



Women-led gender assessment:

HOW COUNTRIES ADDRESS BARRIERS TO HIV SERVICES FOR WOMEN LIVING WITH HIV, SEX WORKERS AND WOMEN WHO USE DRUGS



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PARTICIPATING ORGANISATIONS AND ACKNOWLEDGEMENTS

Lead author

The [Eurasian Women's Network on AIDS](#) (EWNA) was created in 2011 at the International Millennium Development Goals Forum. EWNA brings together women leaders from 12 countries across Eastern Europe and Central Asia and is a key organisation designed to protect the rights of women living with HIV and those who are vulnerable to HIV. EWNA supports women to develop and strengthen their potential and make women's voices heard in decision-making processes at different levels.

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ABBREVIATIONS

APH	Alliance for Public Health
CCM	Country Coordinating Mechanism
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
EACS	European AIDS Clinical Society
ECOM	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity
EHRA	Eurasian Harm Reduction Association
EECA	Eastern Europe and Central Asia
EWNA	Eurasian Women's Network on AIDS
ICF	International Charitable Foundation
GAT	Gender Assessment tool
GBV	Gender based violence
HPV	Human Papillomavirus
IDUIT	The Injecting Drug User Implementation Tool
ITPC EECA	International Treatment Preparedness Coalition in Eastern Europe and Central Asia
IPV	Intimate partner violence
NGO	Non-governmental organisation
OST	Opioid Substitution Therapy
CLM	Community-led monitoring
PRs	Principal Recipients
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SWAN	Sex Workers' Rights Advocacy Network
SWIT	The Sex Worker Implementation Tool
VAW	Violence against women
WHO	World Health Organisation



EXECUTIVE SUMMARY

This report shares findings of gender assessment which set out to better understand if national policies and programmes support gender transformative, equitable and rights-based approaches to women's health and well-being.

The [Eurasian Women's Network on AIDS](#) (EWNA) led this work that enabled women leading community initiatives to assess their national HIV responses and make aligned recommendations. This assessment has been led by community activists; conducted on a shoe-string budget and by only one person in each country who completed a desk review to answer questions posed in the Checklist. There were no in-person national consultations. Usually, gender assessments conducted in individual countries are led by technical partners; have a much larger scope; engage larger and more diverse stakeholders in in-person country consultations; have larger budgets; and are supported by a larger team of international and national consultants with the backing of governments.

The research focused on **women living with HIV**, **sex workers** and **women who use drugs** and was conducted in 15 countries across South-Eastern Europe and Central Asia (SEECA): Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan. Countries were selected based on the need for gender assessments to be conducted and overlap with representatives from the EWNA who could conduct this work. The Regional project team (SoS_project 2.0) suggested including five Balkan countries (Albania, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia) where gender assessments would help to inform and strengthen community advocacy and national responses.

The harsh legal and policy environment in the region is common and made worse by the lack of political will and leadership to address gender inequality within the HIV response and to commit domestic funding that could make a difference to women's lives. Across the region, women experience gender-based violence and in the HIV response women continue to be marginalised, criminalised and experience stigma and discrimination. In addition to this, a 2018 (pre COVID-19) [study](#) conducted by EWNA showed that 52% of women from the EECA region experienced physical abuse after being diagnosed with HIV. Women usually find out about their status first, which increases their risks for violence and then they are often disproportionately prosecuted because of their HIV status. Punitive laws and existing inequalities result in women and adolescents further struggling to access HIV treatment, care and support and services related to sexual and reproductive health, mental health and harm reduction.

This gender assessment is an important piece of work that continue to mobilise and support a collective of community activists who together have taken stock of their country contexts and assessed how their national responses are/are not supporting women living with HIV, women who use drugs and sex workers.

The research had specific objectives, including to:

- Identify intersections of HIV and gender inequality;
- Provide an overview of the laws, policies, partnerships, participation, institutional and human resource capacities;
- Build capacity of communities of women to address gender-related barriers in access to HIV services; and
- Share findings and recommendations to inform gender-responsive policy and programming.



The assessment was conducted using a Gender Assessment Checklist (herein referred to as 'the Checklist') which focused on five key areas:

- HIV prevalence and incidence and behavioural information;
- Social, cultural and economic factors;
- Legal and political factors;
- Women's needs in HIV policies and programmes; and
- A comprehensive HIV response.

The assessment data collection took place over three months from June to August 2022 and the analysis was conducted between the months of September and December 2022. This assessment is built on additional women-led research being implemented by EWNA and its partners around the sexual and reproductive health and rights and gender-based violence against women living with HIV as well as strengthening community capacity to address issues of the mental health for women living with HIV in the EECA region.

Recommendations

The findings and recommendations are directed at governments, technical partners and donors. It is EWNA's hope that this report and its recommendations can bolster advocacy to support the development or review of national strategic plans and inform funding requests to the Global Fund. This organising and work is essential given that both the Sustainable Development Goals and the UNAIDS Strategy emphasize the need for gender to be at the centre of the HIV response. Recommendations include the following:

1. Gender disaggregated data and sexual and reproductive health data on cervical cancer and HPV

We call on **governments** to:

- Reassess the data being collected to ensure that all national and global indicators are disaggregated by sex, age and gender. The data should also be disaggregated by key populations, especially in countries where epidemics are driven by key vulnerable and marginalised groups.
- **Provide more data** on women living with HIV who are screened for cervical cancer and for girls (9-14 years old) living with HIV who received the HPV vaccination.
- **Develop programmatic indicators** that enable data to track nuances. For example: are there sex workers who use drugs?; HIV cases among women who use drugs and sex workers?; trans* sex workers? who are also young?; opioid overdose deaths among women who inject drugs – etc. The data collected has not been able to highlight these important nuances and assumes that 'people living with HIV' 'sex workers' or 'women and girls' or 'people who use drugs' are a static group.
- **Ensure better access to existing data** that enables community representatives to access the data being collected by governments and how this might be linked to national spending on women living with HIV, women who use drugs and sex workers.



We call on **technical agencies** to better **support governments in data collection** that helps countries to understand what is working well and where more is needed. Data should be collected to impact programming and ensure it is more effective and accessible.

