed and few studies are conducted at various levels by both NGOs and analytical centers.

Today Ukraine is in the category of countries where HIV infection is concentrated among certain groups at high risk of HIV infection, including injecting drug users (IDUs), female sex workers (FSWs), men who have sex with men (MSM), convicts.

Injecting drug users

It is important to emphasize that from 1999 to 2006 there was an increase in the absolute number of IDUs among new HIV cases while the share of IDUs in the structure of HIV transmission routes among the total number of new cases of HIV infection

declined annually. Data on HIV prevalence among IDUs were calculated based on blood test results of drug users using rapid tests in 30 territorial units in 2009. HIV prevalence among IDUs was 22.9% (CI 21.9%–23.9%).

Data comparison for 2007 and 2009 shows some signs of improvement of the epidemiological situation among IDUs, such as a decrease in the level of HIV prevalence in most cities, as well as a significant reduction of HIV prevalence among young IDUs and among those who began to use drugs recently in almost all cities.

Women, FSWs

Data on HIV prevalence among FSWs were calculated based on the results of blood testing of FSWs using rapid tests in 2009 in 25 territorial units. HIV prevalence among FSWs is 13.2% (12.0%–14.4%).

The greatest likelihood of HIV infection among FSWs is determined by the fact of injecting drug use. Thus, HIV prevalence among FSWs who by their behavior can be classified as injecting drug users (hereinafter – FSWs-IDUs) is 42.5% (37.9%–47.1%). For comparison, the prevalence of HIV infection among FSWs who are not injecting drug users is 8.5% (7.45%–9.55%).

An analysis of dynamics of HIV prevalence among FSWs based on the results of the research conducted in 2007-2009 in three cities indicates a high level of HIV infection and lack of stabilization of the epidemic among FSWs in general and among young FSWs and FSWs-IDUs.

In 2010, the level of HIV infection among FSWs ranged from 7 to 37%.

Thus, a high level of HIV infection among female sex workers in Ukraine is explained not so much by the activity of sexual transmission as the active participation of female IDUs in the sex business.

Men who have sex with men

In 2009, an integrated bio-behavioral study among men who have sex with men (MSM) was conducted in 14 cities of Ukraine. The share of HIV-positive MSM among the total sample was 8.6% (CI 7.4%–9.8%). HIV prevalence among MSM in 2007 was 10.6%. The rate of HIV infection among MSM aged under 25 in 2007 was 3.6%. In 2009 the figure was 7.9%.

Data on HIV prevalence among MSM based on a survey conducted in 2009 indicate a relatively high level of infection of MSM in cities that traditionally belong to regions with low levels of the epidemic. This is probably due to the lack of prevention programs for this target group in these regions. From 2005 to 2010 a larger and larger absolute number of new HIV infections among MSM (members of this group) was registered in the country each year: 20, 35, 48, 65, 94, 90 respectively. Given the fact that the results of field epidemiological surveillance do not coincide with the official data, and research results demonstrate a high level of infection among MSM in regions with traditionally low prevalence of HIV, the epidemic situation in the group of MSM requires more careful and regular monitoring. It can be assumed that there is a significant mis-accounting of HIV cases related to sexual relations among men due to relegating them to other population groups.

Prisoners

In 2009, for the first time in Ukraine, within the sentinel epidemiological studies was studied the spread of HIV among prisoners. According to a study in 2009 HIV infection rate was 15% (13%–17%).

HIV prevalence among prisoners who had experience of drug use is 30.9% (28.4%–33.4%), among those who never used drugs – 5.9% (4.6%–7.2%).

Findings coincide with the official statistics, namely, sero-epidemiological monitoring, that determine HIV infection among persons who are in prison at 12.0%.

Most at risk adolescents (MARA) and youth at risk (YAR).

The situation among MARA and YAR in Ukraine is of particular concern due to the high degree of risk and vulnerability of these populations to HIV infection and very limited access to prevention, care and support services. Female adolescents aged 10-19 years who are sex workers constitute about 20% of all female sex workers in Ukraine. In 2006, HIV prevalence among female sex workers aged 15-19 years exceeded 19%, compared to 1.4% in the total number of adults. Especially vulnerable young people are those living on the streets. It is estimated that over 30 000 children live on the streets in Ukraine.

The scope and quality of prevention activities among populations most at risk of HIV infection and their sexual partners play a crucial role in the identification of further development of HIV infection in Ukraine. Recent epidemiological surveillance data indicate that the new wave of HIV infection through sexual contact is closely related to unsafe sexual behavior of the representatives of vulnerable groups and their sexual partners. The scope, scale, quality and intensity of preventive interventions are still not sufficient to stop the spread of HIV in these groups. According to program monitoring data, the coverage of IDUs by prevention programs by the end of 2010 was 58.6%, while the coverage of FSWs was only 37.8%, MSM – 18.9% and prisoners – 22.3%.

Sources:

- Information Bulletins "HIV Infection in Ukraine" #29 and #35, by MoH of Ukraine.
- Results of epidemiological surveillance on HIV infection and STIs. Analytical report for 2006 // Kyiv, 2007. – 90 p.
- Monitoring of HIV prevalence among most at risk population groups // Public Health of Ukraine – 2007. – #1 (25). – P.191-192.
- National Report on Implementation of the Declaration of Commitment on HIV/AIDS. Ukraine. Reporting period 2008-2009.
- Operational data of observational epidemiological surveillance for 2010.

1.1.8 Number of new HIV cases reported annually. Distribution by sex and age groups (over 30 and under 30 years).

In 2005-2006, among new HIV infection cases in the age group under 30 years a slight outnumbering of men over women was observed. Since 2007 till now the number of HIV-infected women in this age group has began to grow and in 2010 their share was already 53%.

HIV-infected persons, predominantly male, belonging to the age group over 30 years reflect the trends in the epidemic process involving individuals infected since the beginning of the epidemic (in the early stages of the epidemic). During 2005-2010, the proportion of HIV-infected men over 30 years ranged within 65-69%.

Distribution of new cases of HIV infection by sex and age groups under 30 years and over 30 years

Age groups	2005			2006			2007			2008			2009			2010		
	Total	male	female															
Under 30 years	8089	4114	3975	8887	4451	4436	9633	4560	5073	9776	4510	5266	9703	4388	5315	9663	4577	5086
Over 30 years	5681	3930	1751	7191	4889	2302	8036	5372	2664	9187	5998	3189	10137	6539	3598	10826	6988	3838

Source:

- Operational information on officially registered HIV-infected individuals in Ukraine (monthly), years 2005-2010.

1.1.9 Number of HIV & AIDS related deaths disaggregated by age and sex in the last year / Mortality Rate of HIV&AIDS in at least three important periods in the development of the epidemic.

Death directly from AIDS-related diseases has become a real threat to thousands of HIV-infected residents of Ukraine. Number of deaths from AIDS among HIV-infected persons is increasing annually (*See Appendix 1, Fig. 3*).

During 2005-2010 the AIDS mortality rate grew steadily: 4.6, 5.2, 5.4, 5.8, 5.6, 6.8 per 100 thousand population, respectively. The coverage by ART (up to 80% of patients that need it) has a decisive influence on the mortality rate from AIDS-related diseases. The introduction of ART in 2004 led to some stabilization of mortality rates from AIDS-related diseases already in 2006 – 2009. Increase in mortality in 2010 to 6.8 per 100 thousand population compared to previous years may also indicate,

in particular, that the level of ART coverage is currently insufficient to actually affect the mortality rate. In 2010 this indicator increased in 20 regions of the country.

Among deceased from AIDS 71% are men and 29% are women.

The majority of the deceased (70%) at the time of death were 30 or more years old, with the largest number of deaths falling on the age group 30-39 years (47.5% among all deaths). It was found that deaths in the age group under 30 are more frequent among women, and in over 30 years old group – among men.

Disaggregation of officially registered HIV-infected individuals who died of AIDS, by age and sex, Ukraine, 2005-2010

Age groups	2005		2006		2007		2008		2009		2010	
	male	female	male	female	male	female	male	female	male	female	male	female
under 14 years	21	15	17	15	11	12	11	3	6	7	9	10
15-24 years	68	43	72	47	142	92	39	45	31	26	39	27
25-49 years	1 428	544	1 547	618	1 584	583	1 798	665	1 699	647	1 959	780
50 years and over	52	17	75	29	57	26	117	32	119	56	196	76
Total	1 569	619	1 711	709	1 794	713	1 965	745	1 855	736	2 203	893

Sources:

- Information Bulletins "HIV Infection in Ukraine" #35 and #36, by MoH of Ukraine.
- Reporting form #2 – HIV/AIDS "Report on individuals with conditions and diseases caused by the human immunodeficiency virus (HIV)" (annual) for 2005-2010.

1.1.10 Rate of Vertical HIV Transmission.

In Ukraine there is a constant increase in the number of pregnant women diagnosed with HIV infection.

Under current regulations the final diagnosis "HIV infection" is established to children born to HIV-infected mothers after 18 months of life. Therefore, at the time of the formation of the indicator of frequency of HIV transmission from mother to child the data are available only for 2008.

During implementation in Ukraine of the program of prevention of HIV transmission from mother to child, which was launched in 2001, the indicator of frequency of HIV transmission from mother to child became over 4 times lower – from 27.8% in 2001

to 6.3 % in 2008. At the same time, the coverage of HIV-infected pregnant women by antiretroviral prophylaxis had increased steadily and in 2008 reached 95.5%.

(See Appendix 1, Fig. 4).

Source:

- Information Bulletins "HIV Infection in Ukraine" #35 and #36, by MoH of Ukraine.

1.2. Male/Female HIV ratio

1.2.1 Male/Female ratio disaggregated by 5-year age groups for HIV infections or AIDS cases in at least three years or periods from the beginning of the epidemic in the country.

During the years 2005-2010 the share of men exceeded the share of women both among new HIV cases (55-58%) and among new AIDS cases (68-71%). The growth of registered cases of HIV infection mainly occurs due to the identification of individuals infected 7-10 years ago, namely, men that were involved more often in the epidemic process at the beginning of the epidemic in Ukraine. Currently the HIV-infected individuals, mostly men, come to the attention of health care facilities in connection with deterioration of their health or indirectly through their partners which are identified, for example, during medical observation at health care settings.

Proportion of men and women among new HIV cases

Sex	2005	2006	2007	2008	2009	2010
male, %	58.4	58.1	56.2	55.4	55.1	56.4
female, %	41.6	41.9	43.8	44.6	44.9	43.6

Proportion of men and women among new AIDS cases

Sex	2005	2006	2007	2008	2009	2010
male, %	70.8	71.8	70.2	69.8	68.1	68.0
female, %	29.2	28.2	29.8	30.2	31.9	32.0

Analysis of the disaggregation of the new cases of HIV-infection by age groups over the past three years showed that the proportion of people aged 15-24 among all new HIV infections gradually decreased every year: 13.1% in 2008, 11.8% in 2009,

10.3% in 2010, and the proportion of persons aged 25-49 years, on the contrary, increases: 67.7% in 2008, 69.2% in 2009, 70.0% in 2010. In the age group of 15-24 years HIV-infected women outnumber men (65-71%), and in the age group of 25-49 years HIV-infected men outnumber women (62-69%).

Disaggregation of individuals newly diagnosed with HIV infection by sex and age groups 15-24 years and 25-49 years, %.

Age groups	2008			2009			2010		
	Total	male	female	total	male	female	total	male	female
15-24 years	13.1	28.8	71.2	11.8	28.6	71.4	10.3	35.2	64.8
25-49 years	67.7	61.6	38.4	69.2	61.3	38.7	70.0	61.6	38.4

Analysis of the disaggregation of AIDS patients by age groups shows that the proportion of people aged 15-24 among all new AIDS cases is only 3-4%, and the ratio of men to women is 1:1. In the age group of 25-49 years, which is about 70-90%, the share of men is almost twice higher than that seen among women.

Disaggregation of individuals newly diagnosed with AIDS, by sex and age groups 15-24 and 25-49 years, %.

Age groups	2008			2009			2010		
	total	male	female	total	male	female	total	male	female
15-24 years	4.4	42.2	57.2	3.7	51.2	48.8	2.9	50.0	50.0
25-49 years	89.4	70.0	30.0	88.8	68.5	31.5	87.0	67.1	32.9

Source:

- Reporting form #2 – HIV/AIDS “Report on individuals with conditions and diseases caused by the human immunodeficiency virus (HIV)” (annual) for 2005-2010

1.3. Socio-economic profile of people living with HIV

1.3.1 Income level of women and men diagnosed with HIV and for transgender people with a diagnosis of HIV infection.

As a key indicator of socio-economic status of households, where people living with HIV reside, was determined the average monthly income per person from among those who lived and managed the household with the interviewed PLWH, during the last 12 months. The respondents were asked to calculate the average monthly income per one household member. The general income included, if applicable, wages, entrepreneurial income, odd earnings, as well as possible social benefits, including pensions, scholarships, social allowance and so on. It should be taken into account that in our country people feel suspicious of any questions related to their incomes and usually try to understate the actual amount of received payments. Many people cannot indicate their exact income or do not want to do so, especially when it comes to activities in the shadow economy. Thus, according to the sociological data, 5% of respondents stated they had no income, 58% had monthly income per household member less than minimum wage, which was 907 UAH in Ukraine for the period of study. Only in 9% of households per capita income was higher than two minimum wages, or over 1 814 UAH. An average per capita monthly income for the array of respondents was 943 UAH. More often (11%) respondents reported income of 1 000 UAH (\$ 100 = 800 UAH). According to the methodology proposed for research data analysis by international experts, the low, middle and high income groups of respondents were defined. The amount that did not exceed 75% of average income for an array of data was considered low income. The group of middle income included respondents whose answers fell into the interval of 76-150%, high income – over 150% of average income of all respondents. According to calculations, almost half of respondents (48%) live in low-income households, 34% – in middle-income households, and 16% – in high-income households*.

** Analytical Report Based on Sigma Index Research Findings, All-Ukrainian Network of PLWH, Kyiv 2011 (the total number of respondents amounted to 1 500 PLWH from 12 regions of Ukraine, the city of Kyiv and the Autonomous Republic of Crimea. Only one interviewee was self-identified as a transgender).*

1.3.2. If data on income level is not available: Highest level of education attained by women and men diagnosed with HIV and for transgender people with a diagnosis of HIV infection.

According to 2010 data, by education level, half (49%) of respondents have completed secondary education, and 48% have studied at a vocational college or university. Only a few interviewees have completed primary school only (2%) or have not got any formal education (1%). Women's level of education is slightly higher than men's. By age groups, significant differences are observed only among the youngest (under 24 years) respondents. Most of them have completed secondary education (53%) followed by those (43%) who have a higher level of education (a college, a university), which is completely consistent with the time needed to get higher or vocational secondary education in Ukraine*.

** Analytical Report Based on Sigma Index Research Findings, All-Ukrainian Network of PLWH, Kyiv 2011 (the total number of respondents amounted to 1 500 PLWH from 12 regions of Ukraine, the city of Kyiv and the Autonomous Republic of Crimea. Only one interviewee was self-identified as a transgender).*

1.4. Children and adolescents affected by HIV

1.4.1. Number of children and adolescents disaggregated by sex that lost one or both parents as a consequence of HIV/AIDS.

Such statistics are collected only at the local level. These figures come to the regional and national level without a breakdown by sex. Also, it should be noted that there is a small number of such children and parents, and thus attention is not focused on such information.

1.5. Other STD prevalence

1.5.1. Syphilis Prevalence in the general population.

In the epidemiological situation in Ukraine with regard to STIs, the following periods can be marked: before 1990 – the low morbidity with syphilis and other STIs, since 1991 – a sharp increase in the incidence of STIs, including syphilis, from 2000 to date – reduction in the number of reported cases of syphilis and gonorrhea.

During 2005-2010 the incidence rate of syphilis in Ukraine decreased 2.5 times – from 42.0 to 16.3 per 100 thousand population.

Dynamics of the incidence of syphilis in Ukraine for the period 2005-2010.

Years	2005	2006	2007	2008	2009	2010
Morbidity per 100 thousand population	42.0	39.9	29.6	24.7	19.9	16.3

Official statistics data on the decline in the incidence of syphilis among the population of Ukraine do not reflect its actual incidence; instead, they represent the results of far not fully recorded cases as a result of treatment of patients at private clinics, anonymous testing and self-treatment.

Source:

- Official statistical data from the Center of Medical Statistics of MoH of Ukraine

1.5.2. Syphilis Prevalence in a specific populations: WSW/MSW, transgender people and pregnant women.

According to the official statistics for the period 2005-2010 in Ukraine, there was a decrease in the number of cases of syphilis among pregnant women, which correlates with overall lower incidence rate of syphilis per 100 thousand population.

Number of officially registered cases of syphilis among pregnant women in Ukraine in 2005-2010

Years	2005	2006	2007	2008	2009	2010
Pregnant women, absolute number	1 565	1 377	1 305	1 129	924	703

As a part of sentinel surveillance in 2010 the prevalence of syphilis among vulnerable groups in 9 cities of Ukraine was studied. 2 251 serum samples from IDUs and 900 serum samples from FSWs were tested for antibodies to the pathogen of syphilis (Ab Trep. Pal). Based on the results of the surveillance it was found that the prevalence of syphilis among IDUs varied within 3.6-22.0%, and in 6 cities of Ukraine the level of this indicator was higher among women than among men. The frequency of detection of AbTrep. Pal in FSWs varied from 2.1% to 30.0%.

Syphilis prevalence among IDUs and FSWs according to the data of observational studies, 2010, %

Cities	IDUs			FSWs
	Total	male	female	
Lutsk	4.0	4.5	2.1	2.1
Simferopol	9.2	10.4	7.0	7.0
Donetsk	6.8	6.1	9.3	9.3
Odesa	22.0	21.2	24.6	24.6
Kharkiv	11.2	10.6	13.5	13.5
Poltava	3.6	3.1	5.5	5.5
Sumy	7.6	5.3	19.0	19.0
Kherson	8.0	8.9	5.0	5.0
Lugansk	10.4	8.7	30.0	30.0

Official statistics data on the decline in the incidence of syphilis among the population of Ukraine do not reflect its actual incidence; instead, they represent the results of far not fully recorded cases as a result of treatment of patients at private clinics, anonymous testing and self-treatment.

Source:

- Official statistical data from the Center of Medical Statistics of MoH of Ukraine

- Operational data of sentinel epidemiological surveillance, 2010

1.6. ART Treatment Access

1.6.1. Number of people disaggregated by sex and age that receive ARV treatment.

As a result of introduction of a large-scale treatment program in Ukraine, the number of HIV-infected individuals receiving ART increases every year. As of 01.01.2011, 22 016 people receive ART, including 18 994 persons (86.3%) whose treatment was funded by the state budget and 3 022 (13.7%) funded by the Global Fund Round 6. As of 01.01.2011, the total number of people requiring ART is 30 437. Among those who do not receive but require ART are 8 421 people, including 119 children. Despite the fact that injecting drug users remain the driving force behind the epidemic in Ukraine, the proportion of active IDUs among people receiving ART is only 7.9%. The low fraction of active IDUs among officially registered persons in need of ART, which is 8.4% (2 566 people), indicates that these categories of patients have limited access not only to ART but also to health care in general.

Number of HIV-infected individuals receiving ART in Ukraine in 2005-2010

Years	as of 01 January 2011					
	2005	2006	2007	2008	2009	2010
HIV-infected individuals, absolute number	3 050	4 777	7 657	10 629	15 871	22 697

The majority of individuals receiving ART are adults (over 15 years of age) which represent 90-93%. The men to women ratio during years 2005-2010 was around 1:1.

Disaggregation of HIV-infected individuals receiving ART in Ukraine by sex

Years, as of	Adults			Children		
	total	of them		total	of them	
		men	women		boys	girls
01.01.2005	1 095	585	510	204	98	106
01.01.2006	2 649	1 460	1 189	407	195	212
01.01.2007	4 127	2 270	1 857	650	316	334

01.01.2008	6 746	3 670	3 076	911	441	470
01.01.2009	9 506	5 087	4 419	1 123	538	585
01.01.2010	14 154	7 535	6 619	1 717	821	896
01.01.2011	19 970	10 403	9 567	2 046	1 001	1 045

Sources:

- Reporting form #56 "Report on provision of antiretroviral therapy to HIV/AIDS patients as of 200_" (quarterly)
- Newsletter "HIV Infection in Ukraine" #35, MoH of Ukraine

1.6.2. Number of people disaggregated by sex and age that have access to the Viral Load Test and the CD4 cell count test.

To control the quality of treatment of HIV/AIDS patients in compliance with the MoH order from 25.07.2006, #516 "On providing laboratory monitoring of HIV infection and antiretroviral therapy in Ukraine", access to laboratory tests (CD4 lymphocyte count determination, viral load of HIV-1) is ensured for patients in all regions of Ukraine.

The volume of such laboratory tests increases annually:

Tests	2005	2006	2007	2008	2009	2010
Viral load	114	3 648	8 823	17 088	34 255	61 408
CD4 lymphocytes	<i>data not available</i>	<i>data not available</i>	16 016	33 936	84 021	110 194

Official disaggregation by sex and age is not available.

