

**MOLDOVA**



**REACT**

**ANALYTICAL REPORT  
FOR THE FIRST SEMESTER OF 2020**

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**VIOLATIONS OF RIGHTS OF PEOPLE  
LIVING WITH HIV AND REPRESENTATIVES  
OF THE KEY POPULATIONS**

# CONTENTE

<b>WHAT IS REACT?</b> . . . . .	<b>4</b>
WHAT CAN ORGANISATIONS DO WITH REACT? . . . . .	5
REACT FEATURES . . . . .	6
WHO IS IN FOCUS? . . . . .	7
WHAT KIND OF DATA WE RECORD? . . . . .	7
HUMAN RIGHTS CONCEPT WE FOLLOW . . . . .	8
RESPONSIBILITY OF A STATE . . . . .	11
<b>IMPLEMENTATION SCALE IN REGION</b> . . . . .	<b>15</b>
<b>ORGANIZATIONS PARTICIPATING IN THE REACT PROJECT</b> . . . . .	<b>17</b>
<b>GENERAL INFORMATION FOR MOLDOVA</b> . . . . .	<b>20</b>
IMPLEMENTATION SCALE . . . . .	22
CLIENTS' INFORMATION . . . . .	23
GENERAL STATISTICS . . . . .	24
<b>PEOPLE LIVING WITH HIV</b> . . . . .	<b>25</b>
ANALYSIS OF NATIONAL LEGISLATION . . . . .	27
DISCRIMINATION OF PLHIV IN HEALTH FACILITIES AND BARRIERS TO TREATMENT . . . . .	28
BARRIERS TO ACCESS TO OST AND ARV THERAPY DUE TO LOCKDOWN RESTRICTIONS . . . . .	30
DISCRIMINATION OF PREGNANT WOMEN AND CHILDREN LIVING WITH HIV . . . . .	31
VIOLATIONS OF RIGHTS BY LAW ENFORCEMENT AGENCIES . . . . .	32
DENIAL OF ACCESS TO OTHER SOCIAL SERVICES . . . . .	34
DISCRIMINATION OF PLHIV IN LABOUR FIELD . . . . .	35

<b>PEOPLE WHO USE DRUGS</b> . . . . .	<b>38</b>
ANALYSIS OF NATIONAL LEGISLATION . . . . .	39
BARRIERS TO ACCESS TO OST . . . . .	39
VIOLATION OF RIGHTS BY LAW ENFORCEMENT AGENCIES . . . . .	40
<b>SEX WORKERS</b> . . . . .	<b>42</b>
ANALYSIS OF NATIONAL LEGISLATION . . . . .	43
VIOLATION OF RIGHTS OF SEX WORKERS BY LAW ENFORCEMENT AGENCIES . . . . .	44
DOMESTIC VIOLENCE . . . . .	45
STIGMATISATION IN HEALTHCARE FACILITIES . . . . .	45
<b>MSM AND TRANSGENDERS</b> . . . . .	<b>46</b>
ANALYSIS OF LEGISLATION . . . . .	47
<b>IMPACT OF THE PANDEMIC ON HUMAN RIGHTS IN MOLDOVA</b> . . . . .	<b>47</b>
<b>THE RESPONSE TO HUMAN RIGHTS VIOLATIONS</b> . . . . .	<b>49</b>
<b>RECOMMENDATIONS FOR A COUNTRY</b> . . . . .	<b>51</b>

## CONTENTE



<b>WHAT IS REACT?</b>
<b>RESPONSIBILITY OF A STATE</b>
<b>IMPLEMENTATION SCALE</b>
<b>GENERAL INFORMATION</b>
<b>PEOPLE LIVING WITH HIV</b>
<b>PEOPLE WHO USE DRUGS</b>
<b>SEX WORKERS</b>
<b>MSM AND TRANSGENDERS</b>
<b>RESPONSE TO VIOLATIONS</b>
<b>CONCLUSIONS</b>
<b>RECOMMENDATIONS</b>



## ABOUT THE ALLIANCE FOR PUBLIC HEALTH

**The mission of the Alliance** is to support communities in their response to HIV/AIDS, overcoming the spread of HIV and related diseases through the implementation of the efficient models and services, strengthening the healthcare and social services system, as well as key populations capacity building.

**Our vision** is the world where people do not get infected and die of AIDS, and the communities are able to control the epidemic.



## ABOUT FRONTLINE AIDS

**Frontline AIDS** dreams of a day, when there will be no person with AIDS in the world. Millions of people in the world are denied HIV prevention, testing, treatment and care just because of who they are and where they live.

Jointly with our partners in the frontlines, we try to take down social, political and legal barriers faced by people from the marginalized group, and we develop innovations to create the future without AIDS.

## ACKNOWLEDGEMENTS

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## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

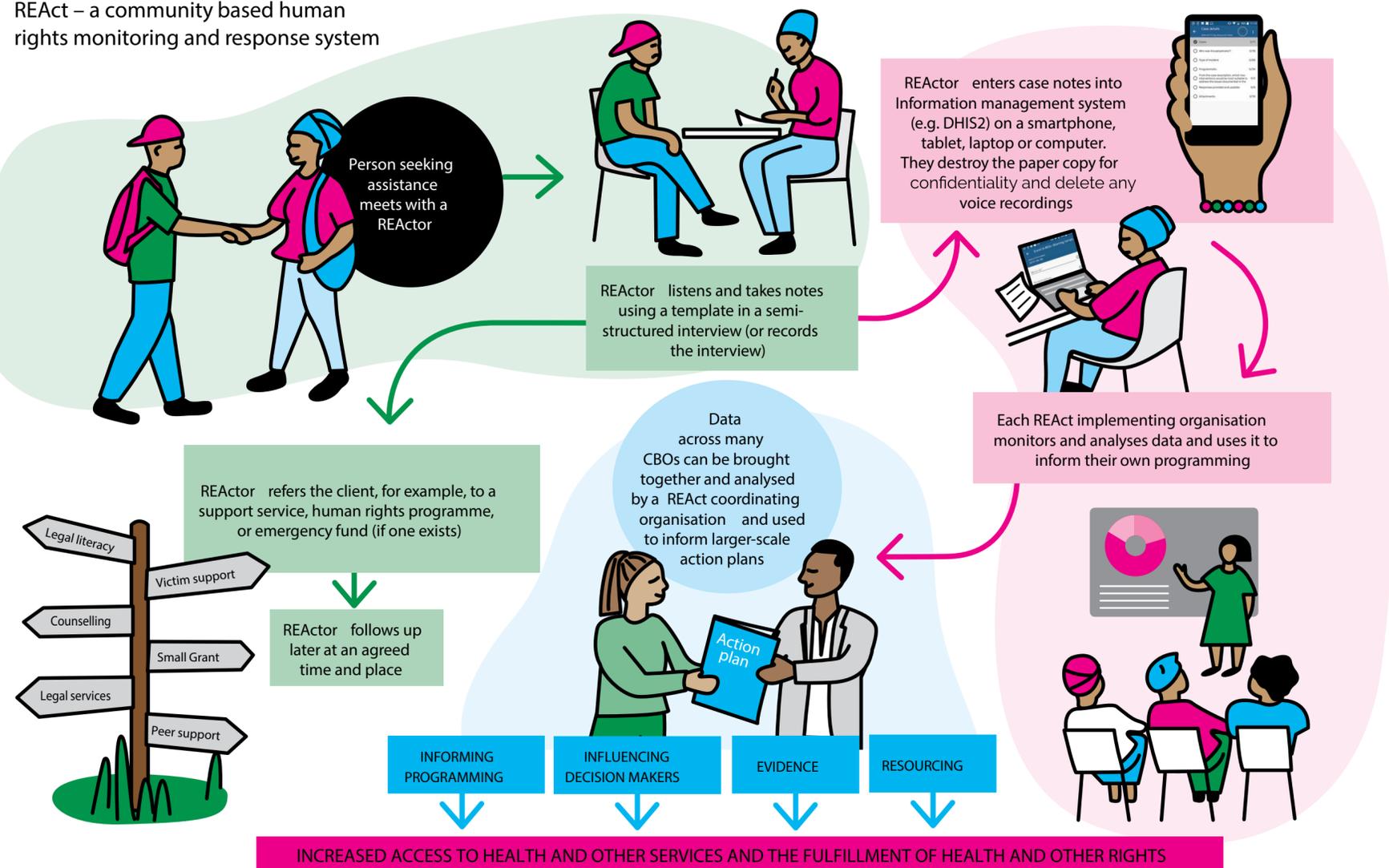
RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

# WHAT IS REACT?

REAct – a community based human rights monitoring and response system



**Rights – Evidence – ACTION (REAct)**, developed by Frontline AIDS, is a community-based human rights monitoring and response program. REAct documents and responds to human rights-related barriers that individuals experience in accessing HIV services at community level

REAct is an online platform that enables organizations to record data about human rights violations experienced by individuals; provide and refer them to health, legal and other public services; and use this data to inform quality human rights-based HIV programming, policy and advocacy at national, regional and global levels.

## CONTENTE



### WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

## WHO BENEFITS FROM REACT?

Whatever your local context, there are many potential benefits of implementing REAct for individuals affected by human rights violations, for implementing organisations, and for the global response to HIV:

### For individual clients, REAct:

- helps identify and document emergency responses and support.
- ensures a confidential service.
- facilitates a continuum of support and follow-up for cases and individuals.
- provides evidence to improve access to HIV and other health services.
- improves understanding and realisation of human rights.



### For implementing organisations, REAct:

- enables better identification of appropriate human rights responses for each community.
- enables better understanding of the human rights situation in each context.
- builds a body of better evidence to demonstrate a community's human rights needs and how best to respond to them.
- enables better evaluation of the effectiveness and impact of the responses provided.
- strengthens referral systems.
- serves as an outreach tool for increasing access to and uptake of HIV and related health services and referrals.
- ensures safe and confidential gathering of sensitive data.
- identifies priority funding needs (when a Small Grant Scheme is attached) for:
  - emergency individual responses
  - human rights programmes
  - advocacy.
- can be run without a grant by collecting data and making referrals. This evidence can then be presented to donors to secure funding.



### For policy-makers and programming actors locally and globally, REAct:

- gathers robust data and a body of evidence on human rights violations and barriers to accessing HIV and related health services for specific population groups.
- records compatible and comparable data that can be analysed across countries and client groups.
- provides robust evidence for the link between human rights violations and vulnerability to HIV.
- provides robust evidence for improving access to HIV and other health services.



REAct was developed with, and for, CBOs to provide them with an easy and systematic way to support individuals who were experiencing human rights violations that were impeding their access to health and other services. It also responded to a need for data that organisations could use to

advocate for sustainable, rights-compliant health services. REAct has been designed mainly, but not exclusively, for community-based and civil society organisations that focus on HIV programming and advocacy for marginalised people who are vulnerable to, or affected by, HIV and AIDS.

The human rights issues and violations encountered by clients will differ between population groups and country contexts. They will also be affected by laws, policies and other issues such as social and gender norms and religious beliefs.

## CONTENTS



### WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

## WHAT CAN ORGANISATIONS DO WITH REACT?

The system enables the recording of individual cases in order to:

➔ **respond to individual crises or emergencies:** The system enables implementers to identify and prioritise crisis situations and rapidly mobilise resources to avert or respond to specific individual crises and/ or emergencies; for example, violence, eviction or workplace discrimination.

➔ **provide a service directly, or refer clients to services available elsewhere:** These services may include legal support; HIV treatment, care and support; psychosocial support; sexual and reproductive health and rights (SRHR); related health services (for example, TB, hepatitis C); medical support; and food

and shelter or other forms of support identified by clients.

➔ **build a body of evidence for advocacy and evidence-informed re-programming:** REAct enables those documenting cases to assess critically in each case where the state may be said to have failed to fulfil its duty to respect, protect and promote the individual's right to health. This body of evidence is essential when engaging with and making state and non-state actors accountable in programming, policy and law.

➔ **gather evidence that can be used to recommend rights-based programmes and interventions that could help mitigate against human rights violations:** Rights-based programmes are increasingly incorporated into the package of HIV interventions, and information collected through REAct helps implementing organisations

to identify the right combination of human rights interventions. These recommendations can later be used when engaging state actors to improve rights-compliance in HIV and health-related programming plans and policies.

➔ **use data for analysis and research:** System is adapted to specific country contexts and populations. This enables REAct coordinating and implementing organisations to consolidate and analyse data at a country level. It also allows Frontline AIDS to carry out cross-country analysis, continually improve the data, and build a comprehensive body of global evidence to inform good practice and quality HIV programming.

## CONTENTS



### WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

## REACT FEATURES

**Person-oriented** – documenting the experience of an individual, rather than an incident, allows multiple stories to be collected about the same incident thereby increasing the evidence base.

**Online / offline / mobile** – you can collect cases in the field even without access to the Internet, and then upload information to the database at the office. Access to information is provided at any time from any device.

**Information is stored in the cloud** – excludes data loss/theft, system hacking, since all data is stored on secure Amazon servers.

**Security of REActors and clients** – the system does not contain personal information that would help identify the victim or the REActor. Strict authorization rules and the “logout” function prevents information from misconduct.

**Simple and adaptive** – a simple and intuitive interface, the possibility of several language versions and customization of the

questionnaire template allow you to customize the questionnaire to the needs and characteristics of each country.

**Immediate response and cooperation** – cases appear in the database instantly and can be immediately processed by a lawyer or other employees of the organization who have access to the cases.

**Rapid monitoring and creating of charts** – many features and capabilities to analyze and visualize collected information.



## WHO IS IN FOCUS?

Marginalized people/populations are defined by Frontline AIDS as groups that are affected by HIV and AIDS, and are particularly vulnerable to stigma and discrimination and other human rights violations. Marginalised populations vary according to the local context and sexual or social identities, but are usually criminalised or persecuted, for example because of their HIV status or their sexual orientation. They include people living with HIV, sex workers, men who have sex with men, transgender people and people who use drugs. This definition also includes women, adolescents and girls, and sexual minorities in contexts of acute gender inequality and violence, as well as other populations affected by HIV and AIDS that are at heightened risk of human rights violations.

## CONTENTS



### WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

## WHAT KIND OF DATA WE RECORD?

A template is used to collect information, and serves as a prompt in the semi-structured interviews. Prior to the launch of the system in countries, consultations were held with organizations and experts in the field of human rights to adapt the questionnaire to the country context.

### THE INTERVIEW QUESTIONNAIRE CONSISTS OF THE FOLLOWING SECTIONS:

**Client profile:** key group, age group, gender.

**Type of incident** – documents the kind of human rights violation/s.

**Perpetrators** – who the perpetrators are of the violation.

**Responsibility of the state** – identifies what the state's duty is to the client in this case, and whether this duty has been adequately performed.

**Response provided**, referrals made and follow up actions taken by the REActor.

**Policy recommendations**, based on the seven human rights programming areas identified by UNAIDS.

## HUMAN RIGHTS CONCEPT WE FOLLOW

**Human rights** – are basic universal entitlements that all people have because they are human. They are based on the idea that all persons are equal and entitled to be treated with dignity and respect, regardless of their race, sex, gender, age, disability or any other characteristic.

**Everyone has the right to health.** At its most basic, this means that every person has the right to services to prevent HIV transmission, as well as to treatment, care and support services for HIV and AIDS and related health services, for example, TB, hepatitis C, sexual and reproductive health services, or harm reduction interventions in the case of people who use drugs.

**State**, as well as, state institutions and representatives, including government officials, policemen and women, army personnel, prison officers, civil servants, the judiciary, political authorities, and medical or education personnel in state-run facilities, have

the obligation to **fulfil the rights** of all their citizens without discrimination. In order to do so, states have a responsibility to:

➔ **RESPECT** the human rights of all people, and to prevent, investigate and sanction violations committed by their officers.

➔ **PROTECT** the human rights of all citizens by taking all necessary measures to avoid the deprivation of their rights.

➔ **PROMOTE** the respect of the human rights of all citizens without distinction.

**Human rights violation** can only be committed by a state. Because state is a **duty bearer**, who is legally bound to respect, protect, promote and fulfil the entitlements of rights holders. Human rights law obliges the state and other duty bearers not to infringe or compromise the fundamental freedoms and rights of people, and means that the state has a duty to realise rights for all.

## CONTENTE



### WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

## HUMAN RIGHTS VIOLATIONS CAN OCCUR THROUGH:

### ➔ **Failing to respect human rights:**

This is an act committed directly by the state that is contrary to its human rights obligations (for example arbitrarily depriving someone of their freedom or torturing them).

### ➔ **Failing to protect human rights:**

This is an indirect violation committed by the state by omission (i.e. by not providing protection against systematic abuse committed by one group against another, or by not promoting the rights of all citizens). Omission is negligence in performing the requirements of national or international law relating to the protection of human rights. In the case of omission, the actual hurt can be committed by common citizens. The state has a respon-

sibility to act to stop these incidents and provide protection to the victims. If the authorities don't do so, they are violating the rights of the victims by their omission.

### ➔ **Failing to promote or fulfil human rights:**

It is the state's duty to ensure that laws that protect everyone without discrimination are enforced. The state must also promote these rights to ensure that all its citizens are aware of them and how they can claim them effectively. The state and its representatives must ensure that the mechanisms for denunciation and redress are in place for all citizens to access. Failure to do all these (for example by failing to undertake campaigns against social discrimination targeting a particular ethnic group or sexual minority) constitutes a violation of the state's responsibility to promote the human rights of all its citizens.

