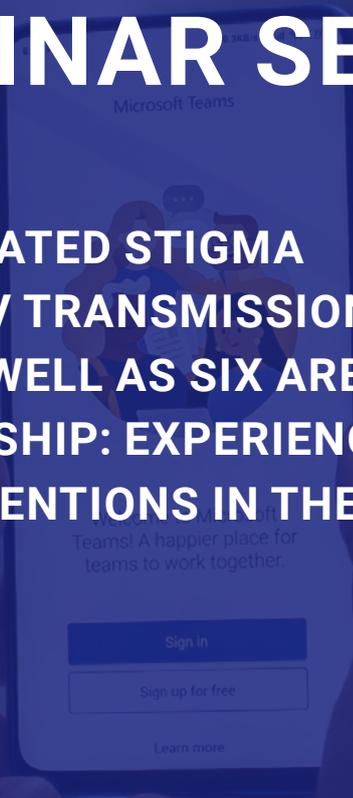


OVERVIEW OF THE WEBINAR SERIES

ON OVERCOMING HIV-RELATED STIGMA
AND DISCRIMINATION, HIV TRANSMISSION
DECRIMINALIZATION, AS WELL AS SIX AREAS
OF THE GLOBAL PARTNERSHIP: EXPERIENCES, TRENDS,
AND SUCCESSFUL INTERVENTIONS IN THE EECA REGION



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Viewpoints presented herein are solely those of its authors and may not coincide with the views or opinions of the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria did not take part in the coordination and approval of both the immediate material and the possible conclusions stemming from it.

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INTRODUCTION AND OVERVIEW OF THE WEBINAR SERIES

Measuring progress towards the global 90-90-90 targets in the world and the EECA region shows different results: in the EECA region, despite the efforts of multiple actors, the number of new cases and deaths, which should be decreasing, is inexorably increasing. According to the data announced by Alexander Goliusov, UNAIDS Regional Director for Eastern Europe and Central Asia, at the introductory webinar titled “Stigma and Discrimination in the EECA Region”, the number of new cases increased by 24%. The greater part of these new cases is the most vulnerable and most marginalized populations: MSM, gays, sex workers, as well as their partners and people who use drugs¹. A key challenge across the region is to understand why, despite the best efforts of many parties involved, new cases are steadily increasing, and how communities and international organizations can provide a consolidated response to this increase. One of the possible reasons emphasized by all the speakers involved in the 2020 initiative is the inequality, stigma, and discrimination that people living with HIV have from the moment they get test results and every subsequent day of their lives.

It is a stigma against people living with HIV and most affected by HIV that continues to slow the HIV response and even negate the progress we have made. Every day, people affected by HIV face HIV-related rejection, exclusion, harassment, and criminalization. Laws, policies, beliefs, and practices have the potential to create fear and discrimination that exclude HIV-affected people and prevent them from accessing health, education, and other services.

Globally, we measure our progress in HIV testing and treatment, but the impact of HIV-related stigma at home, work, schools, clinics, as well as in legislation still results in low rates of seeking HIV-testing, refusal of services by people living with HIV and self-withdrawal from the treatment system. We have long studied the issue of HIV-related stigma and we have found effective mechanisms to address it, but we do not adequately monitor them and report on them appropriately.

To create a platform for partners to share experiences, discuss lessons learned and further possible steps towards overcoming stigma and discrimination against PLHIV, and building a dialogue about the need to create a space for equal enjoyment of all human rights, not just health care issues, the CO “100 PERCENT LIFE” and the Global Network of People living with HIV developed the idea of holding an event dedicated to the criminalization of HIV transmission and other human rights issues in the EECA region. In addition to addressing the above-mentioned issues, our goal was also to provide EECA activists with the necessary knowledge and support, including how to share programmatic tools of the CRG and Global Partnership.

Unfortunately, the COVID-19 pandemic brought changes and instead of a large face-to-face conference, we were able to hold a series of thematic webinars that brought together activists with expertise in the decriminalization of HIV transmission and representing countries from the EECA region. The series² consisted of two introductory webinars to introduce activists to the Global Partnership (hereinafter - GP) and the framework within which they would work in the future, shared new data and challenges that the region faced, and provided introductions

1 Among 100% of all new cases, 22% are gay men, other MSM and transgender people, 48% are people living with drug use disorder, 28% are sex workers, 2/3 of all cases are women involved in sex work and/or female partners of men living with drug use disorder.

2 A complete list of the topics of all nine webinar series, topics of presentations and speeches, key speakers and links to all videos and presentations are in Annex 1.

to subsequent thematic working groups - a series of seven webinars, each of them focused on one of the topics the GP focused on³. The first two webinars in the series aimed to provide an overview of the objectives and tools within the Global Partnership (webinar 1) and outline key human rights challenges and led to a subsequent detailed discussion of seven key programs and six areas in the work to address stigma, discrimination, and criminalization (webinar 2).

Among those who participated in the introductory discussion (webinars 1 and 2) and shared their experience in working with the Global Partnership and preparing a new proposal to the Global Fund, as well as discussed other issues, there were:

- **Sasha Volgina**, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination;
- **Alexandrina Iovita**, Human Rights Advisor, Department of Communities, Rights and Gender (CRG), the GF;
- **Alexander Golusov**, UNAIDS Regional Director for Eastern Europe and Central Asia (acting);
- **Pavel Skala**, Associate Director for Policy and Partnerships, ICF “Alliance for Public Health”;
- **Taras Grytsenko**, Public Health Expert, UNAIDS Ukraine Human Rights Consultant, Technical Co-facilitator for the preparation of Ukraine’s application to the GF;
- **Valeria Rachinska**, **Regional Representative of the Global Partnership in the EECA Region for Community and Civil Society Engagement.**

In webinars 1 and 2, considerable attention was attracted to the fact that the work of communities and activists in the region needed to go beyond the usual presentation of health services and promotion of changes in HIV decriminalization. Both the first and second issues are clearly important, and significant successes in both areas have been achieved in some countries of the region (while in others they have yet to be achieved). However, the lives of community members are not just focused on health and justice; their sphere of interest is much broader, and within this broader framework, the stigma and discrimination are so strong that it significantly affects the ability to realize human rights. And increasing the effectiveness of activists’ and international organizations’ efforts and improving the human rights situation regarding people living with HIV are exactly the main goals for the future.

The Global Partnership recognizes that the key factor to ending stigma is actions by the community and civil society which undertake interventions in different directions and settings of people’s lives:

- community - family - individual level;
- workplace;
- education;
- justice system;
- healthcare;
- emergencies and humanitarian crises.

³ For more information on the Global Partnership, see Annex 2

The following seven thematic webinars sequentially explored each of these six settings, focusing on the following questions:

1. Community-led advocacy for the decriminalization of HIV transmission in the region, the impact of existing laws and their influence on the quality of life of community members + examples of successful advocacy campaigns.
2. HIV criminalization and access to justice issues, a comparative analysis of prosecution and criminalization practices and defense tactics in different countries + best practices.
3. Individual, community, and family levels (women's leadership in research into HIV criminalization, advocacy, and activism) + monitoring practices of women's status, gender analysis of violations, advocacy tools.
4. Stigma and discrimination in healthcare facilities: the present and future, different key groups and barriers to access to treatment, gender discrimination, and role of health care providers - stigma reduction or stigma formation?
5. Stigma and discrimination in education, challenges faced by children and adolescents with HIV, sexual reproductive health of adolescents + best formal and non-formal sexuality education tools in the region.
6. Stigma and discrimination in the workplace: problems and challenges in the region + best practices in working with state-owned enterprises and trade unions, and campaigns to engage private employers and build sustainable partnerships.
7. Stigma and discrimination in emergency settings: priority problem areas, responses + best practices on migrants and internally displaced persons, the interaction between community groups and cooperation with UN agencies.

Given the diversity and breadth of knowledge of the experts who participated in the webinars, and for the usability of the wealth of information gathered based on this unique combination of experience, knowledge and the opportunity to be in one place to share and discuss, we have decided to compile materials, which are the most important in this publication. Without claiming to be verbatim or comprehensive in any way⁴, we have focused on highlighting three key blocks in each thematic webinar:

- **examples of interventions, actions (best practices);**
- **challenges and lessons learned;**
- **ways forward and recommendations.**

⁴ In Annex 1, you can find the speeches of all speakers and links to their presentations. Where possible and appropriate, key messages of the webinar topics are accompanied by links to cited materials and studies. Each thematic section, "ways forward and recommendations," is a compilation of suggestions, ideas and recommendations voiced by speakers, but is not a verbatim quotation of their statements



**COMMUNITY-LED
ADVOCACY FOR THE
DECRIMINALISATION
OF HIV TRANSMISSION**

The criminalization of HIV transmission is a global problem: the map created and maintained by HIV Justice Worldwide shows the scale and specific cases of every country in the world where some form of criminalization of intentional or accidental HIV transmission persists. Unfortunately, as noted by all participants in webinar 3, the number and frequency of cases⁵ in the EECA region were extremely high, indicating a real threat to PLHIV in the region⁶.