We call on **donors** to continue to **invest in community-led monitoring** so that some data collection focuses on qualitative data collection and women-led research.

2. Legal environment

We call on **governments** to:

- **Organise national and more comprehensive gender assessments** to further review the laws presented in this assessment and explore how widespread stigma and discrimination, state and non-state violence and harassment, restrictive laws and policies, and criminalization of behaviours or women from key populations heightened risks and undermines access to services.
- **Address stigma, discrimination and the human rights violations** experienced by women living with HIV, sex workers and women who use drugs in national documents, strategies, plans or policies related to the HIV response. Not enough is being done to address the status of women.

We call on **technical agencies** to:

- **Continue to support** women living with HIV, sex workers and women who use drugs to advocate for change.
- **Build a strategic accountability mechanism** to track progress around ensuring enabling and supportive legal environments.
- **Openly call for more civil space** that enables more national partnerships (which includes civil society and communities of women living with HIV, sex workers and women who use drugs) to ensure more action around addressing harmful legal environments.

We call on **donors** to **continue to fund women-led advocacy work**. Globally only 1.9% of charitable donations goes to organisations dedicated to women and girls. This funding is already miniscule and simply not enough.

3. Priority strategies and policies supporting women in the HIV response

We call on **governments** to:

- **Review** national documents, strategies, plans or policies related to the HIV response with a gendered lens to ensure clarity on how women living with HIV, sex workers and women who use drugs are being supported to access services across their lifespan.
- **Ensure that priority interventions are clear on SRHR and GBV** in national documents, strategies, plans or policies related to the HIV response or complimentary integrated into existing policies on SRHR, GBV, cancers, national immunisation schedule, etc.
- **Ensure dedicated budgets** follow programming to implement gender-sensitive and gender-transformative interventions.



- **Address intersectionality** in HIV responses including but are not limited to our age, ethnicity, disability, poverty, where we live, our key population status as women who use drugs and female sex workers, sexual orientation and identity, livelihood, economic status, the way society and law regulate and criminalise our behaviour, and many other variables, including violence against us as all of these different aspects can also make women more vulnerable to HIV.
- **Support CCMs** in their role as a formal system of accountability that enables community representatives to monitor the priority-setting process and spending on gender equality and meaningfully participate in a dedicated working group or other mechanisms focusing on gender equality.

We call on **technical agencies** and **donors** to:

- **Ensure the full implementation, further adaptation (for specific populations) of guidelines.** This call for partnership could be supported by a pot of guideline funding: for meaningful engagement, dissemination, implementation, area-specific adaptation and tracking of guidelines – so that there is greater dialogue and action by WHO, governments, technical partners, civil society and women in communities.
- **Support civil society coordination mechanisms** in addressing HIV and gender including CEDAW coalitions, Beijing Platform for Action, and others.
- Invest more in **communications** on **new guidelines** with WHO regional and country offices. We know this already happens but we insist that WHO HQ strategically adopts more formal processes with Ministers of Health and heads of national AIDS and/or other councils, including communities to introduce new guidelines and a follow-up timeline.

4. Meaningful participation of women

We call on **governments** to:

- **Meaningfully engage women living with HIV, sex workers and women who use drugs** in developing policies, guidelines and strategies relating to their health and rights, including in the CCM and other priority-setting processes and decision making spaces, including those related to preventing the vertical transmission of HIV.
- **Ensure that CCM and its working groups include women** living with, sex workers and women who use drugs, including relevant provisions.

We call on **technical agencies** and **donors** to:

- **Continue to support community system strengthening.**
- **Facilitate better engagement** of women living with HIV, sex workers and women who use drugs from the EECA region and Balkan countries in the international movements and/or networks of women living with HIV, sex workers or women who use drugs and movements and/or networks and/or hubs on access to treatment.
- **Strengthen capacity** of women living with HIV, sex workers and women who use drugs from the EECA region and Balkan countries to be actively engaged in the international movements and/or networks of women living with HIV, sex workers or women who use drugs and movements and/or networks and/or hubs on access to treatment.



5. HIV prevention, treatment, care and support

We call on **governments** to:

- **Ensure that PrEP is available and free of charge** for all women who want it and ensure PrEP literacy programmes are supported to address any stigma and misinformation around using PrEP for women.
- **Ensure case management protocols** to end vertical transmission of HIV are in place, properly implemented and regularly updated, include the peer-to-peer support and take into account the needs of women who use drugs and sex workers.
- **Provide medical and social support for mothers living with HIV who have made the decision to breastfeed** according to the 2017 [WHO Consolidated Guidelines](#) on the sexual and reproductive health and rights of women living with HIV.
- **Provide access to breast-milk substitutes** for women living with HIV free of charge in all regions across the country.
- **Ensure that national data on vertical transmission rates** are collected and harmonised with the Global AIDS Monitoring.
- **Ensure a process to validate the elimination of vertical transmission of HIV** by WHO is exercised through the national multidisciplinary working group and with the communities' meaningful participation.
- Enable **pregnant women living with HIV to continue accessing ART post-delivery**.
- Provide adequate support for **girls living with HIV to learn about their diagnosis before adolescence**.
- **Provide comprehensive and ongoing counselling to children** to support them in their journey of disclosing their HIV-positive status to others as well as support **to parents** on how to disclose an HIV-positive status to their offspring.
- **Provide comprehensive sexuality education** for girls living with HIV.

We call on **technical agencies** to **ensure updated guidelines** on thematic areas that **support women's choice** (developed in partnership with communities).

6. Mental Health

We call on **governments** to:

- **Address integration of HIV and mental health** in both the HIV and mental health responses according to the international guidelines including [Key considerations to integrate HIV and mental health interventions](#) developed by WHO and UNAIDS.
- **Design and implement gender-responsive and gender-transformative HIV and mental health strategies, guidelines, services and programmes for women**. Ensure that the design and delivery of mental health services in HIV programmes include peer support groups and psychological consultations. In order to ensure comprehensive access, it is necessary to develop professional psychotherapy and mental health care programmes that are provided by friendly specialists and address unmet mental health needs in the



HIV response, as well as to develop new partnerships with patient communities of people living with mental disorders and professionals who can provide assistance.