**REAct documents** and responds to human rights-related barriers in accessing HIV and health services, as well as other human rights violations, for marginalised people. Importantly, it identifies where the duty of the state lies in each case to ensure that human rights are respected, protected and fulfilled.

Individuals and institutions representing the state are often the direct perpetrators of human rights violations, or they directly endorse or fail to take action against stigma, discrimination or violence against individuals. There are documented cases where the state is not directly involved in the situation, for example, a sex worker suffers violence from her client.

We also qualify such cases as a violation of human rights, because the state has not created a legal environment where the victim could protect her rights: the victim is afraid to turn to law enforcement agencies, because sex work is criminalized and repeated violence by law enforcement officials is very likely

## CONTENTE



### WHAT IS REACT?

#### RESPONSIBILITY OF A STATE

#### IMPLEMENTATION SCALE

#### GENERAL INFORMATION

#### PEOPLE LIVING WITH HIV

#### PEOPLE WHO USE DRUGS

#### SEX WORKERS

#### LGBT

#### RESPONSE TO VIOLATIONS

#### CONCLUSIONS

#### RECOMMENDATIONS

On the other hand, the reasons for people finding themselves in a difficult life situation and being reluctant to seek support may be associated with the failure of the state to fulfill its positive obligations to create conditions for everyone to exercise their rights without discrimination. For example, a difficult life situation may be associated with the inability to find a job due to social status or health conditions. If, knowing about stigma and discrimination against a particular social group, the state does not create conditions for the realization of rights by representatives of this group, such inaction of the state can be considered as a violation of the obligation to ensure human rights.

Massive manifestations of hatred by individuals against LGBT people are an example of the most common violations of the state's obligation to ensure the right to dignity and protection from discrimination. In most of these cases, the state directly

or indirectly endorses the manifestation of hatred through the promotion of laws or other initiatives to protect "traditional values". Also, government agencies usually do not possess the knowledge, skills and willingness to respond to incidents of hatred, because the government fails to its representatives, inform and encourage actions to protect LGBT people. In such conditions, LGBT representatives most often will not seek protection from government agencies, even in a difficult life situation and in a real need of it.

An example of other implicit violations would include cases where members of vulnerable populations have had negative experiences of seeking protection in the past. Such experiences in the past can be a serious obstacle to seeking protection in the event of subsequent violations. This is often the case for sex workers who view police officers as violators of their rights based on past

experience with the police. Subsequently, even with serious violations of their rights by clients, such as manifestations of violence, including rape, sex workers do not contact the police. In such cases, an analysis of the reasons why the victim does not seek protection is necessary. If the reasons originate in the fact that the state directly or indirectly promotes stigma in relation to a particular social group, then it is about a violation of the obligation to protect (exercise) the right.

We refer such cases to the same category as the cases when law enforcement agencies do not respond to violations even after the appeal.

## CONTENTE



### WHAT IS REACT?

### RESPONSIBILITY OF A STATE

### IMPLEMENTATION SCALE

### GENERAL INFORMATION

### PEOPLE LIVING WITH HIV

### PEOPLE WHO USE DRUGS

### SEX WORKERS

### LGBT

### RESPONSE TO VIOLATIONS

### CONCLUSIONS

### RECOMMENDATIONS

# RESPONSIBILITY OF A STATE

## TAJKISTAN

40

*Failure to respect*

7

*Failure to protect*

24

*Failure to promote*

## GEORGIA

31

*Failure to respect*

40

*Failure to protect*

85

*Failure to promote*

A unique feature of REAct's work in **Georgia** is the registration of a large number of cases that are qualified as a violation of the state's obligation to promote human rights. At the same time, fewer cases of direct violation were recorded. This is primarily due to the fact that Georgia has chosen a very broad approach to the question of what violations should be registered in the database. In Georgia, an approach was chosen with the orientation of the final decision on registering a case in the database, based on how this or that case influenced the life situation of a client from a vulnerable group. On one hand, such a broad approach made it possible to register a large number of cases with a low degree of verifiability. On the other hand, this approach allows us to set up a monitoring system to track signs of systemic violations of the obligation to promote, which, with a narrower approach, would most likely not be recorded at all.

Public agencies generally lack the knowledge, skills and willingness to respond to incidents of hatred, because the government does not educate, inform and encourage them to protect the rights of vulnerable groups. In such conditions, the victims will most often not seek protection from the official structures, even in a difficult life situation and needing protection.

## CONTENTE



### WHAT IS REACT?

### RESPONSIBILITY OF A STATE

### IMPLEMENTATION SCALE

### GENERAL INFORMATION

### PEOPLE LIVING WITH HIV

### PEOPLE WHO USE DRUGS

### SEX WORKERS

### LGBT

### RESPONSE TO VIOLATIONS

### CONCLUSIONS

### RECOMMENDATIONS

REAct recorded 22 cases in which the victims did not want to go to the police to protect their rights because they did not believe that the police would be able to help them, or had a negative experience of dealing with the police in the past. We also referred such cases to “Failure to protect” along with 18 cases where the victim contacted the police, but received no response.

It is necessary to pay attention to significant differences in the number of registered violations of the obligation to protect in **Georgia** and **Tajikistan** – 40 and 7 cases, respectively. On the one hand, the large number of violations of the obligation to protect in Georgia indicates that law enforcement agencies are poorly trained, not aware of human rights, do not know how to work with vulnerable groups of the population and therefore do not respond to cases of human rights violations. On

the other hand, the very fact of a large number of registered violations of the obligation to protect in Georgia suggests that representatives of vulnerable groups are contacting law enforcement agencies for protection. This, to a certain extent, reflects a positive perception of the law enforcement system by representatives of vulnerable groups.

Compared to Georgia, **Tajikistan** has almost six times fewer violations of the obligation to protect. These data should be assessed considering the attitude of vulnerable groups to the issue of contacting law enforcement agencies registered in the REAct. People often do not want to contact law enforcement agencies because they are no less afraid of them, and often even more, than other violators of rights. Many representatives of vulnerable groups have negative experience of interaction with law

enforcement agencies. In this context, the low number of violations of the obligation to protect in Tajikistan cannot be viewed as a direct sign of the effective work of the law enforcement system to protect the rights of vulnerable groups. It is also necessary to consider the number of registered cases of direct violations of the obligation to respect, of which there are more registered in Tajikistan than violations of other obligations of the state. Law enforcement agencies are the most common violators of the obligation to respect human rights. Monitoring indicators on violations of obligations to respect and indicators on violations of obligations to protect allows for a more accurate assessment of the human rights situation in a particular country.

## CONTENTE



### WHAT IS REACT?

### RESPONSIBILITY OF A STATE

### IMPLEMENTATION SCALE

### GENERAL INFORMATION

### PEOPLE LIVING WITH HIV

### PEOPLE WHO USE DRUGS

### SEX WORKERS

### LGBT

### RESPONSE TO VIOLATIONS

### CONCLUSIONS

### RECOMMENDATIONS

## MOLDOVA

67

*Failure to respect*

12

*Failure to protect*

46

*Failure to promote*

## KYRGYZSTAN

168

*Failure to respect*

17

*Failure to protect*

51

*Failure to promote*

In **Moldova**, the most widespread type of violations were violations by the police of the right to freedom from arbitrary detention and the right to observe legal guarantees by the police in respect of all those to whom the police exercise their powers. Police officers defiantly and emphatically neglect the right to honor and dignity of people who use drugs and sex workers. Many violations were recorded in the medical field in relation to OST patients, in particular in the context of ensuring the geographical accessibility of OST.

PLHIV are often discriminated against by health services, social support services, immigration services, and in the world of work. The breadth of the spectrum of violations recorded by REAct shows that HIV-related stigma permeates many important official structures, whose work depends on the possibility of releasing and protecting the rights of PLHIV. Also, in regards to all key groups, cases of stigma, hatred and violence on the part of relatives and on the part of individuals, including the general public, were recorded. In such cases, one can state the insufficient fulfillment by the state of the obligation to promote human rights, including reducing the stigma towards representatives of key groups.

## CONTENTE



### WHAT IS REACT?

### RESPONSIBILITY OF A STATE

### IMPLEMENTATION SCALE

### GENERAL INFORMATION

### PEOPLE LIVING WITH HIV

### PEOPLE WHO USE DRUGS

### SEX WORKERS

### LGBT

### RESPONSE TO VIOLATIONS

### CONCLUSIONS

### RECOMMENDATIONS

A unique feature of REAct's work in Kyrgyzstan is the prevalence of cases of active violation of the rights of key groups by the police or medical workers.

The number of direct violations of human rights by police officers significantly exceeds other types of violations. Police officers more often act as active violators of the state's obligation to respect human rights. In only 17 cases was it recorded that the duty to protect was inadequately fulfilled when the police showed no response to human rights violations.

This situation may be due to the fact that victims are often afraid to seek help from the police, and therefore cases of violation of rights remain outside the sphere in which the state could fulfill its responsibility to protect human rights. On the other hand, civil society organizations and communities of

key groups are active in Kyrgyzstan. This, in particular, can explain the large number of reports of direct violations by law enforcement agencies. That is, representatives of key groups are sufficiently aware of their rights to understand when their violation occurs.

However, they do not have enough trust in law enforcement to report such cases to law enforcement, especially when law enforcement officials act as perpetrators and there are no independent investigative mechanisms against law enforcement officials.

Also in Kyrgyzstan, a large number of violations of the obligation to promote rights were recorded. Basically, these violations are associated with the manifestation of stigma and hatred towards representatives of key groups, when the state does not create conditions for people to live in conditions of freedom from stigma and discrimination.

There are many similarities between **Kyrgyzstan** and **Moldova**. Both countries are quite progressive in promoting evidence-based HIV and TB prevention, treatment and care programs. In both countries, initiatives are being taken to reform laws on drug trafficking, on punishment, on human rights. Law enforcement and health professionals receive training in human rights issues and working with key populations in the context of HIV.

However, as REAct shows, all these positive initiatives are likely insufficient to significantly reduce the number of human rights violations against members of key groups. This probably requires more meaningful changes in laws and practices of their application, including measures of widespread decriminalization and destigmatization of key groups.

## CONTENTS



### WHAT IS REACT?

### RESPONSIBILITY OF A STATE

### IMPLEMENTATION SCALE

### GENERAL INFORMATION

### PEOPLE LIVING WITH HIV

### PEOPLE WHO USE DRUGS

### SEX WORKERS

### LGBT

### RESPONSE TO VIOLATIONS

### CONCLUSIONS

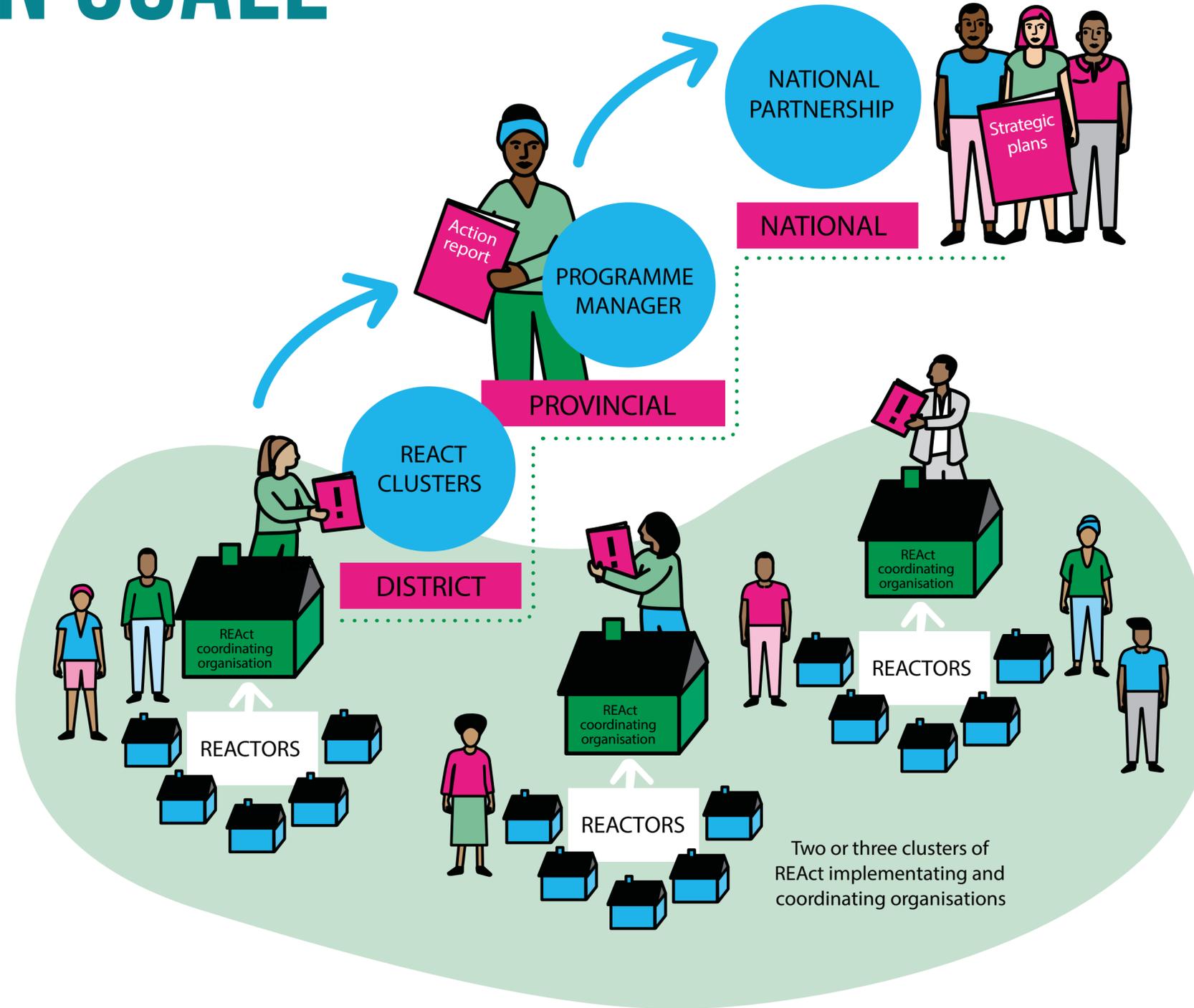
### RECOMMENDATIONS

# IMPLEMENTATION SCALE

The launch of the REAct system on a regional scale was initiated by the Alliance for Public Health as part of one of the areas of the regional #SoS\_project (2019-2021) “Reducing legal barriers to access to HIV prevention and treatment among key populations”.

For a more effective and comprehensive response to violations of rights, partnerships and close cooperation with organizations that work in the field of protecting the rights of key groups have been established in each country. Thus, the REACT tool was organically introduced into the already existing infrastructure (existing projects, organizations, specialists) in the country.

In Ukraine, the REAct project has been implemented since 2019 as part of the program “Accelerating progress in reducing the burden of tuberculosis and HIV infection by providing universal access to timely and high-quality diagnosis and treatment of tuberculosis, expanding evidence-based prevention, diagnosis and treatment of HIV infection, creating viable and sustainable health systems” in accordance with the Grant Agreement No. 1541 dd December 20, 2017 (grant name UKR-CAUA) between the