Among those, who participated in the discussion and formed a package of recommendations, there were:

- **Natalia Sidorenko**, Consultant of HIV Criminalization Scan in the EECA Region, GNP+;
- **Svitlana Moroz**, Head of the Board of the Eurasian Women’s Network on AIDS;
- **Edwin Bernard**, Executive Director of HIV Justice Network, Global Coordinator of HIV Justice Worldwide.

Facilitation – Sasha Volgina, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination.

EXAMPLES OF INTERVENTIONS (DESCRIPTION OF BEST PRACTICES AND TOOLS)

- Analysis and mapping of existing legislation around the world, tracking changes and analysis of law enforcement practices in order to understand the scale of HIV criminalization and its impact on the community for advocacy campaign planning.
- Tracking reports of punishments for HIV transmission using three methods: **1)** search for information through the media, mapping⁷ and, where possible, checking each case; **2)** search for information on cases through work with initiative groups and NGOs in the countries, including through mini-grants and supporting initiatives⁸; **3)** submission of requests to state bodies, collection, and analysis of official statistics, search for disaggregated statistics for analysis of vulnerability within the community.
- Establishing contacts and networks of friendly lawyers and advocates who can consult community members when they are at risk of criminal prosecution. Training paralegals⁹ within the community who can provide peer support and advice, and even representation in court, in regions where there are not enough lawyers or access to legal assistance.
- A global advocacy campaign for the decriminalization that everyone can join, as well as local and regional campaigns such as “Chase Virus Not People!” and “HIV is Not a Crime”¹⁰,

5 The case database maintained by HIV Justice Worldwide is available in Russian at <https://www.hivjustice.net/global-hiv-criminalisation-database/cases/>.

6 Read more in Advancing HIV Justice 3: Growing the global movement against the HIV criminalization at <https://toolkit.hivjusticeworldwide.org/wp-content/uploads/2020/01/Продвижение-правосудия-в-связи-с-ВИЧ-3.pdf>

7 For example, the global HIV Justice Worldwide database, media monitoring performed by the Eurasian Women’s Network on AIDS

8 For example, the work of the Eurasian Women’s Network on AIDS, more details at <http://www.ewna.org/ewna-will-be-work-in-criminalization-hiv/>

9 The term “paralegals” is used here as an umbrella term for different professionals from the community who have acquired paralegal and counseling skills. In different countries and communities, these supporting professionals are also referred to as “street lawyers” and sometimes as “public defenders”. The key is that they are most often people who have no formal legal training

10 More information about regional and local campaigns in Russian at <https://chasevirus.org/ru/vich-ne-prestuplenie/>

which, among other things, raise the visibility of the issue and respond to the surge in criminalization, report not only on cases of individual infections as the media does but educate and call for qualitative change.

- Creating and developing a women’s network and skills to work “through a gender lens”; it is also crucial to collect disaggregated information on channels and causes of infection, analyzing the status of women living with HIV in different countries of the region, considering this analysis to construct both advocacy campaigns and competitive interventions. A good example of such work is the Eurasian Women’s Network on AIDS.

CHALLENGES AND LESSONS LEARNED

For years of analyzing criminal prosecution cases, law enforcement practices in different countries have shown that, despite illusions of legislators and the opinion of common people, criminalization of HIV transmission is not a deterrent to the spread of the epidemic. On the contrary, the existence and reality of criminal prosecution is a deterrent to timely testing, enrollment, and adherence to ARV therapy.

There is a huge lack of data, and it is impossible to obtain it in many countries of the region, where even a request to official authorities can turn into persecution for activists. Many countries in the region lack official disaggregated statistics (data on gender, age and other characteristics), which makes it impossible to adequately analyze criminalization trends, respond promptly to threats, and engage in reasoned dialogue on advocating for decriminalization.

There is a lack of lawyers, jurists, and human rights organizations willing to support and advise community members in cases of criminal prosecution.

WAYS FORWARD AND RECOMMENDATIONS

- Continue to train paralegals and build networks in EECA countries, bring paralegals together, and create coalitions with a wide range of human rights organizations – this strengthens the legal awareness¹¹ of community members themselves and enhances the ability to respond to threats.
- Unite key communities in networks, work not only with people living with HIV but also build coalitions with initiatives of sex workers, associations of people living with drug use disorder, LGBTI+ groups, and human rights organizations in the region. It is important to mention separately international solidarity campaigns and experience sharing in the EECA region, taking into account the growth of criminalization cases in Uzbekistan and Tajikistan in recent years - it is important to support activists in these countries.

¹¹ This means increasing community members’ knowledge of their rights, how to exercise and protect them, confidence in protecting their rights, knowing where to find support and assistance

- Use international advocacy mechanisms at the UN level, for example, and other human rights mechanisms to promote issues from the PLHIV rights agenda¹².
- Develop women's leadership, deepen work "through gender lens," and look for specific tools to respond to the challenges specifically women living with HIV face.

12 An excellent example of this work is the alternative report to the CEDAW Committee in 2018 (Tajikistan), activists received very pointed and specific recommendations regarding women living with HIV. The text of the report is available at https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Countries.aspx?CountryCode=TJK&Lang=EN



HIV CRIMINALIZATION AND ACCESS TO JUSTICE

Countries in Eastern Europe and Central Asia (EECA) remain among the most repressive in terms of HIV criminalization. In most EECA countries, the number of criminal prosecutions for HIV exposure and transmission remains consistently high. For example, in Russia from 40 to 60 people are prosecuted annually. However, there are signs in countries, such as Belarus, Uzbekistan, and Tajikistan, that law enforcement agencies have launched a large-scale campaign to prosecute people living with HIV. It is also important to note that women are more likely to be prosecuted than men.

At the same time, international recommendations¹³ suggest that countries should not introduce special criminal offenses for cases of intentional and deliberate transmission of HIV, but rather use general criminal offenses in these exceptional cases. The criminal law should be applied only in cases of intentional transmission, that is, when a person knows that he/she is infected with HIV, acts with the intent to transmit HIV and actually transmits HIV. Do not apply the criminal law in cases where there is no significant risk of HIV transmission or when the person:

- Didn't know he/she was HIV- infected;
- Didn't understand how HIV was transmitted;
- Disclosed his/her positive HIV status to a person who was at risk of infection (or sincerely believed that this person had otherwise found out about his/her status);
- Did not disclose his/her positive HIV status because he/she was afraid of violence or other serious negative consequences;
- Took reasonable steps to reduce the risk of transmissions, such as safer sex through the use of a condom or other precautionary measures;
- Agreed on a level of mutually acceptable risk with the other person.

Among those, who participated in the discussion and formed a package of recommendations, there were:

- **Boyan Konstantinov**, Specialist in Public Administration, HIV, Health and Development, UNDP, Istanbul;
- **Zebo Kosimova**, Lawyer, Dushanbe;
- **Timur Abdullaev**, Health Right Expert, UNDP Consultant, Tashkent;
- **Anatoliy Leshenok and Tatiana Zhuravskaya**, "People PLUS", Minsk.

Facilitation – Mikhail Golichenko, Lawyer, Ph.D. in Law, Canadian HIV/AIDS Legal Network.

EXAMPLES OF INTERVENTIONS (DESCRIPTION OF BEST PRACTICES AND TOOLS)

The involvement of other human rights organizations, recommendations, and letters from international organizations are used in strategies to protect people living with HIV from criminal

13 Read more at https://hivlawcommission.org/wp-content/uploads/2019/06/UNDP_Practical_Manual_LEA_RUS.pdf. Later, in 2018, an addendum was drafted: in 2018, 68 countries criminalize the failure to disclose HIV diagnosis, exposure and transmission, HIV-positive status can be considered as an aggravating factor of responsibility and punishment. Criminal prosecutions for HIV-positive status exist in 69 countries, notably Belarus, Canada, Russia and the United States. https://hivlawcommission.org/wp-content/uploads/2020/06/Hiv-and-the-Law-supplement_RU_2020.pdf

prosecution. Previously, in individual cases, lawyers, local deputies, and the media were used to protect people living with HIV from prosecution - in some cases, this helped to drop charges.

The advocacy campaign in Belarus was largely built on personal stories of people living with HIV and appeals. Comments received from the Investigative Committee of the Republic of Belarus were elaborated. Proposals of the Republican Center for Hygiene and Epidemiology, the Chamber of Notaries, and CSOs were studied. A working group was established to develop a set of actions (a partner information form), which will allow to fully applying the amendment to Article 157 of the Criminal Code of the RB. The amendments came into force in 2019, then activists began to monitor the results of consideration of such cases and help to form a new practice.

There are the following successful defense practices in cases of individual prosecution while accusations of both “putting at risk of infection» and “deliberate exposure to HIV” (from different EECA countries’ practices):

- Involve activists as public defenders/protection witnesses;
- Prove the absence of intent (the subjective side is characterized by direct intent);
- Provide evidence of informed consent (especially in Belarus, Kazakhstan, Moldova, and the Russian Federation), including the use of witness statements, receipts, etc.;
- Prove that there is no risk of HIV transmission (testimonies of specialists from AIDS Centers as experts, medical history [ARV intake, undetectable viral load], scientific evidence about the absence of risk of infection in case of undetectable viral load, use of prevention means, common children, etc.);
- Challenge the fact of HIV transmission by the defendant/s (lack of data confirming the identity of the strains in the defendant and the victim, if phylogenetic analysis results are available - refer to the limitations of this method);
- Refer to international recommendations and standards.

