

**KYRGYZSTAN**



**REACT**

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

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



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## 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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More about **REAct:**  
[www.react-aph.org](http://www.react-aph.org)

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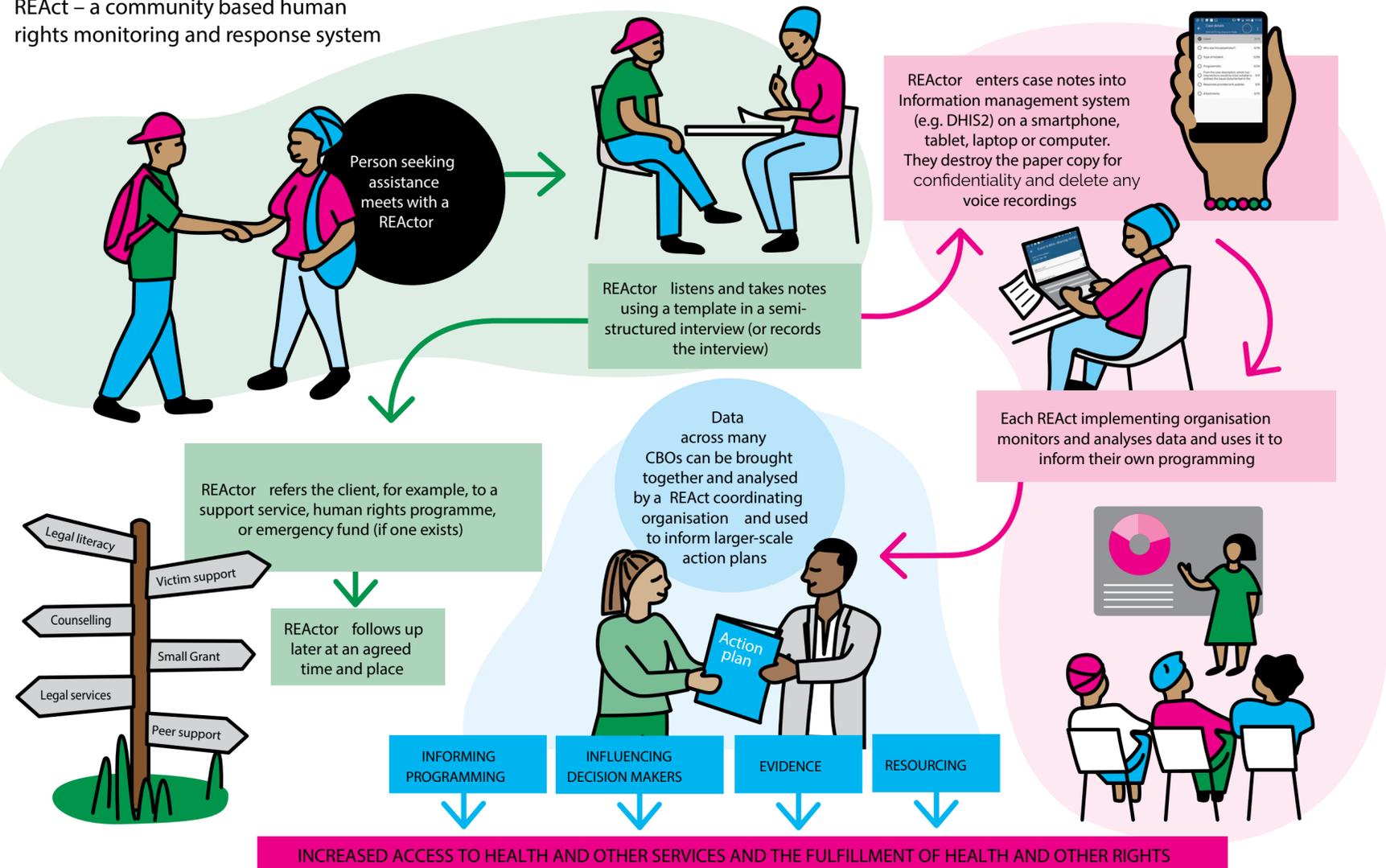
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# WHAT IS REACT?

REAct – a community based human rights monitoring and response system



**Rights – Evidence – ACTION (RE-Act)**, 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.

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## 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.

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## 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.

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## 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.

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## 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 educa-

tion 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.

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## 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

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by law enforcement officials is very likely. 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.

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# 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.

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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.

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## 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.

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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.

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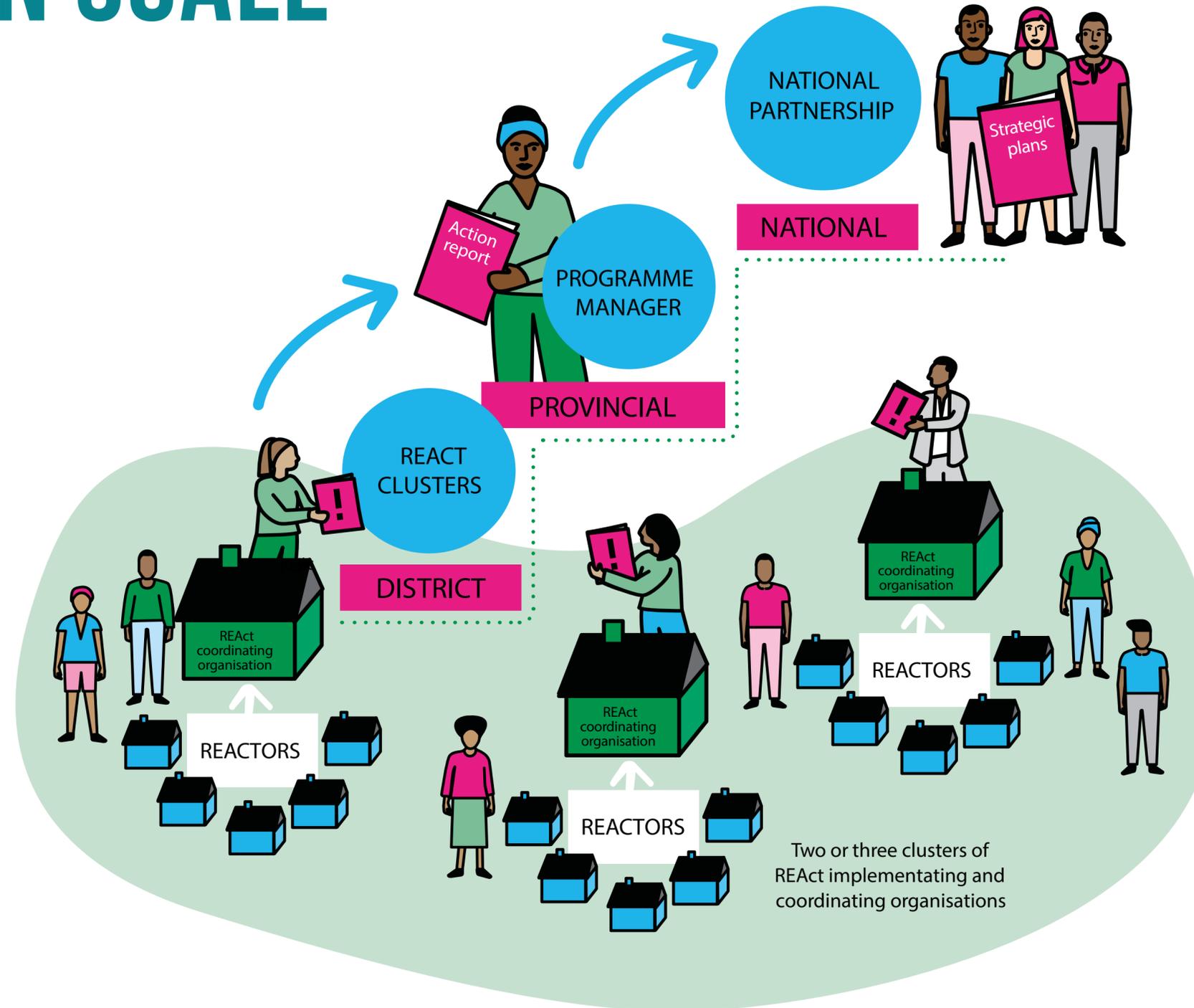
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# IMPLEMENTATION SCALE

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



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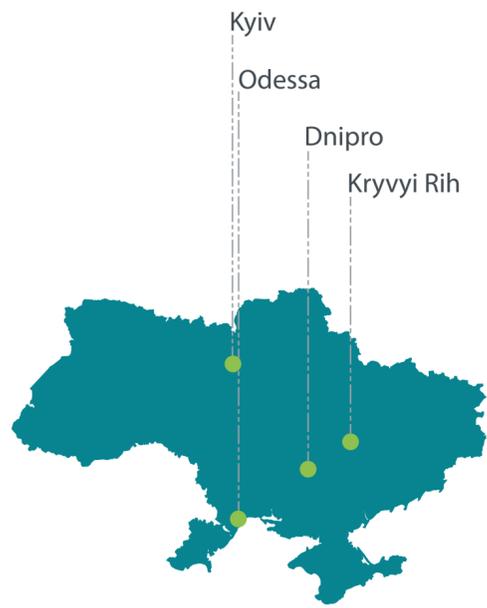
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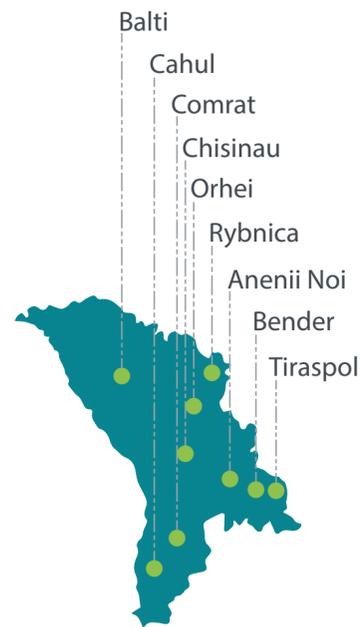
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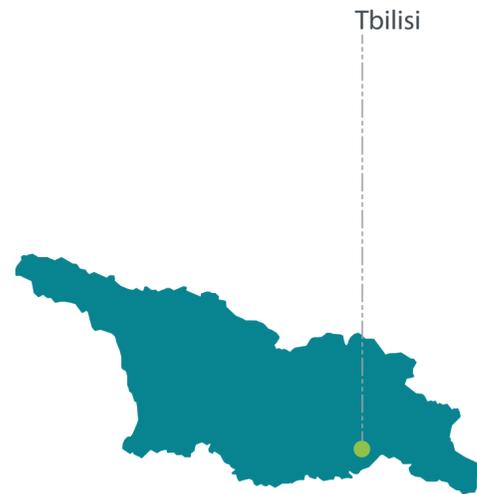
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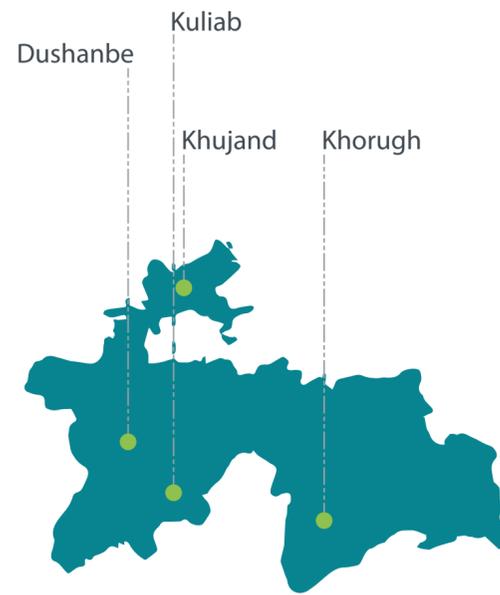
UKRAINE  
28 NGOs – 4 cities



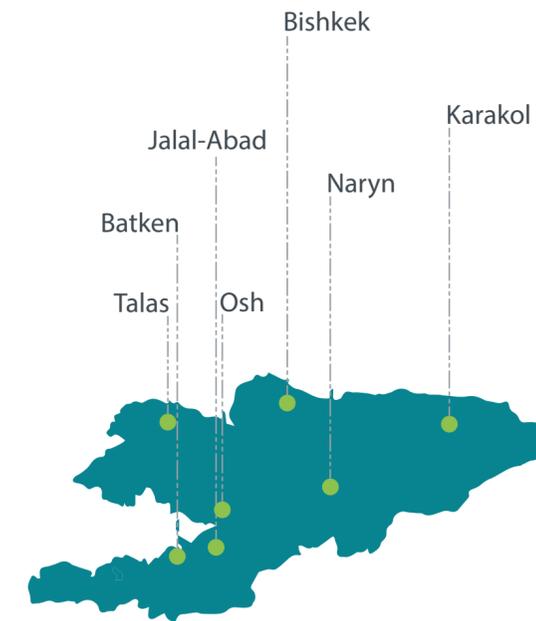
MOLDOVA  
12 NGOs – 9 cities



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**

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## KYRGYZSTAN

Kyrgyzstan, like a number of other countries of Eastern Europe and Central Asia, belongs to countries with a lower middle income level, while at the same time high activity of civil society, including nongovernmental organizations involved in the work of HIV prevention, treatment and care projects with the support of international donors. Thanks to these factors, Kyrgyzstan became the first country in the EECA region, in which all nine HIV prevention measures among people who in-

ject drugs, including in prisons, were enshrined at the legislative level. Also in Kyrgyzstan there is no direct legal responsibility for sex work. There are no direct or indirect prohibitions regarding LGBT people. Reforms of criminal and administrative legislation on drug control are underway. In 2019, a new Criminal Code of the Kyrgyz Republic entered into force, which expanded the list of punishments for actions related to drugs without the purpose of selling, including fines.

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## BRIEF INFORMATION ON THE LEGAL ENVIRONMENT IN KYRGYZSTAN

For law enforcement agencies, a departmental Order is provided that establishes the procedures for work among key groups<sup>1</sup>. This Order, as well as the training programs for law enforcement officials, places a lot of emphasis on evidence-based and human rights-based HIV prevention, treatment and care programs for key populations<sup>2</sup>. At the same time, a study among police officers shows that not all employees demonstrate a tolerant attitude towards key groups, and testing of knowledge of the Order by police officers shows that almost 25% of employees did not know that sex work in the Kyrgyz Republic is not an administrative offense; more than 30% answered in the affirmative to the question about the confiscation of syringes from drug users; only 26% of employees have ever referred key populations to harm reduction and social support organizations<sup>3</sup>. Studies of the attitudes and knowledge of police officers show that a significant number of employees (up to 50% on certain issues) demonstrate a negative attitude or poor knowledge<sup>4</sup>.