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

**IMPLEMENTATION SCALE**

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

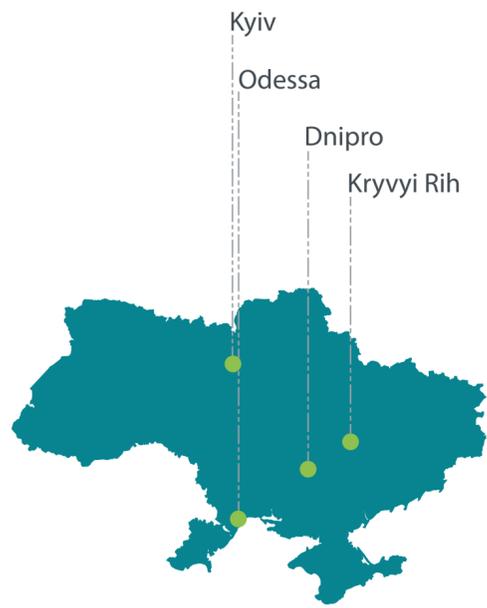
SEX WORKERS

LGBT

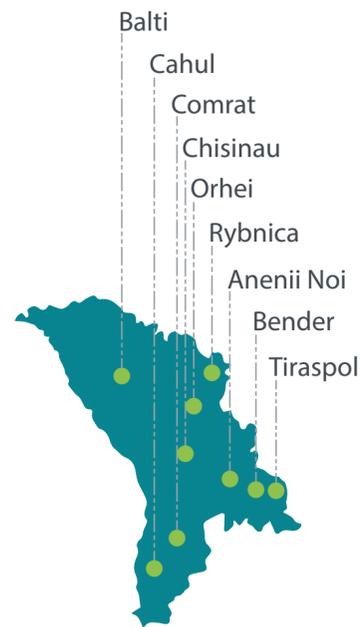
RESPONSE TO VIOLATIONS

CONCLUSIONS

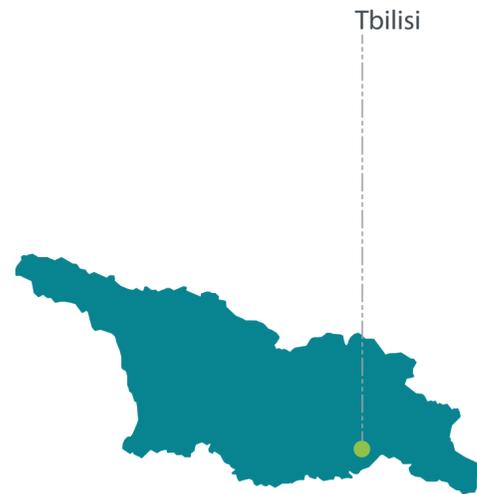
RECOMMENDATIONS



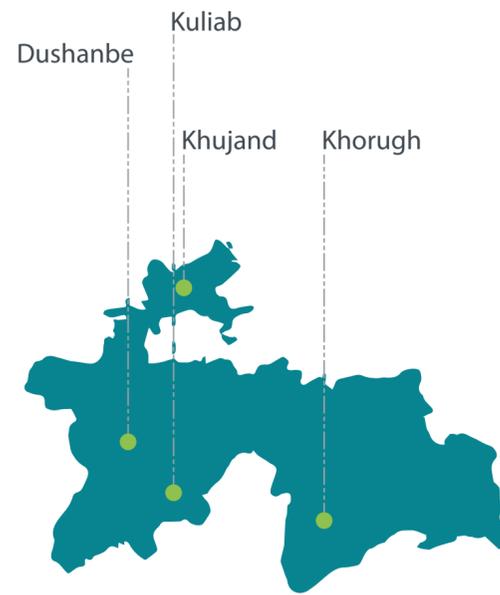
UKRAINE  
28 NGOs – 4 cities



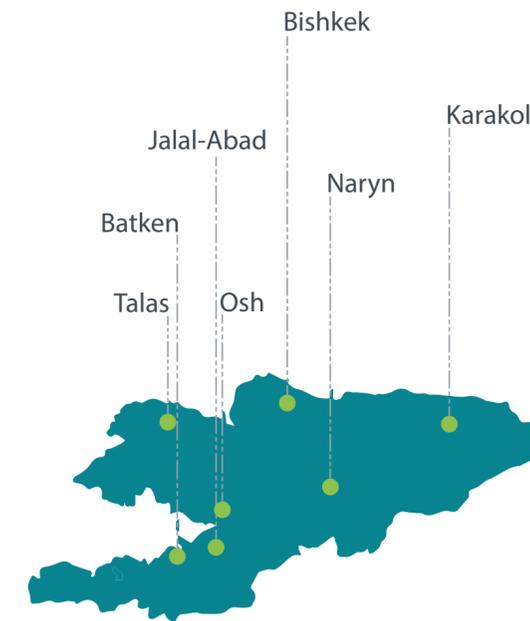
MOLDOVA  
12 NGOs – 9 cities



GEORGIA  
14 NGOs – 1 city



TAJIKISTAN  
7 NGOs – 4 cities



KYRGYSTAN  
13 NGOs – 7 cities

between the ICF“ Alliance for Public Health” and the Global Fund to Fight AIDS, Tuberculosis and Malaria. “Gain momentum in reducing TB/ HIV burden through forging universal access for timely and quality TB diagnosis and treatment, scaling up evidence-based HIV prevention, di-

agnosis and treatment, building up resilient and sustainable systems for health” program, which is implemented according to the Grant agreement UKR-C-AUA dated 20.12.2017 between “Alliance for Public Health” and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**DURING THE FIRST HALF OF 2020, THE REACT SYSTEM IN THE EASTERN EUROPE AND CENTRAL ASIA REGION INCLUDES:**

**5**  
countries

**24**  
cities

**74**  
community-based  
organisations

**#SOS\_PROJECT** – “Sustainability of Services for Key Populations in Eastern Europe and Central Asia” is a three-year project coordinated by the Alliance for Public Health in a consortium with 100% Life, the Central Asian HIV Association and the Eurasian Key Populations Health Network, and implemented in 14 countries of the EECA region, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.  
To learn more...

**#SOS\_PROJECT**

**CONTENTE**



WHAT IS REACT?  
RESPONSIBILITY OF A STATE

**IMPLEMENTATION SCALE**

GENERAL INFORMATION  
PEOPLE LIVING WITH HIV  
PEOPLE WHO USE DRUGS  
SEX WORKERS  
LGBT  
RESPONSE TO VIOLATIONS

CONCLUSIONS  
RECOMMENDATIONS

## ORGANIZATIONS PARTICIPATING IN THE REACT PROJECT IN THE FIRST SEMESTER OF 2020



### CSO INITIATIVA POZITIVA

Chisinau

**Key populations:** PWID, SW, MSM, PLWH, FtM

**Services:** testing for HIV/syphilis/HepC/HepB, psychological, social, legal support, syringe exchange, distribution of condoms, medicines, assistance with obtaining certificates, documents, case management, group events, sexual and reproductive health counseling, rehabilitation services on the basis of the Therapeutic Community in the civil society and in penitentiary facilities, support and representation of the beneficiaries in the health system.

<https://www.positivepeople.md/>



### UORN UNIUNEA PENTRU PREVENIREA HIV ȘI REDUCEREA RISCURILOR

Balti

**Key populations:** PWID, SW, PLWH, FtM

**Services:** HIV testing, psychological support, distribution of condoms, assistance with obtaining certificates, documents, group events.

<http://uorn.md/ru/>



### NP "ALLIANCE FOR PUBLIC HEALTH"

Tiraspol

**Key populations:** PWID, SW, PLWH

**Services:** testing for HIV/syphilis/HepC/HepB, psychological, social, legal support, syringe exchange, distribution of condoms, medicines, assistance with obtaining certificates, documents, group events, sexual and reproductive health counseling, support and representation of the beneficiaries in the health system.

<https://www.facebook.com/AliansZdorovia>

## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS



### BCSO "MILOSERDIE"

Bender

**Key populations:** PWID, SW, PLWH

**Services:** testing for HIV/syphilis/HepC/HepB, psychological, social, legal support, syringe exchange, distribution of condoms, medicines, assistance with obtaining certificates, documents, group events, sexual and reproductive health counseling, support and representation of the beneficiaries in the health system.

<https://www.facebook.com/Red.cross.bendery>



### CSO "CENTER "TRINITY"

Ribnita

**Key populations:** PWID, SW, MSM, PLWH

**Services:** testing for HIV/syphilis/HepC/HepB, psychological, social, legal support, syringe exchange, distribution of condoms, medicines, assistance with obtaining certificates, documents, case management, group events, sexual and reproductive health counseling, support and representation of the beneficiaries in the health system.

<http://triniticentr.ru/>



### GENDERDOC-M INFORMATION CENTER

GENDERDOC-M

Chisinau

**Key populations:** MSM, PLWH

**Services:** testing for HIV/syphilis/HepC/HepB, psychological, social, legal support, syringe exchange, distribution of condoms, lubricants, medicines, assistance with obtaining certificates, documents, case management, group events, sexual and reproductive health counseling, support and representation of the beneficiaries in the health system.

<https://www.gdm.md/ru>

### A.O. "PAS CU PAS REGIUNEA SUD"



Кагул

**Key populations:** PWID, SW, MSM, PLWH

**Services:** testing for HIV/syphilis/HepC/HepB, psychological, social, legal support, syringe exchange, distribution of condoms, medicines, assistance with obtaining certificates, documents, case management, group events, sexual and reproductive health counseling, support and representation of the beneficiaries in the health system.

<https://www.facebook.com/pascupasrsud>

## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS



**CSO "CENTER FOR EDUCATION AND REHABILITATION OF ADOLESCENTS "ADOLESCENTUL"**

Orhei

**Key populations:** PWID, SW

**Services:** HIV testing, psychological assistance, syringe exchange, distribution of condoms, assistance in obtaining certificates, documents.



**REGIONAL RESEARCH, INFORMATION AND EDUCATION CENTER "ADEPT"**

Comrat

**Key populations:** PLWH

**Services:** testing for HIV/syphilis/HepC/HepB, psychological, social, legal support, syringe exchange, distribution of condoms, medicines, assistance with obtaining certificates, documents, group events, sexual and reproductive health counseling, support and representation of the beneficiaries in the health system.

<https://www.facebook.com/adeptkomrat>



**IPCS "VIAȚA CU SPERANȚA"**

Balti

**Key populations:** PLWH

**Services:** testing for HIV, psychological, social, legal support, distribution of condoms, assistance with obtaining certificates, documents.

<https://www.facebook.com/viata.speranta.18>

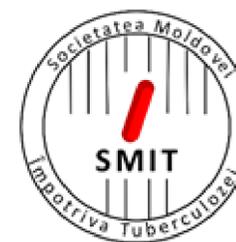
**CENTRUL SOCIAL REGIONAL "RENAȘTEREA"**

Chisinau

**Key populations:** PLWH

**Services:** testing for HIV, psychological support, distribution of condoms, assistance with obtaining certificates, documents.

<https://www.facebook.com/Centrul-Social-Regional-Renasterea-1016814628416184>



**SMIT**

Balti

**Key populations:** TB

**Services:** testing for TB, psychological support, assistance with obtaining certificates, documents.

<https://smitmd.wordpress.com/>

**CONTENTE**



**WHAT IS REACT?**

**RESPONSIBILITY OF A STATE**

**IMPLEMENTATION SCALE**

**GENERAL INFORMATION**

**PEOPLE LIVING WITH HIV**

**PEOPLE WHO USE DRUGS**

**SEX WORKERS**

**LGBT**

**RESPONSE TO VIOLATIONS**

**CONCLUSIONS**

**RECOMMENDATIONS**

# GENERAL INFORMATION



## MOLDOVA

Moldova's legislation on key populations remains repressive and discriminatory. Criminal legislation explicitly prohibits HIV transmission and exposure to HIV infection. Sex work and drug use are under strict administrative prohibitions. Possession of drugs without the purpose of sale can be classified as an offense or crime, depending on the size of the dose of the prohibited substance. Doses for prosecution are so small that basically all cases are

criminal. LGBT people experience discriminatory attitudes, albeit to a lesser extent than in most other countries in Eastern Europe. Same-sex relationships are not prohibited, but same-sex marriage is not recognized. Moldova is moving towards integration with the European community. The current antidiscrimination legislation contains explicit prohibitions on discrimination based on sexual orientation and HIV status.

### CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

**GENERAL INFORMATION**

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

# GENERAL INFORMATION



The main implementing partner is the civil organization Positive Initiative, which works in partnership with 11 other non-governmental organizations that provide services on a wide range of issues to representatives of key groups, including legal support services and services for women.

A cooperation agreement was signed with the National Council for State-Guaranteed Legal Aid in order to attract state lawyers in litigation on strategic cases.



NGO Positive Initiative coordinates the work of REActors, conducts trainings on legal training, advises REActors on case management, and also represents victims in strategic cases in court and advocates at the national level.

ICF Alliance for Public Health provides technical support for maintaining the database, analyzing the collected information and forming strategic goals for advocacy.

*A REActor in Moldova is an outreach worker, case manager or social worker of an NGO providing services to key groups. Strategic or complex cases are referred to the national coordinator for more professional legal assistance and court representation. Information about violations is communicated to the REActors directly by the victims during the receipt of various services (HIV testing, syringe exchange, condom distribution, medical services, PrEP, legal services, etc.).*

## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

**GENERAL INFORMATION**

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

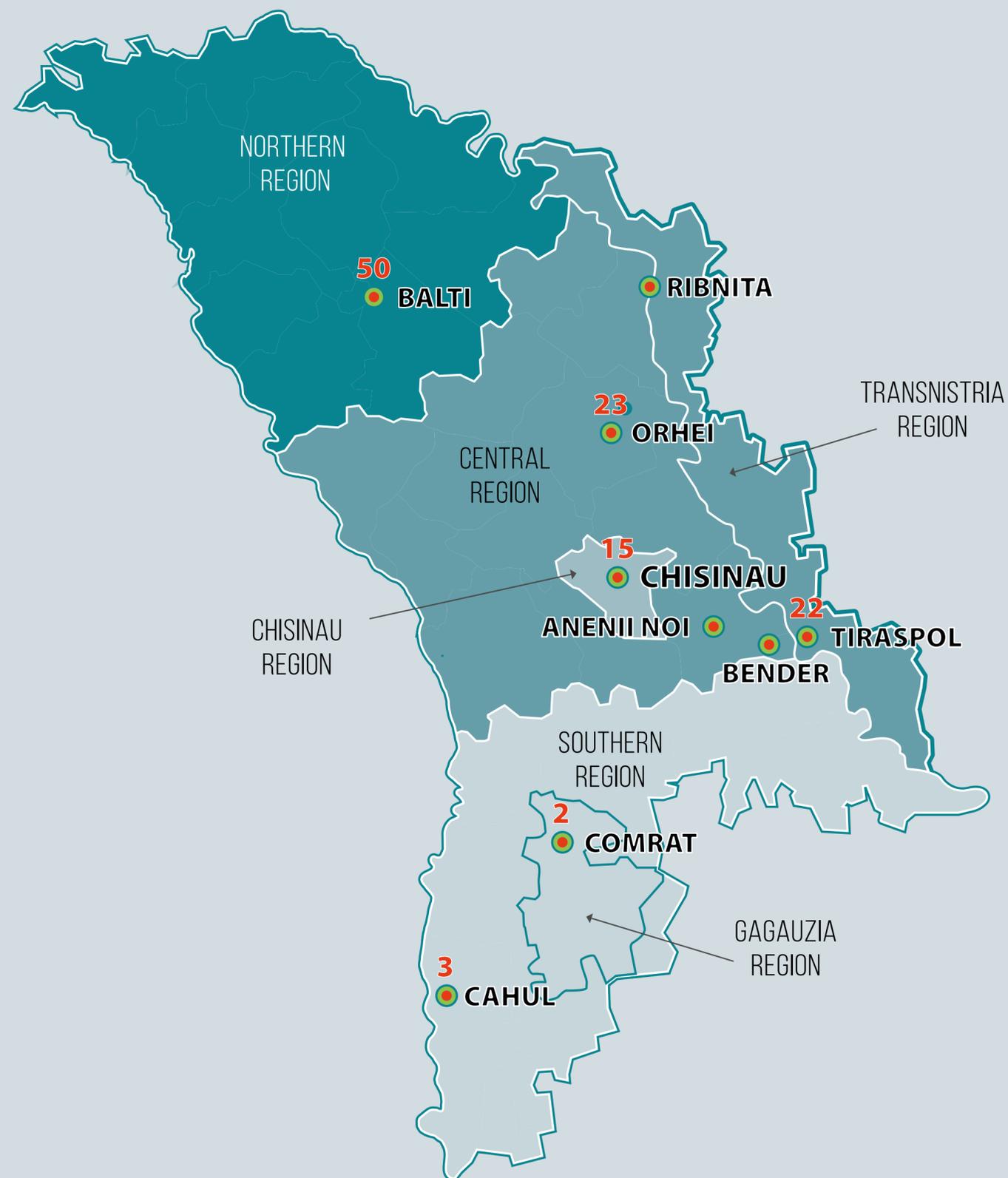
CONCLUSIONS

RECOMMENDATIONS

## IMPLEMENTATION SCALE

The cases are documented by 20 specially trained REActors, one or two for each organization. It was decided to launch REAct on the basis of nine cities, covering all regions of the country.

REGIONS	REACTORS	NUMBER OF CASES
NORTHERN REGION	BALTI	50
CHISINAU REGION	CHISINAU	15
CENTRAL REGION	ANENII NOI ORHEI	23
GAGAUZIA REGION	COMRAT	2
TRANSNISTRIA REGION	RIBNITA BENDER TIRASPOL	22
SOUTHERN REGION	CAHUL	3



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

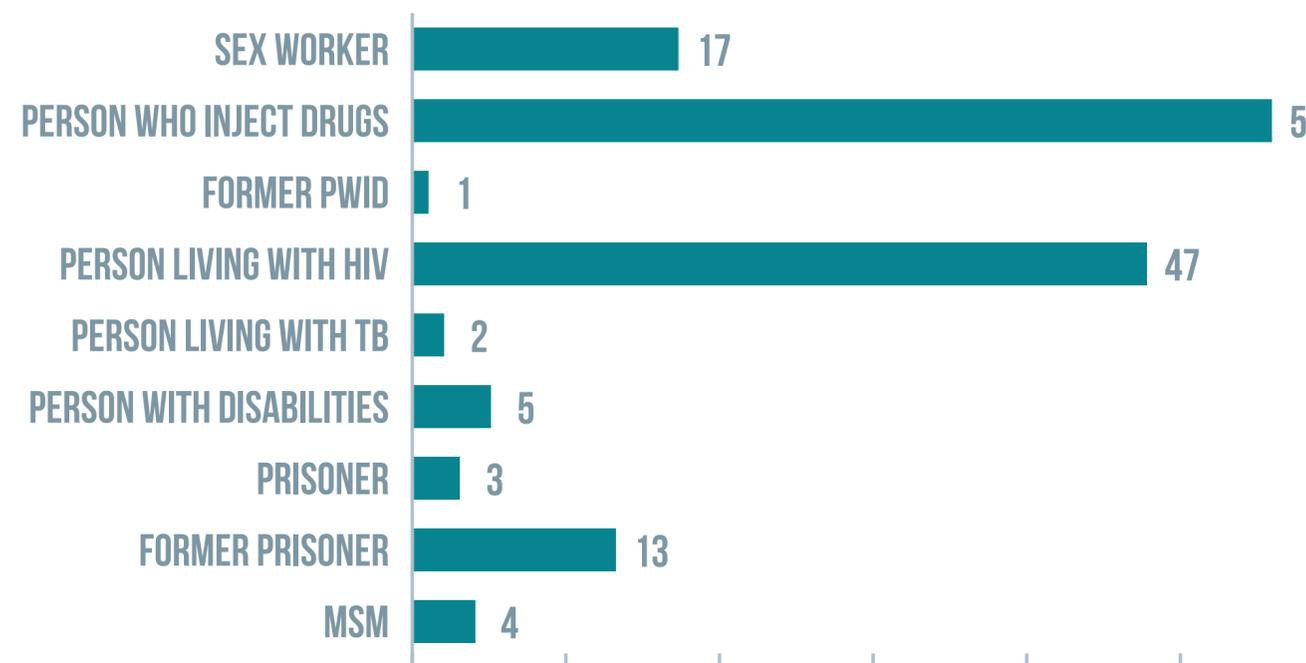
RECOMMENDATIONS

## INFORMATION ABOUT CLIENTS

### – KEY GROUPS

Cases where the victim was a former prisoner were not presented in a separate section in the report, since these clients were also injecting drug users. Therefore, cases involving former prisoners are presented in the statistics on PWID. People with disabilities also had a positive HIV status, therefore they were included in the statistics on PLHIV. Cases where the victim was a person affected by tuberculosis were included in the statistics of the PLHIV group, since the violations of rights were not associated with the tuberculosis, and the victims also belonged to the previously mentioned key group.