CHALLENGES AND LESSONS LEARNED

After amendments in the legislation of Belarus, different law enforcement practices developed – some courts were exempted from criminal liabilities (but did not clear criminal records), in other cases, they were exempted from criminal liabilities and considered the person as not having been previously convicted.

Negative reporting on people living with HIV, the formation of a negative image of a person living with HIV in the media does not help to promote the decriminalization agenda in countries of the EECA region.

WAYS FORWARD AND RECOMMENDATIONS

It is necessary to conduct regular research on law enforcement practices and assess the legal environment in countries of the EECA region, as well as regular review and analysis of court

practices. Developing advocacy campaigns to promote changes will be based on this work.

In view of a large number of prosecution cases, it is necessary to work with friendly human rights organizations and build networks of friendly lawyers for the quality protection of victims in different regions (at the moment there are very few lawyers). It is necessary to teach lawyers to work with strategic cases, together with members of the community, systematically seek and create strategic precedent court cases.

It is very important to work with judges, especially with the Supreme Courts in the countries, and to achieve decisions of the Plenum of the SC, and generalize judicial practice. This requires training of judges, seeking and supporting friendly judges who can act as guides and help collect and analyze court practice, create platforms for exchange of views and experience for judges both at the country level and more broadly, at the regional one.

Recommendations of the Global Commission on HIV and the Law:

1. In countries with current laws criminalizing HIV transmission, courts should, in accordance with the relevant standards of criminal procedure, require proof of intent to transmit HIV.
2. If HIV laws are repealed, states must ensure that general laws do not apply to HIV and TB that result in similar outcomes.
3. States must prohibit the use of laws on HIV, drugs, and child protection against violence or parental neglect to prosecute women living with HIV.
4. Whenever HIV is involved in a criminal case, the police, lawyers, judges, and, where applicable, jurors should be informed of the latest scientific evidence on the benefits and consequences of appropriate treatment.
5. States must ensure that HIV-positive status alone is not used as a basis for detention, separate detention or incarceration, harsher sentences, or more stringent conditions for release on parole.

A hand is pointing towards a wall covered in numerous sticky notes of various colors (yellow, pink, blue). The background is a solid blue color. The text is overlaid on the left side of the image.

**WOMEN'S LEADERSHIP
IN RESEARCH ON HIV
CRIMINALIZATION, ADVOCACY
AND ACTIVISM**

The criminalization of HIV transmission is a global gender-related issue. Laws that criminalize HIV make women more vulnerable to increasing HIV-related violence and structural inequalities. Women are more vulnerable to loss of property, separation from children, isolation and economic vulnerability. The focus of the webinar was on UN Women's participation in the Global Partnership; the use of CEDAW to monitor violations of women's rights; how to use the results of community research and court judgment cases to advocate for the reversal of HIV criminalization to protect women from infection; the discussion around breastfeeding as a weapon against women living with HIV; double stigma and discrimination against HIV-positive sex workers; persecution of women with HIV and difficulty protecting their rights.

Among those, who participated in the discussion and formed a package of recommendations, there are:

- **Elena Kudryavtseva**, UN Women Programme Specialist on Gender Equality and HIV/AIDS;
- **Alina Yaroslavskaya**, Specialist of the Eurasian Women's Network on AIDS;
- **Jessica Whitbread**, PLHIV activist, Canada;
- **Natalia Zamanskaya**, E.V.A. Association, Russian Federation;
- **Takhmina Khaidarova**, Tajikistan Network of Women Living with HIV, Representative of the Eurasian Women's Network on AIDS in Tajikistan;
- **Evgeniya Korotkova**, Ishonch va Hayot, Uzbekistan.

Facilitation – Svitlana Moroz, Eurasian Women's Network on AIDS.

EXAMPLES OF INTERVENTIONS (DESCRIPTION OF BEST PRACTICES AND TOOLS)

In 2018, the Eurasian Women's Network on AIDS conducted a study "HIV Criminalization Scan: Trends in the EECA Region"¹⁴ with a focus on the gender-related aspect of the problem. The study shows that criminalization reinforces the stigma associated with HIV-positive status and identifies HIV-positive people as potential perpetrators or criminals, which in turn increases discrimination. The result of the study showed the following:

- Women have limited access to HIV prevention, treatment, and care services, including HIV testing.
- Women are more likely to be blamed for HIV transmission and are at higher risk of HIV-related violence and abuse.
- Criminalization does not protect women from coerced sex or violence, and thus this undermines women's rights to make meaningful sexual and reproductive choices.
- Women are more likely to be prosecuted¹⁵.
- Women can be prosecuted for transmitting HIV from mother to child – a "new trend" in the region.

¹⁴ Available in Russian at http://www.ewna.org/wp-content/uploads/2019/12/EWNA_CRIMINALIZATION_2019.pdf

¹⁵ There is also data on the number of convictions in the RF under Article 122, the CC of the RF (putting at risk of HIV infection)

- Most women from key populations are most affected.
- The area of human rights turns out to be the most affected while responding to HIV: now, more than ever, human rights are needed as a response to the global HIV epidemic.
- Criminalization of HIV exposure and transmission prejudices human rights undermines public health initiatives and particularly increases women's risk and vulnerability.

Success in advocating for decriminalization in EECA:

- The Government of Armenia, with the support of UNAIDS, has proposed amendments to the Criminal Code that would remove from Article 123 the penalty for knowingly putting another person at risk of HIV infection. Back in 2017, a draft law amending the Criminal Code of the Republic of Armenia, which proposed to decriminalize the threat of HIV transmission, was presented for public discussion. But later, after some amendments to it, the Ministry of Health of the Republic of Armenia again submitted this draft law for discussion on February 15, 2018¹⁶.
- On 19 July 2019, an amendment to Article 157 of the Criminal Code of the Republic of Belarus entered into force in Belarus: "A person who has committed the acts specified in paragraphs 1 or 2 of this article shall be exempt from criminal liability in the event that another person exposed to the risk of infection or infected with HIV has been timely warned about the presence of this disease in the first person and has voluntarily agreed to commit acts that created the risk of infection."
- The CEDAW Concluding Observations for Tajikistan recommends decriminalizing HIV/AIDS transmission (Article 125 of the Criminal Code), but the state has not yet responded to this observation.

In July 2016, the WHO issued guidelines that recommend for countries, which choose to promote and support breastfeeding along with ART, that mothers with HIV who are receiving ART and following medical prescriptions should breastfeed their babies exclusively for the first 6 months and then introduce complementary feeding until 12 months¹⁷, which is critical to promote the decriminalization of HIV-positive mothers.

CHALLENGES AND LESSONS LEARNED

The study also revealed a disastrous lack of disaggregated data, the absence of which at the official level leaves women and consequently their needs out of the focus of government planning and response.

High rates of disclosure of diagnosis and transmission of data on new HIV patients from health care providers to law enforcement agencies (Uzbekistan, Tajikistan) further exacerbate the situation for LGBTI+ communities who are at risk of double stigma and double prosecution

¹⁶ During the preparation of this review, colleagues from Armenia reported the rejection of the draft law with amendments to the Criminal Code of Armenia (information as of April 2021)

¹⁷ More information in Russian at <https://www.who.int/features/qa/hiv-infant-feeding/ru/>

both for alleged putting others at risk of infection and for same-sex consensual sexual relations between adults (this criminal article still exists in Uzbekistan).

Women, who decide to become mothers and breastfeed their babies, not only face misunderstanding and condemnation from society but also find themselves at risk of criminal prosecution “for willful putting at risk of HIV infection.” Activists regularly document cases where medical personnel at maternity hospitals transmitted information about breastfeeding mothers to law enforcement agencies¹⁸. In response to this challenge, the HIV Justice Network is preparing a position statement “Criminalizing HIV and Breastfeeding”.

WAYS FORWARD AND RECOMMENDATIONS

- End the criminalization of women living with HIV. Review and reform outdated legislation in many countries of the region. Advocate for the development and adoption of anti-discrimination laws and the mandatory inclusion of “state of health” and “HIV-positive status” in the lists of protected characteristics in these laws.
- In those EECA countries where there are still lists of professions “prohibited for PLHIV”, advocate for abolishing such lists and respecting the right to work for all people, including those living with HIV (in those countries where there are lists of professions prohibited for women, include such lists in advocacy programs).
- Provide activities to prevent the spread of hate speech in the media against women living with HIV, advocate for punishment for hate speech. There are individual cases of successful public pressure on the media and demanding refutation and adequate coverage from the PLHIV community itself.
- Conduct campaigns to support the reproductive and sexual rights of women living with HIV and their motherhood. The community, judiciary and health care providers themselves should be informed about evidence-based medicine: the impact of ART on HIV transmission.
- Ensure that girls and women have access to information about their rights, including the right to health (it is particularly relevant in patriarchal countries with the high level of suppression of information and low level of education for girls and women).
- Community-based organizations and women’s human rights groups should pay more attention to international advocacy tools, actively use UN means, collect information and share it in the form of alternative reports and individual complaints.
- Develop comprehensive and systematic services specifically for women living with HIV, especially the women from key populations, to address multiple social, legal, and other barriers faced by women in EECA.