In 2010, 61 408 tests to determine the level of viral load of HIV-1 were conducted, out of this number 7 848 tests were conducted by the virology laboratory of the Ukrainian AIDS Center, 53 560 tests – by the laboratories of regional AIDS centers. Number of tests to determine the number of CD4 lymphocytes in 2010 reached 110 194 people, 7 734 of them were tested by the immunological laboratory of the Ukrainian AIDS Center, 102 460 people were tested in the laboratories of the regional AIDS centers. Total number of tested patients receiving ART (including children, patients of the State Penitentiary Service) was 48 278 persons.

Sources:

- Report on the implementation of the National Program on HIV prevention, care and treatment for HIV-infected and AIDS patients for 2004-2008.

- Reports on the results of the National Program on HIV prevention, treatment, care and support for HIV-infected and AIDS patients in 2009-2013 for 2009 and 2010.

1.7. Country Surveillance of HIV/AIDS

1.7.1. Existence of an official surveillance system to register all national HIV, AIDS and other STD cases.

The system of epidemiological surveillance of HIV infection in Ukraine began to function in the late 80's. From the beginning, all cases of HIV infection, AIDS and deaths from AIDS were subject to the mandatory registration. During that period the reporting forms had been changed several times in order to improve the epidemiological surveillance system.

The current system of "routine" surveillance is based on monthly operational information, quarterly and annual reporting forms submitted by the regional AIDS centers to the Ukrainian Center for AIDS Prevention and Control at the Ministry of Health (MoH) of Ukraine, which is the agency responsible for developing statistical indicators on HIV/AIDS. Nowadays, the reporting documentation meets international standards (International statistical classification of diseases and related health problems, tenth edition) and includes official data on HIV-infected individuals under medical supervision in health care facilities regardless of their ownership and subordination, including health care facilities of the Ministry of Defense of Ukraine and the State Penitentiary Service of Ukraine. In addition, new statistical forms provide an information basis for the database of the European Center for the Epidemiological Monitoring of AIDS patients and for the computer program for the official registration of persons living with HIV in Ukraine.

Creation and development of private medical institutions has led to the fact that the information on STI cases and on number of performed abortions is not included in the official statistics because private clinics, which provide treatment or perform abortions, are not obliged to provide statistics on the number of women receiving such services.

Information on the incidence of venereal diseases is recorded in the monthly and annual reports of the Central Sanitary and Epidemiological Station of MoH of Ukraine (excluding private clinics' data) which is the agency responsible for developing statistical indicators on infectious diseases (excluding HIV infection/AIDS and tuberculosis).

Source:

- Comprehensive External Evaluation of the National AIDS Response in Ukraine: Summary Report 2009.

1.7.2. Existence of epidemiological and behavioral data and statistics at national level on HIV&AIDS disaggregated by sex, age and mode of transmission

Official registration system is based on the official reports from Crimean republican AIDS Center, regional AIDS centers, Kyiv, Sevastopol and other cities' AIDS prevention and control centers which are submitted to the Ukrainian Center for AIDS Prevention and Control, in compliance with current regulations. To increase the reliability of the data, reports are filled at local and district levels.

At the national and regional levels epidemiological data collected as part of the official statistical documentation allow to group HIV-infected individuals, patients with AIDS and deceased of AIDS citizens of Ukraine by gender, age and the likely routes of HIV infection.

Information is provided on all PLWH regardless of the stage of disease, on all citizens of Ukraine permanently residing in Ukraine, those who changed their place of residence within Ukraine, and persons who came to stay in Ukraine from other countries.

To create a unified system for submitting registration materials, the National computer program for registration of HIV-infected people in Ukraine was developed and introduced at the regional AIDS Centers of MoH of Ukraine, health care institutions attached to the Ministry of Defense of Ukraine and medical facilities within the penal correctional system of the State Penitentiary Service of Ukraine.

To deliver regional databases of PLWH, a regional computer network was set up at the Ukrainian AIDS Center. Data from regional centers each month is consolidated into one central database and analyzed.

Work continues on improving computer program for registering HIV-positive people in Ukraine (creation of new directories, implementation of new modern technologies, etc.). Currently, the database contains about 75 percent of HIV-infected people registered for the entire period of epidemiological surveillance for HIV.

The guidelines "Analysis of the epidemiological situation regarding HIV-infection/AIDS by statistical indicators" were developed by the Ukrainian AIDS Center and approved by MoH of Ukraine on 03.04.2006, which allow a comprehensive assessment of the HIV infection epidemic using quantitative and qualitative calculation and evaluation indicators by certain factors and development of estimated epidemiological prognosis.

In 2000 the World Health Organization and Joint United Nations Program on HIV/AIDS recommended implementation of second generation of epidemiological surveillance for the countries with a concentrated epidemic of HIV. A new tool for monitoring HIV/AIDS cases included supervision of HIV infection, sexually transmitted diseases, monitoring risky behavior in populations who are most at risk of HIV infection – injecting drug users, commercial sex workers, men who have sex with men.

The concept of second generation surveillance has become important for Ukraine in 2002. The number of observation areas, the spectrum of sampling groups and markers to different infectious agents have improved greatly. Results of bio-behavioral research allowed to examine the level of knowledge and behavioral patterns that contribute to HIV infection in terms of specific age groups, to predict trends in the epidemic process, specifically to develop prevention programs and evaluate their effectiveness.

The log of behavioral studies is kept by the Center of Monitoring and Evaluation of the Ukrainian AIDS Center.

Sources:

- Comprehensive External Evaluation of the National AIDS Response in Ukraine: Summary Report 2009.
- Order of the Ministry of Health of Ukraine and State Statistical Committee of Ukraine from 24.12.2004 # 640/663 registered by the Ministry of Justice of Ukraine on 19.01.2005 # 62/10342).
- Analysis of the epidemiological situation regarding HIV infection/AIDS by statistical indicators: Guidelines for epidemiologists of AIDS Centers / MoH of Ukraine. – Kyiv, 2006.

1.7.3. Inclusion of non consensual sex as one of the possible routes of HIV transmission, disaggregating this information by age and perpetrator.

Such data are not collected.

1.7.4. Inclusion of transgender as a category when disaggregating HIV data by sex.

Such data are not collected.

A. 2. VAW NATIONAL STATISTICS

With the adoption in 2001 of the Law of Ukraine “On Prevention of Domestic Violence”, the systematic collection of information on cases of domestic violence was initiated, thereby interrupting “conspiracy of silence” about the existence of violence. Some cases of domestic violence are being recorded, but in general the process of collecting statistics on all types of violence is latent and imperfect. Certain indicators are not recorded at all, indicating a lack of understanding of the gravity of the problem and hidden facts of violence. At the same time, the data on HIV/AIDS is accumulated on all indicators. Thus we can see the State’s attitude towards the problems of violence and unwillingness to see connection between violence and the consequences of HIV/AIDS, sexually transmitted diseases and more.

2.1. Profile of VAW national cases

Before describing the statistics for all these parameters (2.1.1 – 2.1.6) it should be mentioned that the data by age, sex, place of residence or by education is not systematically collected, only when researches are conducted or if requested by the international organizations.

2.1.1. Number of women and girls affected by gender based violence disaggregated by:

Age (5-year cohorts for all ages).

At the national level state statistics are gathered only on children under the age of 14 and from 14 to 18 years (only at local and regional levels these data are disaggregated by age, namely, in cases on the type of crime and the complaint from the victim, his/her parents or legal guardians).

During 2010, according to the data from the Ministry of Interior in accordance with the Law of Ukraine "On Prevention of Domestic Violence":

- out of total number (352 cases): 209 women affected by violence;
- out of total number (84 cases aged under 14 years): 26 girls;
- out of total number (53 cases aged 14 – 18 years): 18 girls

2.1.2. Residency: Urban or rural residency.

Such data are not collected at the national level.

2.1.3. Highest level of education attained.

Such data are not collected at the national level.

2.1.4. Form of violence: including physical, psychological, sexual and financial violence.

Such data are not collected at the national level.

2.1.5. Perpetrator of violence: intimate partner, former intimate partner, relatives, acquaintances, strangers.

Generally, the data is not collected in such disaggregation.

Statistics by type of crime and perpetrator's gender are gathered by the Ministry of Interior, where locally the data on the relationship of the abuser to the victim is available, but at the national level such statistics is not accumulated.

2.1.6. Lesions derived from violence.

Statistical data is gathered by type of crime, not by lesions caused by violence (if the type of crime can be defined in accordance with the Penal Code of Ukraine)

According to the data from MoI of Ukraine provided in the Report on combating domestic violence, 2010:

- intentional injuries of different severity – 134 females (girls included)

2.1.7. Number of pregnant women affected by gender based violence.

Statistical data is not collected.

2.1.8. Number of specific groups affected by gender violence: sex workers, lesbians, drug users, disabled women, etc.

National statistics are not collected.

The research by the International HIV/AIDS Alliance in Ukraine conducted in 2010-2011 showed that 97% of female sex workers confirmed cases of violence against them.

In the course of the research it was found out that women suffer violence from their partners, family and police. Almost all the women of these groups cannot determine violence towards them, as most of them have been living their lives in violence, they blame themselves and cannot distinguish between types of violence. These groups are closed as they are greatly stigmatized by society, so the true statistics on their lives are not available.

2.1.9. Number of deaths from violence against women (femicide), disaggregated by age and perpetrator.

Women murdered in:

- 2008 – 716 women
- 2009 – 732 women

No statistical data on murders of children disaggregated by sex is available.

2.1.10. Number of women victims of violence that had access to health services for treatment due to the effects of violence: including women victims of rape who received Post-Exposure Prophylaxis (PEP) and Emergency Contraception (EC) for pregnancy prevention.

National statistics are not collected.

At the local level, this information is recorded in the clients' cards during their visits and is accumulated by the local health care departments.

2.1.11. Number of violence against women cases reported to the police.

Such statistics are kept by MoI of Ukraine in compliance with the Law of Ukraine "On Prevention of Domestic Violence" (dated 15.11.2001 # 2789-III, as amended) and under the Penal Code of Ukraine. Full data for 2010 are represented *Appendix 3 - Table 5*.

2.1.12. Number of women victims of violence who receive legal advice from governmental or non governmental services.

National statistics on legal assistance provided to women by governmental agencies and NGOs are not collected.

2.1.13. Number of women victims of violence who receive psychological assistance from governmental or non governmental services.

These data are not collected at national level. Such information is available on request at regional level.

National statistics on services provision to women by NGOs is not collected.

NGOs do not submit reports to governmental organizations on a regular basis, only on request from the Government or when conducting research.

2.2. VAW Country Surveillance

2.2.1. Existence of an official national system to register and unify cases of violence against women and girls. The system includes VAW reported cases as well as cases registered in health care centers, governmental and non-governmental gender violence services, women's organizations, etc.

Cases of violence committed against women or girls should be reported to the police by health care establishments and other governmental agencies. Thus all data are accumulated by police bodies.

At national level, VAW cases are recorded by MoI of Ukraine if:

- violence is committed within a family

- the victim files a claim (the victim is classified as an injured party).

It should be mentioned that no real statistics on violence against women and girls are available due to hidden facts and a complicated process of proof.

2.2.2. Existence of statistics at national level on violence against women and girls disaggregated by age (five-year cohorts of all age groups); form of violence including femicide, physical, psychological, sexual (discriminating rape from sexual abuse) and economic violence and perpetrator of violence.

At the national level statistics are collected on an ongoing basis with a breakdown by:

Women:

- Women (without a 5-year breakdown).
- Girls under 18.

Data on girls under 14 are disaggregated by age only at local level.

Register of perpetrators of domestic violence with disaggregation by gender and age (*Appendix 2 - Table 4*).

Statistics on abusers are gathered by gender and types of crimes in accordance with the Penal Code (the type of crime is indicated) but not by the types of violence (economic, physical, psychological).

A.3. NATIONAL STATISTICS LINKING HIV AND VAW

Country Surveillance on HIV and VAW

Existence of statistics on the links between HIV and violence against women disaggregated by age that include:

3.1.1. Number of women and girls with HIV as a consequence of rape (disaggregated by perpetrator: strangers, acquaintances, relatives or intimate partners).

National statistics on connection between HIV and rape is not collected. Disaggregation by victim's relation to the offender does not exist.

3.1.2. Number of women unable to access HIV services due to intimate partner violence or any other form of gender violence perpetrated by the family or the state.

At the national level such statistics are not collected.

3.1.3. Number of women physically or emotionally abused as a consequence of their HIV-positive status.

At the national level such statistics are not collected.

3.1.4. Number of women and girls that acquired HIV in emergency settings such as: armed conflicts, war, natural disasters, etc.

At the national level such statistics are not collected.

3.1.5. Number of women and girls receiving treatment for vertical HIV transmission that are victims of violence.

At the national level such statistics are not collected.

3.1.6. Number of women living with HIV receiving ARV treatment that are victims of violence.

At the national level such statistics are not collected.

A. 4. QUALITATIVE AND QUANTITATIVE STUDIES ON HIV, VAW AND THEIR LINKS

4.1. Qualitative and Quantitative Studies on Violence against women and HIV/AIDS.

When analyzing this variable it is important to identify whether the studies were promoted, conducted or financially supported by the national or local government. Although studies on the links between VAW and HIV have been conducted in different countries, most of them have been carried out by women's organizations with the support of international agencies or organizations.

4.1.1. Existence of quantitative and/or qualitative studies that:

Provide information on the causes and consequences of VAW to better understand the dimensions and complexity associated to this problem.

Studies on this subject have been conducted by various organizations and international agencies during the last three years, but the results and recommendations of these studies, as a rule, are not taken into consideration in the work of state structures and do not influence the situation as regards the improvement of services for victims of violence and so on.

2005 – “Gender Risk Factors for IDUs and FSWs” (based on the results of research “The introduction of a gender dimension in the prevention, care and support programs” conducted by ICF International HIV/AIDS Alliance in Ukraine, project Sunrise supported by USAID),

2007 – Opinion poll conducted by the Yaremenko Ukrainian Institute for Social Research “Public Attitude towards Domestic Violence”,

2009 – Methodological analysis. Mechanisms for monitoring and counteracting gender-based violence and discrimination, supported by UNFPA.

2009 – The study “Combating gender-based violence” (UNDP and European Union project)

2010 – “The status of the domestic violence prevention system in Ukraine: legal, social, psychological and medical aspects” (UNDP and European Union project)

2010 – Violence in the Ukrainian families. Sociological survey. (UNDP and European Union project)

2010 – within the realization of the Project on strengthening and protecting women’s and children’s rights in Ukraine (TRES) the Ministry for Family, Youth and Sports together with the European Council published the results of monitoring of judicial practice in Ukraine in cases related to violence against women and children.

2011 – The study of factors affecting the manifestation of violence against FSWs as factors increasing the risk of HIV infection conducted by AC Socioconsulting commissioned by ICF International HIV/AIDS Alliance in Ukraine

4.1.2. Explore the experiences of women living with HIV, their needs, barriers to access SRH, HIV and violence services, stigma and discrimination, violence and its impact, etc.

Often the rights of HIV-positive women and adolescent girls are not recognized or given priority. Gender inequality and some social and cultural practices often limit and sometimes influence the decisions that women may take with regard to their sexual and reproductive choice. Due to poverty, stigmatization, distance from cities and discrimination associated with HIV infection, HIV-positive women and adolescent girls have limited access to the important information and services, which can cause serious consequences. Services in the area of sexual and reproductive health for HIV-positive women are limited in quantity, accessibility and quality. To some extent, this is due to the low priority of such services, which in itself is a manifestation of gender inequality, stigma and discrimination against people living with HIV, and deficiencies in the provision of services, limiting access to care and social support. Manifestations of stigma in health care lead to reluctance to seek medical assistance, including appropriate services in reproductive health. As a rule medical assistance is sought because of the problems in reproductive health or to receive services related to reproductive health or for family planning issues. At the same time, according to the international legal framework on ensuring the realization of reproductive rights as human rights for individuals and families affected by HIV infection, HIV-positive people should have the same access to reproductive health, including modern reproductive technologies, like others. Medical experts need appropriate training and support to get rid of stigma and discrimination in health care and ensure provision of safe and high-quality health care assistance to HIV-positive women based on compassion. Also, formal stereotypes are still present in service provision. Although providing assistance to HIV-positive women in the prevention of unwanted pregnancy was considered one of the key strategies in preventing HIV transmission from mother to child, the main focus still is on a child. Typically, patients apply for services related to pregnancy or childbirth, and medical personnel not possessing knowledge of psychology does not provide advice or 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 teams dealing with this population group. It is also necessary to organize joint work of specialists in the following spheres: HIV infection, obstetrics, gynecology, counseling, care, and social and legal support (as requested by the couple together or individually). However, coordination of specialists of different services in providing reproductive health services has not yet been properly elaborated*.

** Report of the civil society organization. Ukraine: Monitoring the Implementation of UNGASS Goals on Sexual and Reproductive Health (Kyiv, 2010)*

The rights of PLWH in health care and social protection are also set forth in the Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population" of 12.12.1991, # 1972-XII. Article 18 of the said Law expressly prohibits refusal to provide medical care based on HIV status. At the same time, legislative instruments do not regulate the patient's behavior when s/he applies to a health care institution for medical treatment not related to HIV/AIDS (e.g., dental services). In other words, the legislation of Ukraine does not require HIV-positive persons to notify medical personnel of their HIV status. There are also restrictions on sharing such information among health care staff: the information may be conveyed by one physician to another only with written consent of an HIV-positive person (Part 4 Art. 13 of the Law).

In real life, adherence to these standards is problematic. 18% of respondents were at least once advised by health care providers not to have children (28% of women and 11% of men). Such advice was given to younger age groups (17-21% for respondents aged 20-39) more often than to 40-49-year-olds (14%). This figure also increases the longer the respondents have been living with HIV: from 34% for those diagnosed less than a year ago to 49% for PLWH who have been aware of their status for 10-14 years. On the whole, the mentioned differences correlate with the frequency of being counseled about respondents' reproductive options. Also, 3% of respondents (5% of women and 2% of men) faced coercion into being sterilized, and 1% of interviewees stated that their ability to obtain ART was conditional on the use of certain forms of contraception. In particular, the latter issue is of most concern for FSWs (6%). On the whole, ARV treatment was taken by 44% of female respondents during pregnancy (81% of those who were HIV-positive during pregnancy), while 42 women representing 8% of interviewees (14% of those who were HIV-positive during pregnancy) were not aware of such medications, and 12 women (2% of all interviewed women, or 4% of those who were HIV-positive during pregnancy) has no access to such therapy. Also, two of the interviewed women said they were denied access to ART. Problems with access to ARV medications during pregnancy were mostly experienced by female members of such vulnerable groups as IDUs and prisoners. At the same time, 91% of women who received ARV treatment during pregnancy were given information on healthy pregnancy and motherhood to prevent HIV transmission from mother to child *.

** Analytical Report Based on Sigma Index Research Findings, All-Ukrainian Network of PLWH, Kyiv 2011 (the total number of respondents amounted to 1 500 PLWH from 12 regions of Ukraine, the city of Kyiv and the Autonomous Republic of Crimea).*

4.1.3. Explore the social, economic and political factors, including the gender dimension, which put the diversity of women and girls at risk of violence and HIV infection at different stages of their lives in different settings.

A book "Gender based approach in providing services for PLWH", which was published by the All-Ukrainian Network of People Living with HIV/AIDS at the beginning of 2011 in Ukraine, defines and describes HIV infection risks which are different for men and women.

It has been recognized that gender stereotypes and inequalities affect women's vulnerability to HIV infection: shameful stereotypes of gender behavior existing in Ukrainian society (people approve of men who have several female partners, men demonstrate their experience in sexual relations; at the same time, to the contrary, a woman is required to obey even infidel or violent partner in intimate relations; women do not demonstrate their knowledge of sexual relations).

The following factors should be outlined:

- Social and economic factors – drug abuse, double burden on women both at home (child care, household, caring for sick and elderly family members) and at work, partner's refusal to use a condom; infidelity of one of the spouses, sex

services, etc. Sexism is so deeply rooted in our culture and minds that one can hardly realize it as it actually is. TV and ads exploit the issue of distinctions between men and women through demonstrating women's body and its approachability, business-like appearance of men and their prosperity, thus contributing to an increase in the risk of HIV infection, as they impact the formation of behavioral patterns in both men and women.

- Political factors – women have no representation in leadership positions in the parliament, government and business, they are underrepresented at oblast and regional levels.

4.1.4 Different forms of violence against women as causes as well as consequences of the infection.

Infection through sexual abuse, sex without a condom, acquisition of sexually transmitted diseases and mother to child transmission become increasingly topical. More and more cases of heterosexual transmission and increasing number of HIV-infected women of childbearing age has led to a gradual increase in the number of children born to HIV-infected mothers.

In Ukraine there is a growth in the number of women and girls involved in commercial sex, which in turn increases the likelihood of violence and HIV infection. Girls and women become commercial sex workers for various reasons, such as financial difficulties, sexual abuse, slavery, acts of violence, inability to find a paid job, greater responsibility placed on women by society with respect to caring for the family as compared to men, dependence on men. When a girl or a woman has no one to rely on – neither on her husband, nor on family members – such problems may become determinative reasons for a girl or a woman to get involved in commercial sex work. Yet these are female sex workers who are blamed by society, but not men who use their services ("double standard").

Consequences of violence against women associated with HIV-positive status:

From society – blaming for "easy virtue" or for being a sex worker,

From the family – barriers to access to health care services, need to care for other family members,

From the partner (husband) – refusal to use contraceptives (condoms), disrespect to the woman's role as a housewife, violence (psychological, sexual, physical), injection of drugs after a man

4.1.5 Participation of community-based women's groups, networks of women living with HIV, female sex workers, female drug users, among others, in the design and development of VAW and HIV studies.