*Total number of registered cases in Moldova with breakdown by each key group*



*One client can represent several key groups. In the report, in such cases, the case was assigned to the most relevant to the incident group. For example, if a victim is both PWID and PLHIV, and the case reports a violation of his/her rights due to discrimination based on HIV status, then such a case will be included in the statistics only for PLHIV, and will not be included in the statistics on PWID. If the type of violation of rights was not directly related to belonging to a particular group, such a case is taken into account in statistics for all key groups to which the client belongs.*

## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

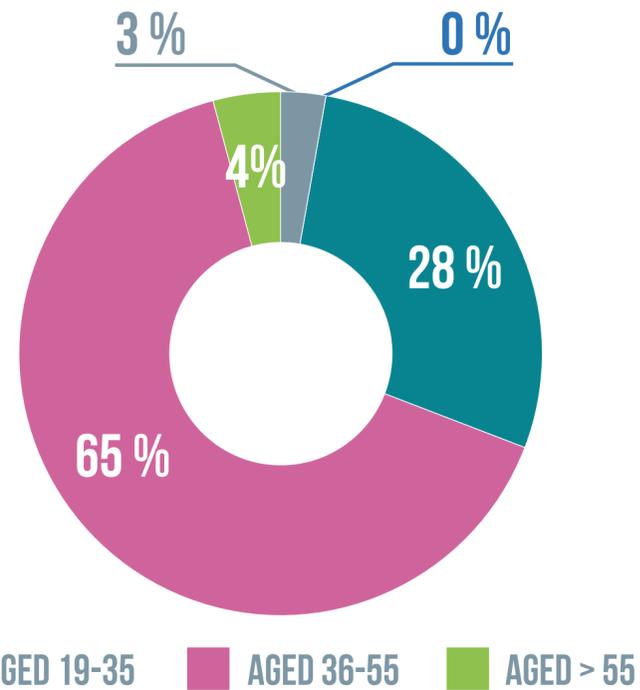
RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

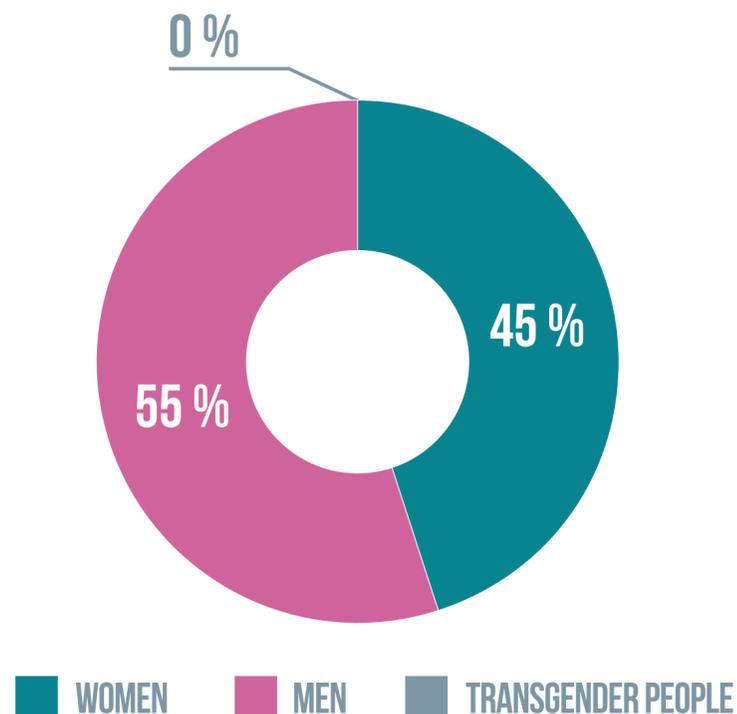
### – AGE GROUPS

During the reporting period, three cases were recorded in which the victim was a child under 16 who had a positive HIV status. Most of the clients are people aged 19-55.



### – GENDER GROUPS

The number of men predominates, since during the reporting period most of the cases were collected among people who inject drugs. In all four cases on the key LGBT group, the victim identified himself as a man, so no transgender people have been registered in the database yet.



## GENERAL STATISTICS

One case was documented from each client. Repeated calls from the same client have not yet been recorded.

**115**

Registered clients, total

**115**

Documented cases, total

**93**

Among them, qualified as violation of human rights

In 22 cases, the case descriptions did not contain clear signs of human rights violations. In such cases, there were signs of a difficult life situation for the client, or manifestations of negative and possibly stigmatized attitudes on the part of individuals, but there were no signs of human rights violations by representatives of state bodies.



*Details on the approach to defining the concept of "violation of human rights", which is used when documenting cases in the REAct database, can be found in the Introduction to the report.*

## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

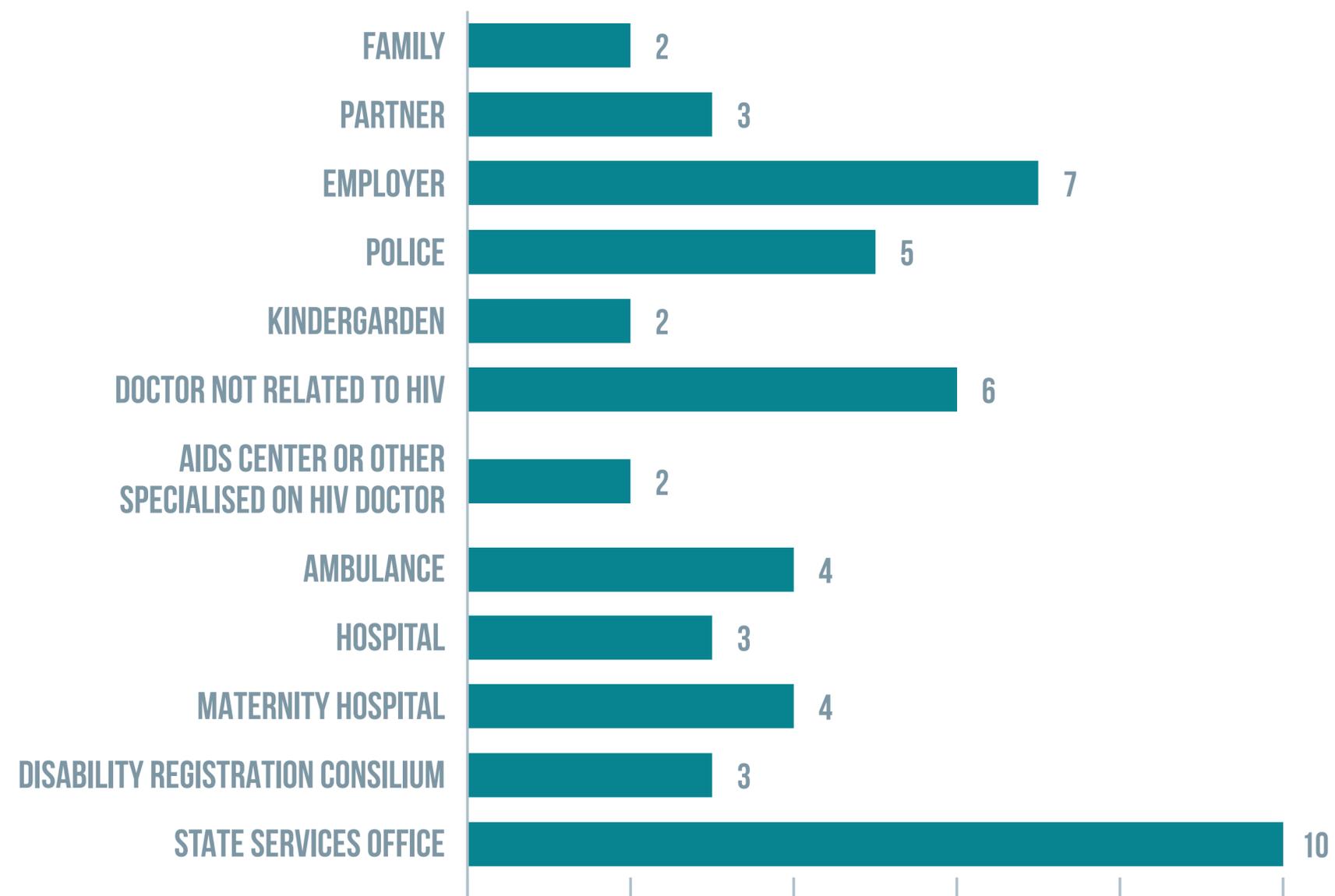
RECOMMENDATIONS

# PEOPLE LIVING WITH HIV

There have been 47 registered cases where the victim was a person living with HIV. Two cases were not qualified as human rights violations, since they reflect complex relationships and family quarrels between a person living with HIV and his relatives, including incidents because of the identified status, but do not constitute a violation of human rights. Two cases were included in the statistics for the PWID key group, since the victim was also an injecting drug user and the type of violation was related to drug use. Twenty-two cases showed signs of clear **discrimination based on HIV status**.



*Number of registered cases in PLHIV by perpetrator*



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

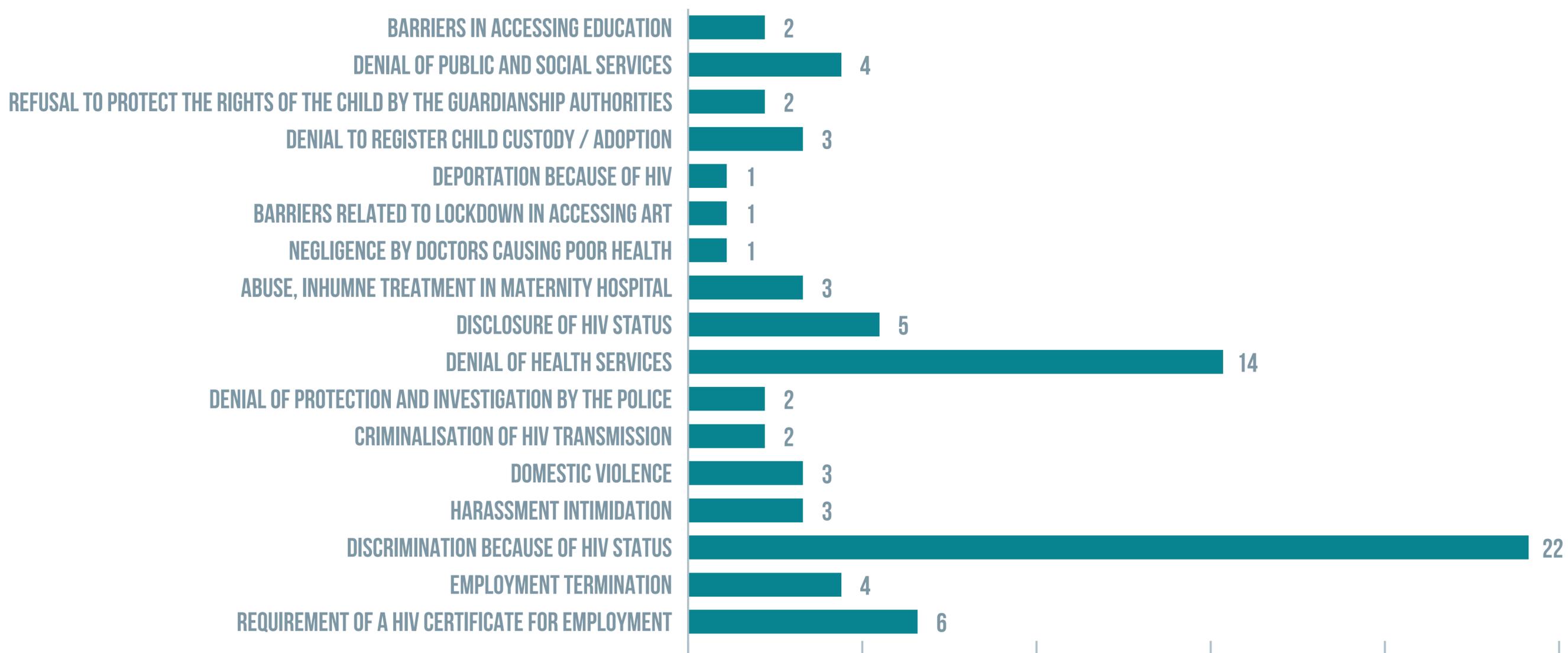
CONCLUSIONS

RECOMMENDATIONS

## ANALYSIS OF NATIONAL LEGISLATION

The Criminal Code of the Republic of Moldova provides for imprisonment for knowingly exposing

### *Types of human rights violations in PLHIV*



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

another person to the risk of HIV infection, as well as for infecting another person with HIV.<sup>1</sup> This provision is not applied as actively as similar criminal law prohibitions in Tajikistan, Russia or Belarus. From 2002 to 2019, at least five cases of application of this norm are known.<sup>2</sup> Despite this, the **criminalization of HIV** is one of the important discriminatory factors against people living with HIV. REAct recorded two cases where the fact of criminalization had a direct or indirect impact on blackmail or threats against a person living with HIV, or acted as one of the factors justifying the

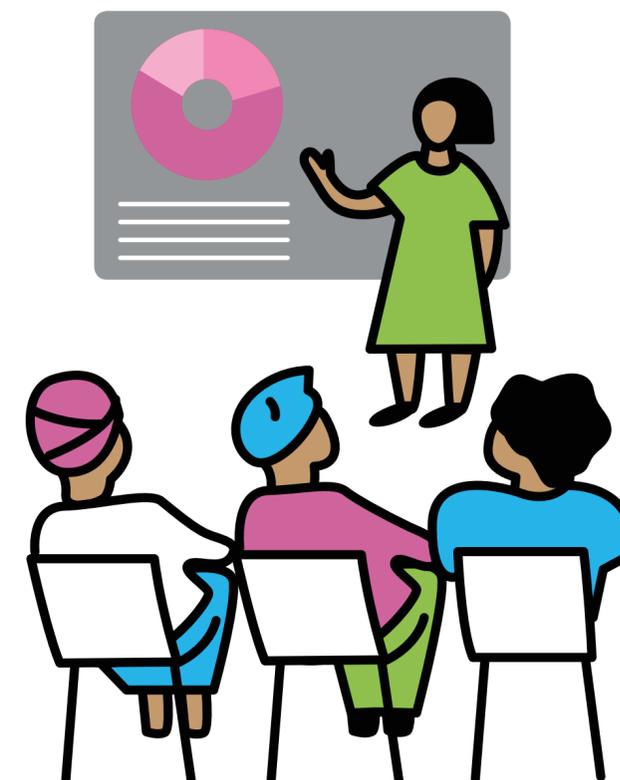
**stigmatizing treatment** of a person living with HIV by law enforcement agencies.

The Law on Prevention of HIV Infection contains provisions on the protection of people living with HIV from discrimination, including in the field of health and labor. By law, people living with HIV who work in any area of public or private sector activity enjoy the same rights, guarantees and opportunities as other workers.<sup>3</sup> The law also contains provisions to protect the right to confidentiality, including a ban on the disclosure of diagnosis.