18 More information about the work of the E.V.A. association can be found at <https://evanetwork.ru/ru/category/stories/>



**STIGMA AND DISCRIMINATION
IN HEALTHCARE SETTINGS:
THE PRESENT AND FUTURE**

Stigma and discrimination in healthcare settings is a major barrier to both testing and continued adherence to treatment programs. Research in recent years shows that persistent stigma and discrimination against people living with HIV has a negative impact on the quality of life and mental well-being of community members, which is why, more than 30 years after the beginning of fighting the virus, we still have to pay considerable attention to what we started from – overcoming stigma and discrimination from healthcare providers.

Among those, who participated in the discussion and formed a package of recommendations, there were:

- **Vera Varyga**, Access to Services Head, CO “Positive Women”;
- **Oleg Yeremin**, Coordination Committee Chairperson of BelSet Anti-AIDS;
- **Oxana Rucsineanu**, Executive Director of ANB de TB din RM “SMIT”;
- **Tatiana Kiryazova**, Director of the Ukrainian Institute on Public Health Policy;
- **Olga Petrash**, Leading Specialist of the CO “100 PERCENT LIFE”, Deputy Head of the HealthLink project.

Facilitation – Vladimir Kurpita, public health expert.

EXAMPLES OF INTERVENTIONS, ACTIONS (BEST PRACTICES)

In 2017, BelSet Anti-AIDS conducted a study on the level of stigma from healthcare personnel in Belarus towards key populations at risk of HIV infection¹⁹. The results of the study show that the assumption that healthcare personnel is better informed about HIV and prevention methods and therefore can have a better and more tolerant attitude towards patients with HIV is a myth. The results of the study demonstrated a catastrophically low level of knowledge about HIV among healthcare staff. The second objective of the study was to measure healthcare workers’ attitudes towards key populations²⁰ at risk of HIV infection and to compare the data with the general population’s attitude. The results indicated that there was no significant difference between attitudes towards sex workers, people living with drug use disorder, and MSMs of health workers and representatives of other professions.

The results of a study conducted in Ukraine²¹ in 2020, in addition to similar findings on low levels of HIV knowledge among healthcare workers, also indicate that HIV stigma and KG-related stigma mutually reinforce each other and restrict access to healthcare services (seeking services and adherence to services) at all stages of the HIV treatment cascade among people who belong to key populations.

Studies among key populations in turn (using Ukraine as an example) show the greatest

19 Results are available in Russian at <https://www.belaid.net/issledovanie-urovnya-stigmy-k-gruppam-naseleniya-zatronutym-vich-infekciej-sredi-sotrudnikov-uchrezhdenij-zdravooxraneniya/>

20 38% of respondents believe that people who inject drugs pose a threat to the lives of others and therefore need to be isolated; 30% disagree and 32% of doctors find it difficult to answer.

21 More information is in the study of Sereda Y, Kiriazova T, Makarenko O, Carroll JJ, Rybak N, Chybisov A, Bendiks S, Idrisov B, Dutta A, Gillani FS, Samet JH, Flanigan T, Lunze K. Stigma and quality of co-located care for HIV-positive people in addiction treatment in Ukraine: a cross-sectional study. *J Int AIDS Soc.* 2020 May; 23(5): e25492

vulnerability of trans* people to HIV and their lowest level of knowledge about the infection²². Another multiple risk faced by trans* people is the fear of double status: both people living with HIV and trans* persons. Multiple stigma²³ towards KG from healthcare staff is another factor to consider when planning interventions.

The research on the violation of the rights of women living with HIV has helped to identify the gender-specific nature of the spread of the infection and point out areas where women living with HIV need additional efforts and support. These are working with support groups and legal education for women living with HIV, working with healthcare providers, improving gynecological services for women given the high rate of detection of infection at the stage of enrollment of pregnant women, responding to domestic violence, and supporting adherence to therapy²⁴.

In 2020, a new version of the Stigma Index 2.0 survey was launched in Ukraine with changes compared to previous similar study²⁵: 1) an emphasis on “intersectionality” - S&D experienced by people living with HIV for reasons not related to HIV status, but to belong to a KG and 2) a quota of people living with HIV healthcare facilities avoid. It is assumed that such people living with HIV experience more severe S&D, especially from healthcare workers²⁶.

CHALLENGES AND LESSONS LEARNED

Putting aside illusions about a higher level of knowledge about HIV, modes of transmission, prevention, and treatment among healthcare personnel, the research, and measurements carried out in the region showed that stigma and discrimination from healthcare workers can be divided into two categories. The first one is individual manifestations (healthcare worker – patient), and here the depth of the healthcare worker’s stereotypes and negative attitudes are directly influenced by the age, level of education, a distance of the clinic from the so-called center or the capital, the frequency of professional training. The second complex reason is manifestations of institutional discrimination: the size of a clinic, the number of patients with HIV, availability of protocols and guidelines, timely and quality educational activities, as well as the existing national prevention and support policy at the state level.

There are many myths and misconceptions about TB, and this restricts patients from both effective prevention and adherence to quality treatment. The stigmatization of TB patients is reinforced by the stigmatization of people living with HIV, as well as the belief of many healthcare workers that the TB patient must also be HIV-positive.

The Ukrainian experience shows that interventions aimed at reducing stigma and discrimination (including interventions in education cascades) lead to an increase in enrollment and adherence to treatment: the total number of healthcare HIV testing providers in the project is about 10,000;

22 Data from a qualitative study of factors affecting access to health and social services for representatives of the most at risk groups. Kiryazova T., Pykalo I., Varban M., Kushakov V. - ICF «Alliance of Public Health», 2019.

23 Here and elsewhere, multiple stigma is a combination of attributes such as HIV+sex, HIV+drug use, TB+drug use, trans* status+HIV, other combinations

24 Read more in the analytical report «The Rights of Women Living with HIV in Ukraine», http://www.pw.org.ua/wp-content/uploads/2019/05/PW_Human-Rights_rus.pdf.

25 GNP+ reviewed the methodology, drew conclusions, and presented a new unified methodology for all countries. However, the foundational philosophy of the Index remains the same: interviewers and respondents must be PLHIV and the method of collecting information must be face-to-face. The sample size this time is 2200, the sample is representative of the whole territory of Ukraine (without occupied territories).

26 Stigma Index 2.0 results for Ukraine are available at <https://www.stigmaindex.org/country-report/ukraine/>

about 7,000 were trained to reduce S&D (70%). The nationwide % of people living with HIV who know their status and enrolled for treatment (2018) is 72%. The percentage of those living with HIV who know their status and enrolled for treatment within the project is 81%²⁷.

WAYS FORWARD AND RECOMMENDATIONS

- Using research findings and identified gaps in healthcare workers' knowledge and their stereotypes to develop training programs and programs to address stigma and discrimination (as colleagues from Belarus did it conducting activities to improve health workers' knowledge after their study).
- It is important to pay attention to the introduction of changes and S&D reduction blocks in formal training courses for medical students, such experience is now being implemented in Belarus.
- Introducing programs aimed at reducing stigma and discrimination against HIV+ patients belonging to key populations, as well as reducing self-stigma –investments are necessary to improve the response to the HIV epidemic. It is also important to involve KG representatives in the development and implementation of accessible and quality patient-centered services based on the principles of medical ethics, non-discrimination and protection of the right to health.
- There is also a need to collect gender-disaggregated statistics in public health (HIV prevention and treatment, substitution therapy, etc.), which would reflect the true needs of women and expand the list of healthcare services for women accordingly.
- Draw attention to the issue of HIV+TB co-infection and develop effective education and information activities among different target groups based on a) the differences and b) the links between HIV and TB; and the importance of TB testing and prevention among the population.
- Continue to develop the practice of decentralized testing - transition from testing exclusively at AIDS Centers to other healthcare facilities (developments and results demonstrated by Respect and HealthLink projects in Ukraine).
- It is necessary to have legal awareness-raising programs for people living with HIV themselves on both patient rights and, more broadly, human rights as a first step to working effectively to counter stigma and discrimination in healthcare settings.

²⁷ "100% LIFE" data, the HealthLink project

The background of the image is a dark blue overlay on a photograph of a desk. On the desk, there is a laptop on the left and an open book with a white cover in the center. The text is positioned on the left side of the image, next to a vertical teal line.

**STIGMA AND DISCRIMINATION
IN EDUCATIONAL SETTINGS
AGAINST PEOPLE LIVING
WITH HIV**

Due to the lack of systematic and quality sexual and reproductive education at school, people know nothing about their health, live captive of common stereotypes about sexuality, their health, and HIV, and carry these delusions into their adult lives. This is why changes at all levels of the education system are long overdue, both for the prevention of the HIV epidemic and for overcoming stigma and discrimination against people living with HIV. The second part of the problem related to stigma and discrimination is to guarantee the right to education for children living with HIV.