Today, all studies conducted on the national level involve in their work women's groups, namely:

- Civil society organizations working in Ukraine and funded by international donors conduct researches among their target groups and members of district and regional branches (see paragraph 4.1.1.)
- Women who belong to the target groups, or are members of branches, organizations' representatives in the cities and regions of Ukraine are also involved in the preparation of projects and activity strategies.

4.1.6. Technical and financial support for community-based women's groups and networks of women living with HIV, female sex workers, female drug users, among others, to collect qualitative and quantitative data.

Such support is negligible and may be provided by international donors only.

As of December 2011, no female sex workers' or female drug users' organizations or groups existed in Ukraine, accordingly no support for them was provided. The interests of HIV-positive women are represented by the All-Ukrainian Union of Women Infected and Affected by HIV, set up in May 2011. Since then, the Union had received support for conduction of the assessment of needs of HIV-infected women in 12 regions of Ukraine.

It should be mentioned that public organization Legalife working with FSWs was involved in the study of factors affecting the manifestation of violence against FSWs as factors increasing the risk of HIV infection conducted by AC Socioconsulting commissioned by ICF International HIV/AIDS Alliance in Ukraine.

A.5. CURRENT NATIONAL LEGISLATION ON VAW AND HIV

5.1. National Legislation as regards HIV and VAW

5.1.1. Ratification by the country of Conventions, Protocols, Platforms of actions related to gender violence, human trafficking, equal treatment and opportunities between men and women, reproductive rights, human rights, discrimination, HIV/AIDS, women, children.

As of today, Ukraine has ratified the international documents that formalize regulations to prevent gender violence and human trafficking, to protect children's rights, etc.:

- Declaration on the protection of women and children in emergency situations and armed conflicts;
- Convention of the International Labour Organization (ILO);
- Declaration on the Elimination of Violence against Women, proclaimed by the UN General Assembly resolution dated December 20, 1993 # 48/104;

- UN Convention against Transnational Organized Crime and its Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000);
- UN Convention on the Rights of the Child (1989) and its Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (2000);
- N182 Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1999) and R190 Worst Forms of Child Labour Recommendation (1999) of the International Labour Organization;
- Programmes of Action of the International Conference on Population and Development (Cairo, 1994);
- Beijing Declaration and Platform for Action adopted at the 4th World Conference on Women (1995);
- Resolution on new measures and initiatives to implement the Beijing Declaration and Platform for Action adopted by the UN General Assembly within the 23rd extraordinary session (2000);
- Universal Declaration of Human Rights adopted and proclaimed by the UN General Assembly resolution of 10 December 1948, # 217 A (III);
- UN Convention on the Elimination of All Forms of Discrimination against Women, 1979, ratified by the Presidium of the Supreme Council of the USSR on December 19, 1980;
- Convention on the Rights of the Child 1989, ratified by the Resolution of the Parliament of Ukraine dated February 27, 1991 # 789-XII;
- Convention against Trafficking in Persons and of the Exploitation of the Prostitution of Others, 1949, the Ukrainian SSR joining with reservations to Article 22 on November 15, 1954;
- November 7, 2011 the Minister of Social Policy of Ukraine signed (but has not ratified yet) the Council of Europe Convention on preventing and combating violence against women and domestic violence.

It should be noted that the judicial and law enforcement bodies of Ukraine, when considering cases involving violence against women and children, do not fully take into account the documents ratified by Ukraine, namely, international legal treaties of the Council of Europe and the United Nations, in particular the European Convention and its Protocols, the UN International Covenant on Civil and Political Rights, Convention on the Elimination of All Forms of Discrimination against Women, the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, the UN Convention on Human Rights. Citizens in their statements or reports extremely rarely refer to the mentioned international legal instruments.

5.1.2. Ratification of the Facultative Protocols that apply to these instruments.

All key international agreements on human rights have been ratified by our country and, in accordance with Article 9 of the Constitution of Ukraine, are part of national law.

Also, partial answer is contained in paragraph 5.1.

- In 2003, taking into account the recommendation of the UN Committee on the Elimination of Discrimination against Women, Ukraine ratified the Optional Protocol to the Convention of 05.06.2003 # 946-IV;
- Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography to the Convention on the Rights of the Child, ratified by the Law of Ukraine on April 3, 2003 # 716-IV;
- Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, to the UN Convention against Transnational Organized Crime, ratified by the Law of Ukraine dated February 4, 2004 # 1433-IV.

5.1.3. Enactment of laws that incorporate the themes/contents of these instruments to the national legislation.

- Art. 24 of the Constitution of Ukraine states: "There can be no privileges or restrictions based on race, color, political, religious and other beliefs, gender, ethnic or social origin, property status, place of residence, linguistic or other characteristics. Equal rights of women and men are ensured by providing women with equal opportunities with men in public, political and cultural activities, education and professional training, in work and remuneration, special measures for occupational safety and health of women, by establishing pension privileges, by creating conditions that allow women to combine work and motherhood, legal protection, material and moral support of motherhood and childhood, including paid leaves and other privileges to pregnant women and mothers."
- The Law of Ukraine "On Prevention of Domestic Violence" dated 15.11.2001 # 2789-III defines legal and organizational basis for the prevention of domestic violence, the basic concepts in the prevention of domestic violence, forms of violence (physical, psychological, sexual and economic) as well as authorities and institutions entrusted with the implementation of measures to prevent domestic violence. According to the Law, measures related to the prevention of domestic violence are implemented by specially authorized executive authority for the prevention of domestic violence; precinct police officers and juvenile criminal police; guardianship authorities; specialized agencies for victims of domestic violence. The Law also defines specific measures aimed at preventing domestic violence. The system of such measures includes measures aimed at: eliminating the causes and conditions conducive to domestic violence, termination of domestic violence, which is about to start or has already started, bringing to justice those guilty of committing domestic violence, and medical and social rehabilitation of victims of domestic violence. The Law of Ukraine "On Prevention of Domestic Violence" defines "domestic violence" as "any deliberate acts of physical, sexual, psychological or economic nature of one family member against other family member, if these actions violate constitutional rights and freedoms of a family member as a person and citizen and inflict moral damage, damage to physical health or psychological well-being". The Law also provides the definition of persons considered to be "family members" which accordingly are or are not subject to this Law. Measures for the prevention of domestic violence are implemented following the appeal for help from the victim of domestic violence, or with the victim's consent. That is, the state intervention in family life is made solely at the initiative and request of the person who needs help from and protection by the state. Only when informed

about domestic violence on a minor or incapacitated family member, the state intervention is carried out without consent of such persons. However, as the practice of its implementation shows, this mechanism is not quite perfect and effective; the Law contains some gaps, inconsistencies with other regulations that impede its proper and effective application. Moreover, this Law does not cover all aspects of gender violence. If an act of domestic violence includes elements of crime, the responsibility for it comes under the current Penal Code of Ukraine. The Penal Code of Ukraine, unfortunately, does not contain additional characteristics related to the commitment of domestic violence for such crimes as bodily injury, murder, bringing to suicide, rape by the persons who live together. It is obvious that any person who commits such crimes will bear criminal responsibility. However, the commitment of such crimes against family members should be qualified as additional aggravating circumstances that burden the responsibility.

- The Penal Code of Ukraine (Art. 161) determines the violation of equality by the various characteristics that can also be seen as a definition of discrimination: deliberate acts aimed at inciting national, racial and religious enmity and hatred, humiliation of national honor and dignity or injury to the feelings of citizens based on their religious beliefs, as well as direct or indirect restriction of rights or direct or indirect privileges on the basis of race, color, political, religious and other beliefs, gender, ethnic or social origin, property status, place of residence, linguistic or other characteristics.
- The Penal Code of Ukraine (Bulletin of the Parliament of Ukraine (VVR), 2001, N 25-26, p. 131) as amended by Laws dated 19.03.2009) contains a number of Articles under which a person may seek protection from violence, in particular:
 1. "bringing to suicide" (Article 120),
 2. "threatening to commit murder" (Article 129),
 3. "intentional bodily injury" (Article 121),
 4. "intentional minor bodily injury, which caused intermittent short-term health disorder or disability" (Article 125),
 5. "beating and torture" (Article 126),
 6. "forcing a woman to commit abortion, provided that an abortion was performed as a result of such action" (Article 134), "rape" (Article 152),
 7. "forcible satisfaction of sexual desire in an unnatural way, with the use of physical abuse, threats or helplessness of the victim" (Article 153),
 8. "forcing a woman into sexual intercourse by a person to whom a woman is in a subordinate position by virtue of her labour, professional, financial or other status" (Article 154),
 9. "illegal detention" (Article 146). According to the Penal Code of Ukraine, an act of violence not causing harm (e.g., hits, beatings, or other violent acts that have caused physical pain) or causing light bodily injuries is a matter of so-called "private proceedings". This means that such a criminal case can be opened only at the request of the woman against her abuser and that she alone, without the prosecutor, must organize prosecution and, accordingly, the burden of proof falls on her – the victim of crime. Given the situation described above, many

women in cases of violence prefer divorce from the abuser and do not accuse him in criminal proceedings. Moreover, victims of violence are blamed by society, while being at the same time women who were abused and try to initiate proceedings against abuser and/or bring him to trial. Often abused women do not get support from their family or friends.

- The Penal Code of Ukraine contains a number of Articles that may and must be used in cases of violence, including acts of physical, sexual, psychological and economic violence. Thus, Section II of the Penal Code "Crimes against life and health of individuals" includes many Articles that can be applied in cases of physical violence, such as:
 1. Article 115 "Murder";
 2. Article 116 "Murder committed in a state of emotional distress";
 3. Article 117 "Murder of a newborn child by its mother";
 4. Article 119 "Murder by negligence";
 5. Article 123 "Intended grievous bodily injury inflicted in a state of emotional distress";
 6. Article 127 "Torture";
 7. Article 128 "Severe or moderate bodily injury due to negligence";
 8. Article 129 "Threats of murder";
 9. Article 135 "Leaving in danger";
 10. Article 136 "Failure to provide assistance to a person who is in a condition dangerous to life."
- The Law of Ukraine "On Ensuring Equal Rights of Women and Men" # 2866-IV, dated 08.09.2005 defines such form of gender violence at work as "sexual harassment". According to the Law, "Sexual harassment shall mean acts of sexual nature 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 Administrative Offences Code contains Article 173 "petty hooliganism". Petty hooliganism, i.e. swearing in public, offensive molestation of citizens or other actions that violate public order and peace are subject to a penalty of three to seven untaxed minimum incomes, or correctional labor for a term of one to two months with the deduction of twenty percent of earnings, and if, due to the circumstances of the case, taking into account a personality of the offender, these measures are found inadequate, administrative arrest for up to fifteen days is applied. (Article 173 as amended by the Law # 55/97-BP dated 07.02.1997). One of the problems with the Article 173-2 is that it does not take into account the notion of physical violence. Because the laws of Ukraine do not define procedures for claiming against sexual harassment and gender discrimination in general, do not establish civil and administrative liability in case of perpetration, Ukraine still lacks an efficient system for protecting victims of gender discrimination in general and sexual harassment as a form of gender-based violence in particular. Existing mechanisms do not allow the victims of these forms of violence to

effectively protect and quickly restore their rights. Therefore, the creation of an effective system to counteract this type of gender-based violence is still relevant.

5.1.4. Existence of laws, other regulations to ensure **comprehensive sexuality education** with a gender and human rights perspective in public and/or private educational institutions.

According to the Law of Ukraine "On Comprehensive Secondary Education" and orders pursuant to the Law implemented by the Ministry of Education, Science, Youth and Sports of Ukraine and relevant departments of education at local level, programs for mandatory study are implemented throughout the whole system of educational institutions which are aimed at gaining knowledge of human rights, life safety and other subjects which include sex education, gender equality, formation and preservation of reproductive health. Regardless of the type of institution (private or state-owned), these subjects are mandatory for the study.

5.1.5. Existence of laws and other regulations designed to **protect female workers** from sexual harassment, violence and discrimination based on gender.

The following legislative provisions apply to protect women at work:

- European Social Charter (revised) which was ratified by Ukraine and provides a quite realistic mechanism for processing complaints. Article 26 "The right to dignity at work".
- Law "On Ensuring Equal Rights of Women and Men" (Bulletin of the Parliament of Ukraine (VVR), 2005, # 52, p. 561).
- Law "On Ensuring Equal Rights of Women and Men" (Bulletin of the Parliament of Ukraine (VVR), 2005, # 52) requires that employers shall take measures to prevent cases of sexual harassment (Article 17), has provisions allowing a person who believes that s/he has become a subject of sexual discrimination or sexual harassment to file a complaint to the Commissioner on Human Rights in the Parliament of Ukraine, the specially authorized central executive authority on equal rights and opportunities for women and men, authorized persons (Coordinators) on issues of ensuring equal rights of men and women in executive bodies and local self-government, law-enforcement bodies and courts.

Along with other legislative instruments, female workers can also refer to the Penal Code of Ukraine to protect themselves:

- Section 4 of the Penal Code "Crimes against sexual freedom and sexual inviolability of a person" includes 5 Articles that can be used in cases of domestic violence, namely:
- Article 152 "Rape";
- Article 153 "Forcible satisfaction of sexual desire in an unnatural way";

- Article 154 “Compulsion to sexual intercourse” ;
- Article 155 “Sexual intercourse with a person who has not reached puberty”.

In Ukraine there is no effective mechanism of protection against sexual harassment. The concealed nature of this phenomenon, difficulties of proving the sexual harassment, prejudices and stereotypes make the process of effective counteraction difficult and not always successful. One of the reasons for low efficiency of legislation is the complexity of proving the fact of sexual harassment, because it usually happens behind closed doors, while the absence of witnesses stops women from bringing matter to court.

5.1.6. Existence of legislation related to **HIV/AIDS in the workplace**, including non-discriminatory practices.

- Part 1 of Art. 16 of the Law of Ukraine “On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV” #2861-VI dated December 23, 2010 (hereinafter – the Law on HIV) indicates that dismissal or denial of employment based on HIV status or limitation of rights of their relatives on that basis is prohibited.
- Section IV of the Law on HIV is dedicated to social protection of health care personnel and other workers, whose performance of professional duties is associated with an increased risk of HIV infection. This section regulates the issues of protection against HIV infection while performing professional duties, particularities of remuneration, granting leaves and pensions to certain categories of employees who are at increased risk of HIV infection, etc.

5.1.7. Existence of national HIV/AIDS laws with a special emphasis on the presence of measures to protect the **privacy and confidentiality and non-compulsory diagnosis of HIV infection** and the **free provision of treatment**.

Such measures are regulated by the Law of Ukraine “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population”.

According to Article 4 “Government guarantees in combating the spread of diseases caused by HIV”, the State guarantees provision of the following:

- availability and proper quality of testing to detect HIV infection, including anonymous testing, with pre-test and post-test counseling provided, and ensuring that testing is safe for both the tested person and the person that carries out testing;

- integration of HIV prevention, healthy and moral lifestyle and values, responsible behavior in sexual relations, traditional family values, treatment, care and support for people living with HIV and their relatives, as well as non-discrimination of such people and the need for tolerant attitude to them into appropriate educational programs for secondary, vocational and higher education institutions.

Article 7 sets forth that “the person tested positive for HIV shall be notified thereof by the authorized employee of the institution that conducted the testing, subject to the requirements of this Law regarding confidentiality of such information in accordance with the procedure established by a specifically authorized central executive health authority”.

Information on HIV test results of an individual and on whether an individual is or is not HIV-positive is confidential and constitutes a medical secret. Health workers must take appropriate measures necessary to ensure proper storage of confidential information about people living with HIV and protect such information from disclosure to third parties (Article 13).

According to Article 15, people living with HIV are entitled to free antiretroviral drugs and medicines for treating opportunistic infections under the procedure established by a central executive health authority.

The right to confidentiality of information about the state of health is also regulated by the Basic Legislation of Ukraine on Health Care, Article 39-1. Patients have the right to confidentiality of information about their health, the fact of seeking medical assistance, diagnosis, and the information obtained during the medical examination. It is prohibited to request and provide information about diagnosis and treatment of patients at their place of work or education.

Also, the Penal Code of Ukraine protects the confidentiality of people living with HIV by disallowing the disclosure of information on HIV status by medical personnel. Article 132 of the Penal Code protects the confidentiality of information about people living with HIV with respect to improper disclosure of their HIV status by health care workers. This Article of the Penal Code applies especially to HIV and sets forth more severe penalty for this offence than for breach of confidentiality of information about the patient with another disease.

Thus, the legislation establishes the said provisions quite correctly; however, there is an acute lack of real actions to ensure the declared values.

5.1.8. Existence of national laws for the **promotion and protection of sexual and reproductive health rights**, with particular emphasis on ensuring access to contraceptives and the presence of measures to ensure independent access of youth to sexual and reproductive health services, including ensuring access to contraception.

There is no specific law in Ukraine.

The right to decide on the number of children and the time interval between their births is regulated by the Family Code of Ukraine and Basic Legislation of Ukraine on Health Care.

These issues are partially highlighted in the Civil Code of Ukraine (in particular Article 281) and Basic Legislation of Ukraine on Health Care (Article 50) which specify that sterilization may be conducted only at the request of an adult individual. The

women's right to reproductive choice is regulated as well, including induced abortion, which may be performed at the request of a woman if the pregnancy does not exceed twelve weeks.

The rights of people living with HIV to use assisted reproductive technologies are declared in Article 10 of the Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population" in the 2010 revision: "people living with HIV are entitled to participate in assisted reproductive technologies programs, provided that measures are taken to prevent HIV transmission from parents to their future child".

The Cabinet of Ministers of Ukraine adopted the Resolution on December 27, 2006, # 1849 which approved the State Program "Reproductive health of the nation for the period until 2015".

During its implementation the Program provides:

- development and implementation of cross-sectoral strategies to promote, form and encourage healthy lifestyles, responsible attitude to caring for people's own health, responsible parenthood, safe motherhood, family planning;
- ensuring equal conditions for men and women in the provision of services for the preservation of reproductive health;
- expanding access to health care for adolescents and the rural population;
- improvement and optimization of the family planning system and development of a strategy for the provision of population with means of preventing unwanted pregnancy.

As to the indicated provisions, the law and public policy largely do not go beyond the declarations. Article 4 of the Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population" indicates that the State guarantees the priority of information and explanations provided to population within HIV prevention as regards the principles of a healthy and moral lifestyle, spiritual values and responsible behavior in sexual relations, as well as promotion of healthy lifestyles.

5.1.9. Existence of national laws for the **prevention, sanction and eradication of gender-based violence** in the private and public domain, with a special emphasis on the presence of protective measures for women and the creation of multi-sectoral services (law enforcement, justice, health, social services, etc.)

Prevention:

Law "On Ensuring Equal Rights of Women and Men" (Bulletin of the Parliament of Ukraine (VVR), 2005, # 52),

- Article 3. State policy on ensuring equal rights and opportunities of women and men is aimed at: promotion of gender equality; prevention of gender-based discrimination; protection of the population against information associated with gender-based discrimination.
- Article 6. Prohibition of gender-based discrimination. Gender-based discrimination is prohibited.

Sanctions and eradication:

- Attempts to counteract gender discrimination at court have demonstrated the lack of realistic mechanisms to protect the victims of gender violence. There have been cases when courts failed to respond to the claims related to direct gender discrimination. The problem is the lack of preceding court practice in such cases and judges' failure to apply international treaties ratified by Ukraine.

At the same time, the legislation specifies the following:

- Law "On Ensuring Equal Rights of Women and Men" (Bulletin of the Parliament of Ukraine (VVR), 2005, # 52),
- Article 22. Appealing against gender-based discrimination and sexual harassment. A person who believes that s/he has become a subject of gender-based discrimination or sexual harassment may file a complaint to the Commissioner on Human Rights in the Parliament of Ukraine, the specially authorized central executive authority on equal rights and opportunities for women and men, authorized persons (Coordinators) on issues of ensuring equal rights of men and women in executive bodies and local self-government, law-enforcement bodies and courts. Individuals of any gender or groups of individuals may report violation of equal rights and opportunities of women and men to the UN Committee on the Elimination of Discrimination against Women if all internal legal remedies have been exhausted or if the application of such remedies is unreasonably delayed.
- Article 24. Liability for violations of legislation on ensuring equal rights and opportunities of women and men. Individuals guilty of violations of legislative requirements on ensuring equal rights and opportunities of women and men are subject to civil, administrative and/or criminal liability in accordance with law.
- Support to victims of gender violence may be provided as follows:
 - Victims of gender violence may refer to the Center of social services for family, children and youth, which is a special institution that organizes and conducts social work with disadvantaged groups of families, children and young people in difficult circumstances and in need of external assistance in the relevant territorial community (such services also include support to victims of violence). Article 17 of the Law of Ukraine "On Social Work with Families, Children and Youth" # 2558-III, dated 21.06.2001 defines organizational and legal framework for social work with families, children and youth. According to the Law and Bylaw enforcing the Law, a network of specialized Centers of social services for family, children and youth was established. The aim of the Centers is "to provide assistance in meeting the social needs of families, children and youth who are in difficult circumstances and need external assistance" including the situations of domestic violence prevention. Under the Law of Ukraine "On Amending Certain Legislative Acts of Ukraine concerning improvement of legislation on domestic violence" changes were introduced to Article 173-2 of the Administrative Offences Code of Ukraine. Article 1 of the Law of Ukraine "On Prevention of Domestic Violence" was supplemented with such new terms as "family members", "correctional program". The powers of the relevant departments of internal affairs for the prevention of domestic violence were widened.
 - Victims of gender violence may also seek assistance from health care settings if they have suffered violence. Under the Order of MoH of Ukraine "On Approval of Measures to Enforce the Law of Ukraine 'On Prevention of Domestic Violence' and Standard Provision on Medical and Social Rehabilitation Center for Victims of Domestic Violence" dated January 23, 2004, # 38 health

care settings must provide health care services, arrange a place to stay or refer to special establishments providing assistance, and submit a claim to the police in case of a criminal offence or in case victims seek help on their own initiative.