<sup>1</sup> Criminal Code of Moldova Republic # 985 dd 18-04-2002, Art. 212. Available online: [https://www.legis.md/cautare/getResults?doc\\_id=123534&lang=ru](https://www.legis.md/cautare/getResults?doc_id=123534&lang=ru) (Last access 1 Nov 2020)

<sup>2</sup> Data on HIV and justice. Available online: <https://www.hivjustice.net/country/md/>

<sup>3</sup> Law of Moldova # 23-XVI dd 16 Feb 2007 "Prevention of HIV / AIDS infection". Online: [https://www.legis.md/cautare/getResults?doc\\_id=110180&lang=ru](https://www.legis.md/cautare/getResults?doc_id=110180&lang=ru) (Last access 1 Nov 2020)



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

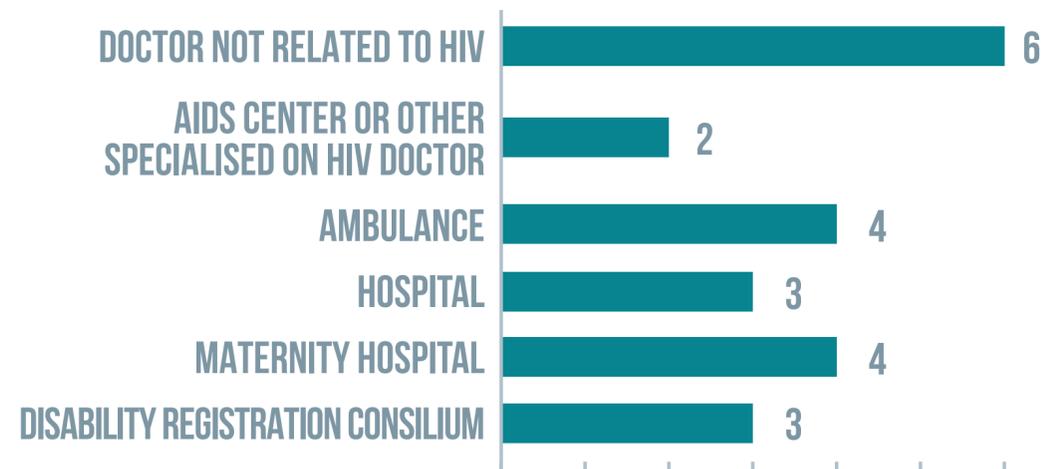
CONCLUSIONS

RECOMMENDATIONS

## DISCRIMINATION OF PLHIV IN HEALTH FACILITIES AND BARRIERS TO TREATMENT

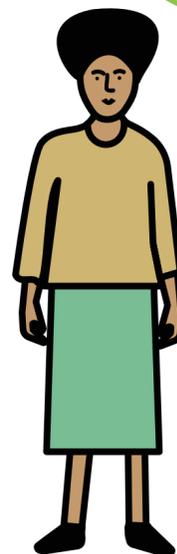
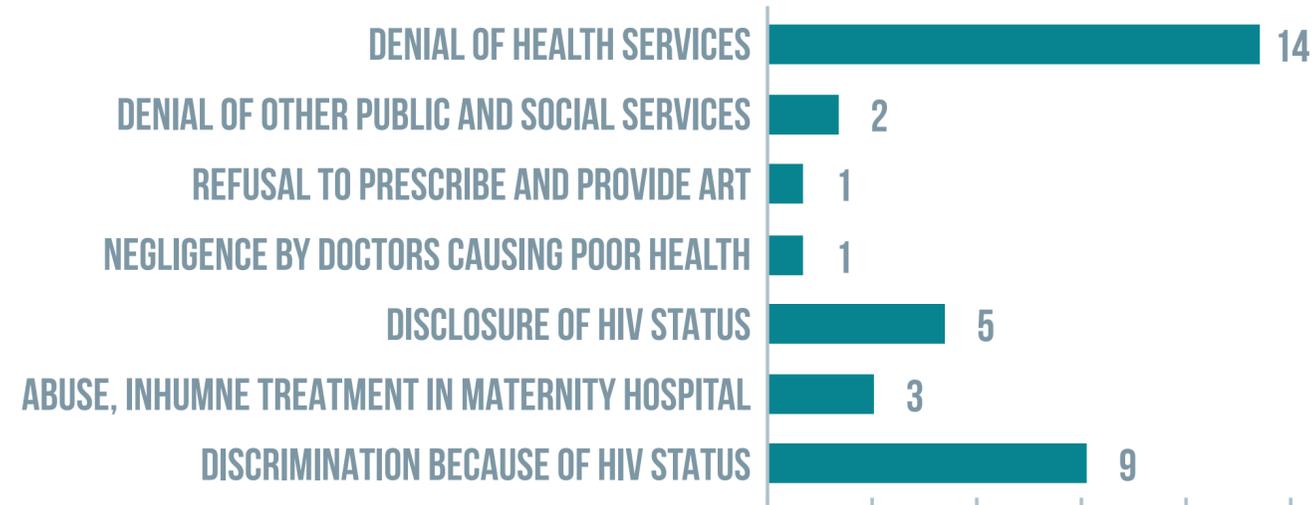
There were 22 cases in which the perpetrator was a health care worker. And this was the most frequent perpetrator of rights in cases registered in Moldova for a group of people living with HIV. This is due to less repressive police measures in the country compared to other countries implementing the REAct.

Number of cases in PLHIV by public health sector



The most widespread violations are the **refusal to provide medical care, the disclosure of HIV status and stigmatizing treatment by health workers.** In 9 cases, such a refusal was provoked by the patient's HIV status, which entails **clear discrimination.**

Types of incidents involving public health workers in PLHIV



*\*\* . \*\* . 2020 client came to hospital with acute stomach pain. The doctor prescribed a gastroscopy. During the tests, the client informed the doctor about her HIV status. S/he was refused in gastroscopy.*

*A PLHIV client applied to the polyclinic for dental care. She told the doctor about her HIV status. The doctor did not refuse to provide care, but wrote the client's status on the title page of her medical card. The client asked to clean the note, arguing that anyone can see the entry, since the card is in the registry. She was refused.*



### CONTENTE



- WHAT IS REACT?
- RESPONSIBILITY OF A STATE
- IMPLEMENTATION SCALE
- GENERAL INFORMATION

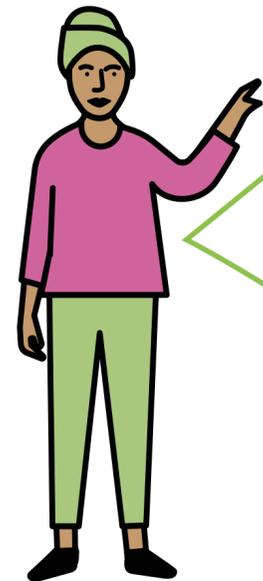
### PEOPLE LIVING WITH HIV

- PEOPLE WHO USE DRUGS
- SEX WORKERS
- LGBT
- RESPONSE TO VIOLATIONS

### CONCLUSIONS

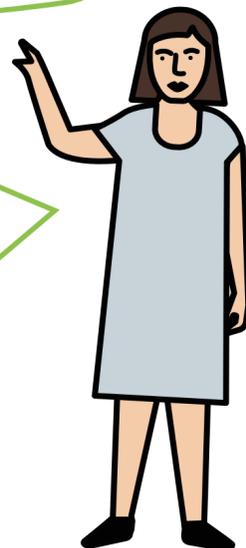
### RECOMMENDATIONS

At the same time, in a number of cases, violations of the rights of people living with HIV were associated with the presence of additional status, for example, a migrant, a disabled person, a person with drug addiction, or a person with a mental disorder. **Lack of documents** is also the reason for the refusal of medical assistance.



*The beneficiary needed hospitalization, but he was denied due to the fact that he did not have documents. After consultation and intervention by the REActor, a document was restored and the beneficiary was hospitalized.*

*The client was denied emergency medical assistance due to lack of citizenship (only a residence permit is available).*



Three cases were registered, in which the **expert group for official disability evaluation** was identified as the perpetrator, and the violations were related to the **registration of the disability group**. From the cases listed below, it can be concluded

*A person with a disability and without a place of residence was denied the registration of a disability group due to the fact that he has no place of residence. They applied at the place of registration, but were refused, since the client does not live there.*

**REMEMBER!**

*All foreigners staying on the territory of the Republic of Moldova have the right to receive medical services through the compulsory health insurance system, which includes the compulsory possession / purchase of a compulsory health insurance policy<sup>4</sup>.*

<sup>4</sup> <http://bma.gov.md/ru/node/100887>

that there seems to be a lack of coordination between social services and services that ensure the determination of the degree of disability, as well as the presence of formal barriers limiting access to determine the disability pension.



*The beneficiary has HIV + status, homeless. He was participant in the hostilities, he was wounded. When passing the commission to determine the degree of disability, he got a group that did not correspond to reality (instead of more severe group 'cannot work' group that was repeatedly assigned earlier, the expert group assigned a 'can work' group to the beneficiary, despite even obvious disability), which entailed a decrease in the amount of the benefit and the inability to pay rented room rent*



**CONTENTE**



- WHAT IS REACT?
- RESPONSIBILITY OF A STATE
- IMPLEMENTATION SCALE
- GENERAL INFORMATION
- PEOPLE LIVING WITH HIV**
- PEOPLE WHO USE DRUGS
- SEX WORKERS
- LGBT
- RESPONSE TO VIOLATIONS
- CONCLUSIONS
- RECOMMENDATIONS

## BARRIERS TO ACCESS TO OST AND ARV THERAPY DUE TO LOCKDOWN RESTRICTIONS

During the first months of the COVID-19 pandemic and the emergency introduction of quarantine measures in Moldova, there were cases of limited access to ART and OST, as well as to other medical services due to restrictions on movement between cities and regions, as well as due to the high load on the health care system. Five cases related to COVID-19 pandemic and lockdown were documented in the group of PLHIV.

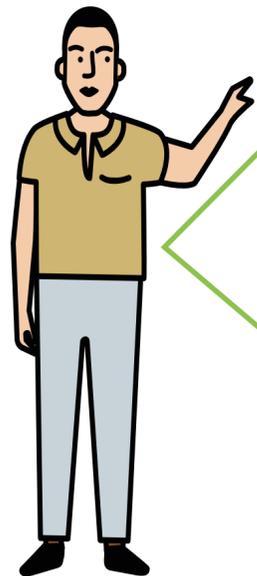


*During COVID-19 lockdown, a client could not get on the OST program, since the addiction clinic was closed. He had to wait a month to solve this problem, and all this time he was using street drugs.*

But on the whole, it is important to note the effective work of NGOs, which were able to quickly arrange the delivery of drugs to patients at home. A small number of this type of cases indicates isolated violations, and not a mass phenomenon.

At the same time, there were complaints from clients about the impossibility of obtaining emergency medical care, especially in remote settlements.

*\*\* 04.2020 a person living with HIV who lives in the city \*\*\* applied to the Information Center "GENDERDOC-M" in order to help him deliver ART in connection with the lockdown measures established in the country, as well as in \*\*\* (the city is in quarantine). I (REActor) went to the hospital, where they gave me therapy for the beneficiary, but since the city is closed, I could not send treatment through public transport, and the state did not provide the opportunity for these people to receive pills on time, forbidding them to leave the city to the nearest hospital in which you can get ART. The beneficiary is afraid to turn to the authorities because of self-stigma and fear of being marginalized, he also does not want to disclose his status to the local authorities, since this is his right to privacy. Tomorrow I will try to send via mail.*



*The client, working at home with a grinder, through negligence, seriously injured his hand. An ambulance was called. The call was denied due to the fact that there is quarantine in the republic, and an ambulance will not go to a remote settlement. It was recommended to somehow independently get to the hospital of the city \*\*\*, since all polyclinics in the district are closed for quarantine, and doctors do not see patients. The situation was resolved 2 days after contacting the Ministry of Health of the Republic. The client got an appointment with a doctor, he was operated on and stitched. Examples of denial of medical care include denials amid quarantine measures in connection with COVID-19.*



### CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

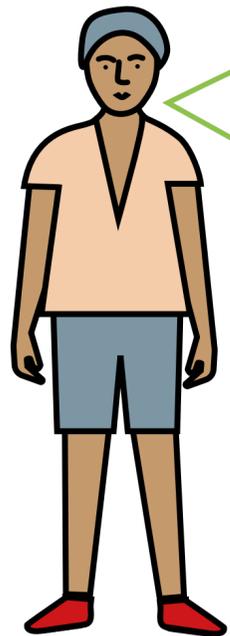
RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

## DISCRIMINATION OF PREGNANT WOMEN AND CHILDREN LIVING WITH HIV

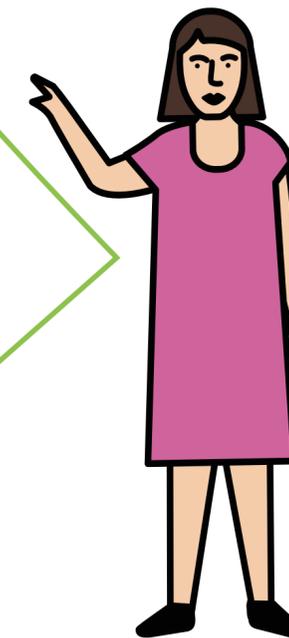
REAct recorded four cases of violation of the rights of pregnant women in connection with HIV status. In two cases, there were documented manifestations of **discriminatory treatment** of a woman living with HIV by medical personnel against the background of manifestations of stigma towards people living with HIV.



*\*\*.\*. 2020 the client was admitted to the obstetric department of the Center for Maternal and Child Health \*\*\* in the 36th week of pregnancy. She was placed in an isolation ward because of her HIV-positive status. The paid ward was refused. Sharing with other women in labor, using the toilet is prohibited. After giving birth, the client and her baby were in the delivery room for more than two days, since the isolation ward was busy. The general ward was refused. Upon discharge from the hospital, the mother's HIV-positive status was indicated in the child's exchange card. During the entire stay in the obstetric department, the CMI was subjected to disrespectful treatment from the junior medical staff due to her HIV status.*

In two cases, the inaction of health workers was recorded despite the threat to the child's life. In the reported cases, there are, on the one hand, signs of poor awareness of women living with HIV about ART and HIV transmission from mother to child, and on the other hand, signs of their fear to medical and social services. These reasons may be related to the fact that the work of medical services on informing women about their HIV status, including the form of reporting on possible criminal liability for HIV transmission, is not organized sufficiently sensitive to the needs of pregnant women.

*The beneficiary has not taken therapy for about a year, has 3 children, one of whom is an HIV + teenager (she has a separate support and is committed). The beneficiary became pregnant with her fourth child and hid her pregnancy, called an ambulance when she was almost giving birth, and hid the HIV status in the hospital. The child was positive. The mother refused to give the child therapy without telling us, when we were informed about it, the mother and the child left in an unknown direction. After 2 months we were told that she lives somewhere in the \*\*\* district. We turned to the guardianship authorities, but they did not respond to this case.*



### CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

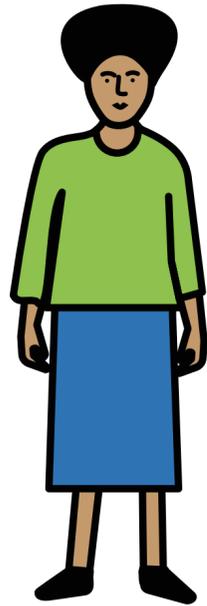
LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

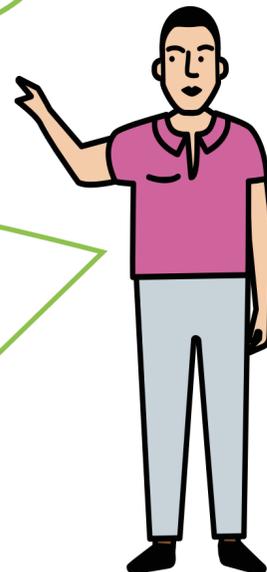
RECOMMENDATIONS

In three cases, the victim was an **HIV-positive child**. According to national legislation, preschools and educational institutions do not have the right to refuse admission, segregate or restrict participation in activities, including sports, deny services and distribution of benefits, as well as expel persons due to HIV-positive status.

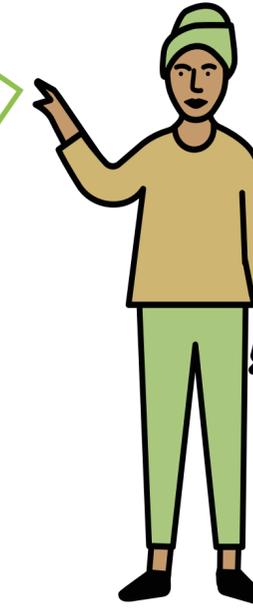


*A woman with HIV wanted to send her child to a preschool institution, but she was refused, because they asked for some kind of certificate that the child does not have HIV, and that the mother regularly takes ARV therapy.*

*The child was denied admission to kindergarten without presenting a vaccination card. For medical reasons, vaccinations are not safe for the child, due to his HIV status.*

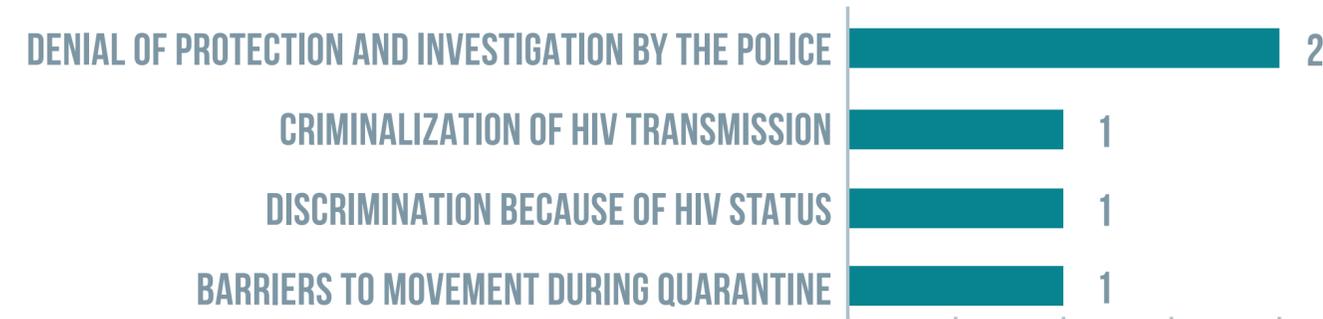


*HIV positive child. At the beginning of the year, a mother bought a ticket to a sanatorium camp for her child. During the medical examination, the mother informed the nurse about the status of the child, so that she could be given vital ARVT drugs in a timely manner. The admission of the child to the sanatorium camp was refused. The refusal was motivated by the fact that the child poses a threat to the health of other children. The money spent was returned to the client.*



## VIOLATION OF RIGHTS BY LAW ENFORCEMENT AGENCIES

Four cases were recorded with the participation of representatives of law enforcement agencies.