*A REActor in Kyrgyzstan is a community representative, an NGO employee who, in addition to providing services and outreach work, is a "street lawyer" and documents cases of rights violations when community members turn to him with complaints. The REActor can advise, provide psychological support and provide primary legal advice, help with the preparation of primary documentation for solving the case.*

1 Joint Order of the Ministry of Internal Affairs, the State Drug Control Service, the Ministry of Health, the State Penitentiary Service of the Kyrgyz Republic dated January 21, 2014. "On strengthening the prevention of HIV infection when interacting with vulnerable groups». Online: <http://www.afew.kg/upload/userfiles/Inter-institutional%20Instruction.pdf>

2 Legal foundations of the theory and practice of harm reduction: Teaching method. manual - B.: Salam, 2009 (in Russian). Online: <https://soros.kg/srs/wp-content/uploads/2019/07/Book-Pr.pdf>

3 Beletsky L., et al., Policy reform to shift the health and human rights environment for vulnerable groups: The case of Kyrgyzstan's Instruction 417. Health and Human rights 14/2, August 14, 2013 Online: <https://www.hhrjournal.org/2013/08/policy-reform-to-shift-the-health-and-human-rights-environment-for-vulnerable-groups-the-case-of-kyrgyzstans-instruction-417-2/>

4 Beletsky L., et al., Police Education as a Component of National HIV Response: Lessons from Kyrgyzstan. Drug Alcohol Depend. 2013 Nov; 132 Suppl 1. Online: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3825798/#R9>

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Kyrgyzstan has a progressive Constitution that guarantees all fundamental human rights and freedoms, including the right to health and the right to protection from discrimination<sup>5</sup>. Kyrgyzstan is a party to the main international human rights treaties<sup>6</sup>.

In the Kyrgyz Republic, there are also signs of limitations for the active work of civil society organizations. Groups of deputies of the national parliament are attempting to approve a law on foreign agents, similar to the legislation of the Russian Federation, whereby public organizations receiving support from foreign donors list foreign agents and demand the fulfillment of heavy reporting obligations with the risk of huge fines for default<sup>9</sup>.

2014 to 2019 there have been several attempts to pass a law banning the promotion of non-traditional sexual relations, similar to a law in Russia.

Together, these trends create unfavorable conditions for the realization of human rights in Kyrgyzstan. Law enforcement agencies, medical workers, other representatives of official structures are becoming less tolerant of representatives of key groups and at least fulfill the obligations of the state to respect, protect and promote human rights.

5 Constitution of the Kyrgyz Republic. Adopted by referendum (popular vote) on June 27, 2010. Online: <http://cbd.minjust.gov.kg/act/view/ru-ru/202913>

6 Status of ratification of international treaties of Kyrgyzstan. Online: [https://tbinternet.ohchr.org/\\_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=93&Lang=EN](https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=93&Lang=EN)

7 Kyrgyzstan: state fragility and radicalization. Crisis Group Europe and Central Asia Briefing No. 83. Osh / Bishkek / Brussels, October 3, 2016.

8 2019 Country Reports on Human Rights Practices: Kyrgyz Republic. Bureau of Democracy, Human rights, and Labor. USA. Online: <https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/kyrgyzstan/>

9 Aisymbat Tokoeva. "With a difference in the 'o' letter. Where did the deputies copy the amendments to the law on non-profit organizations ". Kyrgyzstan. June 2, 2020. Online: <https://mediazona.ca/article/2020/06/02/copypaste>

**!** *In Kyrgyzstan, there is an increase in the role of religious institutions against the background of weak institutions of state power<sup>7</sup>. There are signs of religious radicalization in society, especially in the southern part of Kyrgyzstan. Also, in Kyrgyzstan, social groups are actively developing, promoting 'traditional' conservative values<sup>8</sup>. This negatively affects the conditions for the realization of human rights, especially by representatives of key groups, including women. In such conditions, the police mimics the main part of society and is inactive even against the background of obvious violations committed in the presence of the police. A striking example is the discrimination against women during the March 8th feminist demonstration. On March 8, at 12:00, an attack was carried out on feminist activists near the Victory Park. The policemen were inactive during the attack and seized the victim's property (loudspeakers). They illegally detained about 50 people without explaining the reasons, not letting in lawyers, not giving water and using force.*

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REAct is being implemented in partnership between the Partnership Network Association and the Soros Foundation-Kyrgyzstan within the framework of the Street Lawyers projects, which are being implemented within the framework of the Global Fund/UNDP country grant and the regional project Sustainability of Services for Key Groups in Eastern Europe and Central Asia (2019-2021). Cases are documented by 13 NGOs that participate in the Street Lawyers project and are located in different cities and regions of the country.

The Partnership Network Association coordinates the work of the system, organizes advocacy events and trainings.

Soros Foundation-Kyrgyzstan coordinates the work of REActors, provides legal assistance to PLHIV and key groups in criminal and civil cases related to discrimination issues, analyzes registered cases and deepens REActors' knowledge and competencies in the field of human rights. In addition, Soros Foundation-Kyrgyzstan

works with law enforcement agencies to raise awareness and commitment among their employees.

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

## IMPLEMENTATION SCALE

REActors represent 13 NGOs located in different cities of the country, one REActor per region. REActor travel to cities and towns of the region in order to collect information and provide services to clients.



THE DIFFERENCE IN THE NUMBER OF CASES BETWEEN REGIONS CAN BE JUSTIFIED BY DIFFERENT LEVELS OF ACTIVITY AND CAPACITY OF ORGANIZATIONS IN THE REGIONS.

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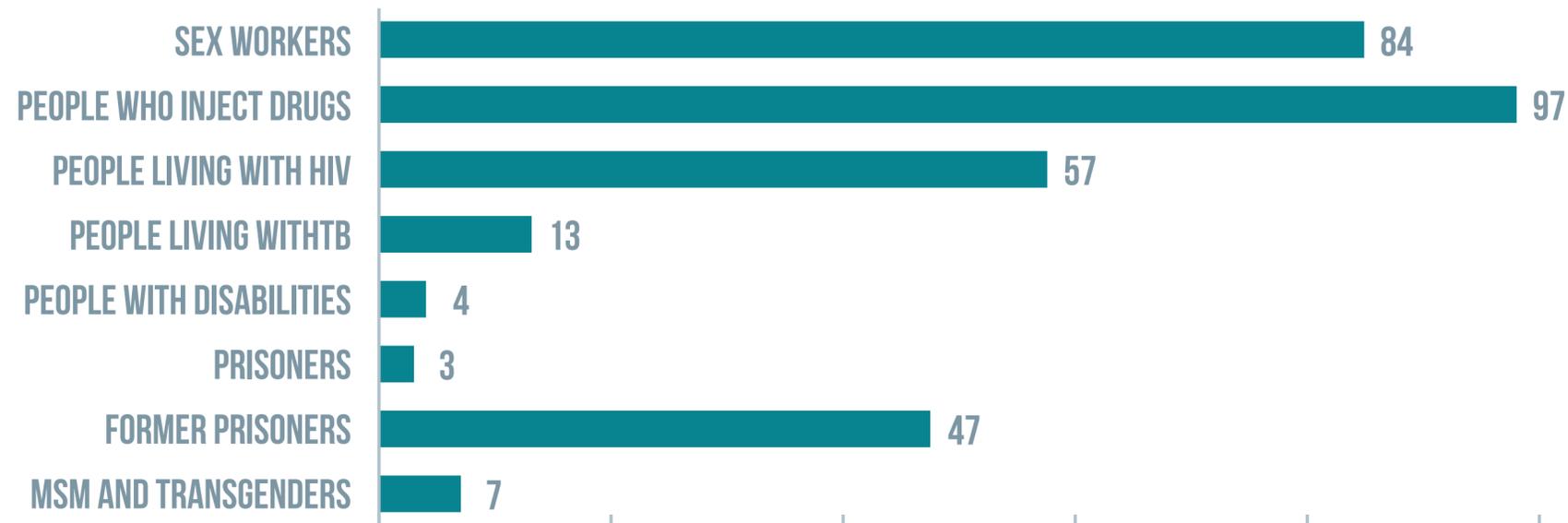
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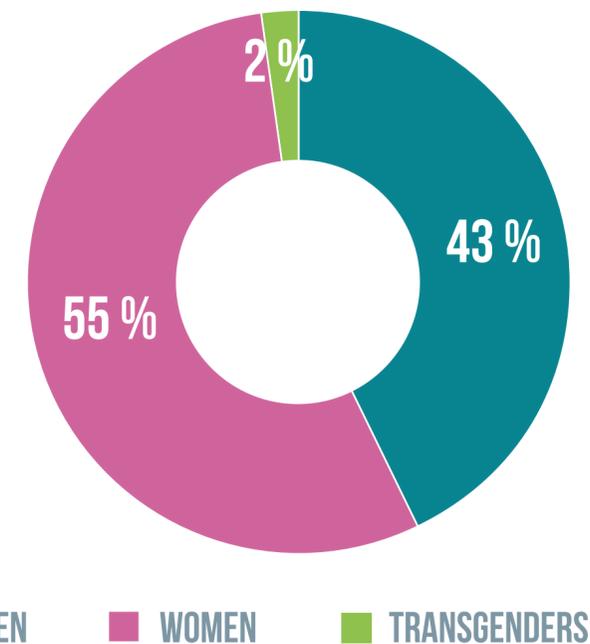
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## CLIENTS INFORMATION

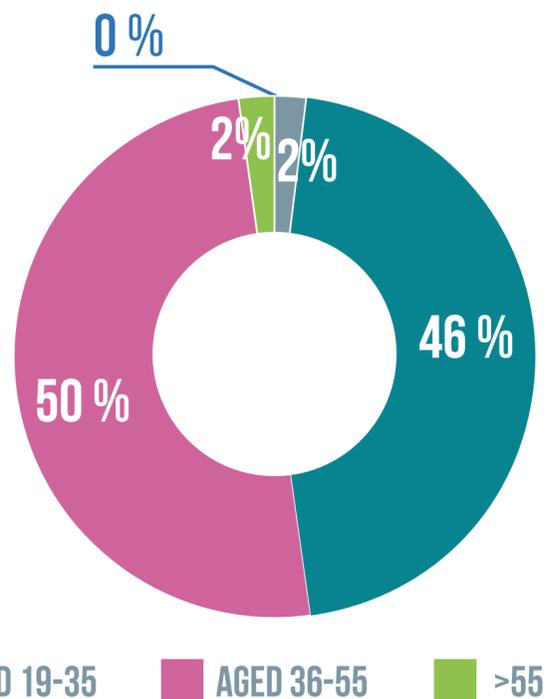
### KEY GROUPS



### GENDER



### AGE



## GENERAL STATISTICS

Twenty-six cases were not qualified as human rights violations, since requests for legal assistance were resolved through the provision of legal information within the framework of consultations about various life situations. At the same time, in these cases, one can state the absence of conditions for the realization of their rights by representatives of key groups or people in difficult life situations. For example, people who do not have their own housing and the ability to register at their place of

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**158**

Number of registered clients, total

**215**

Number of cases, total

**191**

Among them qualified as human rights violations

residence may encounter formidable obstacles in obtaining a passport. This, in turn, can affect the availability of health and social services.

*12.01.2020z a client applied to the registration office in Osh to restore his passport. His application was not registered because the client is homeless and is not registered to any address, although there have been an application for registration at the address of the community center. But this address doesn't possess a special code number, which is required by the database.*



A distinctive feature of REAct's work in Kyrgyzstan is the significant prevalence of cases of active violation of the rights of key groups by government officials or medical workers. At the same time, the number of direct violations of human rights by police officers significantly exceeds other types of violations. Police officers act as active violators of the state's duty to respect human rights. In only 17 cases, the duty to protect was improperly performed, when the police showed no reaction to human rights violations.

**168**

Failure to respect

**17**

Failure to protect

**51**

Failure to promote

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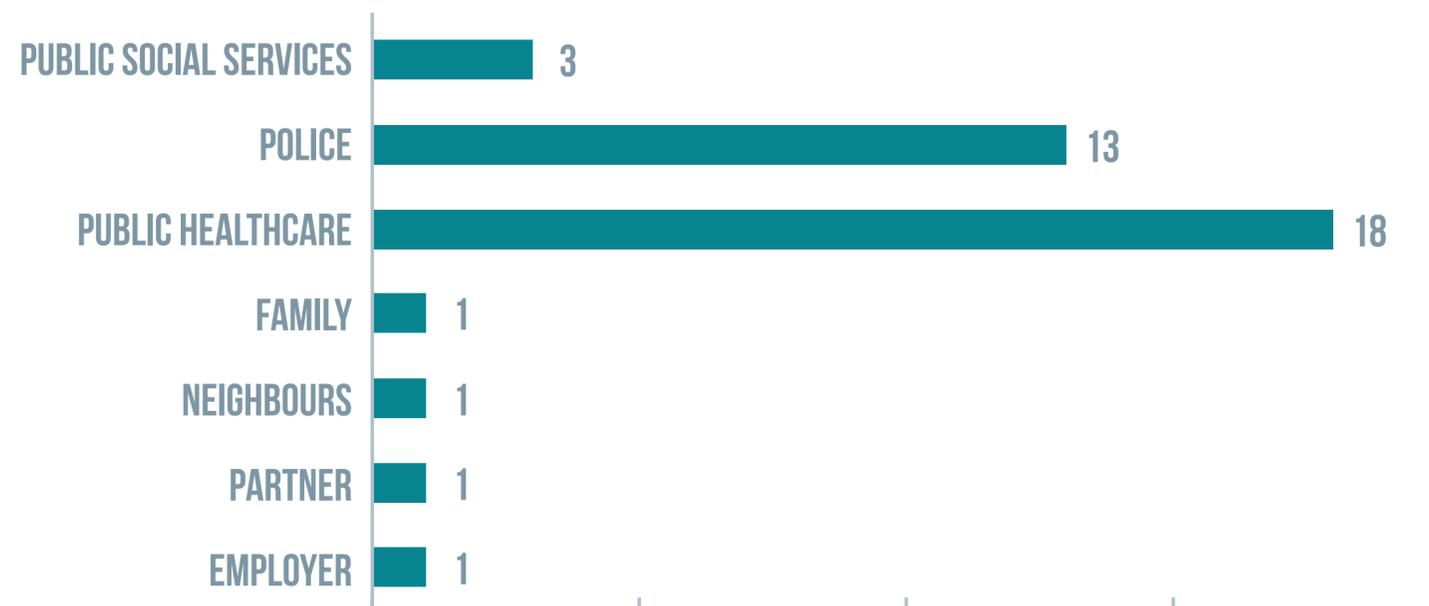
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# PEOPLE LIVING HIV

There are 55 registered cases where the victim was a person living with HIV. Of these, 11 cases were included in the statistics of other, more relevant in relation to the type of violations of key groups. Often this is a PWID category.