- **Support community-led and community-based services** that help to reduce stigma, discrimination and social exclusion faced by women with mental illness, women living with HIV, sex workers and women who use drugs.
- **Meaningfully involve communities of women to** develop HIV and mental health integrated policies and interventions, as well as in the direct **delivery of integrated services** that contribute to the successful integration of HIV and mental health.
- **Allocate resources** so that women do not help others to their own detriment. Sustain women's activism, including education, self-care skills, mental health screening tools, safe spaces, mental health mobilisation and advocacy for women activists and women's rights defenders, especially for those living in emergencies and humanitarian crises.

We call on **technical agencies to promote the national implementation** of the [Key considerations to integrate HIV and mental health interventions](#) developed by WHO and UNAIDS.

We call on **donors to ensure that mental health is integrated** in all funding proposals contributing to the national HIV responses.

7. Violence against women

We call on **governments** to:

- **Address violence against women living with HIV, sex workers and women who use drugs** at the state level, including (but not limited to) health and social policy committees, human rights and gender policy ombudsmen, the CCM and in its working groups, etc.
- **Establish and fully fund mechanisms to document and respond to cases of GBV** against women living with HIV, sex workers and women who use drugs.
- **Support responses led by community of women** living with HIV, sex workers and women who use drugs.
- **Provide friendly and sensitised GBV services** free of stigma and discrimination toward women living with HIV, sex workers and women who use drugs.
- **Ensure that women** in all their diversity are able to safely **gather and enjoy the civic freedoms** during marches or public meetings (International Women's Day (8 March), 26 June (Support. Don't punish), sex workers marches (3 March), etc).
- **Support partnerships** between government and UN agencies, NGOs, human rights and women's/feminist organisations, networks or organisations representing women's rights, women living with HIV, sex workers, women who use drugs, to develop and implement programmes and initiatives that address gender-based violence and violence against women in the national HIV response.
- **Sign and ratify the Istanbul Convention** (Council of Europe Convention on preventing and combating violence against women and domestic violence).



We call on **Alliance for Public Health** to make country **REAct reports on violence against women more regularly**, at least every six months, and for each group of women (in such a way informing women on data collected).

We call on **technical agencies** and **donors** to:

- **Provided resources** for women living with HIV, sex workers and women who use drugs initiatives and organisations for campaigning against GBV and shadow reports submission to the UN treaty bodies, including CEDAW.
- **Ensure that GBV is integrated** in all proposals contributing to the national HIV response.

8. Community-led response

We call on **governments** to:

- **Ensure that data collected through community led monitoring is used** to influence positive changes for the community.
- **Guarantee the Freedom of Assembly** and remove all legal and bureaucratic barriers that do not allow marginalised and criminalised women to organize and register their own advocacy organisations.
- **Prioritise for domestic funding** for organisations led by women living with HIV, sex workers and women who use drugs, especially for countries transitioned or transitioning from the Global Fund.
- **Equally and equitably engage organisations led by women** living with HIV, sex workers and women who use drugs in all country dialogues and platforms that impact priority-setting and resource allocation in HIV response and beyond (i.e., gender equality, GBV, SRHR, etc).

We call on **technical agencies** and **donor** to:

- **Build more partnerships** with organisations led by sex workers and women who use drugs (UN agencies).
- **Capacitate and fund communities to conduct community- and women-led research**, including PLHIV Stigma Index, sexual and reproductive health and rights, violence/types of violence, budget allocations in response to HIV, access to ART (interruptions/stockouts) and other and to inform policy-makers. Facilitate better women's engagement in the research related to budget allocations in response to HIV and access to ART, especially for sex workers and women who use drugs.
- **Provide communities with the peer-driven technical assistance** from the national, regional and international organisations to effectively implement (adapt) existing methodologies and designs of women-led research and community-led service quality monitoring (CLM).
- **Capacitate organisations led by women** living with HIV, sex workers and women who use drugs to **diversify their funding base** to avoid dependency on one donor.



- **Support promotion and implementation** of the Injecting Drug User Implementation Tool ([IDUIT](#)) and the Sex Worker Implementation Tool ([SWIT](#)) tools at the national level with the meaningful participation of women
- **Support CLM** as an integral part of community-led advocacy, cohesion, mobilization and strengthening of community systems.

9. CEDAW engagement

We call on **governments** to **meaningfully involve women living with HIV, sex workers and women who use drugs** in the **CEDAW process at the national level**, including CEDAW implementation platforms and working groups established by the government.

We call on **technical agencies** and **donor** to:

- **Provide** women living with HIV, sex workers and women who use drugs **with resources and technical assistance** to coordinate the development of and submission and presentation of shadow reports to the sessions of the UN Committee CEDAW.
- **Support sex workers and women who use drugs to access training of the IWRAW's tools:** [Shadow Report Guidelines on CEDAW and Rights of Sex Workers](#) and [NGO Reporting Guidelines on CEDAW & Rights of Women Who Use Drugs](#).
- **Facilitate dialogue** between the CEDAW Committee members and communities in order to:
 - ▷ Adopt non-stigmatizing and neutral terminology which provides space for self-identification of sex workers thus counter the narratives of sex workers being either criminals or victims.
 - ▷ Achieve understanding of the legal frameworks which directly or indirectly oppress sex workers through criminalisation or penalization and how these legal frameworks fuel human rights violations and poor health outcomes among sex workers.
 - ▷ Achieve understanding of how anti-trafficking responses and narratives increase the risk of exploitation and violence for migrant sex workers and explore the possibility of building cooperation with sex worker rights organisations to support the identification of genuine cases of exploitation and abuse within the sector.
 - ▷ Pay more attention to unmet needs, violence and legal barriers faced by women living with HIV, sex workers and women who use drugs in the concluding observations and/ or in the lists of issues and questions prior to the submission of the country's periodic reports.



INTRODUCTION

Purpose and objectives

Between February to December 2022, the [Eurasian Women's Network on AIDS](#) (EWNA) conducted gender assessment in 15 countries across South-Eastern Europe and Central Asia (EECA) enabling women leading community initiatives to assess their national HIV responses and make aligned recommendations.

The study sought to confirm the assumption that women and girls from key populations – often disproportionately affected by HIV and violence – are underserved by HIV and sexual and reproductive health policies and programmes in many countries across the EECA region.