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

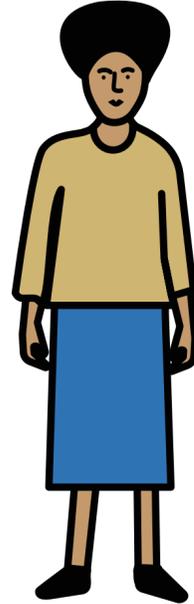
LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

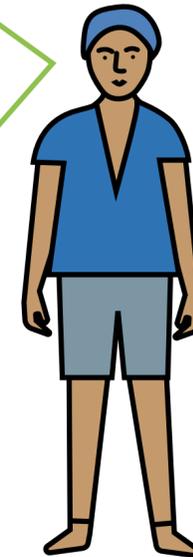
RECOMMENDATIONS

People living with HIV can be exposed to rights violations by loved ones in the context of domestic violence. Such cases have an extremely serious impact on the realization of the right to health, as a people living with HIV are often unable to make decisions about protecting their health amid domestic violence. Without assistance, including police assistance, a situation of domestic violence can continue for many years and lead to deep physical and mental suffering for the victim. REAct recorded two incidents of **police inaction** despite appeals in connection with cases of domestic violence. There is no indication that police inaction was directly related to the HIV status of one of the parties to the family conflict. However, in itself, the inaction of the police in response to the manifestation of domestic violence indicates that the police are poorly trained and unable to adequately respond to such cases.



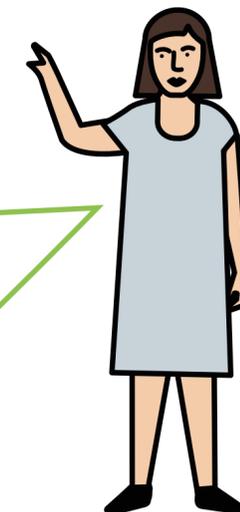
*The family had 5 daughters. The husband often beat his wife in the presence of children. When the mother (PLHIV) could not endure all this, she left the village with her children and moved to the city, leaving the house to her husband. The police knew about this situation, but did not intervene.*

*The client (PLHIV) was subjected to domestic violence by her husband, about which she repeatedly reported to the law enforcement agencies. Law enforcement agencies ignored the statements. In particular, they ignored the threats from the roommate to the beneficiary recorded on the phone and given to them. The inaction was not related to HIV status.*



Belonging to another vulnerable group of a person living with HIV tends to increase vulnerability to human rights violations. The case below illustrates this well. Often such people face **humiliating attitude**. It is also often assumed that a person living with HIV belongs to another vulnerable group, such as a drug user or sex worker.

*A client with a third party was detained while using drugs. A third party informed law enforcement officers about the client's HIV status, which led to a discriminatory bias that could directly affect the course of the investigation and the final court decision.*



## CONTENTE



- WHAT IS REACT?
- RESPONSIBILITY OF A STATE
- IMPLEMENTATION SCALE
- GENERAL INFORMATION

### PEOPLE LIVING WITH HIV

### PEOPLE WHO USE DRUGS

### SEX WORKERS

### LGBT

### RESPONSE TO VIOLATIONS

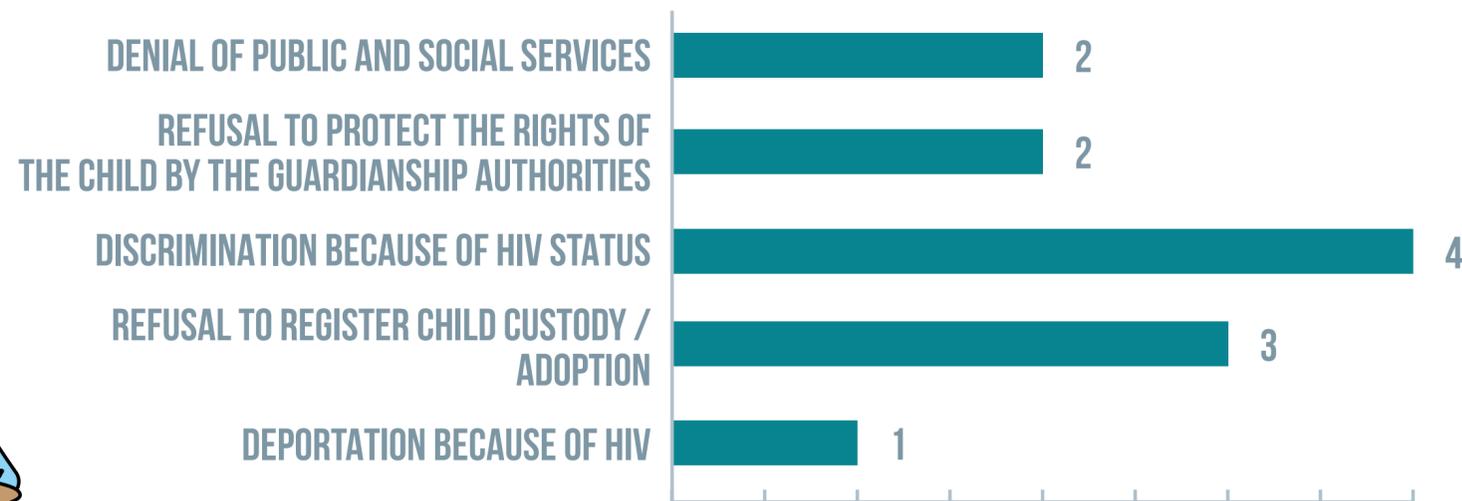
### CONCLUSIONS

### RECOMMENDATIONS

## DENIAL OF ACCESS TO OTHER SOCIAL SERVICES

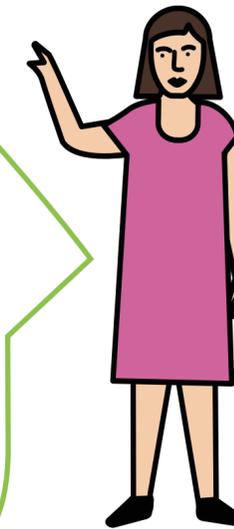
REAct recorded 10 cases in which violations of rights occur in the context of the work of **state social protection and support services**. It should be noted that a number of cases are examples of violations involving several services directly or indirectly. For example, medical and social services and immigration services. From such violations, one can judge that HIV-related stigma permeates many important official structures, on whose work the ability to realize and protect the rights of people with HIV depends.

### Types of human rights violations in PLHIV from state social protection and support services

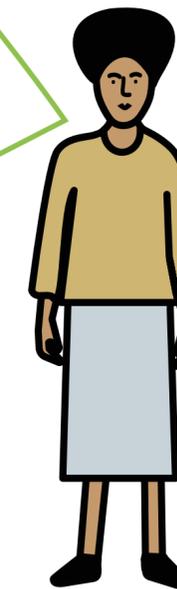


*The beneficiary's wife died and, having a common child, he needed legal advice on registration of custody of the child. Since the wife's mother was against it, difficulties arose in the paperwork, since the beneficiary has HIV status.*

*A woman with HIV status wants to adopt a child. A certificate of HIV status is required from her. The woman is afraid to submit this certificate, because she knows in advance that she will be refused adoption. In the AIDS center, a woman is registered as an anonymous person, because she is afraid that her HIV status will be found out at her place of residence.*



*The client applied to the guardianship and trusteeship authorities for registration of temporary custody of a minor granddaughter for the period of absence of parents (they leave for work outside the republic). By law, guardianship requires a medical examination, which also includes an HIV test. Since the client is HIV positive, custody of the child was denied.*



## CONTENTE



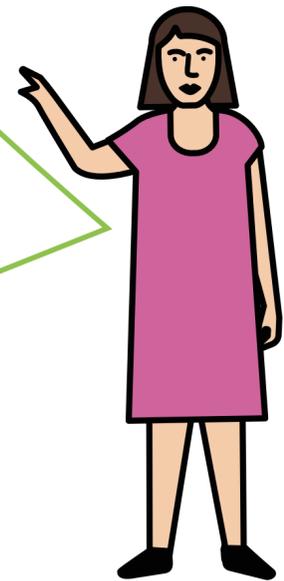
- WHAT IS REACT?
- RESPONSIBILITY OF A STATE
- IMPLEMENTATION SCALE
- GENERAL INFORMATION

### PEOPLE LIVING WITH HIV

- PEOPLE WHO USE DRUGS
- SEX WORKERS
- LGBT
- RESPONSE TO VIOLATIONS
- CONCLUSIONS
- RECOMMENDATIONS

The documented cases indicate the need to improve the awareness of social support and protection services on the rights and needs of people living with HIV and representatives of vulnerable groups. From the analysis of the above cases, one can single out a problem in the activities of the guardianship and guardianship authorities to protect the rights of **children living with HIV**. Namely, the failure to fulfill positive obligations to intervene in cases of **neglect of parents towards children**. Training of these authorities may be needed to ensure the protection of children affected by HIV.

*A woman with HIV does not want to work with us (NGO). She denies her status, has 2 children and is pregnant with a third. He doesn't contact us and doesn't want to take ART. She gave birth to a boy in July, lay in the Center for Mother and Child in \*\*\*, ran home on the second day. (...) The child turned out to be positive, the mother still refuses to give therapy to the child. We contacted the guardianship authorities on this occasion, they did not react.*



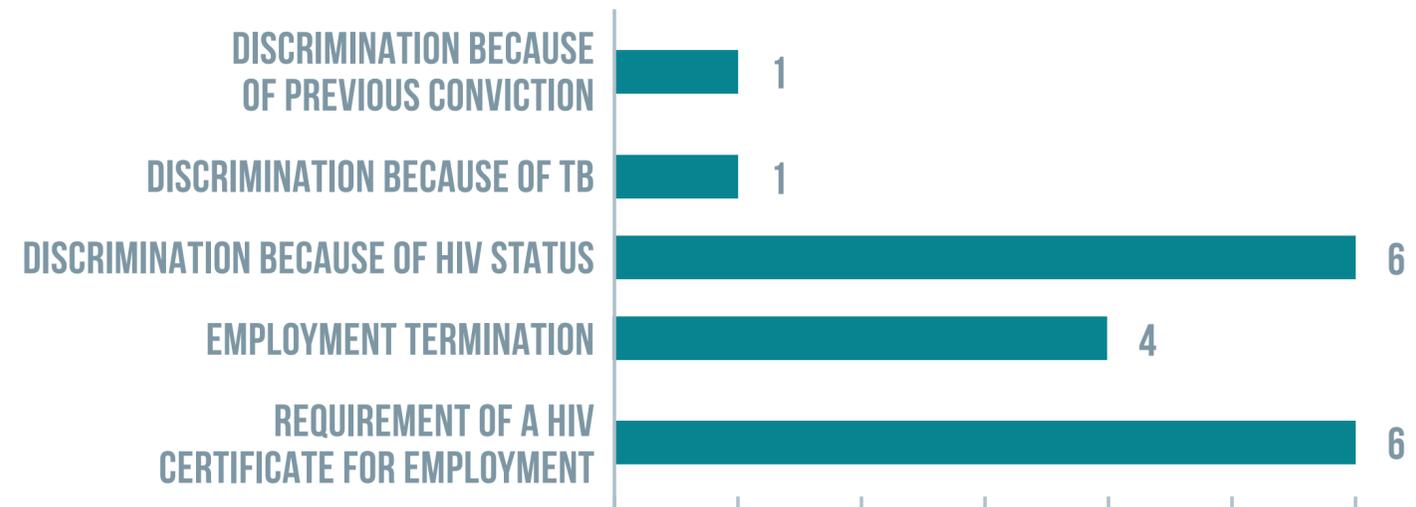
## DISCRIMINATION OF PLHIV IN LABOUR FIELD

Eight cases were recorded in which the incident concerned refusal of employment or its unjustified termination due to HIV status. At the same time, in 7 cases the perpetrator was a private or public employer, and in one case - the employment office.

*The beneficiary was referred by the employment office to obtain a medical certificate of HIV-free status for employment. The representative of the organization arrived at the scene and, referring to the legislation, explained to the employment office staff that their actions were discriminatory.*



### Types of human rights violations of PLHIV in labour field



**CONTENTE**

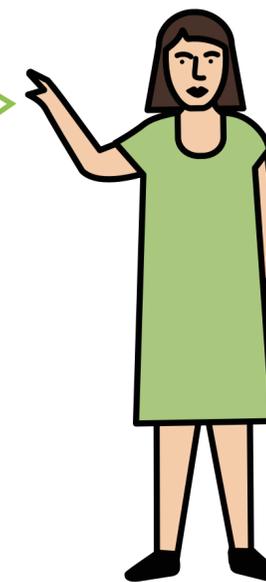


- WHAT IS REACT?
- RESPONSIBILITY OF A STATE
- IMPLEMENTATION SCALE
- GENERAL INFORMATION
- PEOPLE LIVING WITH HIV**
- PEOPLE WHO USE DRUGS
- SEX WORKERS
- LGBT
- RESPONSE TO VIOLATIONS
- CONCLUSIONS
- RECOMMENDATIONS

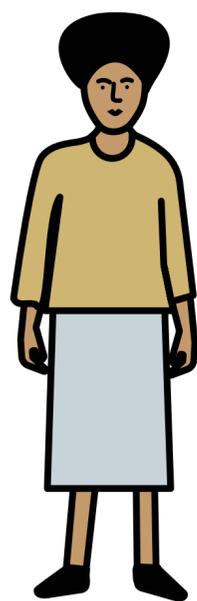
35

People living with HIV face massive **discrimination in the labour field**. Although the Law on HIV Prevention prohibits discrimination in the labour field, such violations are still recorded. Judging by the documented cases, many employers require a health certificate for employment, without having any legal right to do so. In practice, HIV status can serve as a reason for dismissal or refusal to hire. We believe that the situation can be improved by the adoption of legal norms that would authorize **the unreasonable requirement of medical certificates for employment** in violation of the law.

*The client has been working as a hairdresser for the last 3 years. After the end of the quarantine for COVID-19, she went to work. The management of the beauty salon obliged all employees to pass an HIV test, only after the result they could start work. The client is on ART and provided a certificate of undetectable viral load. She was advised to write a letter of resignation. As a result, the client was left without work. Later I got a job in a beauty salon, where HIV testing is not required.*



*The client is a nurse by training. For many years she worked in a children's clinic. The diagnosis "HIV infection" was stated in 2019. After the COVID-19 lockdown was cancelled, all health workers of the polyclinic were required to pass an HIV test. As a result, the client was fired from her permanent job.*



**Article 22.**

**Prohibition of discrimination at work**

*(1) Any form of discrimination based on HIV-positive status is prohibited at all stages of employment, promotion or distribution of official duties in any field of activity of the public or private sector, during elections or appointment to public office<sup>5</sup>.*

<sup>5</sup> [https://www.legis.md/cautare/getResults?doc\\_id=110180&lang=ru#](https://www.legis.md/cautare/getResults?doc_id=110180&lang=ru#)

**CONTENTE**



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

Also, people with HIV may be discriminated against in the labour field due to their previous **convictions or being affected by tuberculosis**. HIV / TB statuses and criminal records reinforce each other's effect on client vulnerability. To prevent such violations, it is necessary to conduct wide public campaigns to inform the population and employers about the rights of people living with HIV and representatives of other population groups.

*All the circumstances of the case indicate that the client was dismissed from his position due to the fact that he has a positive HIV status, as well as due to the fact that he has a criminal record, which is associated with multiple discrimination. All difficulties in the workplace arose for the beneficiary, as he was forced to report his HIV status to his immediate supervisor. Even from the day he was forced to disclose his status, he was suspended from work the same day he was forced to disclose his HIV status and ordered to provide several health certificates, even though he had held this position for over a month ... In addition, recordings of conversations with company representatives directly indicate that the reason for the dismissal is HIV-positive, since the working group does not accept an HIV-positive person.*



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

**PEOPLE LIVING WITH HIV**

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

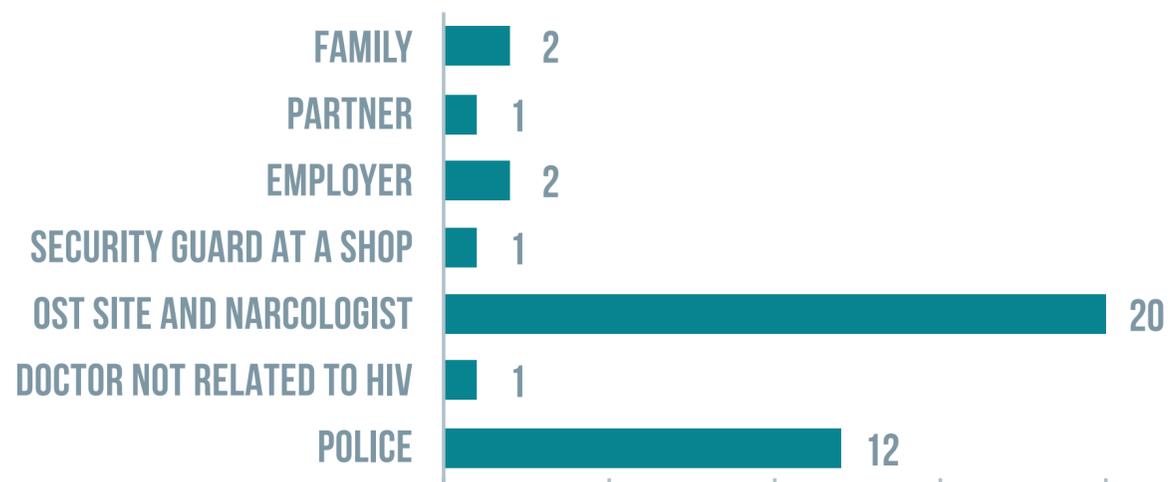
RECOMMENDATIONS

# PEOPLE WHO USE DRUGS

Fifty-five cases were registered where the victim was an injecting drug user.