Of the remaining 44 cases for this key group, 6 cases were not qualified as violations of human rights, since in their essence they are a request for legal advice from REActors on everyday issues.

## Number of cases by perpetrator



## ANALYSIS OF THE NATIONAL LEGISLATION

Kyrgyzstan has a law on HIV, which provides measures to protect people living with HIV from discrimination.<sup>10</sup> However, this Law allows restrictions on the employment of people living with HIV in certain types of professional activities (this applies mainly to medical workers who are at risk of contracting HIV to others). A person living with HIV cannot be an adoptive parent or guardian.<sup>11</sup> Putting another person in danger

<sup>10</sup> LAW OF THE KYRGYZ REPUBLIC of August 13, 2005 No. 149 "On HIV / AIDS in the Kyrgyz Republic". Online: <http://cbd.minjust.gov.kg/act/view/ru-ru/1747>

<sup>11</sup> The list of diseases, in the presence of which a person cannot be recognized as a guardian (curator), adoptive parent, adoptive parent of the child. Approved by the Resolution of the Government of the Kyrgyz Republic of August 27, 2011 No. 521. Online: <http://cbd.minjust.gov.kg/act/view/ru-ru/92851?cl=ru-ru>

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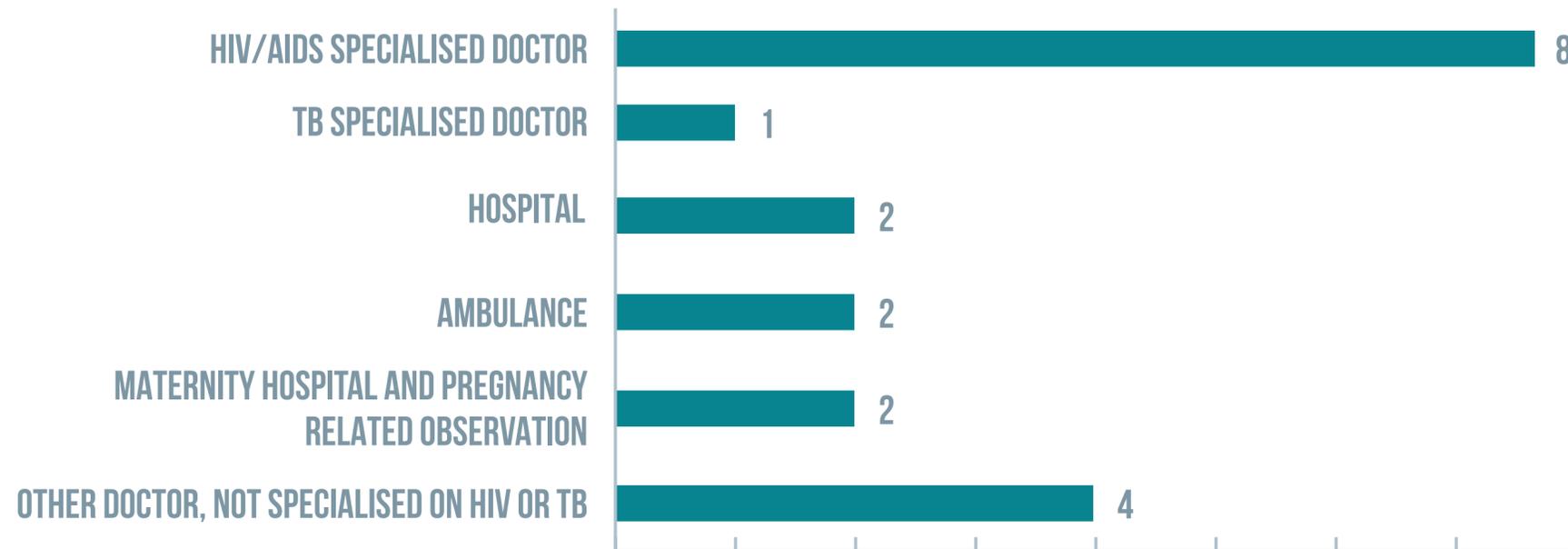
of contracting HIV infection, or contracting HIV infection, are criminal offenses under Art. 149 of the Criminal Code of the Kyrgyz Republic.

These regulations create an atmosphere of stigma enshrined in the law and promoted by the state against people living with HIV. Raised to the rank of law, stigma leads to discriminatory attitudes towards people living with HIV on the part of those who have the responsibility of the state to fulfill human rights, including health workers and representatives of social services. Members of the general public also discriminate against people living with HIV amid government-promoted stigma.

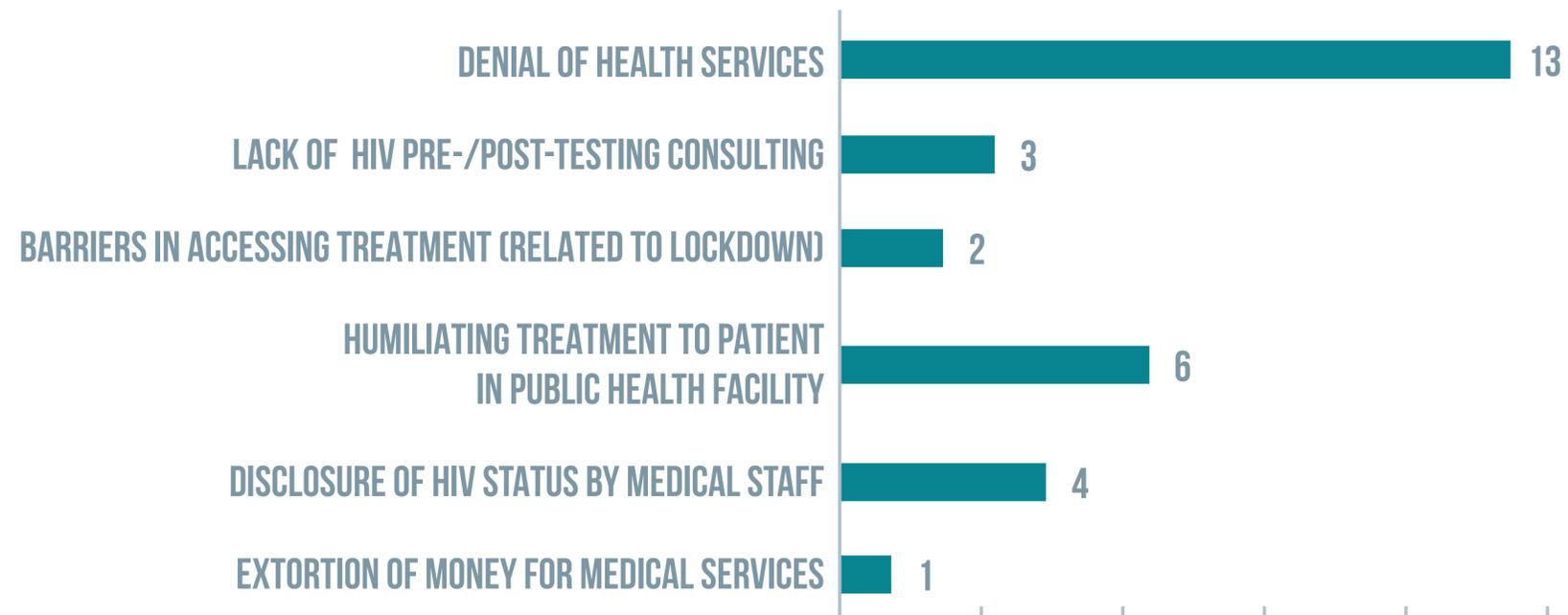
## IN HEALTHCARE FACILITIES

In 18 cases for this key group, the perpetrator was a representative of the health sector. All were qualified as human rights violations.

### Number of human rights violations by perpetrators from different sectors of public health



### Types of violations of the rights of PLHIV by healthcare workers



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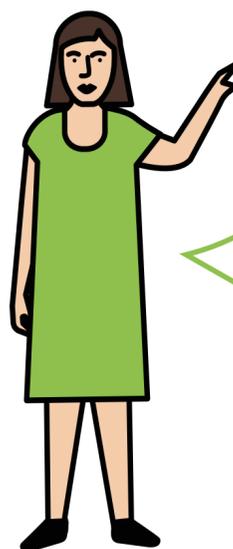
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One of the most striking manifestations of stigma towards PLHIV is the emphasized **humiliating attitude towards them on the part of medical workers**. Similar violations were recorded by REAct in most cases, including specialized medical institutions.

In two cases, the refusal to provide medical services was associated with a **lack of hospital beds**. After the intervention of street lawyers, services were provided.



*On \*\*. \*\*. 2020 a client applied to an NGO for help with hospitalization, as she has a referral to a hospital, but she had been constantly denied, they had said that there had been no places. Previously, there had been such a case with her, and after the intervention of the NGO, the client was hospitalized.*

Cases of inability to receive services due to the absence of a specialist have been registered. Such cases indicate an insufficiently effective organization of the system for protecting the health of citizens.

*The client asked for help regarding violation of his rights, namely: the client is registered with \*\*\* hospital, but due to the absence of an infectious disease doctor, the client cannot receive services: an infectious disease doctor makes appointments only on Saturdays until 12:00, and the client works on Saturdays. In the course of the proceedings, an agreement was reached to transfer the client to the AIDS center.*



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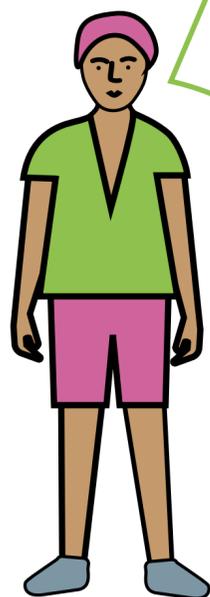
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In one such case, the denial of service was directly related to the public health system load due to COVID-19. The intervention of a street lawyer allowed to resolve the situation and ensure access to the service.



*The client was found to be HIV-positive when she was registered for pregnancy. The first PCR result showed high rates. When the client asked for help, she was 8 months pregnant. She urgently needed to be tested for PCR, VL and CD4. She went to the doctor, the doctor replied that there would be no one to deliver the tests to another city in connection with COVID-19, and in their city the laboratory could not do these tests. The doctor offered to take tests, but the client herself would have to deliver them to another city. The client did not have such an opportunity, she turned to a lawyer. As a result of intervention and negotiations with the management and the doctor of the AIDS center, the issue was resolved after 2 days.*

The situation around COVID-19 can provoke negative attitudes towards patients from key populations. Another example of such treatment against the backdrop of measures to combat COVID-19.

*On \*\*. \*\*. 2020 the client was referred by the doctor of the in-patient department of the AIDS center for the diagnosis of tuberculosis. The client underwent diagnostics at the Osh regional TB dispensary, received an image, but the doctors did not provide the description, explaining that they were very busy, since there was an emergency in the country for coronavirus. The client brought the image to the referring doctor of the AIDS center, but she in turn scolded him for bringing the picture without a description, while shouting insulting words at the patient. The client could not stand it and left, but the doctor was not satisfied with this, she caught up with him on the territory of the OST program and continued to insult him there, disclosing the client's status. At that time, the project's street lawyer was present there and witnessed the situation. The client applied to a street lawyer, and together they visited the head of the in-patient department of the AIDS center and presented him with the problem. The manager called a doctor who treated the patient this way, and promised to deal with the situation.*



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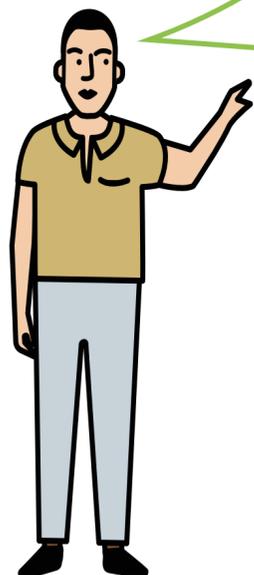
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In two cases, stigmatizing attitudes were associated with prejudice towards people who use drugs.

*PWID cannot get medical services. Doctors refer them to different authorities, but they refuse to help. The client is on OST and has an unattractive appearance. The client was escorted to the hospital, as a result, the issue of obtaining medical services was resolved.*



In 3 out of 13 cases, the denial of medical services was provoked by HIV discrimination.



*On \*\*. \*\*. 2020, an underage client with a recently diagnosed HIV status, stunted, very weak, accompanied by a public defender and parents, had an appointment with an optometrist in local hospital, referred from AIDS center, with the diagnosis B20 (HIV) on the referral paper. The doctor, seeing the status of the child, began to speak rudely both with the parents and with the child himself. After examining the child, she rudely pronounced the child a verdict: «If you do not obey, you will go blind.» Parents with a child left the doctor in shock and cried. The public defender went to the doctor and demanded that she come out and reassure the child and the parents, explained that it is impossible to behave with patients, which she initially refused, but after being warned that they would now go to the head doctor and complain, she immediately calmed down, went out, apologized to the parents, and talked to them and the child, in a different tone, after which they calmed down.*

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Denial of access to mental health care has also been documented.

*On \*\*. \*\*. 2020, the client's wife contacted the NGO with a complaint that her husband was refused to be hospitalized to a psychiatric hospital. Her husband had epileptic seizures every hour throughout the night. The doctor of the neuropsychiatric in-patient department refused hospitalization, arguing this by the patient's HIV status. The street lawyer met with the doctor, who, in turn, said that the man was not hospitalized not because of his status, but because they did not have a day hospital. They redirected the patient to another ward and warned the doctor of that ward to carefully manipulate the patient, thereby disclosing the client's HIV status.*

The manifestation of stigma affects the ability of people living with HIV to receive ART drugs, which have fewer side effects, which means that more adherence on the part of PLHIV remains.

*The client asked for help because the AIDS center refused to change the ARV therapy regimen. On \*\*. \*\*. 20 the client was prescribed ART, the regimen did not fit, her health worsened, the client repeatedly asked her doctor to change her regimen of ARV drugs.*

Similar cases are possible with a combined HIV / TB diagnosis.