This gender assessment set out to better understand if national policies and programmes support gender transformative, equitable and rights-based approaches to women's health and well-being. The research focused on **women living with HIV**, **sex workers** and **women who use drugs** and had specific objectives, including to:

- Identify intersections of HIV and gender inequality;
- Provide an overview of the laws, policies, partnerships, participation, institutional and human resource capacities;
- Build capacity of communities of women to address gender-related barriers in access to HIV services; and
- Share findings and recommendations to inform gender-responsive policy and programming.

The assessment was conducted using a Gender Assessment Checklist (herein referred to as 'the Checklist') which focused on five key areas:

- HIV prevalence and incidence and behavioural information;
- Social, cultural and economic factors;
- Legal and political factors;
- Women's needs in HIV policies and programmes; and
- A comprehensive HIV response.

This body of work, implemented by EWNA, is a part of a larger regional project "[Sustainability of services for key populations in EECA region](#)" (#SoS_project 2.0). The work is supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) through a consortium of organisations led by two Global Fund Principal Recipients (PRs) namely the [ICF "Alliance for Public Health"](#)¹ in partnership with the [CO "100% Life"](#)².

1 The International Charitable Foundation "Alliance for Public Health" (formerly known as the International Charitable Foundation "International HIV/AIDS Alliance in Ukraine" until November 2015) is a leading non-governmental organisation working in HIV, tuberculosis, viral hepatitis and other diseases in Ukraine. In cooperation with state partners and civil society organisations, it provides financial and technical support to programmes, covering over 250,000 representatives of most vulnerable populations: the highest such coverage indicator in Europe.

2 CO "100% Life" (formerly known as the All-Ukrainian Network of PLWH) is the largest patient-led organisation in Ukraine. The Network works with patients and for patients, including representation of the interests of people living with HIV in 25 regions of Ukraine. The Network provides services to more than 190,000 patients, 90,000 of whom are people living with HIV.



Understanding gender

'Gender' refers to socially constructed characteristics of women and men that are learnt through individual social structures – such as norms, roles and relationships of and between groups of women and men.

People are born female or male but learn to become girls and boys who grow into women and men. Sometimes people have a gender that blends elements of being a man or a woman. Some people don't identify with any gender. People whose gender is not male or female use many different terms to describe themselves, with non-binary or gender queer being some of the most common terms. Some identify as transgender (a person whose gender identity or expression does not align with their sex assigned at birth). Sexual orientation, gender identity and expression (how people express and present themselves in terms of femininity and masculinity) can change over time and can be 'fluid'.

A person's gender and identity can influence their experience of and access to healthcare. A significant barrier to ensuring an inclusive healthcare is the belief that sex, gender identity and sexual orientation fit neatly into a binary model of either men or women which is made up of boys and girls who are viewed as polar opposites. Many healthcare systems and societies conflate biology, gender expression, gender identity and sexual orientation – defining people to either male or female and creating services to match.

Gender relations are the ways in which a culture or society defines rights, responsibilities, and the identities men and women and non-binary people in relation to one another (Bravo-Baumann, 2000). When individuals or groups do not "fit" established gender norms they often face stigma, discrimination and social exclusion – all of which adversely affect health. Gender is hierarchical and can produce inequalities that intersect with other social and economic inequalities. Gender-based discrimination intersects with other factors of discrimination, such as ethnicity, race, socioeconomic status, disability, age, geographic location, gender identity, profession and sexual orientation, among others. This is referred to as intersectionality. For more information on this see [World Health Organisation \(WHO\) Gender and Health](#).

Rationale, Background and Context

Rationale

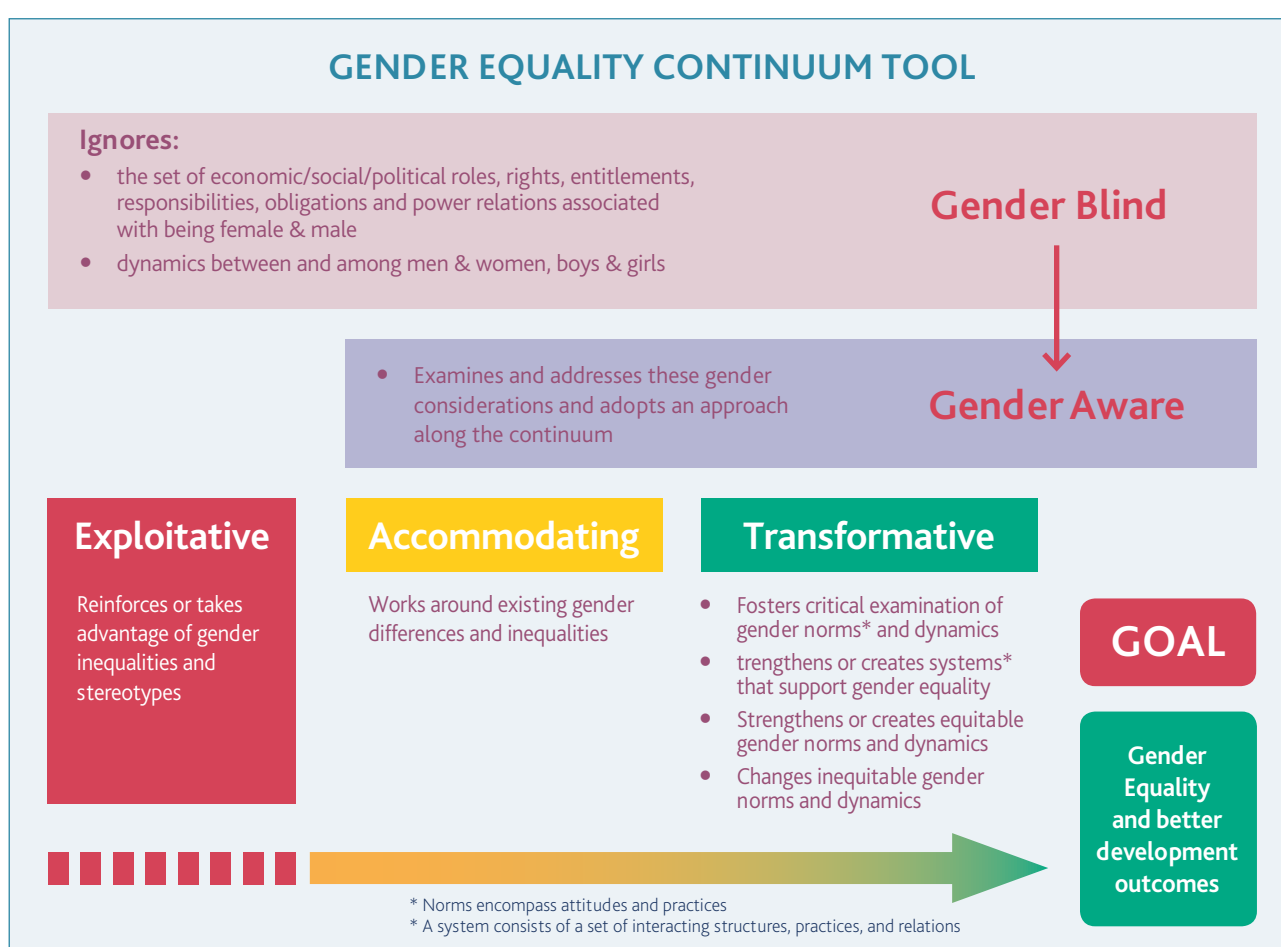
Most national programmes and services are guided by national policy. Many health policies aim to be gender neutral, so that all people benefit equally, but the reality is that gender inequality and patriarchy are embedded in most spheres of society and gender becomes a determining factor in how women and gender minorities access health care. At the same time, most countries are focused on achieving global targets and do not always pay enough attention to the quality of the services and the barriers that women and girls – especially those from key and marginalised population – face in accessing health care.