- Victims of gender violence committed by family members may get help from departments (divisions) for Family, Youth and Sports, services for children, centers of social services for family, children and youth, and the relevant departments of the interior, according to the joint order of the Ministry for Family, Youth and Sports and Ministry of Interior of Ukraine # 3131/386 dated 07.09.2009 (Registered with the Ministry of Justice of Ukraine on September 30, 2009 under # 917/16933) "On approval of Regulations on the procedure for interaction of departments (divisions) for Family, Youth and Sports, services for children, centers of social services for family, children and youth and the relevant departments of the interior on the implementation of measures to prevent domestic violence".

5.1.10. Existence of national laws against **sexual abuse and exploitation**, particularly in relation to children, with a special emphasis on the presence of protective measures and the implementation of preventive and care actions that include multi-sectoral responses (justice, health care, social services, etc.).

1) Offences and penalties:

- The Penal Code of Ukraine defines the penalties for sexual violence, including sexual violence against minors, in the following Articles:
 - Art. 149 – human trafficking or other illegal arrangements in respect of a human being
 - Art. 152 – rape
 - Art. 155 – sexual intercourse with a person who has not reached puberty
 - Art.156 – indecent assault on minors
 - Art. 134 – forcing a woman to commit abortion, provided that an abortion was performed as a result of such action
 - Art. 153 – forcible satisfaction of sexual desire in an unnatural way, with the use of physical abuse, threats or helplessness of the victim
 - Art. 154 – forcing a woman into sexual intercourse by a person to whom a woman is in a subordinate position by virtue of her labour, professional, financial or other status
 - Art. 146 – illegal detention
 - Art. 161 – an insult, that is, intentional humiliation of individual's honor and dignity expressed in obscene form
- Rape, namely, sexual intercourse with the use of physical abuse, threats or helplessness of the victim, shall be punishable by imprisonment for a term of three to eight years; rape committed by a person who has previously committed such offence shall be punishable by imprisonment for a term of 5 to 10 years; rape committed by a group of people or rape of an underage person shall be punishable by imprisonment for a term of 5 to 15 years; rape committed

by a dangerous recidivist offender or rape that has caused particularly grave consequences as well as rape of a minor shall be punishable by imprisonment for a term of 8 to 15 years (Article 152).

2) Support to victims of sexual abuse and exploitation

- Article 17 of the Law of Ukraine "On Social Work with Families, Children and Youth" # 2558-III, dated 21.06.2001 defines organizational and legal framework for social work with families, children and youth. According to the Law and Bylaw enforcing the Law, Centers of social services for family, children and youth have been established. Such Centers are special institutions that organize and conduct social work with disadvantaged groups of families, children and young people in difficult circumstances and in need of external assistance in the relevant territorial community. The aim of the Centers is "to provide assistance in meeting the social needs of families, children and youth who are in difficult circumstances and need external assistance" including the situations of domestic violence prevention. Main functions of the Centers are defined by their participation in the implementation of social programs. These include social work with families, children and youth, in particular providing social services, social support and patronage, social prevention and rehabilitation, social and psychological adaptation. To achieve these goals, it is assumed that the Center of social services for family, children and youth identifies, records and studies the needs of families, children and youth who are in difficult circumstances (including violence) and need external assistance; plans and determines the methods of support; provides social services; and, where necessary, provides social support.
- Help and support on this issue are governed by the joint order of the Ministry of Interior and Ministry of Health of Ukraine # 307/105, dated May 10, 1993 "On the procedure for keeping record of cases reported to medical facilities and city and district hospitals of the interior by people with injuries of criminal nature". In compliance with this order, heads of hospitals, dispensaries, clinics, trauma centers and other health care institution must immediately inform the police about any cases of seeking medical assistance by individuals with gunshot or stab wounds or other bodily injuries if there are any grounds to believe that such injuries result from offences, and all information about such individuals and their visits should be recorded in a special log maintained by a health care institution, which is a highly sensitive document.

2.1 Support to children:

According to the Resolution of the Cabinet of Ministers of Ukraine dated January 28, 2004, # 87 "On Approval of the Standard Provision on the Center for social and psychological rehabilitation of children":

The Center for social and psychological rehabilitation of children (hereinafter – the Center) is a social protection institution established for a prolonged (permanent) or daytime stay of children aged 3 to 18 years who are in difficult circumstances (violence, exploitation, etc.) and for the provision of comprehensive social, psychological, pedagogical, medical, legal and other support to such children. A child may stay in the Center for a period necessary for his or her rehabilitation, but no longer than

for 9 months in case of permanent stay and 12 months in case of daytime stay. The period of a child's stay in the Center is to be determined by a commission comprised of psychologists, health care workers and pedagogues and approved by the relevant service for children. A child may personally apply for help to the Center on a 24/7 basis. In such case a child is sent to an orphanage accompanied by a Center employee or stays in the Center.

5.1.11. Existence of national laws against **human trafficking** with a special emphasis on the presence of protective measures for women and youth, and the criminalization of those responsible, and the creation and implementation of care services for trafficking victims.

1. Penal Code of Ukraine, Article 149. "Human trafficking or other illegal arrangements in respect of a human being" includes the following provisions:

- actions specified in part one of this Article which are committed against an underage individual or against several persons, or repeatedly, or by prior agreement by a group of persons, or by an official through abuse of office, or by the person on whom the victim was materially or otherwise dependent, or combined with violence not dangerous to life or health of the victim or victim's relatives, or with the threat of such violence shall be punishable by imprisonment for a term of five to twelve years with confiscation of property or without it;
- actions specified in part one or two of this Article which are committed against a minor, or by an organized group, or combined with violence dangerous to life or health of the victim or victim's relatives, or with the threat of such violence, or if they caused any grave consequences, shall be punishable by imprisonment for a term of eight to fifteen years with confiscation of property or without it.

2. In May 2011 the Parliament of Ukraine adopted the Law "On Combating Human Trafficking". This Law sets forth organizational and legal framework for combating trafficking in human beings, guarantees gender equality, defines the main directions of state policy and principles of international cooperation in this area, the powers of executive agencies, the procedure for establishing the status of victims of trafficking, and the procedure for providing assistance to such persons.

Article 17 defines the following:

- institutions for providing assistance to victims of human trafficking;
- to ensure the rights stipulated herein, persons who have been trafficked may be directed to one of the existing network of social services for family, children and youth, social service centers (social services).

Article 23. "Providing assistance to children affected by trafficking":

- the State shall provide assistance to a child from the time when a child is believed to have suffered from trafficking of children and until the complete rehabilitation of a child;

- after receiving information about a child who has suffered from trafficking of children, local state administration, in whose territory the child was found, shall immediately identify the personality of a child, evaluate the circumstances and adopt a plan of priority measures to help the child until resolving the issue of assigning the status of a person affected by trafficking to such child. If the child affected by the sale of children is an orphan or a child deprived of parental care, the local state administration has to immediately decide on the child's placement. Centers for social and psychological rehabilitation of children and shelters for children involving educational and health care institutions shall develop and implement an individual program of assistance to a child who has suffered from trafficking; entities carrying out activities in combating human trafficking shall, within their powers, protect the rights of children affected by trafficking.

5.1.12. National legislations as regards **property grabbing, property rights, and wife inheritance** (in countries where these practices take place)

Since the abovementioned practices are not inherent in the Ukrainian society, this issue is not directly reflected in the Ukrainian legislation.

5.1.13. National legislations as regards **abortion**, with a special emphasis on the de-penalization instead of penalization of women.

- As of today, abortions are legalized in Ukraine and, accordingly, officially permitted. This procedure is regulated by numerous laws and regulations. Legalization of abortion helped reduce the number of criminal abortions and related maternal deaths and enabled women to receive qualified medical care on the termination of unwanted pregnancy. Current national policy is aimed at improving the quality of medical care in case of a woman's informed choice to terminate pregnancy along with the implementation of active measures to prevent abortions. Article 281 of the Civil Code of Ukraine and Article 50 of the Basic Legislation of Ukraine on Health Care specify that induced abortion, if the pregnancy does not exceed 12 weeks, may be performed at woman's request, and in the cases specified by law induced abortion may be performed during pregnancy from 12 to 22 weeks. The lists of circumstances that permit abortion are regulated by a separate legal act. Special Art. 50 of the Basic Legislation of Ukraine on Health Care says that the operation of artificial termination of pregnancy (abortion) may be made at the request of women on pregnancies up to 12 weeks in hospitals that have the appropriate level of accreditation. Artificial abortion is carried out in accordance with Art. 43 of the Basic Legislation of Ukraine on Health Care which requires objectively informed patient consent to medical intervention.

- The Civil Code of Ukraine (Part 3 Article 284) states that medical assistance shall be provided to an individual, who has reached fourteen years, with such individual's consent. Persons under 14 receive medical assistance with the consent of their legal representatives. This also applies to services for abortion and family planning.
- In case of a serious illness and a situation involving negative effects of pregnancy on the disease, this pregnancy may be aborted before 22 weeks according to the Law of Ukraine # 2135-IV, dated 02.11.2004 "On Amendments to Article 281 of the Civil Code of Ukraine".
- The Resolution of the Cabinet of Ministers of Ukraine #144 dated 15.02.2006 "On the implementation of Article 281 of the Civil Code of Ukraine" approved the list of serious diseases in which the pregnancy threatens the health and life of the patient. In such cases, abortion is allowed in the period from 12 to 22 weeks.

Ukraine has an organized system of statistics and keeping record of both the services related to abortions performed and the use of contraception. For many years the family planning service has been monitoring the number, age grades and types of abortions. Despite the strong tendency to reduce the number of abortions due to active government policy in this area, the problem remains relevant for the country to date. Abortion is still one of the methods of birth control in Ukraine. Registration of abortions in Ukraine is formally binding but at the same time the creation and development of private medical institutions have led to conducting abortions that are not included in official statistics because private clinics carrying out abortions are not obliged to provide statistics on the number of women who had received this service.

5.1.14 Draft laws related to the above issues that are waiting for the approval of the respective legislative bodies.

Draft Order of the Ministry of Health of Ukraine "On approval of the clinical guidelines for post-exposure prophylaxis of HIV infection" (is under public discussion).

B.6 HIV/AIDS AND VAW: SCALE UP PROGRAMS AND SERVICES.

Ending violence against women and girls living with HIV requires, as a first step, an understanding of the magnitude, scope and risk factors associated with both problems. Then the national system for data collection and statistics must be used for the design of public policies that better address the needs of women and girls and respond to the links between violence against women and HIV. It is undeniable that violence against women needs to be addressed as an integral part of the HIV response. HIV services and programs often do not incorporate the protection of sexual and reproductive rights of women living with HIV or their needs in regards to violence prevention.

National governments must ensure actions to urgently prevent, sanction and eradicate violence against women and must guarantee appropriate, timely, exhaustive care services for all victims of violence, including women living with HIV.

6.1. HIV/AIDS and VAW governmental policies and norms in health care services.

6.1.1. Existence of a national **Protocol for the care of victims of sexual violence**. The protocol should include: free provision of Emergency Contraception (EC), HIV and STDs post-exposure prophylaxis (PEP), legal advice and psychosocial support.

A separate protocol does not exist; there is a joint order of the Ministry of Interior and Ministry of Health of Ukraine on the procedure for keeping record of cases reported to medical facilities and city and district departments of the interior by citizens with injuries of criminal nature. The fact of sexual violence (rape) is established by forensic examination. The referral of citizens for forensic examination and its procedure is regulated by the order of the Ministry of Health of Ukraine from 17.01.1995, # 6 "On the Development and Improvement of Forensic Medical Service". As for forensic medical examinations with respect to sexual conditions (rape, sexual act with a minor, molestation of a minor, etc.), "in exceptional cases, for the timely taking of samples for laboratory study, it is allowed to perform examination at the request of a victim or at the request of parents or legal representatives of a child. Such forensic examination must immediately be reported by a forensic expert to the investigation (inquiry) authorities." The only mention of sexual violence in legislative and regulatory framework in the field of HIV is found in Article 4 of the Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population" which guarantees "free access to post-exposure prophylaxis of HIV infection for persons exposed to risk of HIV infection due to sexual exploitation, performance of professional duties or other cases, including appropriate counseling within the procedure approved by a specially authorized central executive health authority". The legislation on HIV does not contain either a detailed description of the full range of health care services for those who experienced sexual violence or clinical guidelines on the provision of services to those who experienced gender-based violence.

6.1.2. Existence of a national **Protocol for the care of women in a situation of abortion and post abortion**. In the case of countries where abortion is not fully depenalized, it is important to describe if the criminalization of women is promoted and existence of restrictions for women living with HIV to access safe abortion

In Ukraine, the procedure of abortion is generally available to the public. HIV-positive women receive medical services for abortion on general grounds. Sectoral orders and clinical guidelines approve institutional and medical technologies, mainly based on scientific evidence-based medicine and WHO recommendations.

- Provision of abortion services is governed by the Order of MOH of Ukraine # 1177 from 31.12.2010 "On Approval of Clinical Guidelines 'Comprehensive Medical Care during an Unwanted Pregnancy'". Comprehensive medical care for abortion includes measures for quality procedures of artificial abortion and prevention of abortion in the future. The Guidelines also include pre- and post-abortion counseling. The operation is conducted exclusively by obstetrician-gynecologists in state and in private medical institutions. Medical and organizational technologies included in the Guidelines are based on data of evidence-based medicine, WHO recommendations and international and national

experience and grounded on a client-oriented approach and the principles of respect for reproductive rights. The Guidelines reflect the state policy implemented in the country in the area of public health, taking into account existing legislation, and for medical professionals it is a means of supporting the provision of high quality services focused on the needs of population. The Guidelines regulate the provision of comprehensive care during an unwanted pregnancy, improvement of the quality and effectiveness of services provided in health care for the prevention of unwanted pregnancy, a safe procedure (operation) of its termination and measures to prevent possible complications. Privacy / medical confidentiality: Medical staff must ensure that the information obtained from the patient is confidential and prevent its disclosure to others;

- medical staff and other persons who during performance of their professional duties became aware of the disease, medical screening, examination and their results, intimate and family aspects of life of a citizen are not entitled to disclose such information, except in the cases specified by legislative acts (Art. 40 of the Law of Ukraine "Basic Legislation of Ukraine on Health Care");
- information relating to medical confidentiality is not subject to the disclosure, except in the cases specified by law (Art. 46 of the Law of Ukraine "On information").

Making free and informed decision: Patients have the right to express their views and make independent decisions after receiving complete, accurate and clear information on the procedure (operation), risks and possible complications. Such information should not be intimidating, condemning and forcing a woman to make a decision.

Pre-abortion counseling: All women with a positive reaction for HIV infection should be informed about the danger of transmission of infection to newborn child, the availability of PMTCT and the ability to give birth to a healthy baby, so that they have a need to make informed decisions on whether to keep or abort the pregnancy.

Psychological assistance is a part of post-abortive counseling, but actually it is not provided in practice. Usually, a woman after an abortion is trying to leave the clinic as soon as possible to hide the fact of abortion and not inclined to tell someone else that she had an abortion. In addition to this, obstetricians and gynecologists are not sufficiently trained to provide psychological assistance. At the same time, psychologists without medical education (such as those who received education at pedagogical universities) lack adequate training, especially to reassure a woman and dispel myths about the negative consequences of abortion and inability to have children in the future.

6.1.3. Existence of a **Protocol for the care of victims of domestic violence**, including: medical and psychological care, legal assistance, emergency housing alternatives for the victim and her children.

A separate protocol does not exist; at the same time, there are other protocols regulating this issue:

Provision of services to victims of domestic violence is regulated by:

- Joint order of the Ministry for Family, Youth and Sports and Ministry of Interior of Ukraine # 3131/386 dated 07.09.2009 "On approval of Regulations on the procedure for interaction of departments (divisions) for Family, Youth and Sports,

services for children, centers of social services for family, children and youth and the relevant departments of the interior on the implementation of measures to prevent domestic violence". Under the Law of Ukraine "On Prevention of Domestic Violence" the term "prevention" is defined as the right to protection and care of victims of domestic violence etc.

- Law of Ukraine "On Social Work with Families, Children and Youth" # 2558-III, dated 21.06.2001, which regulates the provision of services, in particular:
 1. Organizational and legal framework is defined for social work with families, children and youth. Article 1 states that social rehabilitation is a type of social work aimed at recovery of main social functions, psychological, physical and moral health and social status of families, children and youth; social support is a type of social work aimed at providing social care, assistance and patronage to disadvantaged groups of children and young people with the purpose to overcome difficulties and to maintain and raise their social status;
 2. Implementation of rehabilitation measures to recover social functions, psychological and physical condition of children and young people who have faced violence and abuse, suffered from trafficking, have been involved into the worst forms of child labour, and social support to HIV-infected children, youth and their family members;
 3. Social services are provided to families, children and youth under the legally established procedure by offering a complex of social services to families, children and youth, which includes: services on psychological diagnostics, correction and rehabilitation; methodical advice; protection of rights and interests; mediation in representation of interests of families, children and youth; socio-medical and psychological rehabilitation at the relevant health care facilities for children and young people who have faced violence and abuse as well as those who have suffered from the Chernobyl disaster;
 4. Social rehabilitation also includes employment assistance, provision of socio-medical, psycho-pedagogical, legal, informational and other social services to children who have been imprisoned for a certain term and young people who have been restrained or imprisoned for a certain term. Petitions are filed to the relevant bodies on applying sanctions established by law to enterprises, institutions and organizations of any form of ownership or to individuals and on levying disciplinary and administrative penalties on officials in case of their breach of legislation regarding families, children and youth; actual and alleged cases of domestic violence are reported to the service for children, guardianship authorities and juvenile criminal police. To ensure the implementation of the abovementioned services, Centers of social services for family, children and youth are established, which are special institutions that organize and conduct social work with disadvantaged groups of families, children and young people in difficult circumstances and in need of external assistance in the relevant territorial community (including the situations of domestic violence prevention).
- Order of the Ministry for Family, Youth and Sports dated 25.04.2008 # 1795 "On Approval of the Procedure for social support provided by Centers of social services for family, children and youth to families and individuals in difficult circumstances (including victims of violence)":

1. determining the procedure for the provision of social support to families and individuals in difficult circumstances by Centers of social services for family, children and youth (hereinafter – the Centers) to ensure timely assistance (including, in particular, measures necessary to overcome difficulties),
 2. implementing a set of measures aimed to help a family or an individual out of difficult circumstances, when such families or individuals are unable to overcome the consequences of such circumstances with their own means and resources,
 3. creating conditions to enable a family or an individual to settle and overcome difficulties on their own; maintaining and raising the social status of a family or individual in difficult circumstances.
- Centers providing social support may lodge petitions with the relevant bodies on applying sanctions established by law to enterprises, institutions and organizations of any form of ownership or to individuals, and on levying disciplinary and administrative penalties on officials in case of their breach of legislation regarding children and youth.

According to Article 12 of the Law of Ukraine “On Social Work with Children and Youth” social support includes: social assistance; social services and social rehabilitation taking into account the person’s needs and the nature of problems; social education including creation of conditions and implementation of measures aimed at studying and comprehending universal and special knowledge and social experience to form socially positive values; psychological, social and legal support aiming to provide professional mediation services in settling various issues; counseling which helps identify the main ways to overcome difficulties; preservation, care and protection of health of a family or and individual; assisting them to reach the set goal and develop their internal potential, etc.

Information services: provision of information necessary to settle a difficult situation (reference services), in particular, with respect to: social welfare (if a family or an individual is entitled to it under the current legislation); contact information of relevant services or facilities where one should apply for help; establishments providing services; terms of social service provision, etc.;

Psychological services: psychological diagnostics aiming to identify socio-psychological characteristics of a person; counseling on psychological health and improvement of relations with the environment; discussion of problems and offering advice on dealing with social and psychological problems; training to overcome difficulties and conflicts with the environment; helping to prevent misunderstandings and conflicts within the family; organization and coordination of psychotherapeutic groups and peer-to-peer groups; psychological correction and psychological rehabilitation;

Socio-medical services: mediation in prophylaxis and therapeutic measures; counseling on the maintenance and improvement of health; formation of an ideology aimed to promote a healthy lifestyle and get rid of bad habits; formation of sexual culture and protected sex practices; prevention of TB, STIs, HIV/AIDS; facilitation of health care and support, etc.;

Legal services: counseling on the current legislation, guarantees and benefits; protection of the rights and interests of a family or an individual; protection of the rights of the child;

Socio-economic services: assistance in attracting additional resources to meet material interests and needs of families or individuals in difficult circumstances, namely, assistance in procuring in-kind aid (provision of clothes, footwear, etc.); assistance in health improvement; support in the provision of welfare benefits, financial aid and assistance in the form of monetary compensations; information and assistance related to employment and education; mediation in the provision of humanitarian aid, etc.