Among those, who participated in the discussion and formed a package of recommendations, there were:

- **Tigran Yepoyan**, UNESCO;
- **Yulia Plakhutina**, UNESCO;
- **Yana Panfilova**, Teenergizer;
- **Tatiana Zherebkina**, CEDOC Ukraine.

Facilitation – **Sasha Volgina**, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination.

EXAMPLES OF INTERVENTIONS, ACTIONS (BEST PRACTICES)

A comparative analysis of two representative public opinion surveys in the Russian Federation in 2005 and 2018 shows a significant change in public opinion regarding co-education of children with and without HIV. This is undoubtedly facilitated by extensive and sustained information activities, advocacy, and awareness sharing among educators.

Subsequently, UNESCO has focused on the prevention of violence in education and directed its methodological efforts towards preparing manuals for teachers and school administrators on how to prevent bullying²⁸, avoid mandatory testing, protect information on status, etc²⁹. Such manuals have been implemented and endorsed by ministries of education in the Russian Federation, Moldova, Ukraine, and are currently in negotiations with Tajikistan.

To work with adolescents and children living with HIV, UNAIDS produced a comic book and video that makes it easier to talk interactively about bullying prevention among adolescents and sexual education³⁰. An information platform for parents in the Russian Federation was launched to provide answers to frequent questions, gathering all Russian-speaking resources³¹.

The social youth movement “Teenergizer”³² is a response by adolescents and young people with HIV themselves to the lack of information and support in the formal education system.

28 At national levels, different terms are used for persecution (harassment) and/or discrimination in education; the words “bullying” and/or “mobbing” are also used at a simple level. In Ukrainian legislation, the word “bullying” is fixed at the level of law (Law of Ukraine “On Education” defines what bullying is, prohibits it and establishes responsibility for it)

29 For example, see <https://iite.unesco.org/ru/publications/hiv-discrimination/>

30 These materials are available at <https://vk.com/dvor.media> or <https://okko.tv/movie/ii>

31 For more details, see <https://растимдетей.рф/articles/children-with-hiv>

32 “Teenergizer” resources are available at <https://teenergizer.org>. The team engages psychology students in counselling, supporting a peer-to-peer approach

For several years, the movement has been developing a permanent project “HIVParty” to mobilize young people and educate them; it is a space for talking about sexual health, testing, communication on different topics, and psychological support for young people. “Teenergizer” conducts practical training for adolescents and uses the peer-to-peer method to increase adolescents’ legal awareness and their knowledge about reproductive rights and sexual health.

CHALLENGES AND LESSONS LEARNED

A very important experience in preparing textbooks of methods and manuals for teachers is to involve teachers themselves in the working groups, where they can share their experiences and fears, suggest what materials they need, and on what topics, including basic information about HIV. It is important to talk to adolescents, parents, and teachers alike about what sexual and reproductive education really is, what topics and units these courses should consist of, to what extent it is “not about sex” but about health. For such work, UNESCO has prepared in 2019 an updated edition of the International Technical Guidance on Sexuality Education³³.

A study in Ukraine on what parents know about sexuality education³⁴ shows a high level of stereotypes about the content of the subject and a low level of knowledge, which also confirms the thesis that changes in the formal education system are needed. A study of Ukrainian curricula³⁵ indicates gaps in existing curricula, both in terms of their content on HIV and the right to health in general.

The 2019 survey data show that adolescents and young people in the EECA region know very little about their health and HIV; the proportion of respondents with correct knowledge about HIV ranges from less than 3% in Tajikistan to 55% in Belarus. In Ukraine, it is at the level of 23%³⁶. Taking into account the data of surveys among young people in Russia and Ukraine³⁷, revealing that they mostly independently seek information about their health on the Internet, they created “LoveLogs: Relationships Diary”. This mobile application was developed with the support of UNESCO IITE to raise awareness among adolescents and young people about their own health³⁸. The chatbot Eli was created in the “Vkontakte” social network to answer the questions of adolescents and young people about health, their bodies, and growing up, as well as to promote the basics of a healthy lifestyle and inform about ways to prevent “harmful” habits and risky behavior.

33 Available in Russian at <https://iite.unesco.org/ru/publications/sexuality-education-guidance/>

34 See more at <https://hromadske.ua/ru/posts/issledovanie-84-roditelej-podderzhivayut-seksualnoe-obrazovanie-v-shkolah-no-oni-i-uchitelya-imeyut-mnogo-predubezhdenij>

35 The CEDOS Centers 2019 desk research is available in Ukrainian at <https://cedos.org.ua/uk/articles/stvorennia-peredumov-dlia-rozvytku-seksualnoi-osvity-v-shkolakh>

36 Data from aidsinfo.unaids.org (2019)

37 UNESCO study: over 29% of young people (15-24 years old) surveyed indicated that they primarily use digital resources to find information about their bodies, sex and relationships

38 Available on [GooglePlay](https://play.google.com/store/apps/details?id=com.teenergizer)

WAYS FORWARD AND RECOMMENDATIONS

It is important to continue qualitative and quantitative research on all target groups (teachers, parents, and students): what their needs, challenges, and desires are, to be used later as a justification for building interventions, changes, and new programs.

Digital resources do not replace formal education and do not replace the need to advocate for systemic change in formal education across ages. At the same time, given the lack of consistent and systematic information in schools, such interactive and digital resources can now partially fill the gaps by responding to the current ways how children and young people seek information. In addition, an important part of such interactive, informal digital resources is the possibility of communicating with supportive professionals on such platforms; for example, using a mobile app, it is possible to talk to a psychologist or a doctor. Chatbots are becoming an analog for mass use in terms of questions.

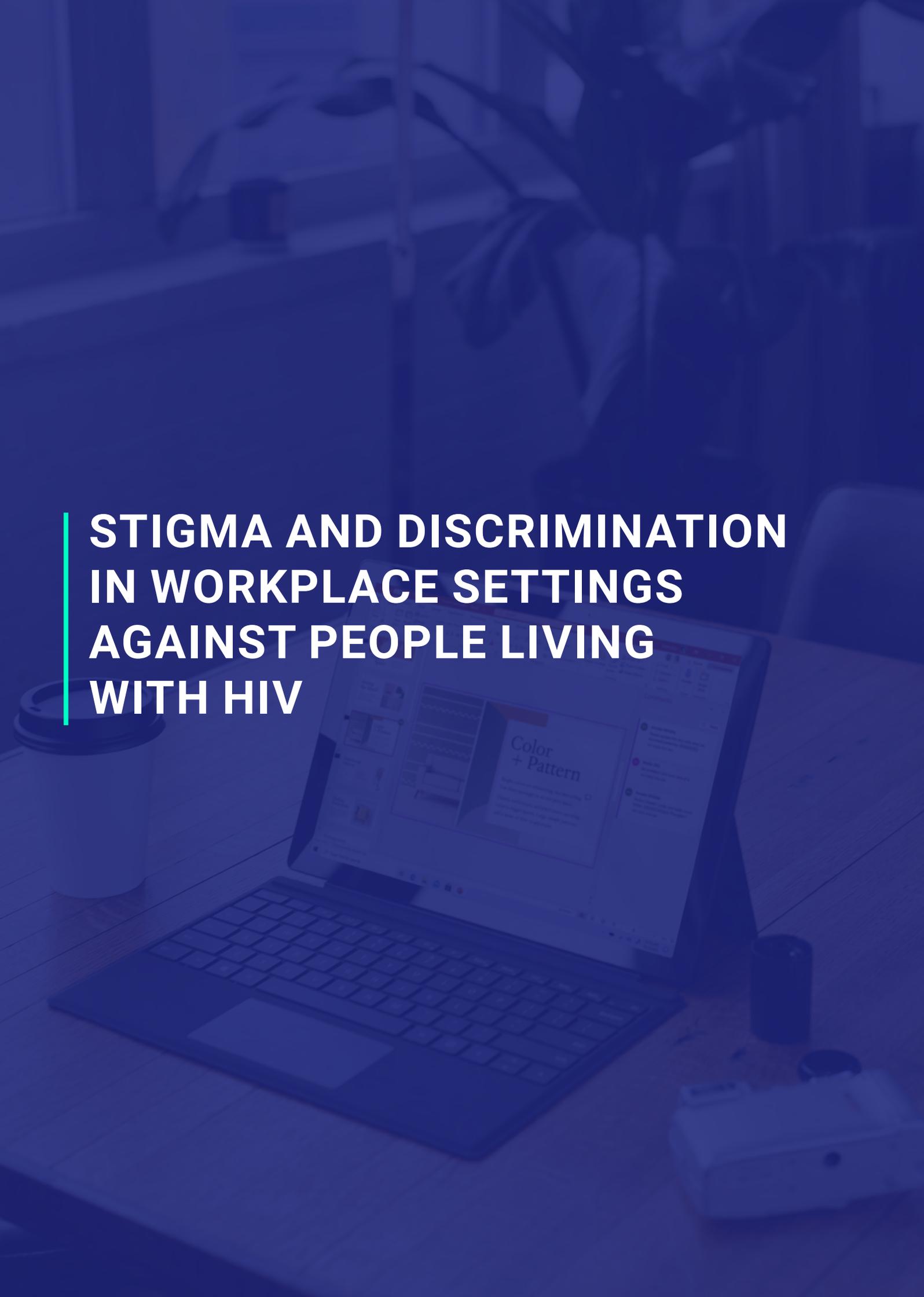
While aiming to change approaches in formal education, it is important to keep an eye on other issues related to the legislation in EECA countries: it concerns the age of making independent decisions about the health of adolescents, the possibility of anonymous testing, and the possibility of counseling until the age of 18 without the presence of parents. It is necessary to include adolescents themselves in advocacy and take into account their needs and opinions³⁹.