Gender assessments are a key step towards understanding the national context to ensure that future policy or programmes take into account the needs of women and girls in all their diversity and the impact on gender equality. Comprehensive gender assessments focusing on HIV responses have taken place in 14 countries around the world but none of these are in the Eastern Europe and Central Asia region. Specific TB Community, Rights and Gender Assessments have been performed in a total of 20 countries, [seven of which focus on the Eastern Europe and Central Asia region](#), including: Armenia, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine.



This specific gender assessment outlined in this report are conducted by women in communities and the findings can bolster advocacy to support the development or review of national strategic plans and inform funding requests to the Global Fund. This organising and work is essential given that both the Sustainable Development Goals and the UNAIDS Strategy emphasize the need for gender to be at the centre of response.

The findings from the gender assessments can push governments to take deliberate steps to enable women's access to services as a key step to addressing pervasive gender inequality. To understand why this is important, see figure 1. [The Gender Equality Continuum Tool](#), provides an overview and impact of programmes that are gender blind, those that are exploitative and those that are gender aware and those that seek to transform dynamics to achieve gender equality and better health and development outcomes.



- **A gender blind or (negative or neutral) intervention** aggravates or reinforces existing gender inequalities and norms and doesn't acknowledge the different gender needs and realities of women. Alternately **gender aware** programmes and policies deliberately examine and address the anticipated gender-related outcomes during both design, implementation and in the monitoring.
- **A gender-sensitive intervention** takes into account differences and attempts to ensure that women will benefit from the intervention.
- **A gender-transformative intervention** explicitly seeks to redefine and transform gender norms, creates equitable gender norms and dynamics and relationships to redress existing inequalities.



EWNA has worked hard to support a network of women advocates across the EECA region to collect the data and highlight the gaps in laws, policy and programming. This gender assessment is another important piece of work that continues to mobilise and support a collective of community activists who together have taken stock of their country contexts and assessed how their national responses are/are not supporting women living with HIV, women who use drugs and sex workers. Governments must improve the health and well-being of women and girls by tracking investments and using the evidence to inform improvements.

Background

It is widely acknowledged that gender inequalities are a key driver of the HIV epidemic and influences the vulnerability and marginalisation of women and girls. Despite global progress in responding to HIV, the world has not seen the same progress towards achieving gender equality or even equity. In the EECA region it is clear that HIV, just like COVID-19, continues to magnify how governments and society marginalise communities and keep women – especially those from key affected populations – oppressed.

This report highlights that there is not enough disaggregated data brought collected but there is enough evidence to highlight the challenges and this is not following with adequate political will to end inequalities for women in the region. COVID-19 further drew into focus the inequities and uneven vulnerabilities with specific threats for the safety of women and their ability to make decisions about what happened with and to their bodies and their ability to access essential medications and services, for HIV and sexual and reproductive health and rights.

Life is more challenging for criminalised populations of people living with HIV, sex workers and people who use drugs who are not protected by laws governing many countries in the EECA region and are further driven underground. Women do not have equal earning and decision-making power; sometimes have no control over what happens to their bodies; and less access to and control over resources and assets in everyday life. A more appropriate term for policies, strategies and programmes that do not distinguish gender as a fundamental factor are 'gender blind' and make no attempt to address or be sensitive to how gender affects women's ability to access services.

Context

In the past decade the EECA region has seen increases in annual HIV incidence. A key driving factor is that the majority of EECA countries do not have the harm reduction services that could make a difference to the epidemic predominantly among people who inject drugs and their sexual partners.

The lack of services that could curb HIV incidence is made worse by punitive laws and violence against women and adolescents who use drugs.³ [Laws that criminalise HIV, sex work and drug use](#), make women, especially young women, more vulnerable to violence and structural inequalities.⁴

In 2021, key populations (sex workers and their clients, gay men and other men who have sex with men, people who inject drugs, transgender people) and their sexual partners accounted for 70% of HIV infections globally. The risk of acquiring HIV is 35 times higher among people who inject drugs than adults who do not inject drugs and 30 times higher for female sex workers than adult women. UNAIDS 2022

3 UNAIDS strategy review: The Eastern Europe and Central Asia Region, 2020

4 Women's Leadership in issues of decriminalization: Experience of the EECA region, EWNA, 2022



In addition to punitive laws in many countries across EECA, the [Global Gender Gap Report \(2022\)](#) highlights that Europe's gender parity currently stands at 76.6%. This translates to a 60-year wait to close the gap. In Central Asia, overall progress to close the gender gap is at 69.1%, translating to 152 years to close the regional gender gap.