In addition to the above, creation and activities of Crisis centers and Medical and social rehabilitation centers for victims of domestic violence are performed in accordance with the Law of Ukraine "On Prevention of Domestic Violence".

Crisis centers receive family members who have or may become victims of domestic violence; receive domestic violence offenders for participation in correctional programs; arrange provision of necessary psychological, pedagogical, medical, legal assistance to family members who have or may become victims of domestic violence; develop correctional programs and organize participation of domestic violence offenders in such programs; where facilities allow, provide temporary shelter for family members who have or may become victims of domestic violence; inform family members who are under a real threat of domestic violence or have already faced it of the rights, remedies and services available to them; notify precinct police officers or juvenile criminal police of the facts of a real threat or actual commitment of domestic violence; examine and summarize the reasons and conditions of certain manifestations of domestic violence; provide information on family violence prevention at the request of competent authorities; ensure the preservation of confidential information on persons who have applied to a crisis center for help; cooperate with mass media and NGOs in carrying out educational work on domestic violence prevention.

Medical and social rehabilitation centers for victims of domestic violence are set up in accordance with laws regulating the establishment of health care facilities. Victims of domestic violence are accepted to stay in medical and social rehabilitation centers for victims of domestic violence (with their consent or upon their request) by a decision of the center's medical committee. For minor family members, consent of a parent, foster parent, guardian or trustee (unless a minor have experienced violence from one of them), or of a guardianship authority is required. Victims of domestic violence stay in the medical and social rehabilitation centers within the time required for their treatment and psycho-social rehabilitation. According to their wishes, they can undergo treatment and psycho-social rehabilitation as outpatients. Centers provide victims of domestic

violence with primary medical and psychological assistance, certain types of psychiatric care on the grounds and under the procedure specified in the Law of Ukraine "On Psychiatric Help" and other laws; where necessary, refer victims of domestic violence to healthcare facilities for further treatment; organize the provision of legal advice to victims of domestic violence; report facts of committed domestic violence to precinct police officers or juvenile criminal police; provide information on family violence prevention at the request of competent authorities.

The progress in the establishment and work of Crisis centers and Medical and social rehabilitation centers for victims of domestic violence is rather slow, and there are very few such establishments in Ukraine.

6.1.4. Existence of a national **Protocol for the care of women living with HIV**. Describe if it includes aspects of care in sexual and reproductive health including recommending dual protection and breeding guidelines as well as information on VAW prevention and services.

Obstetrics and gynecology medical care for HIV-positive patients is governed by the Order of the Ministry of Health of Ukraine, Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sports, State Penitentiary Service of Ukraine, Ministry of Labour and Social Policy of Ukraine # 740/1030/4154/321/614a, dated 23.11.2007 "On measures on the organization of mother to child HIV transmission prevention, care and social support for HIV-infected children and their families" and the clinical guidelines approved by the Order of MoH of Ukraine # 716 dated 14.11.2007 "On approval of the clinical guidelines for obstetric care 'Prevention of mother to child HIV transmission'".

On confirmation of the HIV-positive status the pregnant woman is provided with full information regarding the following aspects:

- The need to use condoms to prevent transmission of HIV infection and STIs during sexual intercourse during pregnancy;
- Risks of HIV transmission to fetus/newborn and how to prevent it;
- Benefits and risks of antiretroviral prophylaxis;
- Influence of the method of delivery on the risk of HIV transmission, including the benefits and risks of cesarean section;
- Recommendations on feeding the newborn. Once an HIV-infected woman is given information about possible risks and availability of medical assistance, she must make an informed decision about keeping or terminating pregnancy. Every woman has the opportunity to make informed choices about her reproductive plans.

One of the most important stages in the prevention of perinatal HIV infection is medical prophylaxis with antiretroviral drugs for pregnant women and newborns. Medical prevention of vertical HIV transmission in Ukraine is carried out in accordance with the clinical guidelines approved by the Order of MoH of Ukraine #716, dated 14.11.2007 "On approval of the guidelines for obstetric care".

According to the clinical guidelines "Prevention of mother to child HIV transmission", prevention of vertical transmission is conducted following different scenarios, depending on the term of pregnancy and health condition related to the course of HIV infection.

Monitoring of pregnancy in HIV-infected pregnant women is carried out using so-called "dual" method: by an obstetrician-gynecologist from antenatal clinic and by a physician from AIDS center. Obstetrician-gynecologist from antenatal clinic develops a pregnancy management plan in accordance with recommendations of a physician from AIDS center. Thus, post-test counseling for HIV-positive pregnant women is also carried out in AIDS centers.

Integrated support is provided to for HIV-positive pregnant women and new mothers based on a multidisciplinary approach by medical (gynecologist, pediatrician) and socio-psychological (psychologist, social worker) experts. HIV-positive patients undergo cytological examination every 6 months; if a cervical pathology is detected, colposcopy is performed.

Counseling of HIV-infected women on family planning is conducted by specialists of family planning centers (hereinafter – FPCs), AIDS centers, antenatal clinics and other medical institutions competent in family planning issues and peculiarities of HIV infection.

6.1.5. Existence of a national Protocol for the care of victims of violence in humanitarian crises, including armed conflicts, wars and natural disasters. Including recommendations for child protection to ensure the safety and health of girls.

Specific protocols or documents on children and girls do not exist.

6.1.6. Prophylaxis after sexual exposure: Describe the recommendations given (AHE, ARV and medication for other STIs, tests) in cases of unprotected sex, condom breakage or other.

According to the guidelines on post-exposure prophylaxis (PEP) it is necessary to assess the sexual contact, which has occurred, by the risk of HIV infection based on the contact form (vaginal, anal), type and quantity of hazardous material (potentially infectious biological fluid – semen, vaginal fluid), remoteness of contact, condom use, STIs (according to history and examination); the need for immediate contraception or pregnancy test (for women); whether the contact was a result of sexual abuse, whether it was committed by one person or more; whether the contact coincided with menstruation or bleeding of another etiology.

It is very important to try to establish the HIV status of the rapist. If this is not possible, it is presumed that the rapist was HIV-positive, and the victim must receive PEP.

If a person – an alleged source of infection – is tested positive for HIV and the victim's tests also detected antibodies to HIV, chemoprophylaxis with antiretroviral therapy is stopped, and the victim of violence is referred to specialists for further counseling and receipt of necessary medical care for HIV infection.

If the victim of violence is tested HIV-negative and the HIV status of the alleged source of infection is positive or unknown, then a full four-week course of chemoprophylaxis with antiretroviral drugs is carried out.

If no antibodies to HIV or signs of acquired immunodeficiency syndrome or acute HIV infection are detected in a person – a potential source of infection – during post contact examination, then further examination and PEP of the victim of violence is stopped. The likelihood that examination of the potential source of infection coincides with the "window period" (period of seronegative result of testing for HIV) without symptoms of acute retroviral syndrome is extremely small.

The State guarantees provision of free access to post-exposure prophylaxis services for persons who have an increased risk of exposure to HIV during performance of their professional duties, in cases of sexual violence and other cases, along with the provision of appropriate counseling under the procedure approved by a specially authorized central executive health authority.

In the process of counseling, persons who have had a contact with a potential source of infection should be clearly informed of their right to refuse PEP. In the case of consent to PEP, a written confirmation should be obtained.

After screening for HIV, a health worker should carry out a counseling session on the reduction of risk behavior, regardless of the form of contact and the need for PEP, which can help reduce the risk of accidental contact in the future.

An integral part of counseling should be the provision of psychological support to a person who have had a contact with a potential source of infection; if necessary, such persons are referred to appropriate specialists. If the contact was associated with sexual violence, the victim receives counseling and is referred to appropriate services, including legal.

Sources:

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- Guidelines for the Clinical Management and Treatment of HIV Infected Adults in Europe. Post-Exposure Prophylaxis, EACS, 2008
- Order of MoH of Ukraine # 415 from 19.08.05 "On improvement of voluntary counseling and testing for HIV infection", registered with the Ministry of Justice of Ukraine on 22.11.05 # 1404/11684.
- Analytical overview. Ukraine: Monitoring the Implementation of UNGASS Goals on Sexual and Reproductive Health / All-Ukrainian Network of PLWH, Kyiv. - 2010

6.1.7. Prophylaxis after occupational exposure to HIV.

After contact with biological fluids of an HIV-infected patient (or patient with high probability of HIV infection), PEP is carried out (Order of MoH of Ukraine dated 19.08.05 # 415 "On improvement of voluntary counseling and testing for HIV infection").

PEP is a medical measure aimed at the prevention of infection after a possible exposure to pathogens. With respect to HIV, PEP means providing a wide range of services to prevent HIV infection after exposure or at high likelihood of contact with this pathogen. Such services include first aid, counseling and assessment of risk of HIV infection, HIV testing after obtaining informed consent and, depending on the level of estimated risk, a short course (28 days) of antiretroviral therapy (ART) and provision of support and further monitoring.

Basic principles of PEP:

- PEP should be included in a comprehensive state program to combat HIV/AIDS, as well as in the measures to protect the health of staff and assist victims of sexual violence.
- PEP should be provided in all health care facilities and used in conjunction with standard precautions to reduce the possibility of dangerous contact with infectious agents in the workplace.
- PEP should be generally available to those who need it, regardless of age, sex, sexual orientation, nationality, occupation or stay in prison.
- The decision to prescribe PEP shall be made on the basis of clinical assessment of risk factors.
- PEP should be provided: in case of occupational contact with HIV or high likelihood of such contact; in case of casual contact not associated with professional activities or at high likelihood of such contact, including in the medical facility.
- People receiving PEP should be treated with due respect to their human rights and medical confidentiality.
- To clarify the circumstances of a contact and conduct PEP, a voluntary informed consent from a person who requires a PEP must be obtained for conduction of counseling and testing for HIV, and the required standards should be adhered to, no matter on whose initiative – the client's or the services provider's – counseling and testing are conducted.
- In special cases, where the person examined is not capable to give consent for HIV testing (if, for example, such person is in a coma or suffers from a mental illness, or if it is a child) such consent may be given by a guardian or other trustee in accordance with the current legislation.

If the person, with whom the contact has occurred, is known to be HIV-infected, then in order to select a PEP regimen it is important to find out the following:

- Clinical stage of HIV infection;
- The number of CD4 lymphocytes;
- VL in plasma: if VL is high, the risk of infection is always higher;
- History of ART;
- The results of determining genotype or phenotype resistance of the virus (if determined);
- In the case of a sexual contact – the presence of sores on the mucous membrane of mouth or genitals, or symptoms of other sexually transmitted infections (STIs), and whether the contact coincided with menstruation or bleeding of other etiology;

- In case of accidental needle prick – whether there was fresh blood on the needle, whether the prick was deep, whether the needle got in the vein.

According to the clinical guidelines on post-exposure prophylaxis of HIV infection (Order of MoH of Ukraine dated 19.08.05 # 415 “On improvement of voluntary counseling and testing for HIV infection”) after accidental exposure to HIV first aid must be provided, namely, actions to be taken immediately after exposure to reduce the risk of infection.

When being injured with a needle or other sharp instrument, the procedure is as follows:

- Immediately wash the place of contact with soap;
- Hold wounded surface under running water (several minutes or until the bleeding stops) to allow free flow of blood from the wound;
- In the absence of running water treat the wound with disinfectant gel or solution for washing hands.
- The wound cannot be disinfected using strong ingredients: alcohol, liquid bleach and iodine, as they may irritate wounded surface and worsen the state of the wound;
- The wound cannot be compressed or rubbed;
- It is prohibited to suck blood from the wound that remained after the pricking.

When blood or other potentially hazardous biological fluids have been sprayed, the procedure is as follows:

When sprayed on intact skin:

- Immediately wash contaminated area;
- In the absence of running water treat a damaged place with disinfectant gel or solution for washing hands;
- Use weak disinfectants, such as 2%-4% solution of chlorhexidine gluconate;
- Strong disinfectants: alcohol, liquid bleach and iodine cannot be used as they may irritate skin and worsen its condition;
- The place of contact should not be rubbed or scraped;
- A bandage should not be applied.

When sprayed in eyes:

- Immediately wash eyes with water or physiological saline solution. Sit down, throw the head back and ask colleagues to gently pour water or physiological saline solution on the eye, making sure that the liquid gets under the eyelids, and occasionally pull eyelids gently;
- Do not remove contact lenses during washing because they create a protective barrier;
- After eye has been flushed, contact lenses are removed and processed as usual, then they are perfectly safe for future use.
- Do not wash eyes with soap or disinfectant solution.

When sprayed on the mucous membrane of the mouth:

- Quickly spit out the liquid that came to the mouth;
- Thoroughly rinse mouth with water or physiological saline solution and spit out again. Repeat rinsing several times.
- Do not use washing soap or disinfectant solution.

Sources:

- Order of the Ministry of Health of Ukraine #415 from 19.08.05 "On improvement of voluntary counseling and testing for HIV infection", registered with the Ministry of Justice of Ukraine on 22.11.05 # 1404/11684.
- Law of Ukraine # 2861-VI, dated December 23, 2010 "On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV".

6.1.8. Recommendations for the **Use of Contraceptives**. Describe if they include recommendations for contraceptive prescriptions for adolescents, promotion of counseling, contraceptive orientation that includes men, double protection for adolescent and adult women, specific mention of contraceptive guidelines for HIV-positive women and contraceptive counseling for women victims of violence.

The issue of preventing unwanted pregnancies is resolved jointly by experts on family planning and specialists of AIDS Centers according to the patient's wishes, health, reproductive plans, and in compliance with confidentiality principles. Women, couples and men may receive counseling on contraception methods on equal grounds. Consulting HIV-positive women on family planning is carried out by specialists of Family Planning Centers, AIDS Centers, antenatal clinics and other health care facilities competent in matters of family planning and peculiarities of HIV infection. If the AIDS Center has a position of obstetrician-gynecologist, the latter provides counseling on family planning at the Center, otherwise a specialist of AIDS Center refers HIV-positive woman to FPC (FP offices) for services on contraception, or professionals in family planning services are invited to the AIDS Center according to the schedule.

Recommendations on methods of contraception for HIV-positive individuals are based on common approaches to the selection criteria for contraceptives. Most contraceptives are safe and effective and can be used by HIV-positive women. With the exception of some hormonal contraceptives, which interact with antiretroviral drugs, none of the methods of contraception is contraindicated in HIV-infection. Special attention during counseling on family planning issues is paid to STIs/HIV, because prevention of their transmission is as important as prevention of unwanted pregnancy. Because condoms are the only contraceptive method that has proven efficiency in protection against transmission of STIs/HIV, family planning services emphasize on regular and correct use of condoms. The three key issues for behavior change and the needs of family planning in HIV-positive individuals are: DRS (i.e. deterrence from risky sexual behavior), loyalty to their partner and condom use.

Especially problematic is the question of deterrence from sexual relationships for young people and teenagers. The media and entertainment establishments promote sexual promiscuity, and school and parents cannot cope with this issue. Beside medical criteria for the selection of methods of contraception, social, cultural and behavioral customs of clients should also be taken into account. Recommendations on the use of contraceptives should be personalized for each woman and couple, depending on the stage of disease and treatment, as well as lifestyle and personal desires. Each woman is provided with the information on the advantages and disadvantages, side effects associated with each method of contraception, the influence of the method on the prevention of STIs and HIV, interactions between antiretroviral drugs and contraceptives. It is for the client to make the ultimate choice of contraceptive method.

As of today, there is a need in our country for the improvement of forms and methods of work with HIV-positive women in the antenatal and postnatal period, mechanisms for the provision of medical services to HIV-positive women on reproductive health and family planning; in particular, cooperation between obstetric-gynecologic service and HIV service is not properly organized, and the system for referring and redirecting the clients has to be improved.

Obstetricians and gynecologists are not sufficiently knowledgeable of the peculiarities of HIV, antiretroviral therapy, peculiarities of selection of contraceptives for HIV-positive women, and there is a negative attitude towards HIV-positive clients. According to a survey among 205 HIV-positive women who gave birth in 2008-2009, in preparation for the study it was found that 83% of women at least once received information on family planning (contraceptive use) from medical staff during last pregnancy or after giving birth, 10% of women did not receive any information and 7% did not remember. Information was provided by health workers of AIDS Centers (45%) and antenatal clinics (40.6%). According to the monitoring results, in 2008 526 women had abortions done which is 14.8% of the number of births.

Specifics of providing services to HIV-positive clients require higher competence of medical professionals to improve the quality of care for this category of women on RH/FP. In order to address this issue in 2008 the project "Together for Health" and All-Ukrainian Network of PLWH" for the first time in Ukraine developed and published a manual "Family Planning for People Living with HIV". The manual was designed to provide medical staff at various levels and experts from different fields that deal with issues of reproductive health and HIV infection with up-to-date information on prevention of unwanted pregnancy based on international and domestic experience. The manual presents the issues of comprehensive health services provided to HIV-positive people to preserve their health. The information about general concepts of prevention, diagnosis, clinical features, treatment of HIV infection, the basics of counseling and its specifics associated with HIV and FP, modern approaches to contraception in terms of efficacy, acceptability, usability, accessibility, methods of contraception for PLWH and guidelines for patients, psychosocial support for PLWH in the context of family planning are presented in easy to understand form.

According to the medical experts, the best results are observed in women who consciously plan the pregnancy and receive comprehensive medical care in preparation for pregnancy. One of the effective measures is double protection that includes the use of condoms in combination with other effective methods of contraception.

Women victims of violence may receive counseling on emergency contraception from obstetrician-gynecologists at any relevant facility.

Sources:

- Order of the Ministry of Health of Ukraine, Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sports, State Penitentiary Service of Ukraine, Ministry of Labour and Social Policy of Ukraine # 740/1030/4154/321/614a, dated 23.11.2007 "On measures on the organization of mother to child HIV transmission prevention, care and social support for HIV-infected children and their families" and
- The clinical guidelines approved by the Ministry of Health of Ukraine on 14.11.2007 # 716 "On approval of the clinical guidelines for obstetric care 'Prevention of mother to child HIV transmission'".

6.1.9. Recommendations for the **Use of EC**. If available, describe in what situations it is recommended and the possible therapeutic alternatives provided.

In Ukraine, emergency contraception is available only in pharmacies. Two drugs produced by Gedeon Richter are registered in the country for use as emergency contraception:

- 1) Postinor (1 tablet contains 0.75 mg levonorgestrel, 2 tablets in a blister, one blister in a carton box);
- 2) Escapelle (1 tablet contains 1.5 mg levonorgestrel, 1 tablet in a blister, one blister in a carton box).

Recommended for use in the following cases:

- "unprotected" (without using any contraceptives) sexual intercourse;
- in case of defects in barrier contraceptives;
- when regular intake of hormonal pills is disturbed (skipped 3 or more pills or start a new package with a delay of 3 days);
- after the last injection of DMPA (depot medroxyprogesterone acetate) more than 4 weeks have passed;
- couples who used the method of natural family planning and had sexual intercourse when it was not desirable;
- in the case of rape, particularly in adolescents.

At the same time, free humanitarian aid may consist of:

- Progestogen tablets (PTP): PTP dose equivalent of 0.75 mg levonorgestrel is taken orally within 72 hours after sexual contact, an additional PTP dose equivalent of 0.75 mg levonorgestrel 12 hours later – 2 doses on the whole. **Or** PTP dose equivalent of 1.5 mg levonorgestrel taken once within 96 hours after sexual intercourse.
- Combined oral contraceptives (COCs): 4 tablets low-dose COC (30-35 mcg ethinyl estradiol) orally within the first 120 hours after unprotected sexual intercourse, 4 more pills 12 hours later – 8 tablets on the whole. **Or** 2 tablets high-dose COC (50 mcg ethinyl estradiol) orally within the first 120 hours after unprotected sexual intercourse, 2 more pills 12 hours later – 4 tablets on the whole.
- Intrauterine contraceptive (IUC): IUC insertion within 5 days after unprotected intercourse.

Source:

- Clinical guidelines on family planning approved by the Order of the Ministry of Health # 905, dated 27.12.2006

6.1.10. Recommendations or guidelines for the **Treatment of HIV infection in Adults, Adolescents and Children**. For adults, describe if they include issues of sexual and reproductive health and management of side effects including lipodystrophy. For adolescents, describe if they include aspects of sexual and reproductive health and management of side effects. For children describe if they include recommendations for pediatric dosages and management of side effects.

Today in Ukraine a number of regulations governing the management of HIV-infected adults, adolescents and children in health care for various medical aspects have been developed and approved by MoH of Ukraine.

Clinical guidelines on antiretroviral therapy for HIV infection in adults and adolescents, which were approved by the Order of the Ministry of Health of Ukraine on 12.07.2010 # 551, address to some extent the issues of sexual and reproductive health of adults in section 2: "Initial examination of the patient"; in addition, the issues of sexual and reproductive health of women are covered in Section 12, chapter 12.3 "Treatment of HIV-infected women" and in subchapter 12.3.1 "Specifics of medical surveillance on HIV-infected women during pregnancy".

Treatment of side effects, including lipodystrophy, is set out in Section 13, chapter 13.2 "Toxicity and adverse reactions to ART" and subchapter 13.2.1 "Anticipated adverse reactions to certain classes of ARVs and individual ARV drugs". Anticipated side effects of ARVs of first and second line ART schemes, prevention and monitoring of adverse reactions, tactics of managing patients on their occurrence are presented in Table 15 of the clinical guidelines on antiretroviral therapy for HIV infection in adults and adolescents.