Sixteen cases did not qualify as human rights violations. In such cases, there are signs of a difficult life situation for the client, especially in connection with the worsening economic situation in the country against the backdrop of a pandemic and quarantine restrictions. Many clients have complained of job loss, inability to repay loans, and other material difficulties.

*Number of cases of human rights violations in PWUD, by perpetrator*



*Main types of human rights violations in PWUD*



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

**PEOPLE WHO USE DRUGS**

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

## ANALYSIS OF NATIONAL LEGISLATION

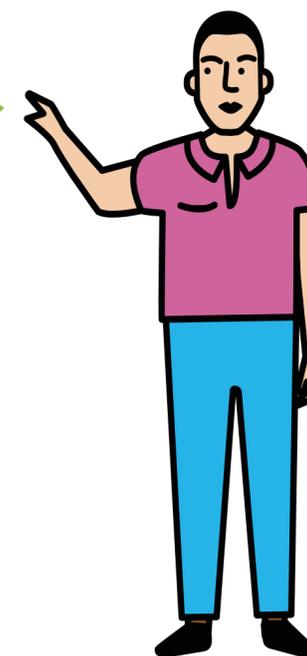
People who use drugs are directly negatively affected by laws that criminalize any drug-related behavior. Drug use is an offense with a significant fine that reaches the monthly minimum for an adult. In case of non-payment of the fine, the punishment can be changed to imprisonment. Drug use is directly criminalized through the criminal prohibitions on possession without the purpose of selling. For such acts, it is possible to appoint long terms of imprisonment. People who have committed drug trafficking, which includes, in particular, the transfer of drugs in the context of consumption (social trafficking), can be subjected to even more severe punishment. The practice of applying drug laws shows that law enforcement agencies focus their work on people who use drugs, and not on those who are involved in marketing for the purpose of systematic enrichment.<sup>6</sup>

<sup>6</sup> Lungu A. Criminalization of drugs and the rights of people who use drugs in the Republic of Moldova. Research report. EHRA. Chisinau, 2019. Online: <https://harmreductioneurasia.org/wp-content/uploads/2020/04/Drug-criminalization-and-human-rights-Moldova-RUS.pdf> (3 Last access 3 Nov 2020).

## BARRIERS TO OST

Harm reduction programs are available in the Republic of Moldova, including opioid substitution therapy (OST). However, as the cases documented by REAct show, access to OST is often difficult for people living with addiction, for reasons related to severe restrictions on the availability of drugs at home, as well as due to the **insufficient number of OST sites**. For example, REAct recorded the same type of violation of the rights of OST patients in the city of Orhei.

*2020 - \*\* - \*\*. I am a client of methadone substitution therapy, every day I have to travel from Orhei to Chisinau to get the medicine. For many years we have been promised a new OST site in our city, but for various reasons this remains only a promise, despite the fact that there is methadone in the country, and we have addiction clinic in our city. But the narcologist refuses to provide such services.*



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

Lockdown measures in connection with COVID-19 represent additional serious barriers for OST patients.

*2020 - \*\* - \*\*. During the quarantine regime associated with COVID-19, the client could not get on the OST program, since the addiction clinic was closed. He had to wait a month to solve this problem, and all this time he was using street drugs.*

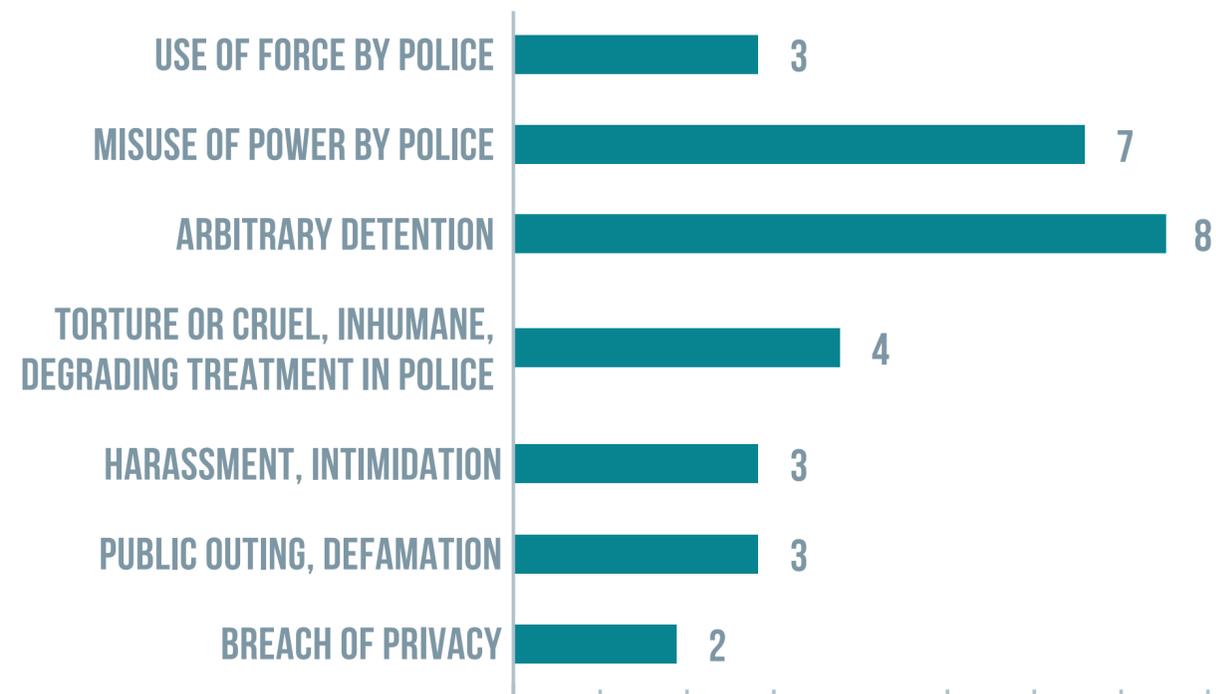


People who use drugs also experience manifestations of **stigma from family, employers, and members of the general public.** Such violations can be associated with the general context of state-promoted stigma against the background of drug criminalization. Ensuring the rights of people who use drugs is impossible without measures to reduce stigma in relation to them in society. Violation of rights by law enforcement agencies.

## VIOLATION OF RIGHTS BY LAW ENFORCEMENT AGENCIES

With the absolute prohibition of any activity related to drug use, people who use drugs experience the greatest pressure from law enforcement agencies. The REAct documented a wide range of violations of the rights of people who use drugs by the police. Of the 12 cases recorded in this key group with the participation of the police, the most widespread type of violations was the violation of the right to liberty (**arbitrary detention**) and the right to observe legal guarantees by the police in relation to everyone to whom the police use their powers.

### Types of incidents involving police in PWID



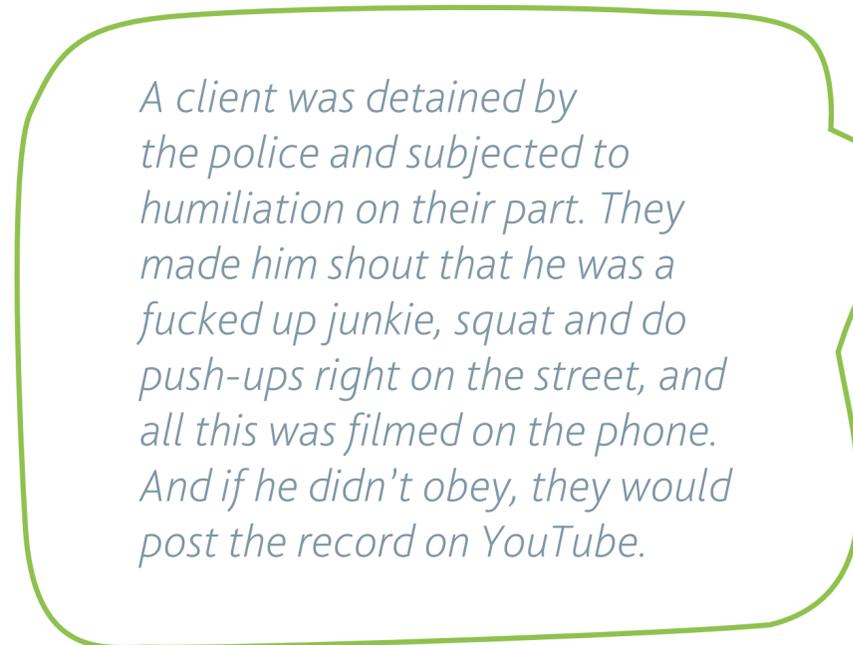
## CONTENTE



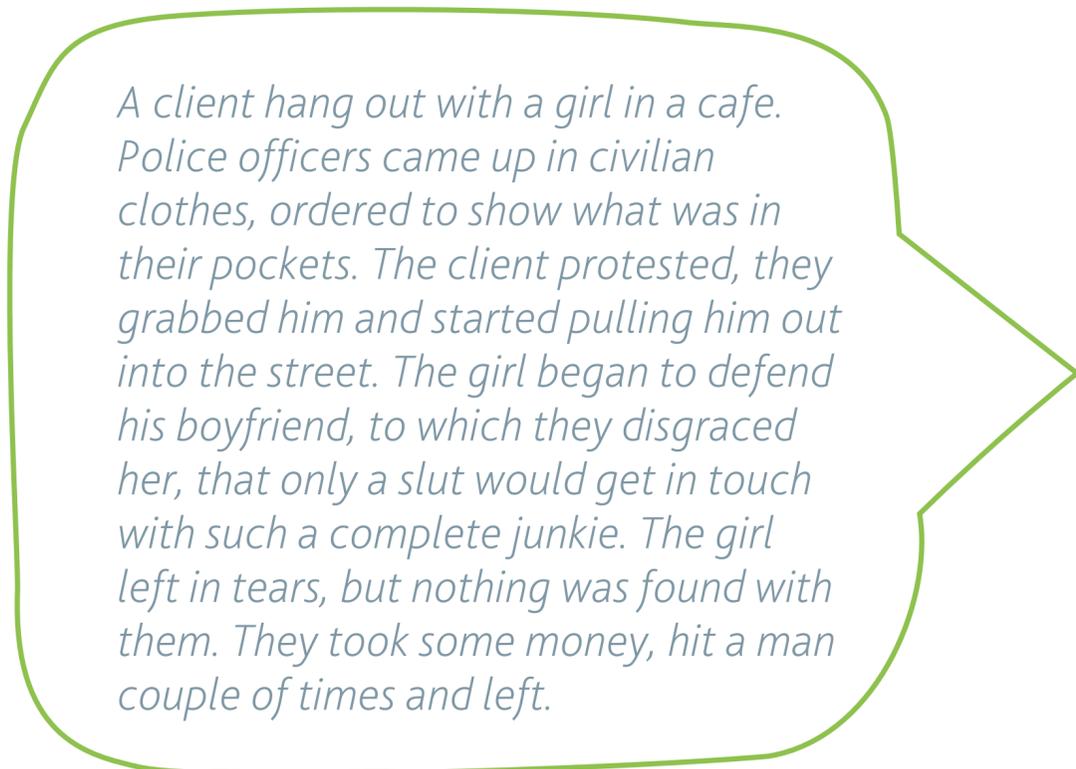
- WHAT IS REACT?
- RESPONSIBILITY OF A STATE
- IMPLEMENTATION SCALE
- GENERAL INFORMATION
- PEOPLE LIVING WITH HIV
- PEOPLE WHO USE DRUGS**
- SEX WORKERS
- LGBT
- RESPONSE TO VIOLATIONS
- CONCLUSIONS
- RECOMMENDATIONS



*The policeman took him out of the house early in the morning without giving the chance to take OST medication. He stayed there all day and suffered torment without medicine. And the policeman had a plan for this that a person would feel bad, and would say whatever he wanted.*



*A client was detained by the police and subjected to humiliation on their part. They made him shout that he was a fucked up junkie, squat and do push-ups right on the street, and all this was filmed on the phone. And if he didn't obey, they would post the record on YouTube.*



*A client hang out with a girl in a cafe. Police officers came up in civilian clothes, ordered to show what was in their pockets. The client protested, they grabbed him and started pulling him out into the street. The girl began to defend his boyfriend, to which they disgraced her, that only a slut would get in touch with such a complete junkie. The girl left in tears, but nothing was found with them. They took some money, hit a man couple of times and left.*

In all cases of violations of the rights of people who use drugs by law enforcement officers, a general pattern is visible – police officers demonstratively and pronouncedly **neglect the right to honor and dignity** of people who use drugs. Both in cases with a barrier in access to OST, and in the case of **arbitrary body searches** in a cafe, in the presence of his girlfriend, and in all other cases, representatives of law enforcement agencies clearly demonstrate complete domination over a person with absolute disregard for human rights and a desire to intimidate and humiliate a person who uses drugs. It will be impossible to change this attitude of law enforcement agencies towards people without deep reforms in drug policy.

## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

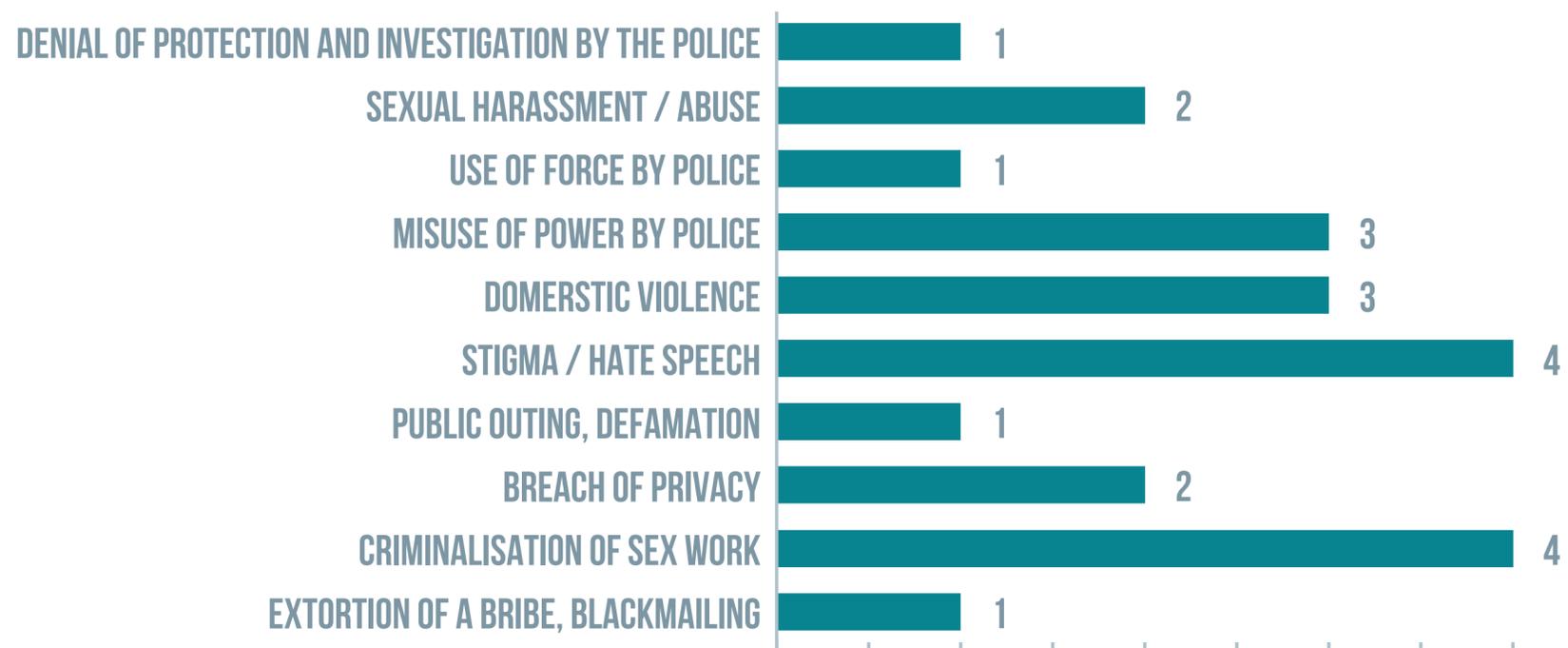
CONCLUSIONS

RECOMMENDATIONS

# SEX WORKERS

There are 17 registered cases where the victim is a sex worker. Of these, 9 were not qualified as violations of human rights, since they describe a difficult life and material situation, especially in connection with the COVID-19 pandemic, but do not have signs of violation of their rights by the state.

*Types of human rights violations in sex workers*



*Number of cases in sex workers, by perpetrator*



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

**SEX WORKERS**

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

## ANALYSIS OF LEGISLATION

Sex workers are the second most vulnerable group in terms of criminalization after drug users. Engaging in prostitution is under an administrative ban with punishment in the form of a fine or community service. Clients of sex workers are also banned. The term “prostitution” is not defined in the law and can be interpreted very broadly.

Government-promoted stigma against sex workers justifies law enforcement abuse of sex workers.

At present, the Republic of Moldova is a party to the following conventions aimed at

combating prostitution and pimping: Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly resolution 34/180 of December 18, 1979; Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, adopted on March 25, 2000 in New York; Council of Europe Convention on the Pro-

tection of Children against Sexual Exploitation and Sexual Abuse, adopted on 25 October 2007 in Lanzarote.