The harsh legal and policy environment in the region is common and made worse by the lack of political will and leadership to address gender inequality within the HIV response and to commit domestic funding that could make a difference to women's lives. Across the region, women experience gender-based violence and in the HIV response women continue to be marginalised, criminalised and experience stigma and discrimination. In addition to this, a 2018 (pre COVID-19) study conducted by EWNA showed that 52% of women from the EECA region experienced physical abuse after being diagnosed with HIV. Women usually find out about their status first, which increases their risks for violence and then they are often disproportionately prosecuted because of their HIV status. Punitive laws and existing inequalities result in women and adolescents further struggling to access HIV treatment, care and support and services related to sexual and reproductive health, mental health and harm reduction.

The [In Danger: UNAIDS Global AIDS Update 2022](#) highlights that in the past two and a half years, COVID-19, the war in Ukraine as well as other humanitarian crises have impacted the world and derailed the global HIV response, disrupting health services and increasing community vulnerability to HIV. Women have been disproportionately affected by the impact of COVID-19 as well as the efforts taken to control its spread. COVID-19 has highlighted and exacerbated existing inequalities and vulnerability that affect the health and lives of women and girls daily – including in their economic stability, food and nutrition security, overall health and security (including safety when faced with violence), self-determination and agency to enjoy their sexual and reproductive rights and health.

All these vulnerabilities heighten the risk to HIV and make the lives of women living with the disease all the more challenging.⁵ A [recent study](#) indicated that those who were already vulnerable became even more so as a result of the pandemic including sexual minorities (asexual, queer, pansexual, questioning or another sexuality), women living with HIV and those with lower levels of education.⁶

This report

This report is not intended to be an in-depth account of all the gender assessment findings. Instead, it provides key findings. The focus on key findings is due to the massive scope of work, the size of the small team working within the constraints of an ongoing war and the limited financial resources available for this project. The intention is to capture and refer to some of the main observations and priorities noted, with particular focus on the interests of women living with HIV, women who use drugs and sex workers. The annexes provide additional detailed information.

“Gender inequalities are a key driver of the AIDS epidemic. Unequal power dynamics between men and women and harmful gender norms increase the HIV vulnerability of women and girls in all their diversity, deprive them of their voice and the ability to make decisions regarding their own lives, reduce their ability to access services that meet their needs, increase their risks of experiencing violence or other harms, and hamper their ability to mitigate the impact of AIDS.” Dangerous Inequalities, UNAIDS 2022

5 Advocacy brief on funding for women, W4GF – ICWEA April 2022

6 The impact of COVID-19 on sexual and reproductive health in Eastern Europe and Central Asia, UNFPA 2022



This report with its 15 national gender assessments led by women in communities provide a snapshot of the status of women and highlights valuable findings that will help to hold countries accountable. The assessment provides a scan of punitive and/or enabling legal environments and shows where countries have failed to deliver on promises made. It also recommends how governments, donors and technical partners could take urgent action towards gender equality so that women and girls have greater access to services.

The report with an executive summary is structured as follows:

- Section 1. Introduction that covers the background and rationale as well as a full overview of the methodology that guided this work.
- Section 2. A context section and presentation of the overall findings and comparison across countries as well as key recommendations.
- Section 3. 15 separate country reports that share key findings from each country as well as a selection of annexes related to this work.

The report findings and recommendations will bolster the advocacy power of women's rights organisations in the 15 countries and provide leverage to push for greater political commitment so that HIV responses allow for gender transformative, equitable and rights-based programming that upholds the rights of women living with HIV, women who use drugs and sex workers.



METHODOLOGY

Country selection

This women's community-led research took place in 15 countries, namely: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Ukraine and Uzbekistan. The countries were selected based on the need for gender assessments to be conducted and overlap with representatives from the EWNA who could conduct this work. The Regional project team (SoS_project 2.0) suggested including five Balkan countries (Albania, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia) where gender assessments would help to inform and strengthen community advocacy and national responses.

Research approach

The assessment data collection took place over five months from June to August 2022 and the analysis was conducted between the months of September and December 2022. This assessment is built on additional women-led research being implemented by EWNA and its partners around the sexual and reproductive health and rights of and gender-based violence against women living with HIV as well as strengthening community capacity to address issues of the mental health for women living with HIV in the EECA region.

The work was guided by the [UNAIDS Gender Assessment Tool — Towards a gender-transformative HIV response](#), which was used as a basis and adapted to develop the Gender Assessment Checklist (herein referred to as 'the Checklist') that directed assessments to be conducted by a core team of women based in the 15 countries.

The Gender Assessment Tool (GAT) for national HIV responses supports countries to assess the HIV epidemic, context and response from a gender perspective. The GAT is designed to support the development or review of national strategic plans and to inform submissions to country investment cases and the Global Fund.

EWNA's process included:

Organising the EWNA Gender Assessment Working Group

The EWNA Gender Assessment Working Group was established following a decision made by the EWNA Board in December 2021. The Gender Assessment Working Group held their first meeting in February 2022. The Working Group are 17 women from nine countries; members of the EWNA network; and represent women living with HIV, women who use drugs, women who have engaged in sex work, lesbian and bisexual woman, women who have been incarcerated and those living in discordant couples. The Gender Assessment Working Group was consulted from the onset in an iterative process (eight virtual meetings took place between February and May 2022) to co-create and finalise the Checklist used in the gender assessment.

The Checklist has five sections focusing on:

- HIV prevalence and incidence and behavioural information
- Social, cultural and economic factors
- Legal and political factors
- Women's needs in HIV policies and programmes
- A comprehensive HIV response.