*The client asked for help due to a refusal of the AIDS center to change ART regimen. The client has also TB. Because of the deterioration of the client's health, a recommendation was made by the treatment commission to replace the ART drugs, but the head of the AIDS refused to replace the drugs.*



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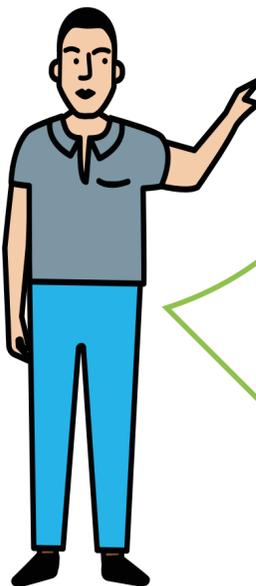
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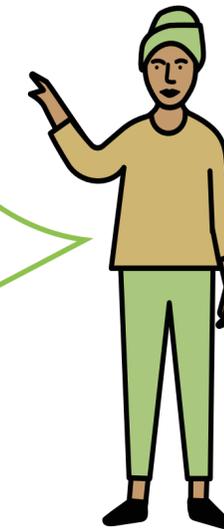
Also, against the background of stigmatizing attitudes, there are cases with signs of extortion of money for services that should be provided free of charge.



*On \*\*. \*\*. 2020 street lawyers, together with clients, went with the referral of a lung doctor for a consultation with an oncologist at the hospital. In oncology department, they faced a rude attitude towards patients from the medical staff and financial extortions. The hospital staff, themselves not observing the quarantine measures, were in the hospital without masks and gloves, but yelled at the patients that they should all be in protective equipment. When they were told why they were being so rude, they didn't react. When they went to the doctor for an examination and consultation, he demanded 500 soms without examining the patient yet. When asked about the earmarking of this amount, the answer was "for consultation". The street lawyer demanded an official bill for services, but the doctor refused to do so and redirected the client to another doctor. Another doctor examined the patient and was hospitalized for free.*



*The client asked for help regarding the refusal to provide accommodation due to the status when applying to the municipal institution \*\*\* after the temporary closure of the social institution for PLHIV based on the NGO Ishenim NURU. During negotiations with the administration and the submitted application, the client was accepted.*



*The client asked for help regarding accommodation, as the social hostel of the NGO Ishenim Nuru temporarily stopped working. It was decided to refer the client to \*\*\*, but he was refused due to the HIV status. The tenant of the house where there was a social hostel, agreed to provide housing free of charge until the issue of financing the social hostel is resolved.*

## STIGMA AND DISCRIMINATION AGAINST PLHIV IN EVERYDAY LIFE

PLHIV are discriminated against by the general public, at home, when trying to get a service in municipal institutions, when settling in social housing, registering child custody.

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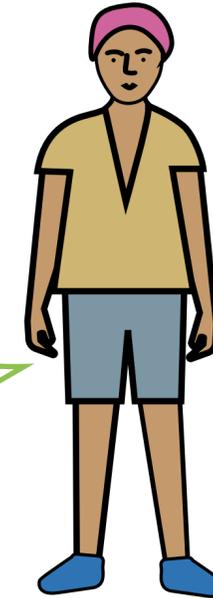
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*The client applied to the public lawyer of the NGO due to the fact that the client could not fill in documents for custody of the child for over half a year. At each visit of a client, the guardianship department constantly 'kicks out' the client, employees are rude.*

The manifestation of domestic violence, as well as manifestations of hatred from neighbors were also recorded by REAct.

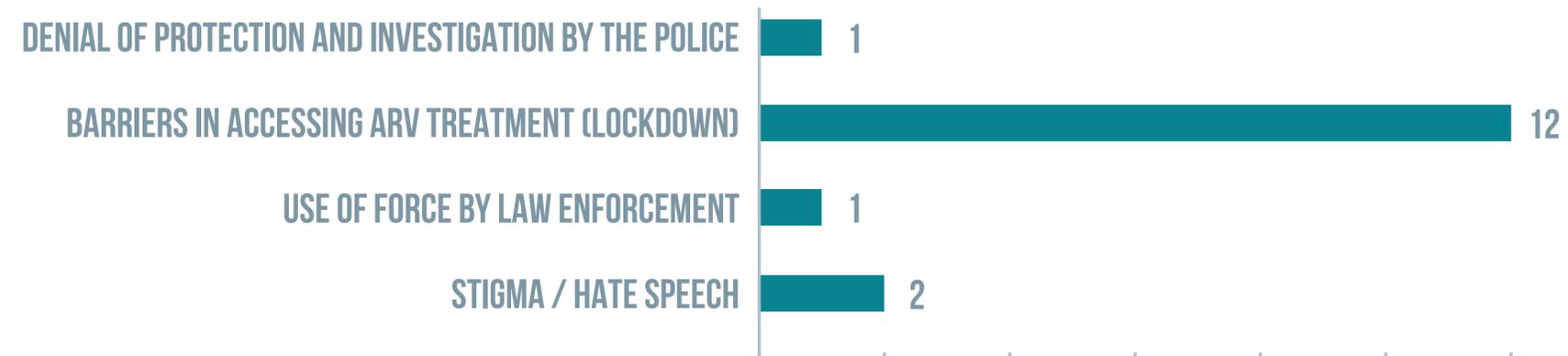
*I turned to REActor for help, because the neighbors called me AIDS-monkey. They demanded to bring a certificate from the AIDS center. And the district police officer was aware of it and threatened me that he would check my status in the database.*



## DISCRIMINATION BY LAW ENFORCEMENT

In the context of anti-epidemic restrictions introduced in connection with the coronavirus, police officers received an additional argument to justify violations in relation to PLHIV.

### Types of violations of rights by law enforcement agencies



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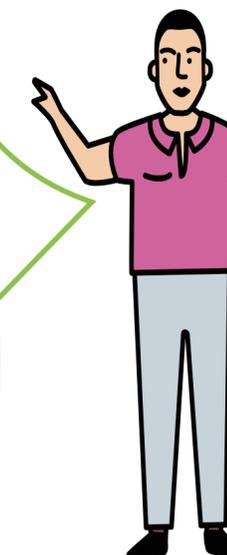
Of the 13 cases of violations of rights by the police, 12 are directly related to restrictive measures in connection with COVID-19. In three cases, children living with HIV were unable to access ART due to violations of the obligation to respect the right to health by the police.

*On \*\*. \*\*. 2020 the client went to work, to transport ART to the project client, on the way at the checkpoint \*\*\* he was stopped. He presented all the necessary documents, but one of the officers at the checkpoint began to insult him on the basis of ethnicity, to which the client replied: «What does my nationality have to do with it?» The officer got angry and began attacking him, choking him, insulting him. The client started filming everything with his camera. One of the other employees recognized our client and began to drag his colleague away, saying that he knew him and that he was actually on his way to work. But the latter did not calm down and took the client to the police station, where the rest of the officers recognized him and asked why they had brought him. The employee who exceeded his authority said that our client allegedly insulted him during the execution, but the head of the department, having viewed the video, scolded his employee, since the video confirms that our client did not commit anything offensive against the employee, but on the contrary, violations were by the employee. The head of the department apologized to our client and let him go.*



On one hand, the law-based restrictions on freedom of movement in connection with COVID-19 are a justifiable measure that police officers are implementing in the interests of the whole community. On the other hand, police officers should receive detailed instructions on which categories of citizens can move despite the restrictions. These categories should also include representatives of key groups, including PLHIV, especially if movement in the city is associated with ensuring access to life-saving medicines. A complete restriction of movement without any exceptions, including for PLHIV, cannot be considered a justified measure proportional to the harm to health that the state is trying to prevent in connection with the coronavirus. But it is worth noting that the imposed restrictions on movement were universal in nature, HIV status was not the basis for permission to travel, respectively, each citizen had to issue a pass from the commandant, which was also required from people living with HIV.

*On \*\*. \*\*. 2020 the client of the program called and said that he had run out of ART drugs and was not allowed to enter the checkpoint \*\*\*, despite the fact that the client called the doctor by phone and the doctor confirmed that this patient traveled to get his medicines. An NGO social worker received medications, delivered them to the checkpoint and handed them over to the client.*



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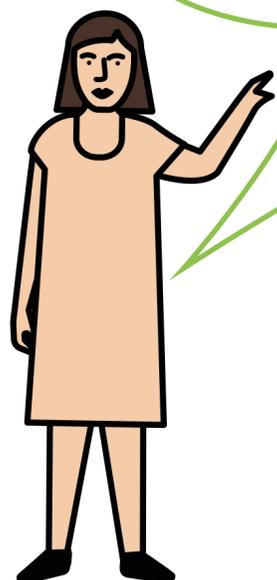
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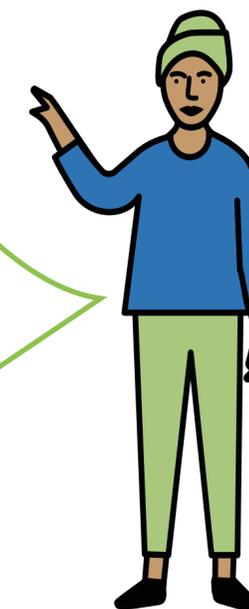
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*On \*\*. \*\*. 2020, relatives of a child with HIV called the social worker of the project, since they came to the city for ART drugs for the child, but they were not allowed to pass, despite the fact that they called the doctor at the check-point and the doctor confirmed that they were going to get medicines for the child. NGO employees received medicines for the child, delivered to the checkpoint and handed over to the child's relatives.*



At the same time, cases of adequate attitude of police officers to the needs of OST patients were rec-orded.

*On \*\*. \*\*.2020 a client living in a village \*\*\*, which is a suburb of the city \*\*\*, went to the city to receive methadone. At the entrance to the city, the checkpoint officers refused to let him into the city, despite the presence of a route sheet and a reference from the OST website. The client turned to the public defender, who called the responsible officer of the checkpoint and explained the current situation, for which the client needs to go to the city and the importance of timely methadone intake by the client. The checkpoint employees let the client in on the personal responsibility of the public defender.*



In addition to excessive restrictions and an inflexible attitude of the police towards their use, police officers in one case simultaneously displayed a discriminatory attitude towards the victim and did not fulfill their responsibilities for responding to an offense against a victim living with HIV.

*I contacted \*\*\* for help because the neighbors called me [HIV-infected]. They demanded to bring a certificate from the AIDS center. And the district police officer was aware and threatened me that he would check my status in the database.*



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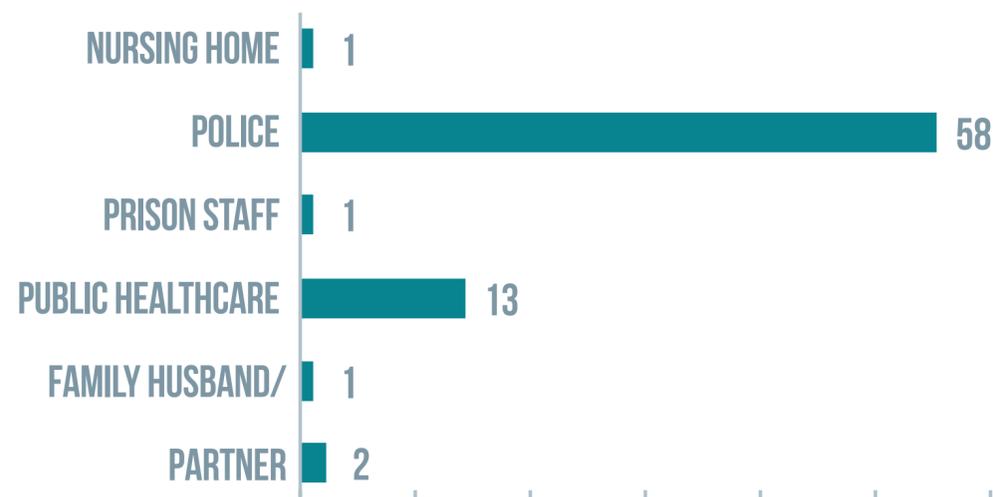
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With regard to PWUD, REAct recorded the maximum number of violations of rights - 97 cases. Of these, 14 can be attributed to another key group, more consistent with the description of the case, for example, PLHIV. Out of 83 cases directly related only to PWID, in six cases the qualification of a case as a violation of rights was difficult due to insufficient information, or due to incomplete work in the case when an appeal to a court or other body did not result in any -or result.

*Number of cases per perpetrator*



## ANALYSIS OF NATIONAL LEGISLATION

People who use drugs remain one of the most discriminated against groups. On the one hand, in Kyrgyzstan, the law guarantees the availability of scientifically based harm reduction measures. For more than 15 years at the Academy of the Ministry of Internal Affairs and in retraining, police officers have been studying harm reduction programs and, to a certain extent, questions about human rights in relation to key groups in the context of HIV infection. Training programs are periodically updated, including with the participation of representatives of key groups and civil society organizations. The undertaken reforms of the drug legislation allowed to reduce the repressive burden on people who use drugs. The thresholds for liability purposes differ significantly from most countries in the EECA region. For example, criminal liability for possession of heroin without the purpose of sale begins with a large size over one gram.<sup>12</sup> A large size has wide boundaries. For example, for heroin - over one gram up to and including 30 grams. The new Criminal Code of the Kyrgyz Republic, which entered into force in 2019, expanded the possibilities for the appointment of non-custodial punishments for acts committed without the purpose of marketing.