Aspects of sexual and reproductive health and treatment of side effects are given in chapter 12.2 "Treatment of HIV-infected adolescents" and subchapter 12.2.1 "Problems of adherence in adolescents". It should be noted that HIV-infected adolescents are quite heterogeneous group which differs in particular by ways of infection, sexual experience, attitude to the use of psychoactive substances, clinical and immunological status, level of development and more.

When the ART has to be started, the main problem occurs with dosages of ARVs. The main recommendation on approaches in determining the dose of drug should not be the patient's age but the degree of development of primary and secondary sexual characteristics by Tanner scale (see Appendix 9 to Clinical guidelines on antiretroviral therapy for HIV infection in adults and adolescents).

Specifics of treatment of some groups of HIV-infected patients, including avoidance of toxic effects of drugs are detailed in the Standard of treatment for HIV-positive injecting drug users, Clinical guidelines on the care for patients with combined diseases – tuberculosis and HIV infection, Clinical guidelines on diagnosis and treatment of viral hepatitis C in adult patients with HIV infection, Clinical guidelines for diagnosis and treatment of opportunistic infections and general symptoms in HIV-infected adults and adolescents.

Recommendations regarding pediatric dosage of ARV drugs and medical monitoring of side-effects are highlighted in the clinical guidelines for antiretroviral treatment and medical monitoring of children with HIV infection in the sections "Starting line of ART", "Dosage regimen of antiretroviral drugs", "Description of possible side effects of ARVs," "Changing ARVs on development of toxic effect" and Appendix 3 "Characteristics of ARV drugs" and 4 "Clinical manifestations of toxic effects of antiretroviral drugs, diagnostics and tactics of managing patients". Specifics of treatment of opportunistic HIV-associated diseases and related adverse effects in children are described in clinical guidelines for treatment of opportunistic infections and HIV-associated diseases in children with HIV infection and AIDS.

Sources:

- Clinical guidelines on antiretroviral therapy for HIV infection in adults and adolescents, approved by the Order of the Ministry of Health of Ukraine # 551 from 12.07.2010.
- Standard of treatment of HIV-positive injecting drug users approved by the Order of the Ministry of Health of Ukraine #476 from 19.08.2008.
- Clinical guidelines on provision of medical care to patients with combined diseases – TB and HIV infection, approved by the Order of the Ministry of Health of Ukraine # 276 from 28.05.2008.
- Clinical guidelines on diagnosis and treatment of viral hepatitis C in adult patients with HIV infection, approved by the Order of the Ministry of Health of Ukraine # 826 from 30.12.2008.
- Clinical guidelines for diagnosis and treatment of opportunistic infections and general symptoms in HIV-infected adults and adolescents, approved by the Order of the Ministry of Health of Ukraine # 182 from 13.04.2007.
- Clinical guidelines on antiretroviral treatment and medical monitoring of children with HIV infection, approved by the Order of the Ministry of Health of Ukraine # 182 from 13.04.2007.
- Clinical guidelines for treatment of opportunistic infections and HIV-associated diseases in children with HIV infection and AIDS, approved by the Order of the Ministry of Health of Ukraine # 206 from 07.04.2006.

6.2. HIV Testing, Treatment, Care and Support Services

6.2.1. Existence of a national minimum package of integrated services for HIV, tuberculosis and sexual and reproductive health, including harm reduction services and services addressing and responding to violence against women and for the prevention of vertical transmission, and treatment, care and support services.

Today the concept of integrated care for high risk groups, PLWH and other target groups in Ukraine has already received support at the national level. In half of the regions of Ukraine similar facilities have already been established and centers of integrated care for people with HIV in other regions are being set up, but only at the regional level.

The needs of PLWH include not only specialized services but also a wide range of related medical and non-medical services. Improving patient adherence to medication through coordination and integration of services is considered within the framework of existing programs, including programs funded by the Global Fund. Existing centers of comprehensive care include HIV treatment, surgical care, treatment of STIs, drug abuse, hepatological, gynecological, psychological and social assistance. The experience of these centers indicates high demand for such services, both as a "single window" with a range of services and within the framework of a functioning referral system and case management system, which was implemented in close collaboration between state and private sectors, as well as unification of medical and non-medical services including primary health care. Due to the chronic nature of the disease, projects providing care and support are key factors in ensuring the vital needs of people living with HIV.

At the same time, provided reorganization, changes in staffing and setting up an appropriate system of referrals to the institutions of integrated care, it is possible to work on the basis of other institutions and facilities. The priority of such sites is the provision of the maximum number of services on diagnosis and treatment of HIV, addiction, as well as TB care under one roof and creation, if needed, of a clear system for referral and patient support.

National Program on HIV/AIDS for 2009-2011 is aimed at further strengthening cross-sectoral approaches in addressing the HIV/AIDS problem. The current Law of Ukraine "On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV" adopted in 2010 provides for the state guarantees to deliver more efficient services through the implementation of activities in different sectors. The provisions of this Law are primarily focused on providing services through the involvement of organizations of different forms of ownership, including civil society organizations, charities, religious organizations and labor unions.

Legislation on health and social support to mothers and children is one of the most long-lasting, detailed and well-developed compared to other laws, especially regarding HIV in Ukraine. Joint order, which approved the Interdisciplinary program for the prevention of HIV transmission from mother to child and support for affected children in 2006 – 2008, identified the strategy of PMTCT and provided for the establishment of a system for medical and social supervision of HIV-positive women and children. The State guarantees access to services on prevention of HIV transmission from mother to child for all HIV-positive women, as well as social support for HIV-positive women and their newborn children and families.

Family planning services are still inadequate for the general population; in particular, vulnerable groups do not have sufficient access to counseling on services and methods of family planning.

The only mention of sexual abuse in the legislative and legal framework for HIV/AIDS is contained in Article 4 of the Law on HIV/AIDS, which guarantees "free access to post-exposure prophylaxis of HIV infection for persons exposed to risk of HIV infection due to sexual exploitation, performance of professional duties and other cases, including appropriate counseling within the procedure approved by the specially authorized central executive health authority".

HIV-related programs focused on IDUs are recognized as priority in national politics. The National Program identifies drug users as one of groups at high risk of HIV infection, and also specifies the need to provide them with medical and social services. One of the Program objectives is to provide 60 percent of IDUs with relevant services. Standards and guidelines for providing IDUs

with HIV-related health and social services were developed. Although harm reduction services are mentioned in the legislation of Ukraine and in various regulations and have been provided in various forms during the last 15 years, no uniform strategy for harm reduction services has been adopted yet at the state level.

Program of distribution and exchange of needles and syringes is a mandatory component of basic services for HIV prevention and harm reduction for IDUs. The list of services provided at syringe and needle exchange sites, staffing, and conditions for the provision of these services are outlined in the standards of social services.

OST is not a separate initiative, but one of the key elements in combating HIV/AIDS in Ukraine. OST was launched in Ukraine by the Decree of President of Ukraine and two Orders of the Ministry of Health, allowing the provision of methadone and buprenorphine to persons with opioid dependence, in both public and private institutions.

Activities related to combating co-infection of TB and HIV are included in both National Programs – on AIDS (2009-2013) and on TB (2007-2011).

The need for coordination of social services was formulated and adopted by the joint order of the Ministry of Ukraine for Family, Youth and Sports, Ministry of Labour and Social Policy of Ukraine, Ministry of Health of Ukraine #3123/275/770 from 13.09.2010 "On approval of standards for social services to vulnerable groups". Pursuant to this order, the following standards are entered into force:

- Standard for the provision of social services on care and support for people living with HIV/AIDS;
- Standard for the provision of social services on HIV infection prevention among persons at high risk of HIV infection through sexual contact;
- Standard for the provision of social services to patients with combined diseases – tuberculosis and HIV;
- Standard for the provision of social services to patients with triple diagnosis (HIV, tuberculosis, drug dependence);
- Standard for the provision of social services to persons receiving opioid substitution therapy.

Thus, Ukraine has created a sufficient regulatory framework to protect the rights of people living with HIV, to provide medical and social services. Despite the progress in the increased access to HIV prevention services, a large and growing number of people living with HIV have no access to comprehensive services. Many of the existing laws and regulations are not implemented quite effectively and permanently as the state or regional/local programs are not funded in full or not funded at all, an extensive system of social and psychological care is not in place, a high number of unemployed and the poor have no access to quality services. One of the problems is lack of trained personnel; trainings are not conducted regularly and not for all health workers. Basic services, such as prevention, diagnosis and treatment of TB and STIs, remain vertical (from national to local levels). Effective referral is missing. Moreover, prevention, treatment, care and support for HIV-positive people were not included in the system of "family medicine". At the regional level, there is an obvious lack of unification of governmental and public efforts to integrate services. Basic packages of prevention services for most at risk groups in community centers and mobile clinics currently do not include Voluntary Counseling and Testing, syndromic treatment of STIs, and testing for Viral Hepatitis B and Viral Hepatitis C. Redirection systems that allow for the treatment of HIV-positive individuals and for the

provision of counseling and training for those whose results were negative, as well as services in sexual and reproductive health, substance abuse, and measures to combat TB, should be improved.

Sources:

- Law of Ukraine # 2861-VI of 23 December 2010 "On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV".
- Order of the Ministry of Health of Ukraine, Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sports, State Committee for Television and Radio Broadcasting of Ukraine, State Penitentiary Service of Ukraine "On approval of Cross-sectoral program 'Prevention of mother to child HIV transmission and provision of medical and social support to children with HIV infection and AIDS' for 2006-2008" # 786/796/4074/299/231 of 30.11.2006.
- Joint order of the Ministry of Health, Ministry of Education and Science, Ministry of Ukraine for Family, Youth and Sports, State Penitentiary Service, Ministry of Labour and Social Policy # 740 / 1030 / 4154 / 321 / 614 of 23 November 2007 "On measures on the organization of mother to child HIV transmission prevention, care and social support for HIV-infected children and their families".
- Order of MoH # 476 of 19.08.2008 "On Approval of Standard of treatment of HIV-positive injecting drug users".
- Order of MoH # 827 of 13.12.2006 "On approval of the schedule of distribution of the Ednok for health care facilities that provide opioid substitution therapy", and the Order of MOH # 295 of 04.06.2007 "On approval of the schedule of distribution of Ednok (buprenorphine hydrochloride) and Methadol (methadone hydrochloride)".
- Law of Ukraine "On control of tuberculosis" # 2586-III from 05.07.2001 and the Law "On approval of the National Program against tuberculosis in 2007-2011" #648-V from 08.02.2007.
- Joint Order of the Ministry of Ukraine for Family, Youth and Sports, Ministry of Labour and Social Policy of Ukraine, Ministry of Health of Ukraine # 3123/275/770 from 13.09.2010 "On approval of standards for social services to vulnerable groups".

6.2.2. Provision of free, confidential and voluntary counseling and testing (VCT) for HIV.

According to the current Law of Ukraine "On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV" (2010), a medical examination to detect HIV is carried out voluntarily, and at the request of the examinee – anonymously. Information about the results of medical examination, the presence or absence of HIV infection in a person who has passed a medical examination is confidential and constitutes a medical secret. The disclosure of such information is only allowed to a person to whom it relates, and in cases stipulated by laws of Ukraine – to the legitimate representatives of the examinee, health agencies, prosecutors, investigators and police, the courts.

Pre- and post-test counseling is carried out according to the Procedure on voluntary counseling and testing for HIV infection (Protocol) approved by the Order of the Ministry of Health of Ukraine # 415 from 19.08.2005 registered with the Ministry of Justice of Ukraine on 22.11.2005 under # 1404/11684.

Organization of VCT services in the country is regulated by the Order of MoH of Ukraine # 236 of 19.04.2006 "On introduction of the Procedure on voluntary counseling and testing for HIV infection (Protocol) in health care facilities", which determines the need for issuing an organizational order applicable in the territory of the republic, region, city; creating the network of "Trust" facilities in compliance with applicable requirements and confidentiality to ensure quality counseling and testing for HIV infection; identifying the persons responsible for organizing the provision of VCT services for HIV in the administrative territory. The law provides for free access to any medical facility regardless of ownership (private, nonprofit or government) if the institution has the appropriate license and official accreditation.

The national budget provides funding only for testing pregnant women and blood donors. Regional budgets should provide funding to test 5 percent of local population.

In 2010 in Ukraine, as part of routine surveillance, 3.3 million EIA screening tests were carried out for detection of antibodies to HIV, 1.9 million tests of them were used for examination of donors and pregnant women. Today, access to voluntary counseling and testing (VCT) for HIV vulnerable groups is still limited. In the state sector, the funds for rapid testing are reserved for maternity wards only, and the legal status of mobile clinics in Ukraine is still uncertain.

During recent years ICF International HIV/AIDS Alliance in Ukraine has been providing testing for IDUs, FSWs, MSM and prisoners using rapid tests. In 2010, the number of such tests amounted to 990 970.

Sources:

- Law of Ukraine "On Prevention of Domestic Violence" #2789-III from 15.11.2001 (as amended by Laws # 609-V of 07.02.2007, # 599-VI of 25.09.2008).
- Basic issues of voluntary counseling and testing for HIV: a manual for doctors / edited by I.V. Dziublyk. - K., 2007. - 171 p.
- Newsletter "HIV infection in Ukraine" # 35, MoH of Ukraine.
- Annual Report of ICF International HIV / AIDS Alliance in Ukraine, 2010.
- N. Judice, O. Zaglada, and R. Mbuya-Brown. (2011). HIV Policy Assessment: Ukraine. Washington, DC: Futures Group, Health Policy Project.

6.2.3. Existence of HIV testing and counseling protocols that explicitly and actively combat discrimination and violence against all women and girls, including violence as a barrier to women accessing HIV testing and counseling services, to HIV disclosure, or as an outcome of disclosure.

There is no separate VCT protocol in Ukraine for women and girls who have faced or may face sexual violence.

In order to improve voluntary counseling and testing for HIV, a number of documents were approved by the Order of MoH of Ukraine in 2005, which have improved the efficiency of use of resources available in the country to prevent the spread of HIV infection and expand the accessibility of VCT services for various population groups in each territorial-administrative region.

VCT has become a key component of HIV prevention programs, including in cases of sexual violence or its threat.

Under existing VCT protocol (Order of MoH of Ukraine dated 19.08.05 # 415 "On improvement of voluntary counseling and testing for HIV infection" registered with the Ministry of Justice of Ukraine on 22.11.05 under # 1404/11684), persons who receive counseling services for HIV are also assessed with respect to the risk of sexual violence against them and their own risk of contracting HIV; also, ways of behavior to reduce this risk and the possibility of emergency prophylaxis in cases of sexual violence are discussed. Representatives of groups most at risk of HIV infection (IDUs, FSWs, MSM) are assessed with respect to the prevalence of sexual violence and are asked to identify the most likely perpetrator. A VCT consultant discusses with the consulted person the ways of his/her behavior to help prevent or reduce the risk of violence and to prevent possible conflicts.

It is known that women and girls face daily discrimination and violence on the basis of gender, including in the marriage relationships, which increases the risk of HIV transmission to them and prevents them from receiving information and services.

Sources:

- Order of the Ministry of Health of Ukraine # 415 from 19.08.05 "On improvement of voluntary counseling and testing for HIV infection" registered with the Ministry of Justice of Ukraine # 1404/11684, dated 22.11.05.
- Law of Ukraine # 2861-VI of 23 December 2010 "On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV".
- Comprehensive External Evaluation of the National AIDS Response in Ukraine: Summary Report. - Kyiv, 2009.
- Analytical overview. Ukraine: Monitoring the Implementation of UNGASS Goals on Sexual and Reproductive Health / All-Ukrainian Network of PLWH, Kyiv. - 2010

6.2.4. Existence of a system to screen HIV testing, counseling, treatment and support services. Screening is voluntary, non coercive and informed. It includes violence that may be experienced within health care settings as a consequence of HIV status.

As of today, there is no uniform system in Ukraine to screen for violence cases which may be revealed during VCT for HIV, counseling, treatment or support services.

Screening tests for HIV in Ukraine should be carried out for categories of the population defined by the Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population" (1991) and supplements thereto (1998), "Rules of medical examination to detect HIV infection, registration and medical supervision of HIV and AIDS

patients" (1998). These documents specify contingents of population who are subject to serological examination depending on the purpose of examination, the probability of certain transmission routes, and in accordance with the accepted classification of groups by the level of risk of HIV infection.

Victims of violence as a separate category of people subject to screening examination are not listed in the regulations and belong to the category of the general population. Testing for HIV in a person who suffered from violence is carried out on a voluntary basis and is accompanied by mandatory pre-test and post-test counseling in accordance with the VCT Protocol developed on WHO and UNAIDS recommendations.

The minimum requirements for HIV counseling and testing procedure are voluntariness, confidentiality, anonymity, accessibility, non-discrimination, accuracy and completeness of information, professional and technical excellence, mobilization of all resources.

Under the new revision of the Law of Ukraine "On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV" (2010) testing of individuals aged 14 years and older shall be conducted subject to conscious informed consent given by an individual after being counseled on the peculiarities of testing, its results and possible consequences, under conditions of confidentiality of personal data, including data about the individual's health.

Testing of children aged below 14 and those recognized as incapable under the procedure specified by law shall be conducted at the request of their parents or legal representatives subject to conscious informed consent. Parents and legal representatives of such persons may be present during such testing and be informed of its results and must ensure the confidentiality of data on HIV status of persons whose interests they represent.

The VCT Protocol establishes counseling specifics of different population groups, namely, pregnant women, adolescents, donors, employees of hospitals, soldiers, prisoners and convicted, sex workers, injecting drug users, TB patients and more. This indicates a regulatory settlement of issues of wide public access to counseling and testing services. However, recommendations on VCT to persons who are victims of violence are not present in this document.

Violence against women is itself a global epidemic and contributes to high rates of HIV among women. For many women living with HIV and vulnerable to the disease, the health care system remains a place where they not only receive treatment and care but very often face prejudice and discrimination. The Service of Reproductive Health / Family Planning in Ukraine is the same as in any other country: FPS, antenatal clinics, maternity wards, gynecological departments. There are more than enough gynecologists and obstetricians in Ukraine. The problem is the quality of medical care. The Service of Reproductive Health (specialized health facilities) is not a basis for HIV prevention. The basis for prevention of HIV and other STIs for women and girls is counseling about healthy lifestyles and safe sexual behavior.

Women are subjected to harassment and violence when it becomes known that they are living with HIV, and therefore women prefer not to undergo screening for HIV and not to seek treatment. During pregnancy, a woman with HIV often faces the fact that health care workers condemn and accuse her instead of offering treatment and support.

Sources:

- Law of Ukraine "On Prevention of Domestic Violence" # 2789-III from 15.11.2001 (as amended by Laws # 609-V of 07.02.2007, # 599-VI of 25.09.2008).
- Law of Ukraine # 2861-VI of 23 December 2010 "On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV".
- Basic issues of voluntary counseling and testing for HIV: a manual for doctors / edited by I.V. Dziublyk. - K., 2007. - 171 p.
- Gender-sensitive HIV/AIDS Services: Analytical report on the results of the study. / All-Ukrainian Network of PLWH, Kyiv. - 2011.

6.2.5. Existence of pre and post counseling protocols that incorporate the needs of women in violent situations including:

- Information on risk reduction strategies for women victims of violence.
- Offering of alternative models for HIV disclosure, including mediated disclosure with the help of friends or counselors.
- Information on the HIV risk within the marriage.
- Information on strategies for safer condom negotiation.
- Referrals to gender-based services for victims of violence.
- Referrals to social services or psychological support services.

Ukraine adopted a number of national legislative acts which contain provisions on combating domestic violence, protection of women's rights and promotion of gender equality. However, there are no national protocols for counseling women victims of violence, which would clearly highlight issues related to prophylaxis and further preservation of their reproductive, sexual and mental health.

Pursuant to the Laws of Ukraine "On social work with families, children and youth" and "Social Services" and the Decree of the Cabinet of Ministers of Ukraine "On approval of the standard regulations on the center for social and psychological help", centers for social and psychological assistance to persons in difficult circumstances were created and started functioning. Such persons are also women who are victims of violence of various kinds. In the system of the State Social Service at Centers of Social Services for Family, Children and Youth there are hot lines and programs to support families in crisis.

Sources:

- Law of Ukraine "On Prevention of Domestic Violence" # 2789-III from 15.11.2001 (as amended by Laws # 609-V of 07.02.2007, # 599-VI of 25.09.2008).
- Medical and social assistance to children who have experienced domestic violence: A program within the cycle of thematic improvement courses for doctors. - K.: K.I.S. LLC, 2010.

- Procedure for voluntary counseling and testing for HIV infection (Protocol) approved by the Order of MoH of Ukraine # 415 from 19.08.2005, registered with the Ministry of Justice of Ukraine on 22.11.2005 under # 1404/11684.
- Health care and social support for discordant couples. Guidelines. - Kyiv, 2009.
- Family planning for people living with HIV. Manual, Kyiv, 2008.
- Analytical review. Ukraine: Monitoring the Implementation of UNGASS Goals on Sexual and Reproductive Health / All-Ukrainian Network of PLWH, Kyiv. - 2010.