Establishing an Internal EWNA Research Team

This work was guided by the following Research Team:

- **Lead Researcher:** Oversaw the scope of work, the evaluative research as well as translating findings into strategic insights and recommendations.
- **Research Assistant:** Oversaw the development of the Checklist; the training of the Country Informants to populate the Checklist; organised calls with the Country Informants; finalised the Checklist and supported the team to organise the data.
- **Community Coordinator:** Oversaw the selection, coordination and planning activities of Country Informants who would conduct the data collection and meaningful participation of women living with HIV, women who use drugs, and sex workers. The Coordinator interacted with the Lead Researcher and the Research Assistant during each research stage.
- **Country Informants:** Conducted the desk review and populated the Checklist (14 women working in 15 countries). Most Country Informants came from the EWNA network and where EWNA did not have representations, additional women from the Balkan countries were identified through the EWNA network.
- **Project Coordinator:** Coordinated the Country Informants and supported the administration to ensure that the work took place according to the timeline.
- **Community Advisor:** Ensured a broader role overseeing external communications with communities of women living with HIV and representatives of key communities in the implementation of project activities.

Developing the Checklist

The Research Team created the zero draft of the Checklist and worked on this in collaboration with EWNA Gender Assessment Working Group throughout Q1 and Q2 2022. EWNA organised weekly discussions with the Working Group to review and finalise the framework of questions that would guide the sections of the Checklist.

As mentioned previously, the [UNAIDS Gender Assessment Tool](#) informed the questions in this Checklist. Out of the twelve steps in the GAT – EWNA incorporated steps 7 through to 12 of the GAT into 5 sections that focused attention on women living with HIV, women who use drugs and sex workers:

- **HIV prevalence and incidence and behavioural information** (STEP 7 of the GAT. Out of 19 questions in the GAT, this Checklist focused on 9 questions)
- **Social, cultural and economic factors** (STEP 8 of the GAT. Out of 5 questions in the GAT, this Checklist focused on 4 questions)
- **Legal and political factors** (STEP 9 of the GAT. 8 questions were adapted from the 8 questions in the GAT)
- **Women's needs in HIV policies and programmes** (STEP 10 of the GAT. Out of 42 questions in the GAT, this Checklist focused on 22 questions)
- **A comprehensive HIV response.** (STEP 11 and 12 of the GAT. This Checklist adapted or used all 63 questions).



In late May 2022, the Checklist (its structure, sections and the methodology) was presented to the Alliance for Public Health, [Eurasian Coalition on Health, Rights, Gender and Sexual Diversity](#) (ECOM), the Global Fund and UNAIDS for their review and feedback. The Checklist was developed to be used by the Country Informants (see more below) who had greater access to the data to be collected. Once the Country Informants were recruited, they also had an opportunity to review the Checklist and suggest changes to any of the questions. In 2022, ECOM initiated its Gender Assessment on trans* women within the same regional project.

Identifying the Country Informants

The role of the Country Informants was to conduct a desk review and the Checklist to assess national HIV responses relating to women living with HIV, women who use drugs and sex workers.

The selection of Country Informants was done internally through the EWNA network and was based on the following criteria:

- At least 5 years' experience with advocacy, community mobilisation and research; and
- Connections and partnership with national organisations of women living with HIV, women who use drugs and sex workers.

In the five Balkan countries where EWNA did not have member representation, the women were selected through personal referrals. One Country Informant from Serbia agreed to also conduct the gender assessment in Montenegro given that no one was identified as having the capacity to conduct the assessment.

By the end of May 2022, all Country Informants were selected and agreements were signed by the middle of June outlining roles, objectives and timelines.

Preparing Country Informants and ongoing support

In early June 2022, two separate gender assessment workshops took place virtually with the Country Informants in Russian and English to ensure the team understood the objectives of this work and the methodology. The Research Team presented and discussed the Checklist; the instructions (see Annex P); basic concepts (see Annex R); the informed consent (see Annex S); and a template letter to governmental authorities to request information that might not be available (see Annex U). Separate google drive folders were created for each country which included the Checklist to be by the end of August 2022. As part of a package, the Research Team provided some Country Informants with key documents that were essential for data collection but that were not publicly available. In June-July, following the initial training, at least three (in some cases more) additional consultations took place with each Country Informant to support their work. Once the initial data analysis was done, more individual country consultations took place to review and validate the data collected.



Translation

The majority of this work was conducted in Russian and where necessary the Checklist and all related documentation were translated into English. Working in two languages was challenging.

Safety of Country Informants

EWNA prioritised the safety of the Country Informants that participated in data collection. Prior to the publication of this report – their names were only available to the Research Team and donor organisations unless otherwise agreed. The Research Team sought solutions if any Country Informants felt that requesting data from official sources posed a threat to their security.

Data collection with the Checklist

The Country Informants commenced their desk review following the initial Gender Assessment Workshops in early June. In addition to any documents shared by the EWNA Research Team, the Country Informants were to seek out any and all national policies and data available to them to support a comprehensive and robust desk review. This includes data and research collected by communities. The following guidance was given by the Research Team:

- Each Country Informant was to enter the data into online Excel spreadsheets covering the five sections of the Checklist. No alterations were to be made to the questions. Orange cells are mandatory (quantitative) and green cells are optional (qualitative) Any and all information was to go into the Excel spreadsheets and no narrative report was requested of them;
- If there was proof that the data did not exist, then the Informant could answer “statistics are not available”;
- Questions containing “percentage”, “share”, “quantity” were to be answered in numbers – for example – 57%;
- All information was to be sourced from 2020-2021. If no data from this period was found, then this was to be communicated;
- During the data collection, at least two to three coordination calls were organised. Any questions and challenges were prepared prior to the calls to facilitate effective and timely technical assistance;
- All data was to be verified by either a link to the source or an attachment;
- Any questions directed towards government agencies were to allocate adequate time for a response; and
- Informants were requested to share one or two gender-sensitive or gender-transformative interventions or services for women living with HIV/women who use drugs and/or sex workers as a best practice or case study.