<sup>12</sup> Resolution of the Government of the Kyrgyz Republic of November 9, 2007 No. 543 "On narcotic drugs, psycho-tropic substances and precursors subject to control in the Kyrgyz Republic". Online: <http://cbd.minjust.gov.kg/act/view/ru-ru/58704>

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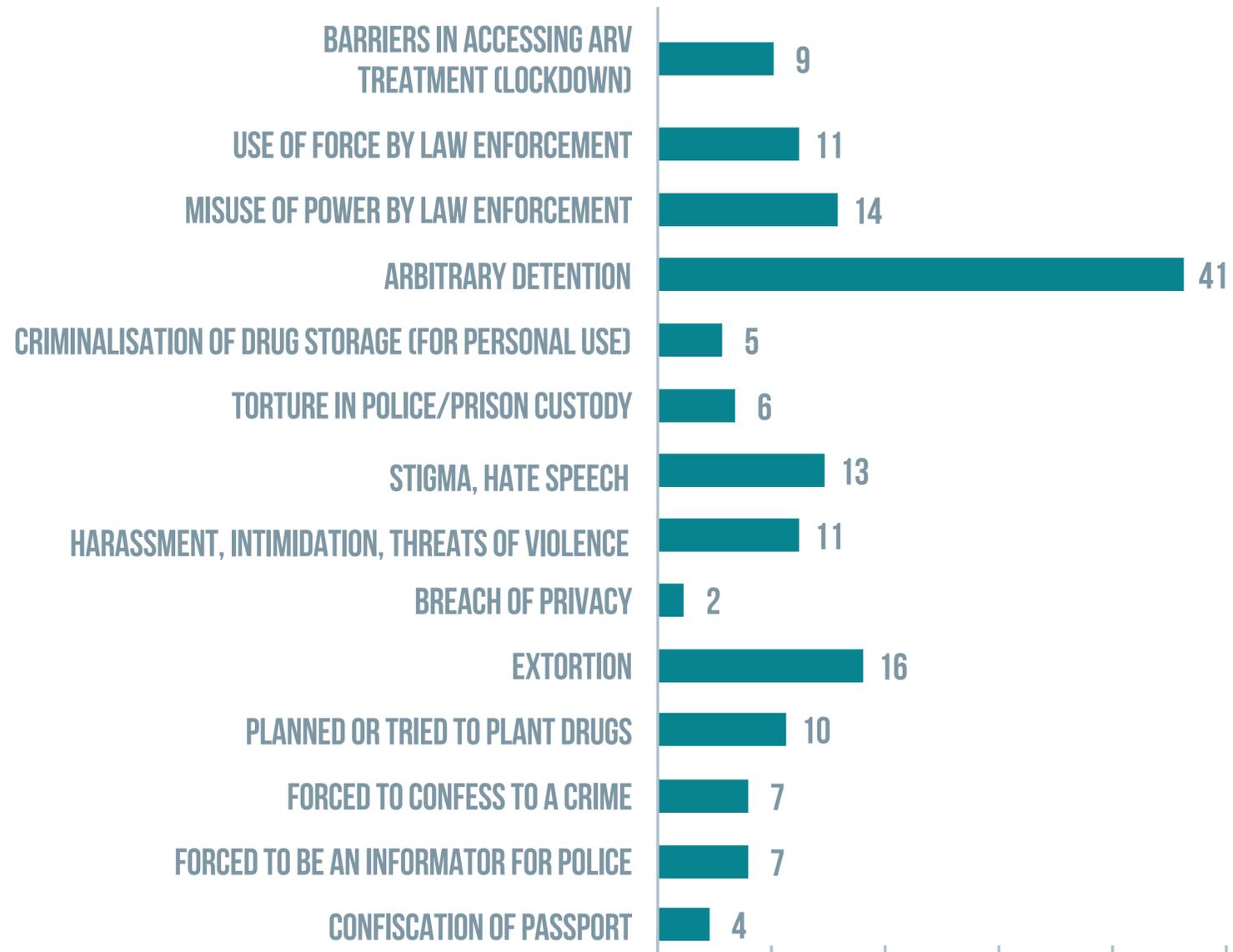
On the other hand, drug policy remains essentially repressive, with an emphasis on the use of criminal laws as the primary instrument for controlling drug trafficking. Even after the reform, the criminal law provides for severe penalties for acts without the purpose of marketing. For example, for storage under Part 1 of Art. 268 of the Criminal Code of the Republic of Kazakhstan provides for a fine of 260 thousand to 300 thousand soms (from 3 to 3.5 thousand US dollars), which is a punishment for most people who use drugs that cannot be enforced. Failure to execute a court sentence by those sentenced to a fine is in itself a crime under Art. 351 of the Criminal Code of the Kyrgyz Republic, with a sentence of imprisonment up to 2.5 years.

Owing to the continuing repressive emphasis on drug policy, police officers continue to act as representatives of the authorities with unlimited powers over people who use drugs, including in the context of the access of people who use drugs to health and harm reduction services.

But at the same time, the Republican Narcology Center of the Ministry of Health of the Kyrgyz Republic announces a decrease in the number of offenses against persons participating in methadone substitution therapy. Patient complaints have been less frequent lately and law enforcement officials are aware of the meta-donor therapy program.

## VIOLATIONS OF RIGHTS BY LAW ENFORCEMENT AGENCIES AND PENITENTIARY STAFF

*Types of human rights violations by law enforcement officials by key group – PWID.*



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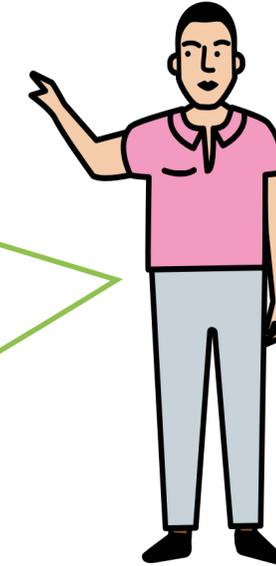


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Direct violations of the rights of PWID by the police include cases of physical and mental violence, coercion to testify against the background of withdrawal syndrome caused by the denial of access to OST, the use of slave labor (washing floors in the police department), as well as numerous cases of arbitrary detention PWID, often for no reason whatsoever.

Cases of extortion of money by police officers were recorded.

*The client went to get the syringes to the organization. At the crossroads, two policemen approached and demanded to show their passports. He had no document with him, and they brought the client to the police department. The client began to explain to them that the passport was at home. Then they began to threaten him and demand money in return for leaving the department. However, the client managed to leave the department without paying.*



*Police officers came to my house. They took me to the police department for no reason. Then I found out that they found cannabis at my house. They began to scoff, to insult me. They beat me for three days. Because of the pain, I could not do anything, I took the blame. But the drugs were not mine. I served my sentence for nothing. It's not fair.*



Cases of extortion of money by police officers were recorded.

*PWID ordered a smoking substance (spice) on the Telegram website. While picking up the bookmark, he was detained by three officers of the \*\*\* police unit. After a short bickering, the PWID and the police officers reached the ATM, took all the money off the client's card, after which they gave the substance back to the client and released him.*



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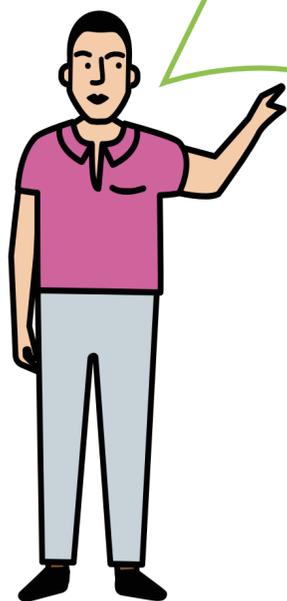
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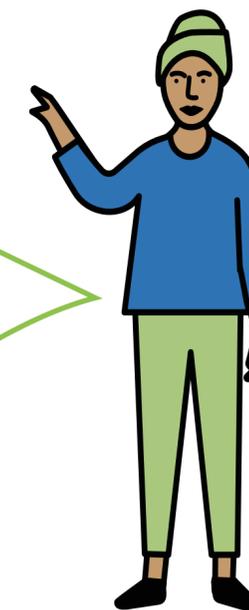
There were also recorded cases of causing suffering to OST patients in connection with restrictive measures related to coronavirus.

*In the morning, the client went to the OST point at local hospital. The client himself lives outside the city. There is a checkpoint at the entrance to the city. The client was stopped and asked where he was going, asked if he had a pass to go. The client said that he did not have a pass. They did not let him in and told him to go home and not leave the house. The client left and got to the site the next day. One day was left without methadone. It was a torture for the client.*



There have been cases of violations in which police officers detain patients of OST centers and then, against the background of restrictions in access to OST, try to obtain confessions. Such violations have all the signs of torture that are prohibited by the Constitution of the Kyrgyz Republic and international agreements.

*The client was taken away from the OST website by some people to a police department in district \*\*\*. They introduced themselves as officers of the \*\* police department. They made the client clean the premises. Threatened, insulted. They held him for more than 4 hours. The client was afraid to write a statement, fearing for his safety.*



*The client was detained on the way from the OST website. The car stopped where the officers of the \*\*\* police department were sitting. Without any explanation they put him in a car and drove to the police department. There, for almost five hours, they tried to get confessions in a case to which the client had nothing to do. After 5 hours at the police department, the client was released without any apologies and with threats that he would be jailed anyway.*



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In a number of cases, signs of fabrication of drug criminal cases were recorded.

*Three police officers arrived at the client's place of work. They introduced themselves as officers of the \*\*\* police department. They said that someone testified that the client bought someone hashish. No evidence was presented. They carried out a search without witnesses. One of the employees brought out a parcel. The client was taken to the police department, storage of the found package was formalized as a misconduct. At the moment, the trial is expected.*

In some cases, when the rights of OST patients are openly violated, medical workers are present who do not interfere with the actions of police officers, contrary to the rules of medical ethics and human rights norms.

*At the entrance to the OST website, employees of the \*\*\* police department were waiting for me. They stopped me and said that there was some evidence against me, incriminating me in theft. However, they did not have any documents with them. They didn't let me take the drug, they took me to the police station. They began to force me to write a confession of theft. This was seen by the site nurse and other clients. They kept me in the police station almost all day, trying to get a confession, they let me go after the site was closed (the site works up to 2 hours), they began to offer drugs. After my refusal, they kept them until the evening and handed them over as an emergency violator.*

Cases of coercion to clean the premises of the police have all the signs of violations of the right to free-dom from slave labor. There were at least eight such cases.

*PWID was stopped on the way home from the OST site. They saw methadone, they took them to the police department without any trial, although all the documents were in order. The doctor from the site confirmed that everything is legal. Due to personal hostility to people who use drugs, they kept them for almost 5 hours. They tried to force them to do the cleaning, after the refusal they began to insult, humiliate, and took away the phone. After PWID declared their intention to write a complaint, they were kicked out with threats that they would be jailed anyway. PWID is afraid to write a complaint.*



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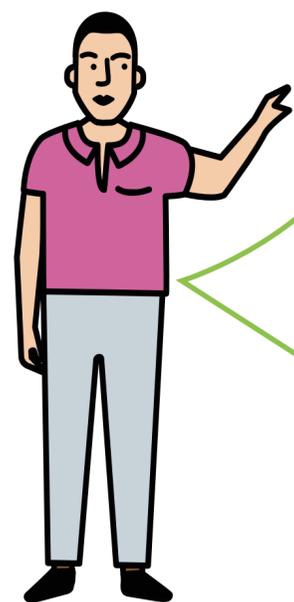
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REAct documented at least 12 cases of arbitrary detention of OST patients, who were treated with methadone, obtained legally on the OST website. In all such cases, police officers show a stigmatizing attitude towards PWID, and also try to use the vulnerable position of PWID to obtain confessions of an imperfect crime, or to assist in solving crimes, or extort money, including allegedly for compensation the cost of gasoline for refueling a company car.



*While visiting the OST website, PWID was stopped by officers of the \*\*\* police department. During the search, methadone was found, which he received for 5 days. Despite the fact that there were all permits, the PWID was detained and escorted to the strong point located in the \*\*\* microdistrict. The police officers began to accuse the client of selling methadone, although they had no evidence. Tried to get money or some information, held for more than 4 hours.*

In nine cases of violations, there were signs of uncovered abuse of power amid restrictive measures related to the coronavirus. At the same time, in a number of cases, the police officers themselves, by their actions, created additional risks of coronavirus infection.

*The client was detained by the police in the store with suspicion of violating the quarantine («You are gathering more than three people»).. They were taken to \*\*\*\* police department without asking for a passport or routing list. They held me for more than two hours. The detainees were also taken there. They gathered a crowd of 10 people, not providing the necessary distance between people, and kept them until 21:00, when the curfew began. They started some kind of criminal case, although the clients had masks, a passport and a route sheet with them.*



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In one case, in addition to violating the right to freedom from arbitrary detention, police officers abused their powers and committed extortion of money, arguing their actions with quarantine measures.

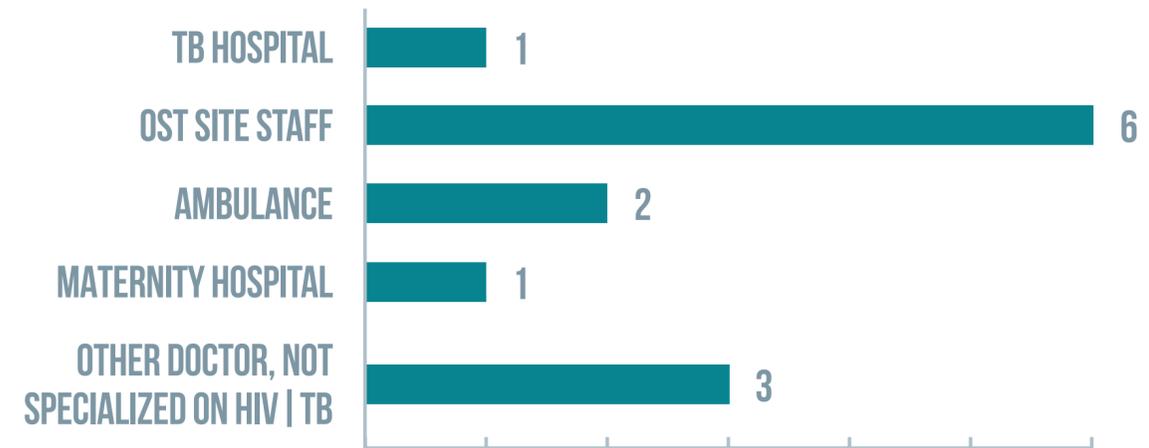


*My friend and I were sitting on the street \*\*\* in the park, just talking. Two men in the uniform of sergeants approached and asked to go with them to their post, to the glass booth. We went in, two more were sitting there. I asked why we were detained. One of those sitting asked us to show our passports. We had no passports with us. They took turns asking where we live, where we work or not, whether we were in prison or not, and why without a passport. They said that we looked somehow suspicious. They asked for a breath, accusing us of being drunk. We were sober, we didn't drink. Then they said to show what was in their pockets. We took out all the contents of our pockets. I had 120 soms, my friend 300 soms. One sergeant said that it was a pandemic and that you need to have your ID with you. That the administrative fine for lack of documents is 500 soms. I said that I didn't know about it, and promised to go with my passport in the future. Law enforcement officers took 200 som from us 'for tea' and released.*

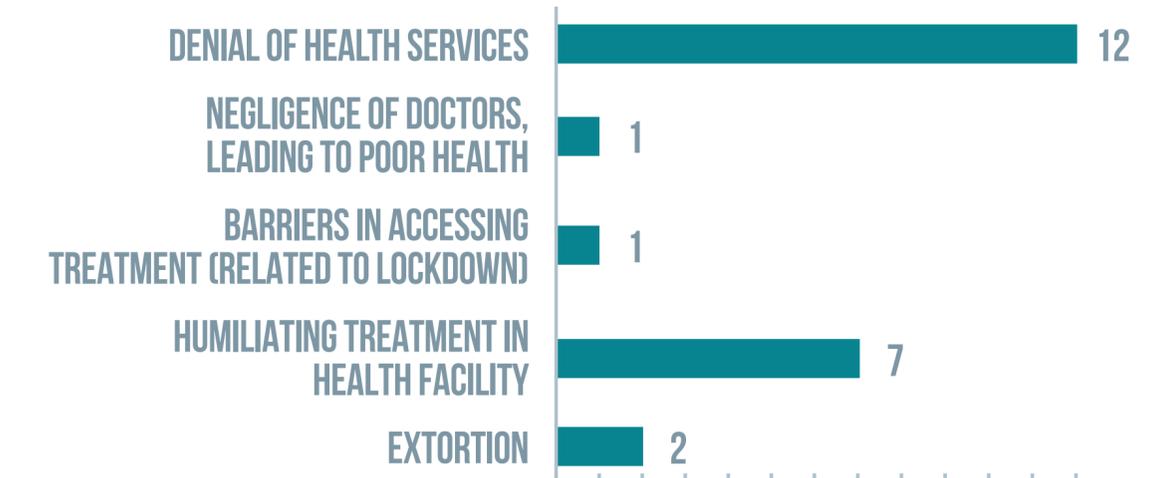
## HEALTHCARE

There are 13 registered cases in which the perpetrator was a representative of the health sector. All cases were qualified as violations of rights.