Through the Criminal Code and the Code of Offenses, legislative measures have been taken to prevent and counteract prostitution and its constant companion, pimping. Thus, the Code of Offenses through Art. 89 authorizes the practice of prostitution. Criminal liability for committing acts aimed at inciting or defining prostitution or taking advantage of its practice is enshrined in Art. 220 of the Criminal Code of the Russian Federation.



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

**SEX WORKERS**

LGBT

RESPONSE TO VIOLATIONS

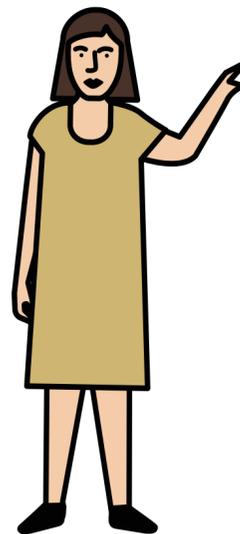
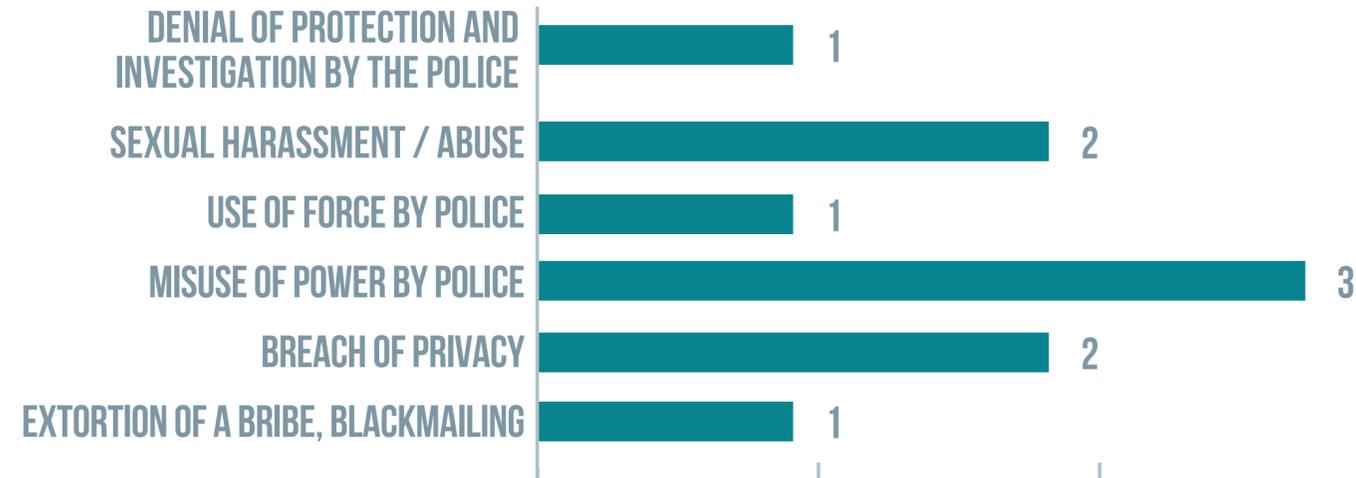
CONCLUSIONS

RECOMMENDATIONS

## VIOLATION OF RIGHTS BY LAW ENFORCEMENT AGENCIES

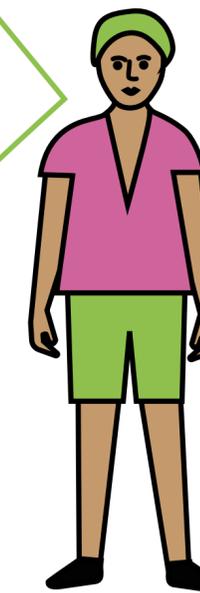
In five cases, the main perpetrators were law enforcement officials who **extorted money, coerced into acts of a sexual nature** or **acted outside their powers**, for example, broke into private property or conducted an unauthorized search of an apartment.

Types of human rights violations by law enforcement agencies



*The sex worker (...) lives in a rented apartment. She is not local, so, according to her, the police constantly demand her identity card. She works as a sex worker on the beltway. The police officers, seeing that she was not local, arguing that they would take her to the police, took her to a completely different place. It was either a sauna or an apartment where she was forced to satisfy their sexual needs. Later, she was given a condition: if she does not want such trips to be regular or large fines, she must pay them 5000 lei a month. The client consulted with a paralegal from the NGO “\*\*\*”, and he explained her rights to her and that the police had no right to do this to her, despite the fact that she works as a sex worker.*

*A sex worker has come up with a problem that she says is not the first time. The district police officer, who must keep order, often did the opposite. And even though she is a sex worker, she also has her rights. The district policeman entered the apartment without permission and insisted that since she worked as a sex worker, it meant that she should be useful for him, in the same way as for others. Frightening her that if she refuses, she will be taken to the police station.*



### CONTENTE



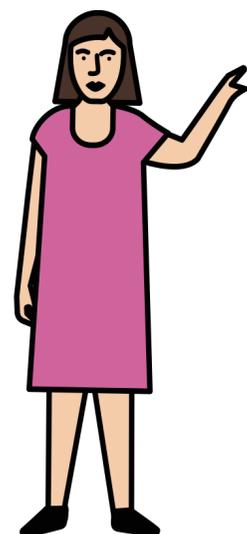
- WHAT IS REACT?
- RESPONSIBILITY OF A STATE
- IMPLEMENTATION SCALE
- GENERAL INFORMATION
- PEOPLE LIVING WITH HIV
- PEOPLE WHO USE DRUGS

### SEX WORKERS

- LGBT
- RESPONSE TO VIOLATIONS
- CONCLUSIONS
- RECOMMENDATIONS

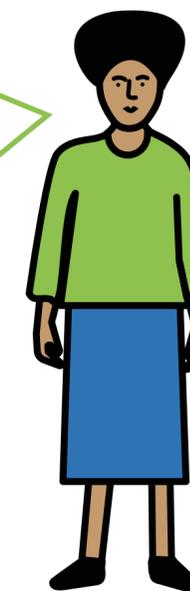
## DOMESTIC VIOLENCE

Three cases were recorded that show how the prohibition of sex work contributes to the disempowerment of sex workers and makes them defenseless from both police arbitrariness and violations of rights by private individuals. In the latter case, despite the actions of private individuals, responsibility for violations of sex workers' rights to a certain extent lies with the state, due to the fact that the state does not fulfill its obligation to fulfill human rights, does not create conditions for the observance and protection of sex workers' rights other people.



*Sex worker \*\*\* needs legal assistance, as she is subjected to psychological and physical violence by her partner, but is afraid to defend herself.*

*Sex worker \*\*\* has been living with her grandmother and partner for over 2 years. Her partner repeatedly used physical violence against her. Since I (REActor) am the girl's social worker, I repeatedly advised her to leave him, and I could help her to get in a rehabilitation center \*\*\* (...) The police refused to protect her and issue documents, because she is a sex worker. I believe that the intervention of a lawyer is needed, since, despite the fact that the beneficiary is a sex worker, physical violence against her is illegal.*



## STIGMATISATION IN HEALTHCARE FACILITIES

Sex workers are subject to social stigma and discrimination, harassment, violence and abuse. In addition, the criminalization of sex work creates barriers to accessing health services to prevent the spread of STIs such as HIV. Fear of legal liability impedes CSW access to health services, and undermines HIV policy, prevention strategies based on mobilizing communities to participate in prevention and early treatment.

Today, sex workers are still a closed group even for NGOs, so no cases related to the right to health have been recorded yet.

## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

# MSM and Transgenders

REAct recorded two cases of violations against MSM. In both cases, there were signs of **homophobia on the part of individuals**. In one case, the victim did not contact the police, which in itself may be the result of the same reasons as the manifestation of hatred and homophobia on the part of individuals towards him. The state improperly fulfills its obligation to fulfill the rights of LGBT people and does not create the necessary conditions for homophobic sentiments to diminish, and there are no cases of hatred towards LGBT people in society.

*\*\*.\*\*. In 2020, a resident of the village in \*\*\* \*\*\* district (MSM) applied for help to the GENDERDOC-M Information Center. (...) In the evening he walked down the street \*\*\*. A car came up, stopped, and two unknown persons grabbed him and forced him into the car. They (...) forced him to say in front of the camera that he had anal sex for 200 lei. They beat him and forced him to put a condom on his head and then chew on another condom. They also forced him to show everything that he had in the bag, and thus checked his personal documents, from which they learned his home address. They demanded money, blackmailing him that they would tell the whole village that they were engaged in anal and oral sex. He had no money to give them, and at one point one of them told him to run. When he ran, someone else caught up with him and hit him on the head. (...) When he came to, he was dirty and blood was flowing from his mouth and eyes. Approaching the station, he took a taxi and drove home. The video that was filmed was distributed on social networks.*



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

## ANALYSIS OF LEGISLATION

The Law “On Ensuring Equality” has been adopted and is in force in Moldova<sup>7</sup>, which prohibits discrimination. Although the Law does not directly specify the criteria for sexual orientation, Article 1 of the Law states “and also on the basis of any other similar characteristic”. This formulation is used by the Equality Council to recognize discrimination on this criterion, in practice there are many solutions. This feature is contained only in the special provision on the prohibition of discrimination in employment.

Despite the general movement towards integration with the European Union, homophobic sentiments and legislative initiatives are manifested in Moldova. In particular, from 2013 to 2017, a legislative initiative was taken to ban the so-called propaganda of non-traditional sexual relations, following the example of the Russian Federation, but it was not approved by the Parliament.<sup>8</sup> The existence of de facto discrimination against LGBT people in Moldova was pointed out by the UN Human Rights Committee.<sup>9</sup>

<sup>7</sup> Law # 121 dd 25-05-2012 “On Ensuring Equality”. Online: [https://www.legis.md/cautare/getResults?doc\\_id=106454&lang=ru](https://www.legis.md/cautare/getResults?doc_id=106454&lang=ru) (Last access 18 Nov 2020)

<sup>8</sup> Human Rights Watch Letter Re: Moldova Draft Law No. 184. Online: <https://www.hrw.org/news/2016/06/20/human-rights-watch-letter-re-moldova-draft-law-no-184> (Last access 20 Nov 2020)

<sup>9</sup> Concluding observations on the third periodic report of the Republic of Moldova. CCPR/C/MDA/CO/3. 18 November 2016. Par 11. Online: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2fMDA%2fCO%2f3&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2fMDA%2fCO%2f3&Lang=en) (Last access 20 Nov 2020)

## IMPACT OF THE PANDEMIC ON HUMAN RIGHTS IN MOLDOVA

A total of 17 cases were registered, one way or another related to the COVID-19 pandemic and lockdown. Some of the cases do not qualify as violations of human rights, but they make it possible to understand what problems ordinary residents of the country face. The registered cases indicate that vulnerable groups in the field of HIV face financial difficulties and reduced incomes and inability to pay off previously taken loans.

- **Dismissal of patients with COVID-19 or dismissal due to suspicion of COVID-19 or refusal of employment due to the fact that relatives are sick**

*I was denied a job because one of my relatives is sick with coronavirus. But I am not in contact with him. When I got a job, they asked me if any of my relatives were sick with coronavirus, I said yes, they were. I was offered to be checked and then come again to find a job. But I have no money. How should I be?*



### CONTENTE



#### WHAT IS REACT?

#### RESPONSIBILITY OF A STATE

#### IMPLEMENTATION SCALE

#### GENERAL INFORMATION

#### PEOPLE LIVING WITH HIV

#### PEOPLE WHO USE DRUGS

#### SEX WORKERS

#### LGBT

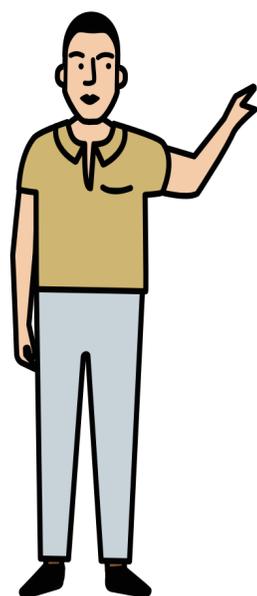
#### RESPONSE TO VIOLATIONS

#### CONCLUSIONS

#### RECOMMENDATIONS

- Unreasonable fines as a tool to put pressure on sex workers
- Barriers to access to OST and ARV therapy due to quarantine restrictions, as well as restrictions on movement between settlements.

But on the whole, it is important to note the effective work of NGOs, which were able to quickly arrange the delivery of drugs to patients at home. Reported cases are rare exceptions, but generally reflect difficulties in obtaining drugs.



*In the COVID-19 mode, a client could not get on the OST program, since the addiction clinic was closed. He had to wait a month to solve this problem, and all this time he was using street drugs.*

- Refusal to provide medical care: the ambulance does not arrive, hospitals are in lockdown

*The client, working at home with a grinder, through negligence, seriously injured his hand. An ambulance was called. The call was denied due to the fact that the ambulance will not go to the quarantine in the republic and to a remote settlement. It was recommended to somehow by himself get to the hospital of the city \*\*\*, since all the polyclinics in the district are closed for quarantine, and doctors do not see patients. The situation was resolved 2 days after contacting the Ministry of Health of the Republic of the client met a doctor, operated on and stitched.*



## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

**LGBT**

RESPONSE TO VIOLATIONS

CONCLUSIONS

RECOMMENDATIONS

# CONCLUSION

The response to human rights violations documented in the REAct system, is focused first and foremost on addressing systemic problems. Unfortunately, at this moment our organization and our partners do not have sufficient financial resources to respond to every individual case each.



## SYSTEMIC PROBLEMS, ON WHICH WE FOCUSED IN 2020:

### ➔ 1. **Barriers to adoption/custody of children for PLWH.**

In connection with this, negotiations were initiated with the Ministry of Health of the Republic of Moldova to change the existing practices. Within the framework of the World AIDS Day campaign we achieved an arrangement to develop an order eliminating these constraints.

### ➔ 2. **Discrimination of PLWH in the employment area.**

While the national law prohibits all forms of discrimination during recruitment, there were several cases recorded of a limited violation of this right by employers or requesting a medical certificate with HIV analysis results during recruitment. We selected one of these cases for strategic litigation. An attorney from *Initiativa Pozitiva* was representing the client, initially a complaint was made to the Equality Council.

## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

**CONCLUSIONS**

RECOMMENDATIONS

Upon case consideration the Council recognized the fact of discrimination by criterion of health (HIV), as well as limitation of the right to labor. The client further received assistance in court, where he won the case, was re-employed and obtained material and moral damages compensation. This case was widely covered in media, including on the primary channels. It is important that the decision was made on the eve of the World AIDS Day.

➔ **3. Geographically restricted access to OST.**

There were more than 20 cases from the PWID who had to travel every day to another city to get OST. In this case, the negotiations with the Ministry of Health were also initiated on opening an OST site in Orhei. The respective order was passed, but not yet implemented. We continue working on the implementation of this solution.

➔ **4. Violations of rights of the pregnant PLWH in the maternity clinic.**

By the health staff of the State Establishment “Republican Center for Mother and Child”. Women in a vulnerable condition constantly face neglect and reprimands by junior health staff. To address these cases, we and an NGO from the left bank of Dniester initiated an appeal to the Ministry of Health requiring to pass an order on prohibition of discrimination in health facilities, carry out training for the staff of maternity clinics jointly with the State Establishment “Republican Center for Mother and Child”.

**CONTENTE**



- WHAT IS REACT?
- RESPONSIBILITY OF A STATE
- IMPLEMENTATION SCALE
- GENERAL INFORMATION
- PEOPLE LIVING WITH HIV
- PEOPLE WHO USE DRUGS
- SEX WORKERS
- LGBT
- RESPONSE TO VIOLATIONS

**CONCLUSIONS**

**RECOMMENDATIONS**

# RECOMMENDATIONS FOR A COUNTRY

- ➔ **1** Carry out a reform of the criminal legislation and decriminalize Part 1 of Art. 212 of the Criminal Code of the Republic of Moldova. Develop and implement in the practice of law enforcement and judicial authorities guidelines on the application of international standards on the limited application of criminal law to cases of intentional transmission of HIV infection.
- ➔ **2** To develop and implement in the training, retraining and advanced training of law enforcement agencies issues of prevention and response to cases of domestic violence, including the specifics of working with such cases in relation to representatives of vulnerable groups.
- ➔ **3** Develop and implement in the training of doctors information about human rights in the context of HIV and TB, including issues of non-discrimination of people from vulnerable groups, as well as such especially vulnerable groups as pregnant women.
- ➔ **4** Consider the possibility of conducting large-scale public campaigns to inform the population and employers about the rights of people living with HIV and representatives of other population groups.
- ➔ **5** Expand access to OST in small towns, as well as opportunities to receive OST drugs at home.
- ➔ **6** Undertake drug policy reform to achieve a balance between socio-medical, economic and law enforcement measures to reduce drug supply and demand, and reduce drug harm. Consider limiting the use of criminal and administrative prohibitions against people who use drugs for non-trafficking activities.

## CONTENTE



WHAT IS REACT?

RESPONSIBILITY OF A STATE

IMPLEMENTATION SCALE

GENERAL INFORMATION

PEOPLE LIVING WITH HIV

PEOPLE WHO USE DRUGS

SEX WORKERS

LGBT

RESPONSE TO VIOLATIONS

CONCLUSIONS

**RECOMMENDATIONS**