The questions that must necessarily be included in the formal education programs in schools for different ages are as follows: what HIV is, modes of transmission and prevention, methods of HIV therapy and ART, programs and support groups for people living with HIV, resources, including friendly and anonymous for adolescents, right to health, right to relationships, including romantic and sexual, and partnerships, etc. Working with stereotypes and social exclusion should also become an important part of changes in the formal education system⁴⁰.

There is a certain difficulty in dealing with sensitive information in a large school classroom. And teachers are shy to talk about many topics (and they need both methodological materials and additional training). The same barriers exist among adolescents. It is worth developing self-help resources among adolescents and training them to work on a peer-to-peer basis: such groups can exist as “school ombudsmen”, for example.

39 Based on the experience of “Teenergizer”, for example

40 Working with the “we - them/PLHIV - other people” mindset, similar work is needed with other stereotypes and social groups

A person is sitting at a desk, working on a laptop. The desk also has a coffee cup and some other items. The background is a blurred office setting. The entire image has a blue overlay.

STIGMA AND DISCRIMINATION IN WORKPLACE SETTINGS AGAINST PEOPLE LIVING WITH HIV

This webinar focused on the following topics: the right to work; one of the themes of the Global Partnership and possible interventions related to stigma and discrimination; the work of the International Labour Organization (ILO) with large state-owned enterprises in the sphere of HIV prevention and timely prevention, experiences of stigma reduction in corporate business, how to measure stigma in the workplace and what to do with the results. The topic of “workplace” appears to be important and was highlighted as a separate block within the Global Partnership because the activists’ work traditionally focuses on legislation, justice, medicine, while equally important areas where human rights are violated in large numbers are the workplace and education.

Among those, who participated in the discussion and formed a package of recommendations, there were:

- **Ekaterina Ivanova**, Ph.D. in History, Coordinator of HIV/AIDS programmes in the Russian Federation, ILO Moscow;
- **Larisa Savchuk**, ILO Ukraine;
- **Irene Fedorovych**, Director of NGO “Center for Social Action”;
- **Lachin Aliyev**, Estonian Network of PLHIV;
- **Yevgeniy Goloshchapov**, LL.M. in International Human Rights Law, Advocacy Director of the NGO “Positive Initiative”, Member of the Council for the Prevention and Elimination of Discrimination and Ensuring Equality in the Republic of Moldova.

Facilitation – Sasha Volgina, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination.

EXAMPLES OF INTERVENTIONS, ACTIONS (BEST PRACTICE)

The International Labour Organization (ILO) has been working to address stigma and discrimination in the workplace⁴¹ since 2001⁴². The ILO primarily focuses on HIV education, ending stigma and discrimination, mitigating the impact of HIV and AIDS, and providing care and support for people living with HIV. A second important part of the ILO’s work aimed at preventing human rights violations in the workplace, which include the followings:

- Denial of employment (where, unfortunately, very few cases exist, people do not complain);
- Breach of confidentiality, disclosure of HIV status;
- Wrongful termination;
- Mandatory testing and screenings;
- Unequal treatment, stigma, and discrimination in the workplace.

⁴¹ It is important to note here that the ILO works with a “triangle”: government, employers (state enterprises and entities) and trade unions, usually working from the top down, from the Ministry responsible for the right to work to the trade unions, which are the main partners of the ILO in their field work

⁴² See ILO Code of Practice on HIV/AIDS and the World of Work, Adopted by the ILO Administrative Council on 22 June 2001. For more information, see https://www.ilo.org/wcmsp5/groups/public/ed_protect/protrav-ilo_aids/documents/publication/wcms_114138.pdf

In promoting comprehensive HIV/AIDS workplace programs, the ILO⁴³ promotes the following mandatory components:

- Comprehensive training programs for men and women.
- Effective occupational safety and health measures.
- Measures to encourage workers to learn their status as early as possible through voluntary counseling and testing.
- Access to all means of prevention, including post-exposure prophylaxis.
- Measures to reduce high-risk behaviors and harm reduction strategies.

An example of working with the private sector and promoting equality and non-discrimination in the workplace through rankings and policies is the work of the Corporate Equality Index in Ukraine - a national survey of corporate policies, rules, and practices of private companies to promote equality and diversity and prohibit discrimination in the workplace.

The Index includes surveys on countering discrimination on the grounds of gender, disability, sexual orientation, and gender identity⁴⁴. Companies use a questionnaire and publish their policies; it is an incentive for many to start applying uniform global standards in Ukraine. The Index also stimulates discussion among employees and makes the support of different communities visible.

A similar initiative to work with private businesses was implemented by the Estonian Network of PLHIV following the Stigma Index (2011-2012). The findings⁴⁵ were used as further evidence to prove the importance of establishing guidelines on HIV testing and referral people living with HIV for treatment. The Ministry of Social Policy drafted new guidance⁴⁶ and the Network had the opportunity to provide recommendations, in particular highlighting the counseling component. Rapid HIV testing was included in the guidelines as the main HIV testing method. Following this, the Network launched the “HIV is not transmitted through work” campaign. The Network searches for 100 companies in Estonia, which internal working environment and human resources policies do not discriminate against HIV-positive people, and promotes these companies among people living with HIV as “good employers”.

CHALLENGES AND LESSONS LEARNED

The ILO is limited to working only with the so-called state enterprises and trade unions. Such work can be very extensive and systematic with the support of the state or a responsible

43 The example of the ILO work in the RF. In the Russian Federation, the ILO has concluded tripartite documents with the government regulating HIV/AIDS in the workplace; the key document is now transformed into the State Strategy on HIV Prevention until 2020 (October 2016)

44 The research is a joint development of the organizations, such as “Fulcrum UA”, the Social Action Center, and the National Assembly of People with Disabilities of Ukraine with the support of the International Renaissance Foundation. More about the Index and the 2020 results can be found at <https://cei.org.ua> (in Ukrainian)

45 Stigma Index data showed: 8% (n = 23) gave up education or training, 7% (n = 21) chose not to apply for a job or promotion because of their HIV status, and 4% (n = 13) quit their job. 66% (n = 199) of respondents were unemployed, 26% (n = 88) work part-time or full-time, and another 2% (n = 5) describe themselves as self-employed and 6% (n = 18) have temporary jobs. Among unemployed respondents, there were relatively more women than men (75%, n = 83 compared to 61%, n = 116)

46 The guidelines are available on the Ministry's website: www.sm.ee

ministry. Private enterprises, companies, and employers need a different approach and arguments to systematically involve them in HIV prevention and overcoming stigma and discrimination against people living with HIV in the workplace.

The example of the ILO work in Ukraine highlights the following important obstacles to effective and systematic work to ending stigma and discrimination in the workplace:

- There is little or no convincing data.
- There is virtually no “HIV and Workplace” component in key documents.
- Lack of understanding of how important to respond to HIV in the workplace (especially in the context of stigma).
- Lack of engagement of tripartite partners in HIV-related decision-making processes.
- Low funding for prevention.

The ILO experience in Russia and Ukraine, as well as the experience of the Estonian Network of PLHIV, shows that the most informative and motivating tool for promoting not only testing campaigns but also non-discrimination policies in the workplace is the involvement of activists and people living with HIV themselves. It is personalized experiences and personal stories that help to overcome fear and stigma and change attitudes towards people living with HIV.

In all the countries which experience was presented at the webinar, there is one common problem (typical for the whole region) - low level of formal (equality institutions, courts) and informal complaining about discrimination (in NGOs, for example) by community members in the workplace. This does not indicate the absence of the problem, but that it is in the shadows, and efforts should be directed not only to employers, collection of statistics, research, but also to increase the legal awareness of community members, support them and help them to collect and file such complaints. The REACT system can be one such tool to educate and record violations⁴⁷.

WAYS FORWARD AND RECOMMENDATIONS

Promote the development and adoption of comprehensive anti-discrimination laws and the establishment of separate equality institutions in countries where they do not yet exist. Unite with the human rights movement and other actors in this field around common advocacy and awareness-raising campaigns.

It is critical to work with data, to collect statistics⁴⁸, including as an argument to attract employers, to illustrate the scale of the HIV epidemic.

Awareness-raising work among businesses, companies, and employers should focus not only on testing and counseling but ideally lead to systemic change, such as the development of equality (and/or non-discrimination) policies and programs regarding ongoing training, and the support of workers.