### Number of cases by different sectors of public health



### Types of violations

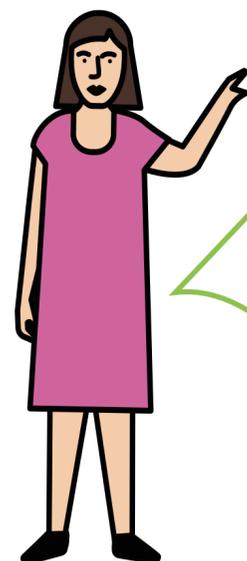


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In the cases documented by REAct, health workers are most likely to violate the obligation to respect the right to health. Moreover, in most cases, violations could have been avoided by conscientiously fulfilling their duties to inform patients from a vulnerable group about the features of treatment, side effects, and possible consequences of refusing treatment. Failure to comply with such obligations is often exacerbated by the manifestation of stigma, including against the background of the possible fatigue of doctors in connection with measures to combat the coronavirus. In a number of cases, doctors turn to law enforcement agencies for support instead of establishing a dialogue with the patient..



*They called an ambulance with a suspected heart attack in PWID. An ambulance took the client to the \*\*\* city hospital. They did not agree to hospitalize a patient, provided him services and sent home. The ambulance refused to drive the patient back. We tried to get there on our own, but on leaving the hospital we were stopped by police offices. They were taken away as having violated the state of emergency. I was escorted to the temporary detention facility and held until the morning. In the morning we had an explanatory conversation. Despite our arguments, they issued a fine and released fgh.*

*The client asked for help: due to poor health, he could not come to the methadone site, asked a friend who lived together to get methadone for him, but due to lack of a passport he was refused. The client did not take methadone for 2 days. Due to the introduced state of emergency, movement around the city without documents was limited. The client asked for help via videocall.*



## STIGMA AND MARGINALIZATION OF PWUD

Stigma and marginalization of PWID is exacerbated by additional vulnerabilities. For example, in one case, the status of a person living in a nursing home and a particular vulnerability to rights violations by the management of the nursing home increased the already high vulnerability of PWID.

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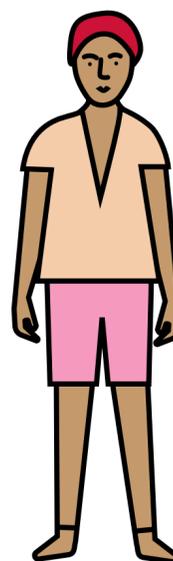
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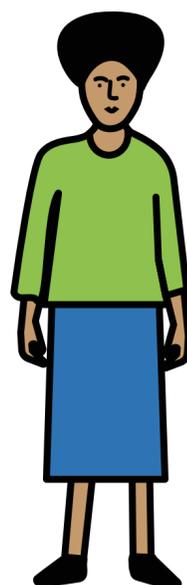
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*Stigma and marginalization of PWID is exacerbated by additional vulnerabilities. For example, in one case, the status of a person living in a nursing home and a particular vulnerability to rights violations by the management of the nursing home increased the already high vulnerability of PWID.*



*The girl contacted the organization and reported the fact of domestic violence. I asked for help in this situation. Arriving at the scene, two broken windows were found in a one-room apartment. It was decided to write a statement against the offender. The public defender held consultations on the topics of human rights, the powers of police officers, writing an application and a complaint. After the statement, through mediation, it was possible to reconcile the parties. The abuser compensated for all the damage. The injured party has no claims.*

In three cases, signs of domestic violence were recorded. At the same time, the recorded information is insufficient to draw accurate conclusions about the causes of domestic violence, the possibility of seeking support from the relevant services, and the adequacy of the response of such services.



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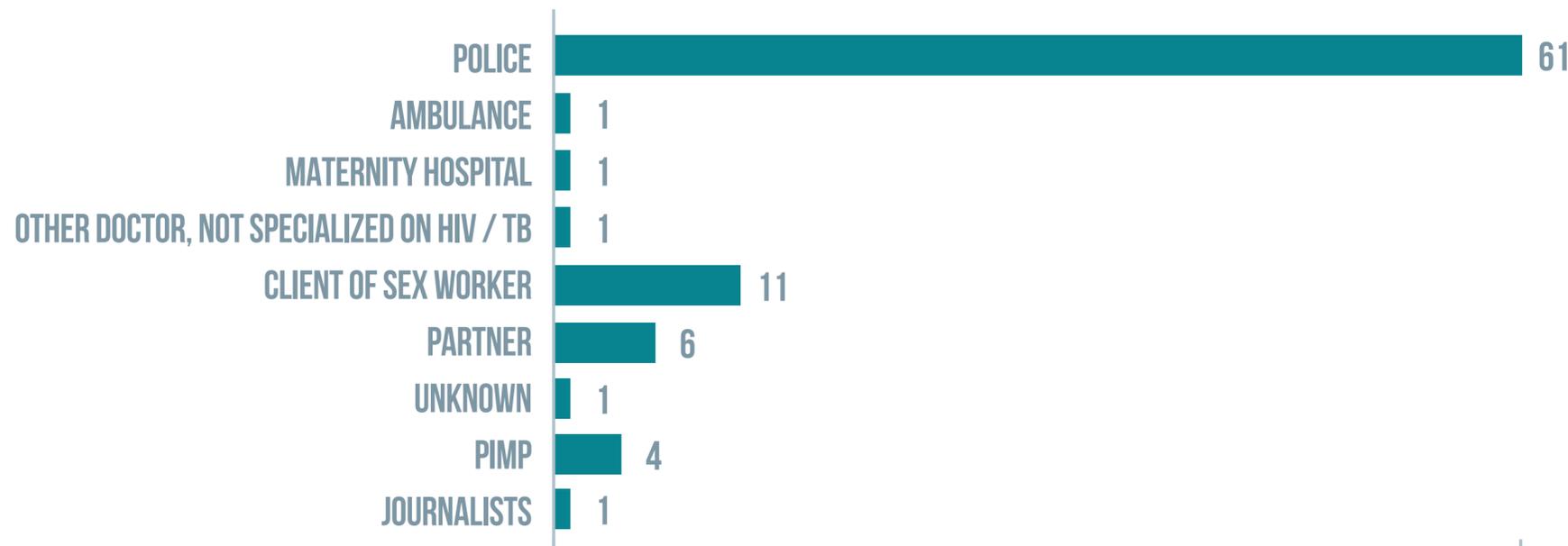
# SEX WORKERS

Sex workers are the next most vulnerable group of the population after PWID. During the reporting period, the REAct recorded 84 cases of violations of the rights of sex workers, of which 81 cases were against women and 3 - against transgender people.

Four cases were assigned to other key populations, whose members are also victims of rights violations.

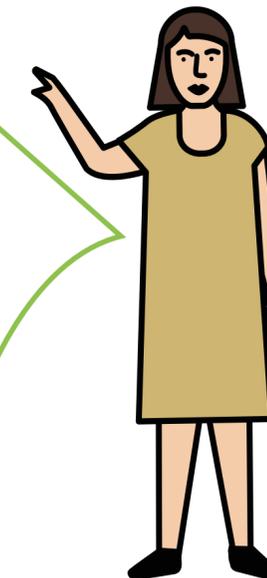
In 7 cases out of 80, the information was insufficient to unequivocally qualify them as violations of human rights, or the case was incomplete, with the hope that the authorities would fulfill their obligations.

*Number of cases per perpetrator*



In three cases, there were signs of violations of rights by police officers and individuals, which are directly related to the special vulnerability and defenselessness of sex workers against the background of the criminalization of sex work.

*At 16:30, the district police officer \*\*\* came to the sauna with a guest and told us to please him. When we asked for money, he said that he would pay later. I went with his guest and, after providing the services, asked for payment again. \*\*\* laughed, swore and called me prostitute. At the end, the sauna owner gave him 3000 soms and sent him out.*



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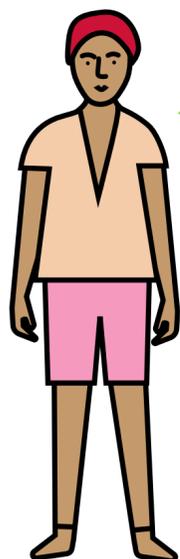


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Cases when individuals involved in organizing sex work act as violators of rights are similar.



*I have to work all day long, often until late at night. Since I lived in a hotel, I had to hear a lot of threats from the administrator (that is, our pimp). She spoke derogatory words, insults. She often said that she would kick me out or turn over to the police herself. Sells things to us at a high price, we have to work out. One time a disabled client came, I didn't want to provide him services. But the pimp began to scold me, insult me and told me to go with him and provide services. I often get moral pressure from the pimp and other sex workers.*

Such cases show how criminalization of sex work contributes to the powerlessness of sex workers.

## ANALYSIS OF LEGISLATION

In Kyrgyzstan, prostitution is not outright banned. However, everything related to sex work, including its organization, may fall either under the provision of Art. 166 of the Criminal Code of the Kyrgyz Republic 'involvement in prostitution', or under Art. 167 of the Criminal Code of the Kyrgyz Republic 'assistance to prostitution and debauchery'. Thus, sex work is effectively criminalized. In addition, police officers carry out raids and one-off activities aimed at sex workers, under the pretext of fighting for morality, or with the aim of allegedly preventing HIV infection. Due to the special vulnerability of sex workers, their actual defenselessness against arbitrariness, there are frequent cases of manifestation of sexual violence, extortion, forced slave labor by police officers in relation to sex workers. Offenses by law enforcement agencies are fragmented. Thus, in some cities many offenses are committed against sex workers (this is Bishkek, Osh), and in other cities (Karakol, Jalal-Abad) service NGOs were able to achieve a constructive dialogue with law enforcers to prevent offenses by police officers.

In 2015, the Committee on the Elimination of Discrimination against Women noted widespread violence and dis-

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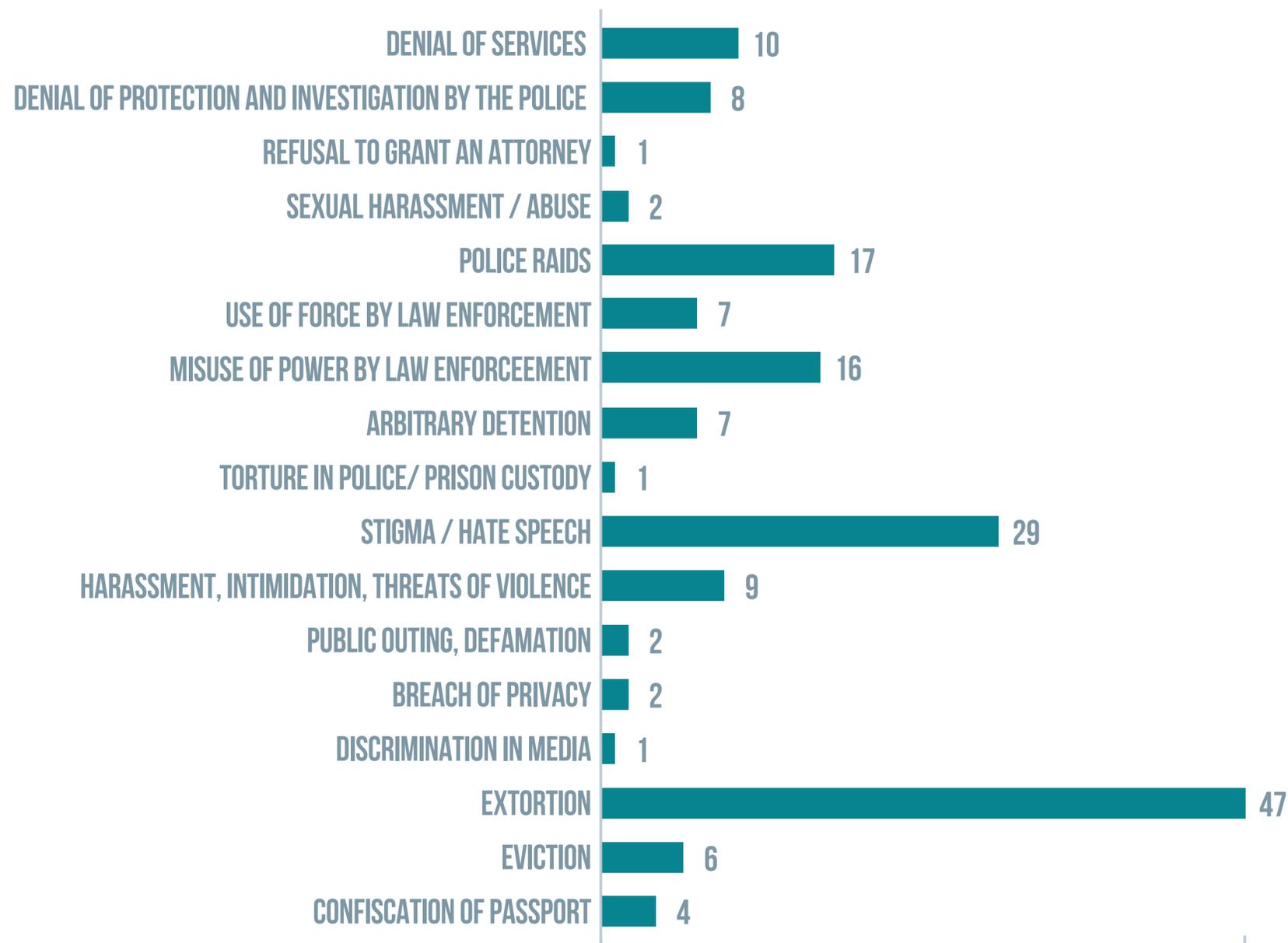
crimination against sex workers, in particular by police officers who force women to be tested for HIV/AIDS and other sexually transmitted diseases; the limited nature of the services available to them; lack of specialized shelters and crisis centers available for women involved in sex work and meeting their needs, as well as programs to support women who want to leave sex work and their reintegration. The Committee recommended that the Kyrgyz government establish an oversight mechanism to record cases of police violence against sex workers and end the practice of illegal forced testing of sex workers for HIV/AIDS and other sexually transmitted diseases, including during police raids.<sup>13</sup>

These recommendations have not yet been implemented. Violations of the rights of sex workers continue on a large scale, as evidenced by cases documented by REAct.