6.2.6. Violence prevention, screening and counseling services for pregnant women in facilities offering antenatal and postnatal care or PMTCT programs.

The orders related to this issue do not contain rules and recommendations for consultation on violence, and in fact such aid is not provided in facilities of obstetrical and gynecological services. Also, service providers lack knowledge and understanding of these issues.

6.2.7. Existence of care and treatment services that incorporate sexual and reproductive needs of women living with HIV, such as attention to a safe and healthy sexuality, the desire for children, the need for cervical cancer screening and treatment, information about contraceptive options including double protection.

In Ukraine there are no specific programs aimed at protecting reproductive and sexual health of HIV-positive women.

6.2.8. Free provision of PEP in all health care settings to victims of sexual violence.

The Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population" (2010) and other regulations provide the definition of violence related to gender and include the right to PEP for the victims of such violence.

According to the legislation PEP should be provided in all health care facilities and used in conjunction with standard precautions to reduce the possibility of dangerous contacts increasing the risk of HIV infection. The law stipulates that PEP should be generally available to those who need it, regardless of age, sex, sexual orientation, nationality, occupation or stay in prison. The decision to carry out a PEP is accepted on the basis of clinical assessment of risk factors.

The schemes recommended for the conduction of PEP include three antiretroviral drugs. In Ukraine, provision of free antiretroviral drugs is guaranteed at the legislative level; in particular, the state guarantees access for every citizen of Ukraine to free post-exposure prophylaxis of HIV infection.

Sources:

- Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population" (as amended by the Law of 15.11.2001 # 2776-III (2776-14), VVR, 2002).
- Law of Ukraine # 2861-VI of 23 December 2010 "On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV".
- Draft Order of the Ministry of Health of Ukraine "On approval of the clinical guidelines for post-exposure prophylaxis of HIV infection" (is under public discussion).
- N. Judice, O. Zaglada, and R. Mbuya-Brown. (2011). HIV Policy Assessment: Ukraine. Washington, DC: Futures Group, Health Policy Project
- Report on the status of implementation of the National Program on HIV prevention, care and treatment for HIV-infected and AIDS patients for 2004-2008.
- Reports on the results of implementation of the National Program on HIV prevention, treatment, care and support for HIV-infected and AIDS patients in 2009-2013 for 2009 and 2010.

6.2.9. Existence of health care centers that carry out free HIV and syphilis testing and counseling.

The problem of STIs cannot be separated from the HIV epidemic in Ukraine as one of the main routes of HIV transmission is sexual.

Today, STI and skin disease services of Ukraine include an extensive network of special inpatient and outpatient facilities, namely, Institute of Dermatology and Venereology at the Medical Sciences Academy of Ukraine, STI and skin disease clinics (regional, interregional, city, district, regional STI and skin disease clinic of the Autonomous Republic of Crimea), district offices at health care institutions. There are private STI and skin disease clinics operating under licenses issued by the Ministry of Health of Ukraine, which once a year submit reports to the information-analytical centers at the regional clinical hospitals. Activity of STI and skin disease services is regulated by the Order of the Ministry of Health of Ukraine #286 from 07.04.2004 "On improvement of STI and skin disease care for the population of Ukraine".

STI and skin disease services of Ukraine participate in the detection of not only people with STIs, but also those infected with HIV. To this end, some AIDS centers have introduced positions of dermatovenerologists. In their turn, STI and skin disease institutions conduct HIV testing of persons diagnosed with STIs, including pre- and post-test counseling.

In addition to STI and AIDS services, some other health care services (obstetric-gynecologic, urologic, physician, stations of blood transfusion, pediatric, etc.) for many years have been implementing measures on the prevention of STIs, including syphilis and HIV infection, in accordance with applicable law.

Obstetric-gynecologic and urologic services perform double serological examination of pregnant women, subject to their voluntary consent, in the first and second trimester of pregnancy with the obligatory conducting of a complex of serological tests for syphilis and HIV.

Provision of VCT to patients screened for STDs and HIV is regulated by the orders of MoH of Ukraine, which require the provision of quality services for voluntary counseling and testing to patients who request it or are under outpatient surveillance in health care facilities, training and raising awareness on VCT among health care specialists, raising public awareness about how to obtain VCT services and organization of monitoring and evaluating the quality of VCT in health care. It is planned to involve NGOs in this work.

According to the legislation of Ukraine, services on counseling and testing for STIs, including syphilis and HIV infection, are free.

Sources:

- Order of the Ministry of Health of Ukraine # 286 from 07.06.2004 "On improvement of STI and skin disease care for the population of Ukraine."
- Order of the Ministry of Health of Ukraine # 446 from 06.07.2006 "On approval of Regulations on the implementation of voluntary counseling and testing (Protocol) in TB, STI and narcological health care facilities".
- Order of the Ministry of Health of Ukraine "On infectious safety of donor blood and its components" #385 of 01.08.2005.
- Basic issues of voluntary counseling and testing for HIV: a manual for doctors / edited by I.V. Dziublyk. - K., 2007. - 171 p.
- Sexually transmitted infections in Ukraine: epidemiology, control organization, trends and issues (newsletter). -: Kyiv, 2009.
- Newsletter "HIV infection in Ukraine" # 35, MoH of Ukraine.

6.2.10. Existence of youth- and women-friendly HIV testing and counseling centers. Aspects to evaluate: the convenience and affordability of services, the environment, privacy and confidentiality, personnel competence and attitudes, types of services offered (for example, information on SRH for women and youth), location and hours.

After the adoption in 2005 of the joint order of the Ministry of Ukraine for Youth and Sports and Ministry of Health of Ukraine #1/135 from 30.03.05 "On approval of Measures for the development of 'youth-friendly' health and social services in 2005 – 2010", "youth-friendly clinics" (YFCs) are largely opened in Ukraine. This order was developed and approved pursuant to the Laws of Ukraine "On Protection of Childhood", "On Social Work with Children and Youth", "On Social Services" in accordance with the Consolidated Plan of Action of the Government of Ukraine and the UN Children's Fund (UNICEF) in Ukraine.

A youth-friendly clinic is a special system of social and medical support to adolescents and youth on the basis of health care facilities located in places convenient and accessible for clients. An essential difference between YFCs and other medical institutions is that these clinics provide not only health care but also psychological and social services based on the principles of a friendly approach to young people while ensuring accessibility, voluntariness, sensitive approach of health personnel to visitors, as well as anonymity, confidentiality and free provision of services.

Clients of the clinic may ask for counseling on their own, without parents, or accompanied by friends. The work of YFCs starts with counseling which is then provided during subsequent diagnosis and treatment along with social support. The target group of YFCs includes children aged 10-18 and young people under 24, but the main target group of YFCs are teenagers. The clinic personnel include gynecologists, urologists, psychologists, dermatologists, pediatricians, adolescent therapists, lawyers. YFCs provide services on voluntary counseling and testing for HIV. One can also be consulted anonymously by hotline. All specialists working in clinics are specially trained and gain the right to work there. Most often, the working hours of an YFC correspond to the hours of a facility housing the clinic.

YFCs are expected to produce the following results:

- Changing risky sexual behavior practiced by youth for safe and responsible conduct by promoting healthy lifestyles;
- Forming future responsible parenthood among adolescents, youth and their parents by promoting the concept of marriage and Christian values;
- Reducing the spread of STIs and unwanted pregnancy among youth and adolescents.

Sources:

- Order of the Ministry of Health of Ukraine # 383 of 02.06.2009 "On improvement of medical care for adolescents and youth".
- Evaluation of youth friendly clinics: analytical report / I.L. Demchenko, N.P. Pivovarova, M.M. Kostyuchok, N.A. Byelonosova. - K.: K.I.S., 2008. – 104 p.
- Order of the Ministry of Health of Ukraine #125 of 16.03.07 "On approval of activities of MoH of Ukraine for the implementation of the State program for family support until 2010".
- Order of the Ministry of Health of Ukraine # 539 of 04.08.2006 "On organization of activities performed by the family planning and reproductive health service in Ukraine".
- Order of the Ministry of Ukraine for Youth and Sports and Ministry of Health of Ukraine # 1/135 of 30.03.2005 "On approval of Measures for the development of 'youth-friendly' health and social services in 2005 – 2010".

6.2.11. Personnel from HIV/AIDS services were trained on: sexual and reproductive health, gender and violence against women, especially domestic violence, and their links with HIV; sexual and reproductive health and gender violence services and programs to refer women to; offering basic services for detection, documentation, support, risk assessment/safety planning, referral, follow-up, etc.

Under the State Program "Reproductive Health of the Nation" till 2015, which was approved by the Resolution of the Cabinet of Ministers of Ukraine on 27 December 2006 # 1849, an important role is assigned to introducing the principle of consistency in solving problems related to reproductive health of the population of Ukraine. One of the objectives of the program is to improve staff training and educational programs. However, funds for this task are not provided.

The family planning service is organized and operates in Ukraine today, which is represented on the regional level by the network of centers/offices of family planning and human reproduction. As part of their activity, professionals of such centers provide methodological assistance to specialists of AIDS centers, STI and skin disease clinics, narcological service, health centers, youth-friendly clinics.

Sources:

- Order of the Ministry of Health of Ukraine "On organization of activities performed by the family planning and reproductive health service in Ukraine" # 539 from 04.08.2006.
- Analytical overview. Ukraine: Monitoring the Implementation of UNGASS Goals on Sexual and Reproductive Health / All-Ukrainian Network of PLWH, 2010.
- Gender-sensitive HIV/AIDS Services: Analytical report on the results of the study. / All-Ukrainian Network of PLWH, 2011.

6.3. Violence Against Women Services

6.3.1. Existence of services or centers dedicated to the care of violence against women victims. (Including legal and law enforcement centers). Describe:

- Types of services provided.
- Whether they are dedicated to one form of violence (such as sexual violence center) or address diverse forms of VOW.
- Geographical distribution and reach.
- Whether they are public or private centers or administered by civil society organization.
- Whether they provide HIV prevention, testing and counseling services.

One of the most urgent issues of violence prevention is the rehabilitation of victims of violence. Legal, counseling, psychological help may be provided by nongovernmental organization or State Social Services. The said activities are carried out 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". Pursuant to the Law of Ukraine "On Prevention of Domestic Violence" the Ministry of Health of Ukraine issued an order dated January 23, 2004 # 38 "On Approval of Measures to Enforce the Law of Ukraine 'On Prevention of Domestic Violence' and Standard Provision on Medical and Social Rehabilitation Center for Victims of Domestic Violence". According to the said document, in every region of Ukraine shall be established specialized centers for medical and social rehabilitation of victims of this type of human rights violation. Today such centers are present only in 2 cities – Chernihiv and Sevastopol. The Law of Ukraine "On Prevention of Domestic Violence" provides for the establishment of crisis centers for victims of domestic violence. Unfortunately, existence of such centers is rather exception to the rule.

In order to provide emergency assistance to persons in difficult circumstances (this definition includes assistance to victims of violence), 22 centers of psychosocial help have been established in Ukraine by now: 24-hour hospitals that provide social services to families with children and citizens who find themselves in difficult circumstances, victims of crimes and domestic violence (Decree of the Cabinet of Ministers of Ukraine # 608 from 12.05.04), with a total of 390 beds. The work is carried out by the centers of psycho-social care within 24-hour hospitals on the basis of daycare inpatient departments (including one-time assistance) and by counseling over telephone: legal, psychological, social assistance. Similar centers are available in all regional centers and in some district cities, but not in all cities of Ukraine. For people in remote and small towns and villages in Ukraine it is not possible to obtain such services, as most people in these settlements are from poor families or in crisis, do not have information about existing services, reside in remote areas and do not trust governmental agencies.

It should be noted that the funding of agencies on prevention of domestic violence affects their number. Local authorities and local governments today have limited funding.

There is a network of NGOs that provide assistance to victims of violence. Most of them are organizations that provide educational services, since counseling services and maintenance of a shelter, etc. require funding not available to public organizations due to the fact that there is no mechanism for allocation of funds from the state, and international organizations do not support such activities in Ukraine.

All the above reasons lead to the fact that victims of violence do not have adequate protection. The main problem is the provision of medical and psychotherapeutic assistance to victims.

6.3.2. Informed, voluntary and non-coercive screening of survivors of violence for the risk of HIV. Screening is repeated periodically in light of the possible reluctance of a women to disclose violence

Ongoing control is performed, in light of women's reluctance to disclose the facts of violence.

6.3.3. Free provision in all health centers within 72 hours of sexual assault of a Protocol for the care of victims of sexual violence, including:

- Post-exposure prophylaxis (PEP) on a free, voluntary, unconditional and non-discriminatory basis, to reduce the risk of HIV infection.
- Emergency contraception.
- Medical and psychological care.
- Legal assistance.

- HIV and PEP adherence counseling.
- Antiretroviral Therapy (ART) medicine to survivors who are HIV positive.

There is no uniform protocol for the provision of help to victims of sexual violence. However, in the latter case, as specified by the current legislation of Ukraine, a victim may seek help from a local health care facility or a regional AIDS center where she can receive the following services:

- by voluntary consent, free post-exposure prophylaxis with ARV drugs during 4 weeks with prior counseling
- medical assistance, if required
- psychological assistance, if required, if there is a psychologist at the facility
- if legal advice is needed, the victim may be referred to Centers of social services for family, children and youth, HIV service organizations, NGOs, etc.

If emergency contraception is required, the victim can buy such medicines at a pharmacy for her own money.

Pursuant to the Law of Ukraine "On Prevention of Domestic Violence", medical and social rehabilitation centers for victims of domestic violence are established which are structural divisions within health care institutions. The main task of the center is medical and social rehabilitation of victims of violence. The center offers rehabilitation measures to victims of violence of any sex and age (by their consent or at their request) based on the opinion of the center's medical committee. As for minors, written consent of a parent, foster parent, guardian or trustee, or a guardianship authority is required. The center shall:

- examine the victim's somatic condition and provide primary medical assistance;
- perform a psychological examination of the victim in order to develop a reasonable and effective individual rehabilitation program;
- arrange for the psychiatric examination of the victim in order to diagnose mental and/or behavioral disorders in accordance with the Law of Ukraine "On Psychiatric Help"; arrange for diagnostic, treatment and preventive measures (including psychotherapeutic, psych correctional and training measures) as part of the individual rehabilitation program;
- organize legal counseling;
- report facts of committed domestic violence to precinct police officers or juvenile criminal police;
- provide information on family violence prevention at the request of competent authorities;
- conduct educational work on the provision of special medical assistance to persons who have faced violence and their rehabilitation; submit information on the work performed by the center to the Ministry of Health for summarizing (annually).

The center provides rehabilitation services at the inpatient and outpatient departments.

1. The inpatient department is set up for victims of violence who must be promptly distanced from the aggressor or from a psych traumatic situation. The department is established in a separate building or is housed by a health care facility, with conditions necessary to arrange for a long stay of victims therein. Information on persons staying in the inpatient department must be kept confidential. Medical, social, psychological and legal assistance is provided here.
2. The outpatient department is set up in a separate building or at the outpatient department of a health care facility where victims receive appropriate medical, psychological, legal, social assistance. The purpose of the outpatient department is to help victims of violence who do not require urgent placement to a hospital or urgent distancing from the aggressor. If required, victims of violence may undergo psychiatric examination in accordance with the current legislation.

Examination of victims of violence is carried out at the health care facility housing the center. The center offers rehabilitation measures to victims of violence of any sex and age (by their consent or at their request) based on the opinion of the center's medical committee. As for minors, written consent of a parent, foster parent, guardian or trustee, or a guardianship authority is required.

Under the law of Ukraine on urgent medical care, if such centers are absent in the city, victims of sexual abuse may go to any nearby hospital to receive assistance regardless of their HIV status. In cases of rape forensic examination should be carried out before the police start investigation or determine the category of crime. State forensic medical service is responsible for forensic examination; but forensic examination will not be carried out if the victim does not present the referral from the police. To get a referral, the victim must first contact the police and file a written complaint on the violence. Upon receipt of the complaint the police, within its jurisdiction, give referral to the forensic examination or refusal to provide it. In most cases, the victim must demonstrate signs of violence and/or insist that everything was documented before the police give referral to the forensic examination. In the cases of violence the forensic medical examination should be carried out as soon as possible, in some cases the police deliberately postpone victim's complaints, delay giving referral to the forensic examination. If the victim is aware of the need for referral to the forensic examination, s/he may demand it from the police. However, many victims do not know about the forensic examination, police do not inform them of the necessity of coming to the specific institution to undergo it. In the absence of forensic examination the police will not process the complaint due to lack of evidence. Even if the victim has the results of preliminary forensic examination conducted by the district physician or doctor in the clinic, police will still refer the victim to judicial review to one of the state bureaus of forensic medical examination. In this case, the forensic expert can use the preliminary conclusion of the clinic as part of their report and documentation. The problem is that the majority of district doctors and doctors who work in clinics do not know that they may conduct a preliminary medical examination and document the injuries of victims of domestic violence. Also, according to experts in the field of medicine, another problem is that some victims of domestic violence (in most cases they are abused women) bring to court or police supporting medical documents that provide additional evidence of domestic violence but do not leave a copy for themselves.

Police often loses these additional supporting materials provided by victims of domestic violence. In most cases, to undergo forensic examination, the victim has to go the city which is a regional or district centre. Victims of domestic violence are often forced to travel long distances (60 to 300 km one way) to get to the office of forensic expertise and actually undergo the examination. Travel is also often complicated by the need to wait for public transport. For example, victims often have to depart from the village where buses run every other day or two to three times a week. The victim first arrives to the district center, and only from there goes to the city of regional significance. Sometimes the bus from the district to the regional center goes only twice a day (morning and evening). If the victim comes to the district center at 11:00 am, s/he might be forced to wait until evening or even the next morning to get a bus to the city of regional significance.

6.3.4. Health care workers were trained on sexual violence, gender and the implementation of the protocol for victims of sexual violence.

There is no protocol for the care of victims of sexual violence in Ukraine. To date, there are no dedicated training programs for medical personnel on issues related to domestic violence and gender.

6.3.5. Staff from VAW services in hospitals, health care centers, civil society organizations, shelters, atc trained on the links between HIV and VAW and capable of providing HIV information and referrals.

Due to the fact that till 2010 most trainings for health workers were conducted on the subject of prevention and helping those living with HIV (in the appropriate specifics), the workers of this sector received only this knowledge. As for combating domestic violence, the staff of medical institutions at the national level have not been trained on the subject and have no modern education on assistance to victims of violence in the context of HIV and gender sensitivity (without prejudice and without stereotypes), wherever they provide care (centers, emergency units or hospitals).

There are one-off projects of NGOs that have already started to conduct trainings on combination of named topics: gender sensitivity, violence prevention and HIV. This mostly applies to the organizations working with victims of human trafficking or sex workers. Also, such activities were started by the All-Ukrainian Network of People Living with HIV and the International HIV/AIDS Alliance in Ukraine.

6.3.6. Staff trained and sensitized on the circumstances and needs of marginalized and vulnerable groups (sex workers, LGBTQI people, IDUs, racial/ethnic groups, migrant women, women and girls with disabilities, etc.) in the context of VAW and HIV.

No training on these issues is delivered at the national level. In 2009-2010, the All-Ukrainian Network of People Living with HIV and the International HIV/AIDS Alliance in Ukraine started to combine training techniques for working with these population groups, conducting trainings and publishing manuals. In addition, there are one-off projects of NGOs that have already started delivering trainings on combination of named topics: gender sensitivity, violence prevention and HIV. This mostly applies to the organizations working with victims of human trafficking or sex workers.

6.3.7. Existence of shelters for sexual and domestic violence victims and women's organizations offering services for victims of violence.

The current legislation of Ukraine does not contain provisions on the establishment and operation of shelters for victims of violence. At the same time, assistance to sexual and domestic violence victims is provided by:

- centers for social and psychological help which are established pursuant to the Decree of the Cabinet of Ministers of Ukraine # 608 (dated 12 May 2004) and provide social services for individuals in difficult circumstances resulting from natural disasters, crimes committed against such individuals, violence (including domestic), whether committed or really threatening, and other circumstances (hereinafter – individuals in difficult circumstances) when they are unable to overcome the consequences of such circumstances themselves. Assistance and temporary shelter is provided in 24-hour inpatient hospitals for individuals in difficult circumstances who need a temporary shelter and do not have means of subsistence... Social services are provided to such individuals by counseling over the phone and on the basis of daycare inpatient departments without provision of temporary shelter or meals. Advice is provided on the application of legislative provisions, assistance in the preparation of documents is offered, protection and implementation of the rights of children, youth and families is ensured, in particular through representing their interests before third parties. The needs of individuals applying to the center are assessed, individual action plans are designed jointly with such individuals aiming to overcome difficulties, and deadlines for the implementations of such plans are set. Psychological diagnostics is performed for the purpose of psychological correction, rehabilitation and adaptation; mediation services are provided in the course of diagnostics; where necessary, preventive and therapeutic measures are applied; first aid is provided in case of accident;

A woman who is pregnant or has a child under 18 months can also seek assistance from the mother-and-child social center in accordance with the Decree of the Cabinet of Ministers of Ukraine dated 8 September 2005 # 879 "On approval of Standard provision on the mother-and-child social center". This is an institution for temporary stay of women in the seventh-ninth month of pregnancy and women with children from birth up to 18 months who are in difficult circumstances which prevent them from performing their maternal duties. Women and girls receive free psychological, socio-pedagogical, legal, socioeconomic, socio-medical and information services which are provided to individuals who temporary stay in the institution, and also they receive food provision;

- As for the establishment of shelters and institutions by civil society organizations: in accordance with the legislation of Ukraine on public associations in Ukraine, organizations may establish shelters and assistance institutions to meet the needs of community, if so provided in their statutes. Such institutions are established pursuant to the implementation of local-scale programs and in accordance with regulations issued by local authorities. Heads of institutions may sign a cooperation agreement and provide services not only at the place of residence. Such institutions (shelters) are few in Ukraine; they mostly function at the expense of local authorities and international donors and may provide the following assistance:
 - social services for individuals who survived a crime, violence (including domestic); provide assistance and temporary shelter in 24-hour inpatient hospitals for individuals in difficult circumstances who need a temporary shelter and do not have means of subsistence...; social services are provided to such individuals by counseling over the phone; advice is provided on the application of legislative provisions, assistance in the preparation of documents is offered, protection and implementation of the rights of children, youth and families is ensured, in particular through representing their interests before third parties; psychological diagnostics is performed for the purpose of psychological correction, rehabilitation and adaptation; mediation services are provided in the course of diagnostics; where necessary, preventive and therapeutic measures are applied; legal advice is provided.