⁴⁷ More information about REACT from the Alliance for Public Health (a project currently underway in Moldova and Ukraine) can be found at <http://aph.org.ua/uk/resursy/react/>

⁴⁸ Here and elsewhere, statistics are understood as disaggregated statistics that show data on different groups: KG, women, age groups, etc.

The following arguments and answers to such relevant questions for all forms of ownership and all employers can help in a talk with the employer:

- Partner interest (ideally, when an employer him/herself “comes” with a request for awareness-raising and/or advisory work).
- Statistics and research data (including employment data).
- National and international legal frameworks (which employers don’t really know much about, think of it).
- Clear reasoning and examples of successful practices (answering the question: “What will we get as a result and how much will it cost?”).
- Equal partnerships (all decisions, programs should be developed together, involving all parties).
- Cooperation with international associations of employers and trade unions (including the use of Western experience in ratings, research, and information campaigns).



**STIGMA AND DISCRIMINATION
IN EMERGENCY SETTINGS
IN THE EECA REGION:
PRIORITY PROBLEM AREAS
AND RESPONSES**

This webinar is the latest in a series of webinars on decriminalization of HIV transmission and related human rights issues and focused on a particular group of neglected populations - migrants and internally displaced people. The aim was to discuss the main problems and gaps faced by people in emergency situations and/or forced to leave their countries of origin ⁴⁹, and how joint efforts of UNHCR, PLHIV-led organizations, and other professionals could address these issues. The main challenge in organizing this webinar was to find practitioners who know the issues and can work with them in order to give the community real tools to work if needed and contacts to seek advice.

Among those, who participated in the discussion and formed a package of recommendations, there were:

- **Vera Shelest**, HIV/AIDS Coordinator, Office of the United Nations High Commissioner for Refugees, Mission to Ukraine;
- **Daniel Kashnitsky**, Academic Liaison Officer, Regional Expert Group on Migrant Health in EECA;
- **Natalya Bezeleva**, Executive Director of CO “Club Svitanok”.

Facilitation – Sasha Volgina, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination.

EXAMPLES OF INTERVENTIONS, ACTIONS (BEST PRACTICES)

The Office of the United Nations High Commissioner for Refugees (UNHCR) works to protect the right to asylum and related issues; its mandate also includes the protection of the rights of stateless persons and internally displaced persons. Since 2001, with the adoption of the Declaration of Commitment on HIV/AIDS (UN Document), the UNHCR has had HIV-related issues on its agenda and in the focus regarding refugees. The UNHCR has an internal policy on HIV/AIDS and the protection of refugees, IDPs, asylum-seekers, and other mandated persons, as well as other key guidance policies that include HIV+ status among other protected characteristics. Given the situation in Ukraine⁵⁰, the UNHCR’s mandate also includes internally displaced persons (IDPs) issues: thus in 2015, together with “100% LIFE”, an emergency project was launched in Luhansk for IDPs living with HIV (education, ART support, and information campaigns). In 2016, prevention activities among youth (mini-grant program in the regions) were started in cooperation with “Krym SOS”. From 2020, the UNHCR together with another UN agency, the ILO, began to support the executive authorities and launched an education program on non-discrimination in the workplace (including on HIV/TB) for the State Migration Service⁵¹.

To respond to the problem of HIV prevalence among migrants and the lack of state response to this problem, in 2018 in EECA countries, the Regional Expert Group on Migrant Health was established to conduct research, present its results to the public, discuss evidence-based

⁴⁹ This series of presentations dealt with refugees, asylum seekers, stateless persons, internally displaced persons and host communities

⁵⁰ As of 2020, in Ukraine there were 271 asylum seekers, 2,218 recognized refugees, 35,000 stateless persons, 1.4 mln. IDPs and 1.6 mln. persons residing along the contact line and in the grey zone

⁵¹ Throughout its work, the UNHCR focuses on the needs and barriers faced by key populations, and conducted regular internal assessments and research to help the agency plan future interventions

arguments with decision-makers, hold expert dialogue in the EECA region, and develop cross-border cooperation to ensure that migrants have access to health services. The REG now has 45 members from 18 countries.

It was important in the Ukrainian situation to maintain services in the non-governmental controlled area, given the number of people who remained there, for continuous diagnosis and treatment. “Food for Life”, a joint project of the Network and World Food Programme in Ukraine, provides assistance to people living with HIV affected by the military conflict and living in the conflict zone in the government-controlled areas of Donetsk and Luhansk regions. As a result of the project implementation in Donetsk oblast, from March to December 2017, more than 2,000 clients received assistance (adherence to treatment increased in 34% of project participants; treatment effectiveness among project participants increased from 74% to 93%; the number of ART clients among project participants increased by 10%). It was equally important to similarly establish the continuation and continuity of substitution therapy in these territories.

The project “Addressing Specific Sexual and Reproductive Health Needs and Rights of Marginalized Women in Areas Affected by Armed Conflict in Ukraine” funded by the French movement Médecins du Monde. The community-based research “Access of women who use drugs to sexual and reproductive health, HIV and harm reduction services in Donetsk and Luhansk oblasts” was conducted; it allowed documenting the dire socioeconomic situation of women who use drugs and live in areas affected by armed conflict in Ukraine.

CHALLENGES AND LESSONS LEARNED

Many bio-behavioral studies in Europe have found that migrants and refugees have an increased risk of HIV infection, largely due to lack of legal status and difficult access to health services in the first years of life in emigration. A significant proportion of migrants have been infected after migration⁵², which is important to consider when planning prevention measures, which should necessarily include non-citizens, especially in those countries in the EECA region where domestic migration laws fail to take into account or infringe rights to health of non-citizens, such as in the Russian Federation⁵³. This leads to the fact that migrants living in Russia for years do not register at AIDS centers in the RF, do not take ART and, due to the labor and economic nature of migration, do not return to their countries of origin.

There is no accurate and reliable data from EECA countries on the number of migrants, asylum seekers, refugees, IDPs, and stateless people with HIV-positive status. The absence of such data, among other things, indicates a lack of a consolidated response and consideration of the treatment needs of these people in state programs. Keeping all these people in the shadow contributes to the further spread of infection, lack of adherence to treatment (ART is bought by those, who can afford it), and deteriorating health outcomes.

Emergency situations (war, revolutions, natural disasters, and pandemics) are a stress factor for civil society organizations that not only need to keep their staff but also try to maintain

52 Ross et. al 2018; Gosslin 2018

53 Russia remains one of 19 countries (including Egypt, Iraq, Jordan, UAE, Singapore, and Turkmenistan) that restricts the stay of HIV-positive foreign citizens. Foreigners will be refused a patent, residence permit or Russian citizenship if they have been diagnosed with the following diseases: HIV infection, tuberculosis, leprosy (Hansen's disease), STIs (syphilis, chlamydial lymphogranuloma, chancroid, etc.), and drug addiction. Read more at <http://migrationhealth.group/hiv/documents/>

productivity and continue providing services to their target audiences. In the Ukrainian situation of war in the East and occupation of Crimea, the main challenge was organizing work in the non-government controlled area and trying to establish work in the occupied Crimea to maintain services for clients and continue to work in an uncertain legal environment.

WAYS FORWARD AND RECOMMENDATIONS

For people living with HIV, the issue of access to services and the right to health in emergencies should be visible and put on the agenda.

It is necessary to maintain and create cross-border collaboration between CSOs to support and assist migrants with HIV and TB in EECA countries. Advocacy actions for ensuring legal stay and access to continuous HIV care in host countries, particularly in Russia. Contribution to the creation of legal and barrier-free mechanism to provide (transfer) ARVs for treatment of migrant workers in host countries. Promoting inter-country agreements and the establishment of funds to provide migrants with HIV testing and treatment programs.

In addition to the argument about preventing the spread of the epidemic, NGOs should use an economic argument to advocate for change, including for amnesty in the context of migration, and improvements in accessing treatment for migrants, refugees, asylum seekers, stateless persons, and IDPs.