## LAW ENFORCEMENT

Police officer is a perpetrator in 61 cases.

### Types of violations by police



<sup>13</sup> Concluding remarks on the fourth report of Kyrgyzstan. Committee on the Elimination of Discrimination against Women. CEDAW / C / KGZ / CO / 4. 2015. Paragraphs 21-22.

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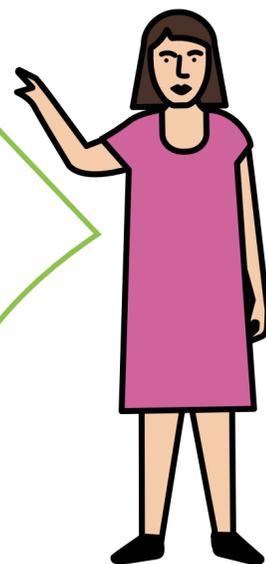
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Police raids often entail numerous serious violations of the rights of sex workers, including the use of physical violence, violation of the right to respect for private and family life, violation of the inviolability of the home, property rights, the right to be free from arbitrary detention, the right to dignity, the right to be free from abuse, as well as the right to a fair trial.

*The client went to the store in the evening to buy bread. She was stopped and put in a dark car. They took her to some unknown village. She fled at night. In the morning she wanted to write a statement to the district police officer, but he demanded money. Since there was no money, she was forced not to write a statement.*

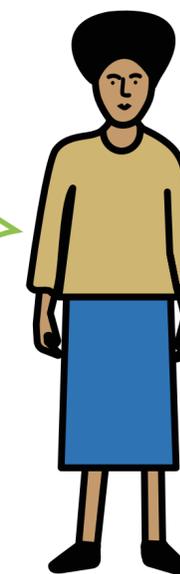


Extortions and extortions by police officers were recorded by REAct in 7 cases.

*The district police officer knew about the client's activities and constantly extorted money. When there was no money, he took the documents until they paid. The client wrote a statement to the prosecutor's office and only after that the district officer gave the documents, but for money.*

In two cases, police officers **failed to protect** rights by refusing to take legal action against people who physically abuse sex workers.

*I was at the hotel, waiting for a client. He came, we agreed on the money. He gave me 1,500 soms for an hour and a half. When an hour passed, he said that he would refuse further services and offered to return 500 soms to him. I said there was no refund possible. He began to yell, curse and choke. My friend, who had spent the night at my place that day, woke up. She heard screams, came up to us and began to ask what had happened. The client began to demand change from his girlfriend, but she also did not want to give the money. After that, the client began to rush at my friend, strangle and beat her. We then called 102, who at first refused to come, but we said that we would complain about them to the prosecutor's office. Then they immediately began to communicate with us. We arrived at the \*\*\* police department. They kept us there for almost 3 hours and did not accept the application, but simply took an explanatory letter from me and my friend. They told me that they could not accept the application, since I do not have a passport. They explained that after the opening of a criminal case, a passport will still be needed, and in these events there is no fact of violation.*



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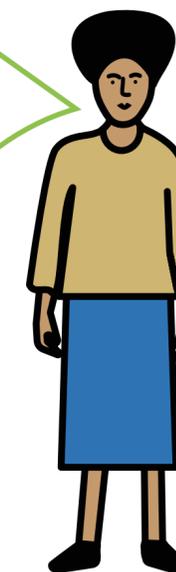
A similar case was reported of a transgender female sex worker.

*The trans\*girl and the client agreed to meet in the apartment located at \*\*\*. In the apartment, the client tried to persuade her to provide the service for free. After refusing, he began to aggressively attack the trans\*girl. He broke her extended nails and hit several times in the neck and left chest. After the incident, the landlord drove the girl out into the street. She called the police, wrote a statement to the \*\*\* police department, but they did not give out the registration certificate of the application.*



In five cases, there were cases of **extortion of money by police officers**, with the use of violence or threats of violence, or against the background of actions that clearly went beyond the official powers of the police officer. At the same time, sex workers are how defenseless against the arbitrariness of the police that they do not want to seek legal assistance.

*During the state of emergency, we closed the sauna from the inside. There were no clients, we ran out of food. One girl and me came out of the back door and went to the store. As soon as we walked, the car stopped, we didn't even have time to close the door. Two (policemen) came out, I know them by sight. 'Where are the girls going? Come back.' And they went with us to the sauna, there were 11 girls. They said a lot that we would be fined, closed, etc. One asked if I had a passport and registration. I said 'yes'. 'Show me,' he said. I took out my passport, he didn't even look, put it in his pocket and said: 'When the quarantine is over, give 5000 soms and take it back.' To the REActor's question whether the girls want to write a statement, they refused, because they did not want problems.*



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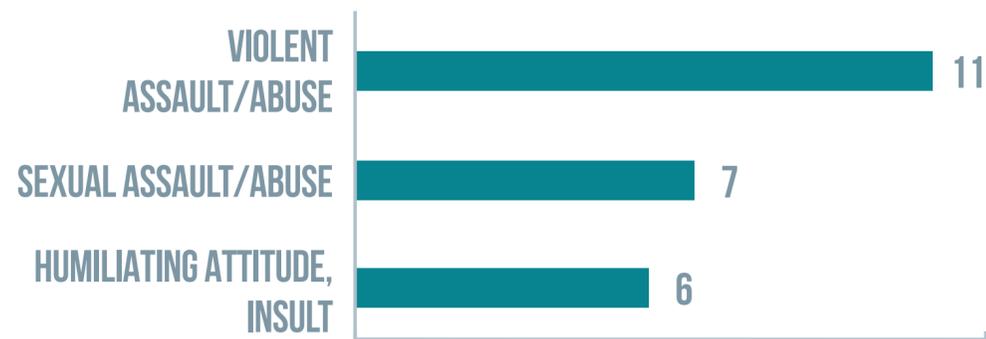
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## INDIVIDUALS

Individuals, including clients of sex workers, have been violators of sex workers' rights in 11 cases, 7 of which involved sexual violence.

### Types of violations by police



In all cases of violence by clients, there are signs of hatred towards sex workers. This behavior may be related to the cumulative effect of the stigma promoted by the state towards sex workers, as well as the widespread conservative religious attitude towards women in the Kyrgyz Republic against the background of the traditional stereotyping of the role of women in society.

*A guy of Asian nationality, 25-30 years old, came, entered the apartment, chose me, paid, and we went into the room. Before that, I told about our services, that we do not provide anal sex, that all services are only with a condom, and he agreed. After the first contact, the client wanted anal sex and began to use violence. I started to fight and shout with him, he hit me on the nose with his fist, and I started bleeding. When he beat me, he swore: 'You are prostitutes, sluts, you just have to [provide anal sex].' I got up and went to the bathroom, the girls were outside the door. I told them to call the police, I went to wash my face myself. While the police arrived, he quickly dressed and ran away. The policemen came, took my statement and left, after the investigator called me to the police department to take evidence, but the criminal had not been arrested yet.*



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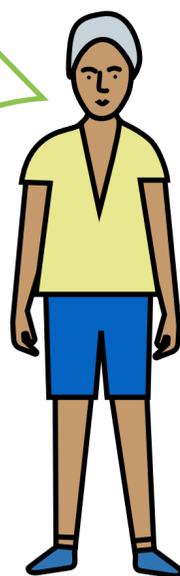
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In some cases, victims of violence do not contact the police because they have had **negative experiences with the police in the past.**

*Before this incident, I had already applied to the police, but after the rape I did not go to the police to write a statement. The clients were having a party and there were three sex workers with me. We went with clients to the apartment, the party lasted until late at night. My girlfriends allegedly went out to the store and never came back. Clients began to get angry and accuse me, they used physical force. Three took advantage of my weakness and raped me until morning. Only in the morning they let me go home. I didn't go home, I went to the Girlfriend service point. I was escorted to a gynecologist. I stayed to live under a contract and receive treatment.*



There is one case when, instead of protection, the police applied criminal prosecution measures against a girl who turned to the police for help in connection with the use of physical violence, rape and robbery against her.

*I had a conflict with a client. He raped and hit me, during our conflict I lost my gold earrings. He did not return them to me. I was afraid to return and pick up my things, I ran away and was left without a job. I contacted the CF Girlfriend, signed a contract for 14 days, because there was a fear that the client would look for me. And from the side of the police there was a detention, for a brothel. One of the employees began to swear, used force to make me confess that I had taken the money and to whom I had given it. I began to resist, all of us (sex workers) were taken to the \*\*\* department.*



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In one case, there were signs of an adequate police response to the appeal of a group of sex workers in connection with the manifestation of violence from the client. However, it is impossible to accurately qualify the case due to insufficient data in connection with the unfinished work on the case.

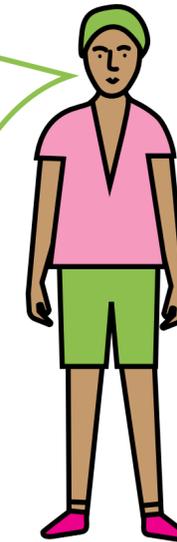
*On that day we worked as usual, until about one in the morning. We received a call, we agreed, said the address, a client came and paid 1000 soms. They went with the girl into the room, and after a while the girls and I heard screams and ran there. We saw how the client dragged the girl by the hair. We separated them, asked what happened to them, and the girl said that he wanted anal sex, but she refused. And for this he beat her, cursed. Then he came over to us, took the phones, locked the door and started beating us all. We were literally flying. He yelled at us that we are prostitutes, that we should be beaten and fucked in all the cracks. He undressed and started threatening everyone with anal sex. At this time, one of the girls pulled the keys out of his pocket and went out into the street, called the police officers. He saw the police, ran out of the apartment to the upper floor, where he was caught by the police. After we were all taken to the \*\*\* police department, there we wrote a statement against him. We were given a referral for a forensic examination, we passed it. We don't know further what will happen if the police let him go.*

*The client was pregnant. Beaten by a roommate, went to the hospital. The police also came. They expected that if the husband paid for the treatment, the client would not write a statement about the beatings. The child was still alive. The doctor told the client to go to bed, although her waters were broken. After an ultrasound scan in the morning, they said that the child had not survived, and they took him for burial. The client believes that if it were not for the negligent attitude of the doctors, who were either waiting for the morning or an ultrasound scan, the child would have survived.*

In one case, police officers managed to resort to extortion even in a situation where it was clearly necessary to show compassion to a victim of violence.

*The client was beaten by a ex-boyfriend who no longer lives with her. She called the police and the district police officer. All were taken to the department. There she wrote a statement for beating and underwent a forensic examination. After that, the roommate began to threaten her to return him 3,000 soms, which he allegedly had to give to the employees so that the case would not be proceeded. Now the client is afraid of him and does not know what to do. She is afraid to contact the police, because she did not know if her ex told her the truth.*

In 5 cases, manifestations of violence from close or intimate partners who were not clients were recorded. At the same time, as in the case of violence by clients, sex workers, as a rule, are defenseless in front of their loved ones and do not receive protection from representatives of government agencies or institutions, including medical workers.



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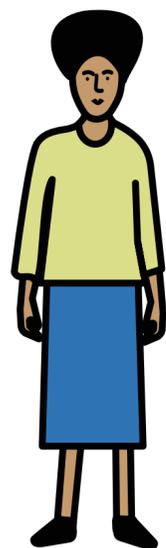


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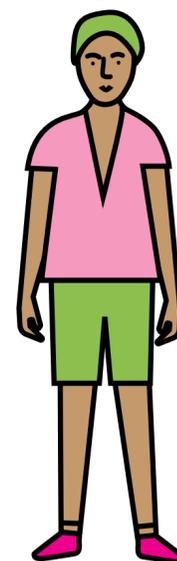
In 4 cases the manifestation of violence by pimps (“mommies”) was recorded. These cases show the increased vulnerability of sex workers when it is impossible to organize safe working conditions against the background of the criminalization of sex work.



*REActor gave me a phone consultation on human rights. I complained about moral and psychological violence by a pimp (‘mommy’). Due to the current situation with coronavirus and emergency, I did not go to work, the money ran out. The pimp began to constantly say that the other girls and I were taking advantages of her, that we didn’t work, we didn’t pay rent. She said that I owed her a certain amount of money, to which I did not agree, and in connection with this there was a conflict with the use of physical force. I had a fight with a pimp, she pushed me very hard, I began to resist. She hit me a couple of times in the face, insulted me, humiliated me with words, and finally kicked me out into the street. Due to the situation in the city, I had nowhere to go, and I turned for help from the CF Girlfriend.*

## HEALTHCARE

Against the background of the criminalization and stigmatization of sex work, health professionals also act as violators of sex workers’ rights. In such cases, doctors either show a pronounced indifference to the needs of sex workers, or act on the side of the police, sometimes even to some extent perform the role of police.