6.3.8. Existence of police and services for women victims of violence.

Article 6 of the Law of Ukraine "On Prevention of Domestic Violence" defines the powers and limits of responsibility of precinct police officers and juvenile criminal police to respond to domestic violence and prevent it. Measures they should take include:

- acceptance and consideration of complaints and reports on domestic violence or the real threat of it;
- carrying out preventive work with persons who have committed violence in the family and are registered on the preventive records, and consulting family members;
- taking appropriate measures to prevent domestic violence and inform victims of domestic violence about their rights, activities and services available to them;
- referral of persons who have committed domestic violence and victims of domestic violence to specialized institutions that deal with issues of domestic violence;
- providing information on prevention of domestic violence at the request of competent authorities.

Powers of juvenile criminal police apply to cases in which the age of the victim of domestic violence or a person against whom there is a real threat of domestic violence is less than 18 years, as well as cases where the person who have committed domestic violence is under 18 years.

Both the Law of Ukraine "On Prevention of Domestic Violence" and Article 173-2 of the Administrative Offences Code of Ukraine define the police as the main body responsible for determining and administering the punishment to those who have committed domestic violence, including fines, corrective work or administrative arrest. It is in the competence of the police to accept complaints from victims with referrals to forensic medical examination for documentation of injuries and determination of their category. Without a report from the forensic experts, the police will not continue investigation of the case. Without a referral the victim cannot undergo this examination in the appropriate governmental entity

6.4. Availability of supplies

6.4.1. Free provision of male and female condoms and lubricants and of contraceptives including EC. Dispensing sites. Contraceptive methods that are provided for free.

According to the State Program "Reproductive health of the nation" till 2015, free contraceptives are provided to the following categories of women: women with extra genital pathology, young people aged 18-20 years, low-income women and HIV-positive women. Procurement of contraceptives should be done by state and local budgets; for this purpose the state program must annually allocate corresponding funds.

In 2009, the intrauterine contraceptive Pregna and combined oral contraceptive Novinet were procured. Decisions on the types of contraceptives (excluding lubricants as additional means and female condoms as they are not registered in Ukraine) to procure are made annually based on tender procedures. Also, contraceptives are procured by the regional departments of health at the expense of local budgets. The situation is such that the State at national and regional or local level does not allocate funding for this type of product as there are no funds available.

Only groups of women named above can receive free contraceptives in the centers/offices of family planning, antenatal clinics, maternity wards, gynecological departments, provided there is international or humanitarian aid and if the funding was allocated. There are no special condom dispensing sites at national level. On the other side, as part of some programs funded by donors, condoms and lubricants are distributed as humanitarian aid among most at risk groups.

6.4.2. Free provision of modified milk for children of women living with HIV.

Under the existing legislation of Ukraine all children born to HIV-infected mothers shall be provided with free adapted milk mixtures. But in most cases, due to the lack of funds, milk is not procured in full.

HIV-infected mothers receive advice on feasibility of exclusion of breastfeeding and preparation to feeding the infant with adapted artificial breast-milk substitutes. Medical professionals are teaching to feed the baby with breast-milk substitutes in accordance with the requirements for preparation of the mixture, the terms and conditions of storage, compliance with hygiene standards. Observation of artificial feeding regime of child is constantly supervised by a pediatrician in the community. HIV-infected women are provided with further information on social support and the opportunity to receive free milk mixtures.

Sources:

- Joint order of the Ministry of Health of Ukraine, Ministry of Education and Science of Ukraine, Ministry of Ukraine for Family, Youth and Sports, State Penitentiary Service of Ukraine and Ministry of Labour and Social Policy of Ukraine of 23.11.2007 # 740/1030/4154/321/614a "On measures on the organization of mother to child HIV transmission prevention, care and social support for HIV-infected children and their families", registered with the Ministry of Justice of Ukraine on 26.12.2007 # 1405/14672.
- Report on the results of the National Program on HIV prevention, treatment, care and support for HIV-infected and AIDS patients in 2009-2013 for 2010.
- Newsletter "HIV infection in Ukraine" # 35, MoH of Ukraine.
- Analytical overview. Ukraine: Monitoring the Implementation of UNGASS Goals on Sexual and Reproductive Health / All-Ukrainian Network of PLWH, 2010.
- Operational information on the prevention of mother to child HIV transmission in 2009 and 2010.

6.4.3. Free provision of antiretroviral therapy and drugs for treatment and prevention of opportunistic infections, including prevention of vertical HIV transmission.

In Ukraine, according to the existing regulatory framework, antiretroviral treatment, treatment and prophylaxis of opportunistic infections, drug prevention of vertical HIV transmission are provided free of charge. Sources of funding in recent years have been the State Budget and the Global Fund.

The National Program on HIV / AIDS for 2009-2011 guarantees the state provision of 80 percent of demand for antiretroviral drugs.

If drug prevention of vertical transmission of HIV is actually carried out in 100 percent of the cases, the lack of funding for the needs of ART because of high prices for drugs and limited supplies of antiretroviral drugs do not permit the timely starting of ART for patients who need it. Children constitute a separate group, which is a priority in ensuring care and treatment.

Medications for the treatment and prophylaxis of opportunistic infections may be acquired in general pharmacy network, but taking into account specific contingent of HIV-infected individuals (a large proportion are IDUs) purchasing drugs using their own funds seems to be problematic. Regional budgets only partially cover the demand for medicines for OI, which leads to interruptions in treatment and development of resistance to medicines.

Today, the program "Prevention of HIV transmission from mother to child" is realized in pursuance of the National Program on HIV prevention, treatment, care and support for HIV and AIDS patients for 2009-2013. Within the program, pregnant women are tested for HIV for free. Also, they receive free antiretroviral drugs for the prevention of vertical HIV transmission and milk mixtures for feeding newborn infants.

Sources:

- Newsletter "HIV infection in Ukraine" # 35, MoH of Ukraine.
- Law of Ukraine # 2861-VI of 23 December 2010 "On combating the spread of diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV".
- Draft Order of the Ministry of Health of Ukraine "On approval of the clinical guidelines for post-exposure prophylaxis of HIV infection" (is under public discussion).
- N. Judice, O. Zaglada, and R. Mbuya-Brown. (2011). HIV Policy Assessment: Ukraine. Washington, DC: Futures Group, Health Policy Project.

6.4.4. Existence of kits for post-exposure care for sexual violence victims (ART, EHC, STI drugs).

Following the established fact of sexual violence, the victim receives free post-exposure prophylaxis in health care facilities. Emergency contraception can be bought at a pharmacy for victim's own money. For STI treatment the victim is referred to relevant specialists – dermatovenerologists.

Post-exposure prophylaxis (PEP) is a short course of antiretroviral drug administration to reduce the probability of HIV infection after contact with biological fluids associated with the risk of HIV infection.

HIV testing is carried out immediately after exposure, and then after 6 weeks, 12 weeks and 6 months after exposure, even if it was decided not to conduct PEP.

ARV combinations for PEP

Combination of choice	Tenofovir + emtricitabine (or lamivudine) + lopinavir/ritonavir According to the Order of MoH from 12.07.2010 # 551, this scheme should be given preference due to its high efficiency, good tolerability and low risk of resistance
Alternative	Zidovudine + lamivudyn ⁶ + lopinavir/ritonavir

If a person who receives ARVs for PEP and adheres to the treatment regime experiences side effects of ARVs, the symptomatic treatment of such effects is provided without replacing the scheme for PEP. This issue is highlighted in the Clinical Guidelines for antiretroviral therapy of HIV infection in adults and adolescents (approved by the Order of MoH of 12.07.2010 # 551). However, provision of comprehensive health services to victims of sexual violence has not received a detailed presentation in the legislation on HIV; there are no clinical guidelines or recommendations on assistance to victims of gender-related violence either. These shortcomings are exacerbated by general lack of awareness of gender issues and the limited understanding among government agencies of how to develop programs that would take into account gender specifics.

Sources:

- Order of MoH of Ukraine from 19.04.2006 # 236 "On introduction of the Procedure on voluntary counseling and testing for HIV infection".
- Analytical overview. Ukraine: Monitoring the Implementation of UNGASS Goals on Sexual and Reproductive Health / All-Ukrainian Network of PLWH, Kyiv. - 2010.

6.4.5. Provision of information and education materials on HIV, VAW and SRHR to the diversity of women and girls.

In Ukraine such issues are included in the curricula of schools, colleges and higher education institutions.

In addition to this, there is a developed network of NGOs in Ukraine which are supported by international organizations and work in schools with young people to disseminate information aimed at the diversity of education in the context of these issues. They have more updated information and use innovative teaching methods.

6.5. HIV and VAW prevention efforts

6.5.1. Comprehensive Sexuality Education available at all educational levels from a human rights and gender perspective that includes information and sensitization on:

- gender and power relations
- causes of violence against women and girls & how to prevent it
- HIV and STDs prevention
- contraceptive methods
- SRHR, VAW and HIV legislation
- stigma and discrimination, among others.

With the help of donor organizations, educational components have been actively implemented since 2007 in Ukraine which are directed at educating both teachers and students of educational institutions of different levels of accreditation. In higher institutions (universities) started to open gender studies department. Pursuant to the Law of Ukraine "On Gender Equality", the Order of the Ministry of Education on conducting a lesson on gender (once a year) has been in effect since 2006. Methodist of all post-graduate education institutions underwent trainings related to gender equality to be able to conduct trainings and lessons at local level. Textbooks on gender equality education in secondary school and higher education institutions were published; unfortunately they are available not in every school in Ukraine. At the same time, teaching gender issues is recommended but not compulsory for all schools at various levels of accreditation.

As for the causes of violence against women and girls and sexual and reproductive health, there are no separate subjects or topics directed specifically at the safety of women and girls; some of these themes are included in such courses as the Basics of Health and Law Science.

Subject	Primary school	Comprehensive school	Further vocational education	Higher education
Gender and power relations	<i>Subject: Basics of Health</i> • Gender	<i>Subject: Basics of Health</i> <i>Course of choice "Youth for healthy lifestyle"</i> • Definition of sex and gender, gender inequality • Family, friendship, love	<i>Optional courses: School against AIDS</i> <i>Protect yourself from HIV</i> • Gender, gender roles, identity, stereotypes • Gender aspects of HIV/AIDS	<i>Psychoanalysis, introduction to psychoanalysis (pedagogic universities)</i> • The concept of sex and gender, gender equality
Causes of violence against women and girls & how to prevent it	<i>Subject: Basics of Health</i> • Development of friendly relations between boys and girls	<i>Subject: Basics of Health</i> • Sexual harassment • Preventing and combating violence	<i>Optional courses: School against AIDS</i> <i>Protect yourself from HIV</i> • Equal relationship • Sexual harassment / compulsion / violence • Methods to prevent and combat sexual violence	<i>Prevention of problems in physical and mental health (pedagogic institutions)</i> • Equal relationship • Reducing gender-based violence in the family

HIV and STI prevention	N/A	<p><i>Subject: Basics of Health</i></p> <ul style="list-style-type: none"> • Puberty and reproductive health. • HIV and STI prevention 	<p><i>Optional courses: School against AIDS</i> <i>Protect yourself from HIV</i></p> <ul style="list-style-type: none"> • HIV, STI and unplanned pregnancy prevention 	<p><i>Principles of life safety (all universities)</i></p> <ul style="list-style-type: none"> • HIV, STI and unplanned pregnancy prevention
Contraceptive Methods	N/A	N/A	<p><i>Publication for extracurricular reading: "For you guys. For you girls" within the course School against AIDS</i></p> <ul style="list-style-type: none"> • HIV, STI, unplanned pregnancy prevention • Methods of contraception 	<p><i>Principles of life safety (all universities)</i></p> <ul style="list-style-type: none"> • HIV, STI, unplanned pregnancy prevention • Methods of contraception
SRHR, VAW and HIV legislation	N/A	<p><i>Subject: Basics of Health</i></p> <ul style="list-style-type: none"> • Human rights, international and national human rights instruments. • Legislation on violence and HIV 	<p><i>Optional courses: School against AIDS</i> <i>Protect yourself from HIV</i></p> <ul style="list-style-type: none"> • Legislation on HIV 	<p><i>Prevention of problems in physical and mental health (pedagogic institutions)</i></p> <ul style="list-style-type: none"> • Legislation in reproductive health

Stigma and discrimination, among others.	<p><i>Subject: Basics of Health</i></p> <ul style="list-style-type: none"> • Rights of the Child • Tolerance 	<p><i>Subject: Basics of Health</i></p> <ul style="list-style-type: none"> • Anti-discrimination • Formation of tolerance • Overcoming stigma in relation to people living with HIV 	<p><i>Optional courses: School against AIDS</i> <i>Protect yourself from HIV</i></p> <ul style="list-style-type: none"> • Anti-discrimination • Formation of tolerance • Overcoming stigma in relation to people living with HIV 	<p><i>Prevention of problems in physical and mental health (pedagogic institutions)</i></p> <ul style="list-style-type: none"> • Formation of tolerance and overcoming stigma in relation to PLWH • Integration of HIV-positive children in the education system
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6.5.2 Provision of trainings for teachers to challenge stereotypes, actively oppose discrimination and guarantee equal treatment of girls and boys.

Subject	Primary school	Comprehensive school	Further vocational education	Higher education
<ul style="list-style-type: none"> • Gender and power relations • Causes of violence against women and girls & how to prevent it • HIV and STI prevention • HIV legislation • Stigma and discrimination. 	<p><i>The course of tolerance to people living with HIV for the primary school system</i></p> <ul style="list-style-type: none"> • Stigma and discrimination • Tolerant attitudes towards PLWHA 	<p><i>Teacher training on the basics of care for the 5-9 grades and extracurricular education program "Youth for Healthy Lifestyle"</i></p> <ul style="list-style-type: none"> • Gender • The causes of violence against women and girls, and how to prevent it • HIV and STI prevention • Legislation on reproductive health and HIV • Stigma and 	<p><i>Preparing teachers of optional courses: School against AIDS</i> <i>Protect yourself from HIV</i> <i>and extracurricular education program "Youth for Healthy Lifestyle"</i></p> <ul style="list-style-type: none"> • Gender • The causes of violence against women and girls, and how to prevent it • HIV and STI prevention • Legislation on reproductive health and HIV • Stigma and discrimination, 	<p><i>Prevention of problems in physical and mental health (pedagogic institutions)</i></p> <ul style="list-style-type: none"> • Gender • The causes of violence against women and girls, and how to prevent it • Prevention of gender-based violence in the school environment

		discrimination, among others.	among others.	<ul style="list-style-type: none"> • HIV and STI prevention • Legislation on reproductive health and HIV • Gender aspects of HIV/AIDS • Stigma and discrimination, among others.
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Most of teachers do not have teaching guidelines or models and invite doctors or NGO leaders to conduct the lessons or give the subject to children for self-study. The worst situation is in small towns and villages that have no qualified teachers or in areas where no international educational programs or projects have been implemented. Most often, such subjects as contraceptive methods, SRHR, HIV, violence, stigma and discrimination are given to children for self-study or leaders of public organizations are invited to conduct lessons as teachers and school management have outdated stereotypes and complexes concerning open discussion of these topics with children.

With the help of donor organizations, educational components have been actively implemented since 2007 in Ukraine which are directed at educating both teachers and students of educational institutions of different levels of accreditation; however, they do not cover all Ukraine and all regions and cities; they are focused on teaching the subject, not on combating stereotypes and complexes among teachers, especially those who studied in Soviet times (the Soviet pedagogy did not include themes of sex, violence prevention, gender awareness, etc. in educational curricula).

6.5.3. Trainings for school staff to recognize students who are at risk for and who are HIV-positive and/or experiencing violence, and respond and refer appropriately.

Such courses or trainings do not exist.

6.5.4. Trainings for school staff on protocols for post-exposure prophylaxis, including the need for access to PEP within 72 hours of sexual assault as well as being informed in where students can obtain PEP and emergency contraception.

Such courses or trainings do not exist.

6.5.5. National media campaigns to reach parents, out-of-school youth and the general public with messages about comprehensive sexuality education and gender equality.

Such campaigns have not been carried out.

6.5.6. National media campaigns to reduce discrimination and stigma against HIV-positive women.

Such campaigns have not been carried out.

6.5.7. National media campaigns on the various forms of violence against women, services and resources for women victims of violence.

National media campaigns on these issues do not exist in Ukraine.

Mass media are invited to actions aimed at combating violence and highlight the themes identified in the plots.

- National Campaign "16 Days of Activism Against Gender Violence." Campaign started in Ukraine in 2000 and is held every year. This campaign is mandatory for realization by governmental agencies.
- National Campaign "Stop Violence!" launched in 2008 for the period till 2015 has a broad scope of public organizations, state structures taking part in it.

6.5.8. National media campaigns addressing VAW as a risk factor for HIV and the links between both pandemics.

National media campaigns on these issues do not exist in Ukraine.

At present, combating gender-based violence and HIV is mostly covered in the news and in informational and analytical programs.

Campaigns on HIV and violence are carried out separately, there were no collaboration between campaigns dedicated to prevention of violence and HIV/AIDS.

7. C. WOMEN'S EMPOWERMENT AND LEADERSHIP IN THE CONTEXT OF THE EPIDEMIC

Recognizing and promoting the empowerment and leadership of women and girls it is essential for developing an appropriate, effective gender and human rights based response to HIV/AIDS. Women's groups and organizations, including sex workers, women living with HIV, migrant women, young women, disabled women, women who use drugs, among others, must participate in the design, implementation and monitoring of HIV, SRH and VAW policies, programs and services in order to

ensure their specific and various needs are fully met. Therefore, in order to secure the rights and health of women and girls in the context of HIV, it is crucial that national governments strengthen and increase women's organizations' capacity through technical and financial support.

7.1. Civil Society Organizations in the HIV and VAW response

7.1.1. Networks of women, including women living with HIV, and victims of violence engaged in the planning and monitoring of the national response to HIV.

Up to 2011, there were no networks of women living with HIV and women victims of violence in Ukraine. In 2011, the All-Ukrainian Union of Women Affected and Infected by HIV was created.

7.1.2. Networks of women, including women living with HIV and victims of violence, engaged in the planning and monitoring of the national response to VAW.

Up to 2011, there were no networks of women living with HIV and women victims of violence in Ukraine. In 2011, the All-Ukrainian Union of Women Affected and Infected by HIV was created.

7.1.3. Existence of training workshops financially supported by national government for women's networks and organizations on monitoring the national HIV and VAW response.

The national government does not conduct trainings or workshops which would aim to involve civil society in the monitoring or planning process and does not provide financial support for such trainings or workshops. This also applies to HIV and VAW issues.

7.1.4. Existence of national actions to facilitate coalition-building among women's groups, networks of women living with HIV, organizations of men working for gender equality, AIDS activists and human rights groups to create a social movement to reduce stigma and discrimination and advocate for and advance gender equality and women's rights and empowerment for women in the context of HIV.

There are no national actions in the country which would aim to facilitate coalition-building among women's groups, HIV-positive women or AIDS activists in order to reduce stigma and discrimination, promote gender equality and ensure women's empowerment in the context of HIV.

7.1.5. Women's rights groups and networks of women living with HIV work together to monitor the enforcement of the national commitment to CEDAW.

National women's organizations are involved in monitoring the enforcement of the national commitment to CEDAW, but HIV-positive women's groups are not included in this process.

7.1.6. Networks of women living with HIV and women's rights groups are represented on the Country Coordinating Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria in order to ensure that the needs and views of women and girls are adequately reflected in country programs. The national AIDS plan has a dedicated budget to support the capacity of women's CBOs, especially WLWHA.

The national AIDS plan has a dedicated budget to support the capacity of women's NGOs, especially NGOs of women living with HIV.

HIV-positive women are represented in coordination councils on HIV/AIDS control at national and sometimes at regional level, but they do not represent women's groups and do not address issues specific for HIV-positive women as a separate matter.

The national HIV/AIDS plan has no funds allocated to support organizations of women living with HIV.

Social protection services are provided to HIV-positive women on general basis and do not include any additional benefits due to HIV-positive status.

7.1.7. Existence of Social protection mechanisms (e.g cash transfers, micro-finance, free transportation, shelter, food provisions) in place for women living with HIV.

None of above mentioned is existed in Ukraine.

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