ANNEX 1. LIST OF WEBINARS AND SPEAKERS

Introductory webinars - 2

WEBINAR 1

STIGMA AND DISCRIMINATION IN THE EECA REGION

Facilitators: Valeria Rachinska, Regional Representative of the Global Partnership in the EECA Region for Community and Civil Society Engagement, and Sergii Dmytriiev, Policy and Advocacy Director of the CO "100% Life"

| Speakers | Topics | Presentations/ Links |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Alexandrina Iovita, Human Rights Advisor, Department of Communities, Rights and Gender (CRG), the GF | Technical Support Unit (TSU) lessons learned, Submission Window 1 - Recommendations on Human Rights and Gender Identity (HRG) | Presentation |
| Sasha Volgina, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination | The role of civil society in the Global Partnership | Presentation |
| Alexander Goliusov, UNAIDS Regional Director for Eastern Europe and Central Asia (Acting) | Overview of the situation with the increase in new cases in the EECA region: causes and challenges | Speech without presentation |

WEBINAR 2

GLOBAL FUND AND FOCUS ON HUMAN RIGHTS

| Speakers | Topics | Presentations/ Links |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------|
| Sasha Volgina, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate All Forms of HIV Stigma and Discrimination | How to bring seven key programs and six areas together to end stigma, discrimination, and criminalization | Presentation |
| Alexandrina Iovita, Human Rights Advisor, Department of Communities, Rights and Gender (CRG), GF | Where in the modular framework should human rights be included? | Presentation |
| Pavel Skala, Associate Director for Policy and Partnerships, ICF "Alliance for Public Health" | Ukraine's experience in preparing an application to the GF in 2020 – selecting priorities | Speech without presentation |

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| Taras Grytsenko, Public Health Expert, UNAIDS Ukraine Human Rights Consultant, Technical Co-facilitator for the preparation of Ukraine's application to the GF | Preparing Ukraine's application to the Global Fund in 2020 – key points | Speech without presentation |
| Valeria Rachinska, Regional Representative of the Global Partnership in the EECA Region for Community and Civil Society Engagement | Establishing priorities while preparing Ukraine's application based on information on human rights violations | Speech without presentation |

Thematic webinars on areas selected for Global Partnership interventions – 7 webinars

WEBINAR 3
**COMMUNITY-led ADVOCACY
FOR THE DECRIMINALIZATION OF HIV TRANSMISSION**

| Facilitator – Sasha Volgina, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate All Forms of HIV Stigma and Discrimination | | |
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| Speakers | Topics | Presentations/ Links |
| Natalia Sidorenko, Consultant of the «HIV Criminalization Scan in the EECA Region» Project, GNP+ | Analytical review of a situation: Criminalization of HIV transmission in the EECA region | Presentation |
| Svitlana Moroz, Head of the Board of the Eurasian Women's Network on AIDS | The role of communities in the advocacy for the decriminalization of HIV transmission in the EECA region | Presentation |
| Edwin Bernard, Executive Director of HIV Justice Network, Global Coordinator of HIV Justice Worldwide | Global movement to decriminalize HIV | Speech without presentation |

WEBINAR 4
HIV CRIMINALIZATION AND ACCESS TO JUSTICE

| Facilitator: Mikhail Golichenko, Lawyer, Ph.D. in Law, Canadian HIV/AIDS Legal Network | | |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Speakers | Topics | Presentations/ Links |
| Boyan Konstantinov, Specialist in Public Administration, HIV, Health and Development, UNDP, Istanbul | Consequences of criminalization and impact on quality of life of PLHIV, practices of different countries, judicial practice | Presentation |
| Zebo Kosimova, Lawyer, Dushanbe | Criminalization practices in Tajikistan | Speech without presentation |

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| Timur Abdullaev, Health Right Expert, UNDP Consultant, Tashkent | International recommendations to eliminate the criminalization of HIV transmission | Presentation |
| Anatoliy Leshenok, Tatiana Zhuravskaya, "People PLUS", Minsk | HIV decriminalization: Experience of Belarus | Presentation |

WEBINAR 5

WOMEN'S LEADERSHIP IN RESEARCH ON HIV CRIMINALIZATION, ADVOCACY, AND ACTIVISM

| Facilitator: Svitlana Moroz, Eurasian Women's Network on AIDS | | |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|
| Speakers | Topics | Presentations/ Links |
| Elena Kudryavtseva, UN Women Programme Specialist on Gender Equality and HIV/AIDS | Review of the UN-Women activities on HIV/AIDS, the agency's involvement in the Global Partnership initiative | Presentation |
| Alina Yaroslavskaya, Specialist of the Eurasian Women's Network on AIDS | Women living with HIV in EECA (why HIV is a gender-related issue) | Presentation |
| Jessica Whitbread (Canada), PLHIV activist | Breastfeeding + HIV + criminalization. My story | Presentation |
| Natalia Zamanskaya, E.V.A. Association, Russian Federation | Successful experience of social and legal support for an HIV-positive woman | Presentation |
| Takhmina Khaidarova, Tajikistan Network of Women Living with HIV, Representative of the Eurasian Women's Network on AIDS in Tajikistan | Overview of the situation with the rights of women living with HIV in Tajikistan | Presentation |
| Evgeniya Korotkova, NGO "Ishonch va Hayot", Uzbekistan | "Can I trust my doctor?" Overview of the situation with the rights of women living with HIV in Uzbekistan | Presentation |

STIGMA AND DISCRIMINATION IN HEALTHCARE SETTINGS: THE PRESENT AND FUTURE

| Facilitator: Vladimir Kurpita, Public Health Expert | | |
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| Speakers | Topics | Presentations/ Links |
| Vera Varyga, Access to Services Head of CO "Positive Women" | Gender stereotypes and stigma at healthcare facilities | Presentation |
| Oleg Yereimin, Coordination Committee Chairperson of "BelSet Anti-AIDS" | Exploring the level of stigma from healthcare personnel towards key populations at risk of HIV infection in Belarus | Presentation |
| Oxana Rucsineanu, Executive Director of ANB de TB din RM "SMIT" | Double stigma: TB and HIV | Presentation |
| Tatiana Kiryazova, Director of the CO "Ukrainian Institute on Public Health Policy" | Key groups: stigma and discrimination against patient groups | Presentation |
| Olga Petrash, Leading Specialist of the CO "100 PERCENT LIFE", Deputy Head of the HealthLink Project | Stigma and discrimination among healthcare workers, and the role of the project in overcoming these negative manifestations | Presentation |

STIGMA AND DISCRIMINATION IN EDUCATIONAL SETTINGS AGAINST PEOPLE LIVING WITH HIV

| Facilitator – Sasha Volgina, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate All Forms of HIV Stigma and Discrimination | | |
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| Speakers | Topics | Presentations/ Links |
| Tigran Yepoyan, UNESCO | HIV: stigma and discrimination in the education system | Presentation |
| Yulia Plakhutina, UNESCO | Sexuality education v stigma and discrimination? | Presentation |
| Yana Panfilova, "Teenergizer" | Sexuality education through the eyes of adolescents | Presentation |
| Tatiana Zherebkina, CEDOC Ukraine | HIV issues in sexuality education at schools | Presentation |

STIGMA AND DISCRIMINATION IN WORKPLACE SETTINGS AGAINST PEOPLE LIVING WITH HIV

Facilitator – Sasha Volgina, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate All Forms of HIV Stigma and Discrimination

| Speakers | Topics | Presentations/ Links |
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| Ekaterina Ivanova, Ph.D. in History, Coordinator of HIV/AIDS Programmes in the World of Work in the RF, ILO Moscow | Addressing HIV/AIDS in the world of work. Implementation of programs in the Russian Federation | Presentation |
| Larisa Savchuk, ILO, Ukraine | HIV and the world of work in Ukraine: ILO approaches | Presentation |
| Irina Fedorovich, Director of the NGO “Center for Social Action” | Corporate Equality Index in Ukraine | Presentation |
| Lachin Aliyev, Estonian Network of PLHIV | Experience of the Estonian Network of PLHIV | Presentation |
| Evgeniy Goloshchapov, LLM in International Human Rights Law, Advocacy Director of the NGO “Positive Initiative”, Member of the Council for the Prevention and Elimination of Discrimination and Ensuring Equality in the Republic of Moldova | Stigma and discrimination against people living with HIV in the workplace: Moldova | Presentation |

STIGMA AND DISCRIMINATION IN EMERGENCY SETTINGS IN THE EECA REGION: PRIORITY PROBLEM AREAS AND RESPONSES

Facilitator – Sasha Volgina, Community Engagement Project Coordinator for the Global Partnership for Action to Eliminate All Forms of HIV Stigma and Discrimination

| Speakers | Topics | Presentations/ Links |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------|
| Vera Shelest, HIV/AIDS Coordinator, Office of the United Nations High Commissioner for Refugees, Mission to Ukraine | UNHCR’s contribution to the AIDS response. Work experience in Ukraine | Presentation |
| Daniel Kashnitsky, Academic Liaison Officer, Regional Expert Group on Migrant Health in EECA | Criminalization of international migrants living with HIV in Russia | Presentation |
| Natalya Bezeleva, Executive Director of the CO “Club Svitanok” | Stigma and discrimination in the EECA region in the sphere of emergency situations: priority problem areas and responses | Presentation |

ANNEX 2. BACKGROUND INFORMATION ON THE GLOBAL PARTNERSHIP FOR ACTION TO ELIMINATE ALL FORMS OF HIV-RELATED STIGMA AND DISCRIMINATION

The Global Partnership is an initiative aimed at working against stigma, supporting more effective interventions, spreading and replicating our success around the world.

The Global Partnership includes leading HIV organizations that advocate for resource mobilization and provide a global platform for communities and civil society to lead this work.

The Global Partnership recognizes that the key to ending HIV-related stigma is the work of communities and civil society to implement measures across different settings: household, workplace, education, the justice system, health care, and emergency and humanitarian.

High-level commitments will only be met if governments and civil society collaborate and fight stigma in all settings. The Global Partnership has brought together organizations that work to address HIV-related stigma and can offer its knowledge, expertise, ideas, and tools. This group is called the Technical Working Group of the Global Partnership; it includes UN agencies and civil society organizations that can provide technical support to governments.