*The client was at home in a state of alcoholic intoxication. The neighbors called the district police officer, who forcibly took her to a narcology clinic, the admission to a narcology clinic was carried out at the expense of the client. She wanted to be discharged, but they would not let her out until she gave money to the local police officer. The client believes that the doctors were bribed.*

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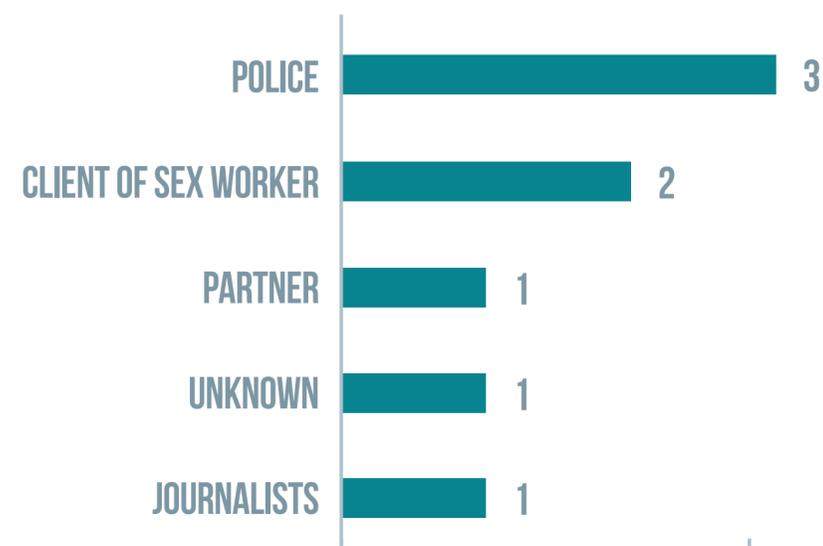
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There were 7 cases of human rights violations against LGBT people, including 4 cases when transgender people who engaged in sex work were the victims of violations.

*Number of cases per perpetrator*



*Types of violations*



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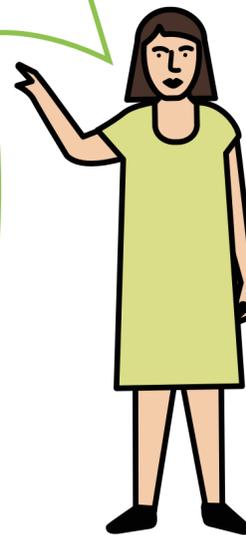
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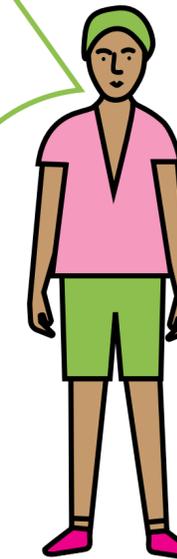
In two cases, violations of rights occurred with the direct involvement of police officers, who, among other things, attracted journalists and thereby violated the right to privacy. In such cases, the victim of human rights violations not only did not receive the necessary protection from the police, but was also subjected to further bullying and human rights violations.

Just as in the cases with other vulnerable groups, two cases of extortion of money by the police were recorded.

*A trans\*girl sex worker called the police over a conflict in a bar. She wanted to write a statement. Journalists arrived with the police, and they started filming her, although she herself called the police. She was taken to the \*\*\* police department (although they should have been taken to another). There she was not allowed to write a statement. She called the street lawyers. They arrived at the police department. The policemen, according to the victim, threatened her that they would not accept the application, and that she, a trans\*girl, could generally “shove her up to the convicts to be raped there”. After the appearance of the street lawyers, they, together with the victim, were taken to \*\*\* police department. The victim wrote a statement in an office with transparent glass. Journalists burst into \*\*\* police department. The victim asked not to film her, and also asked the police to stop filming, but they refused to interfere with the filming of the journalists. After that, the street lawyer started filming how the journalists work together with the police. One policeman forcibly took her phone away. He began to threaten that he would not release the street lawyer from the ROVD until she removed the video. He came close and grabbed the hands. Later, the police officers did not give the registration coupon to the victim, returned the phone to the lawyer (having put the video to be deleted) and kicked everyone out of the police department.*



*An LGBTIQ client was in the car with a guy during the day. The patrol police arrived, asked to get out of the car and show the documents. The young people showed their passports, then the police said that they saw what they were doing inside the car. They began to threaten. that they will call the journalists and inform the parents of the young people, and then they will be taken for examination. The patrol extorted money. The client gave 2,000 soms. Due to the emergency, the client was unable to file a complaint with the prosecutor's office or other law enforcement agencies.*



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## ANALYSIS OF LEGISLATION

LGBT people are not directly prohibited or directly discriminated against. However, hundreds of examples of violations of LGBT rights are recorded annually in the Kyrgyz Republic, including on discriminatory grounds related to sexual orientation and gender identity. As a result of the visit to the Kyrgyz Republic of the UN Special Rapporteur on the right to health, it was stated that LGBT are subjected to psychological violence, sexual abuse and physical harm from family members, law enforcement officers and medical personnel. This significantly affects their physical and mental integrity. Against the background of shrinking space for civil society organizations, legislative initiatives to ban the promotion of non-traditional sexual relations, as well as increasing conservative-religious trends, LGBT people are subjected to discriminatory treatment, manifestations of hatred and violence, as well as denial of protection from representatives of the authorities. The situation will be improved by the adoption of special anti-discrimination legislation, as well as the creation of a system for protecting LGBT people from hate crimes and raising the awareness of police officers about the specifics of working with LGBT people. Currently, Kyrgyzstan is actively working on the adoption of an anti-discrimination law, after the formation of a new convocation in parliament, this draft will be sent to their consideration. This work is supported by the Soros Foundation-Kyrgyzstan and the Co-alition for Equality.

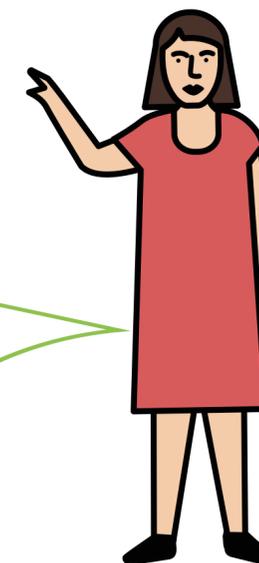
# PEOPLE LIVING WITH TB

PLHIV, as well as people with a dual diagnosis of HIV and addiction to psychoactive substances, are at a higher risk of TB due to biological factors. Vulnerability to human rights violations and legal insecurity further increase the vulnerability of these groups to TB.

In REAct 13 cases of violations of the rights of PLHIV and/or PWID in the context of tuberculosis were recorded.

In all cases, representatives of the health care system act as violators, who either do not pay enough attention to the diagnosis of tuberculosis in high-risk groups, or show discriminatory attitudes in a different way.

*The client wanted an X-ray. But she was sent for fluorography. After her, the doctor concluded that «everything is clean.» In fact, the client had TB. Doctors treated her without proper attention (neglect).*



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# PRISONERS AND FORMER PRISONERS

In three cases, violations were recorded against the background of the situation with coronavirus.

*A client who had previously recovered from tuberculosis and has a disability on \*\*. \*\*. 2020 complained of an increased cough, fever, etc. A street lawyer, also a social worker, went with a client to diagnose tuberculosis, since during this period an emergency was introduced in the country, and there was no free movement. They came to the \*\*\* regional hospital, where the client is registered, to diagnose tuberculosis. They were denied service, citing an order from the Ministry of Health that it is forbidden to examine patients without a certificate of the absence of coronavirus. When asked what to do now, the doctor redirected them to a paid clinic, if they needed to undergo diagnostics, and there they did X-rays and tests.*



*The client asked for help due to poor health with suspected tuberculosis. After the examination, the diagnosis was confirmed, hospitalization was denied due to the COVID-19 pandemic.*



*The client is located in \*\*\* (place of imprisonment) of the city \*\*\*. He has a term of conditional early release, but due to the fact that he is in the case as a person who does not have a permanent place of residence, his documents are not submitted for consideration by the court, thereby violating his right to release. On this occasion, it was decided to write a petition for bail to \*\*\* court. The case is pending.*



*The client asked for help regarding the violation of rights, namely, because the administration of the colony of the settlement did not release him after the quarantine on the contract due to the status.*

There are many former prisoners among PWID and PLHIV, for whom an increased vulnerability to human rights violations is manifested in the difficulties of restoring their legal status after serving a sentence, as well as in connection with the arbitrariness of the administration of places of detention, including in the context of the right to health. REACT recorded 47 cases of former prisoners as victims. In all these cases, the main reasons for violations of rights were related to the status of PWUD, or PWUD and PLHIV. However, in two cases the violation of rights was recorded in direct connection with the status of the prisoner.

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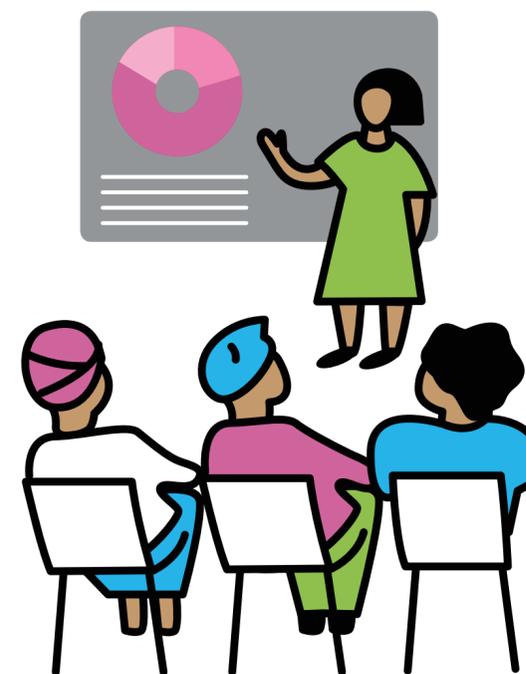
# CONCLUSIONS

Despite progressive measures to ensure accessibility of HIV/AIDS and tuberculosis prevention, treatment and care measures for key populations, Kyrgyzstan remains a country with repressive and discriminatory legislation and law enforcement practices in relation to representatives of key populations. PWID, PLHIV and SWs remain groups most affected by discriminatory laws. It is in relation to these groups that the greatest number of direct violations of human rights by representatives of the state has been recorded. The police and medical workers are the main offenders in the cases that REAct recorded. At the same time, work with the training of police and medical workers has been carried out for many years, including the consolidation

of human rights-based work in relation to key groups in departmental orders, as well as the availability of training programs in police and medical schools. Law reforms are also underway to limit the application of criminal laws to key populations.

Based on the cases recorded by REAct, it is impossible to draw unambiguous conclusions about the possible reasons for the persisting discriminatory practices against key groups. However, it is clear that relaxing laws and available HIV prevention measures are not enough to significantly reduce the incidence of human rights violations. More drastic measures are probably needed to decriminalize key populations, as well as measures to inform the general public and campaigns against stigma.

Such measures are especially necessary against the background of growing conservative and religious sentiments in Kyrgyzstan, which especially worsens the situation of women and LGBTI people.



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# RECOMMENDATIONS FOR REACT IMPLEMENTATORS:

- ➔ 1. Continue expanding the network of organizations and institutions to refer victims of human rights violations for medical, legal, social and psychological assistance.
- ➔ 2. To improve the use of analytical capabilities of REAct for use in advocacy purposes.
- ➔ 3. Consider a system of sustainable interaction between REAct and paralegals from human rights projects, as well as lawyers providing free legal aid guaranteed by the state.
- ➔ 4. To successfully respond to systemic and massive violations of human rights, consider the possibility of sustainable interaction with the Office of the Ombudsman of the Kyrgyz Republic.
- ➔ 5. Consider the system for the implementation of systematized information on the results of the REAct work in interaction with the Public Councils of state bodies within the framework of the Law of the Kyrgyz Republic dated May 24, 2014 No. 74 'On public councils of state agencies'.
- ➔ 6. Consider the possibility of coexistence of REAct with other existing systems for documenting human rights violations, so that REACT complements, but does not destroy the fragile mechanisms of the work of civil society and promotes low-threshold documentation of human rights violations with the involvement of volunteers and on a voluntary basis.

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# RECOMMENDATIONS FOR THE COUNTRY:

- ➔ 1. Consider the possibility of cofunctioning of REAct with other existing systems for documenting human rights violations, so that REAct complements, but does not destroy the fragile mechanisms of the work of civil society and promotes low-threshold documentation of human rights violations with the involvement of volunteers and on a voluntary basis.
- ➔ 2. Provide for the inclusion of stigma, discrimination and human rights issues as mandatory components for training, retraining and advanced training of law enforcement officials, social protection and support bodies, as well as health workers, with a particular focus on the practical application of norms on rights to key populations in the work of these bodies and institutions. Provide for the mandatory involvement of representatives of vulnerable groups to develop, evaluate and participate in such events.
- ➔ 3. Consider the issue of destigmatization of regulations in the context of HIV, including through the abolition of the discriminatory part 1 of Art. 149 of the Criminal Code of the Kyrgyz Republic ('Putting another person in danger of contracting the human immunodeficiency virus or other incurable infectious disease, dangerous to human life, if infection has not occurred'), restrictions on the rights of PLHIV in the labor and family sphere.
- ➔ 4. Consider adopting special antidiscrimination legislation, as well as creating a system to protect LGBT people from hate crimes and raising awareness among police officers about the specifics of working with LGBT people when committing hate crimes.

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- 5. Implement the recommendations of the Committee on the Elimination of Discrimination against Women to create an oversight mechanism to record cases of violence by police officers against sex workers, and to end the practice of illegal forced testing of sex workers for HIV / AIDS and other diseases sexually transmitted infections, including during police raids. The REACT could be part of such an oversight mechanism.
- 6. Consider the issue of including the Ombudsman's office in the list of mandatory recipients of information on human rights violations recorded by the REAct, including with the provision of a procedure for responding to cases of massive and systematic violation of the rights of key groups through legislative initiatives on the basis of part 4 of article 8-1 of the Law of the Kyrgyz Republic dated July 31, 2002 No. 136 'On the Ombudsman (Akyikatchy) of the Kyrgyz Republic'.

- 7. Ensure the conduct of broad public campaigns to inform the population about stigma, discrimination and human rights, including against vulnerable groups of the population, as well as measures to ensure gender equality, with the involvement of representatives of the main religious confessions and leaders of public opinion.



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