Analysing the data

UNAIDS contracted an external consultant to support the Research Team as they analysed the large volume of data collected. The following steps were taken:

- It was agreed that the Checklist was to be converted into a scorecard to enable the Research Team to analyse the data.
- The Research Team used the scorecard to score the Checklist that Country Informants submitted as finalised. At the same time the data was validated.
- The Research Team met separately with Country Informants to clarify any data that were unclear as they worked to validate the data and provide a score given that the Country Informants had not had access to the scorecard when they were collecting the data. It was in these discussions that anything that was missing or unclear was checked and validated with the Country Informants. These discussions provided opportunities for the Country Informants to share and learn from each other and provide more qualitative perspectives.
- The Research Team reviewed all the data collected and went through a process to exclude questions that were:
 - ▷ interpreted differently by the Country Informants, despite having been explained during the training;
 - ▷ too many in relation to the time, scope and resources that were available for this assessment. The volume of data became overwhelming, and the Research Team chose to prioritise questions and focus the scope of the assessment on key areas; and
 - ▷ not able to be validated by the Research Team.
- The remaining questions and responses were then scored out of a total of 161 points using the scorecard and shared with a narrative analysis. In addition to excluding questions – there was also a restructuring of the questions – given so much overlap between the five sections of the Checklist. The key findings in each country include the following areas that were reviewed with a total highest possible score of 161:

Area in review	Maximum Score
Legal environment	16
Priority strategies and policies supporting women in the HIV response	20
Meaningful participation of women	12
HIV prevention	8
HIV treatment, care and support	5
Mental health services in the national HIV response	15
Violence against women	9
Sexual and reproductive health and rights	2
Community-led responses	65
CEDAW engagement	9
Total	161



Each country was issued with a percentage based on the score out of the 161 points, except Montenegro and North Macedonia, for them the total maximum scores were 159 and 157 points accordingly. This is visible in the different sections of this report – both in the key findings as well as in the country reports.

Consolidating findings and recommendations

The data was first consolidated by country – See annexes A through to O and then all country data was compared and also submitted in this report in sections “Overall findings and comparison across countries” and “Key recommendations”.

Communications with partners

EWNA made efforts to share this work with its members and more broadly. Consistent communication took place with different institutions including colleagues in country and regional networks of women living with HIV, sex workers and women who use drugs, offices of: UNAIDS, UNFPA, international donors and NGOs; and other SRH and human rights networks.

Challenges and Lessons learnt

Usually, gender assessments conducted in individual countries are led by technical partners; have a much larger scope; engage larger and more diverse stakeholders in in-person country consultations; have larger budgets; and are supported by a larger team of international and national consultants. Gender assessments normally have the full support of governments who engage closely in the process and consultation. This assessment, in contrast, have been led by community activists; have been conducted on a shoe-string budget and by only one person in each country who completed only a desk review to answer all the questions posed in the Checklist. There were no in-person national consultations.

The Research Team highlight the following challenges during the process:

- **Data collection methodology:** A key challenge for the Research Team was that in every single country a different person was conducting the desk review. Whilst this was important to provide diversity of perspectives, national expertise and building country ownership and ensuring a network that could collect the data – it also meant that each person was able to interpret questions differently and sometimes input the wrong data set. Another key challenge was that no narrative report was requested of the Country Informants, so this added a huge amount of work to the Research Team who have had to find a way to share the findings of the assessment.
- **Data analysis methodology:** Prior to commencing the desk review the methodology to analyse the data had not been created. This was an oversight and became challenging once country informants submitted a vast quantity of data for the Research Team to analyse. At that point, the team developed a scorecard to assist in analysing the data as this was a key area that the team was struggling with. This also meant that the team had to back track



and insert all the data into the scorecard. Developing the methodology on how to analyse the data collected is an important step which had been overlooked in the development of the overall project and a weakness in the UNAIDS gender assessment tool itself which offers surprisingly little guidance on this.

- **Validation of the data:** The Research Team spent a substantial amount of time that was not originally anticipated to analyse and validate the data. Overall – there were just too many questions that became overwhelming in comparison to the time, scope and resources available for this piece of work – even with the support of an external consultant. It was also clear that some of the questions had not been understood or not answered correctly and therefore it was not possible to validate the data. Many of the Country Informants were engaging in this process for the first time and have been on a steep learning curve.
- **Policy vs Practice:** High score given to country strategies and policies can poorly reflect how these strategies and/or policies are practiced and implemented in reality toward women from key groups.
- **Language:** Across the different countries there are many different dialects of language. Whilst the EWNA team speak both English and Russian, the language has remained a huge barrier as not all countries have documents either in English or Russian and some countries do not use either of these languages and this added additional pressure to the small team and made validating the data hard and time consuming.
- **War and electricity:** The EWNA team works across different countries in Eastern Europe and a key challenge has been the massive power cuts in Ukraine due to the ongoing war. This has affected the pace at which the work can be done given that the validation requires internet access. The small team has been operating under immense pressure. The war has added an additional layer of pressure on the back of COVID-19 making it extremely difficult for community networks to manage the load of their existing work and ongoing support to affected communities.
- **A key challenge expressed by the Country Informants was the need for more time to collect the data.** The Country Informants described the work as energy-intensive given that it was not always easy to find and gather the information.



15 COUNTRIES IN FOCUS

Context across countries

The Eastern Europe and Central Asia region is well known for its profound political, economic and social change over the past three decades and has also been impacted by migration flows. Of the 15 countries, Ukraine has the largest population size and, in all countries, women account for 50-55% of the population. Life expectancy for women ranges from 70 years of age in Kyrgyzstan (lowest life expectancy) to 80 years of age in Albania (highest life expectancy). In all countries women are expected to live longer than men. Despite progress in some areas, stigma, gender discrimination and patriarchy continue to threaten the safety and wellbeing of women and girls in different ways. This has been experienced even more profoundly for women from key affected populations. In the last couple of years, this has been compounded by COVID-19 and the war in Ukraine which has derailed progress towards achieving the Sustainable Development Goals (SDGs).

Gender gap

According to the [Global Gender Gap Report \(2022\)](#), Europe has the second-highest level of gender parity, at 76.6% translating to a 60-year wait to close the gap. Albania is one of three most improved countries in the region. The share of women holding parliamentary positions improved by at least 1 percent in 17 countries, with Albania being one of three countries to make the most progress.

Overall progress in Central Asia toward bridging the gender gap has reached a standstill at 69.1% and will take 151 years to close the gap.

Of the countries reviewed in this study, Moldova (78.8%), Belarus (75%) and Georgia (73.1%) are the three top-ranked countries in this region. Azerbaijan (68.7%), Tajikistan (66.3%) rank at the bottom. Six of the 10 countries in the region have seen an improvement in their scores compared to the previous edition. Armenia (69.8%, +2.5 percentage points), Moldova (78.8%, +2 percentage points) and Kyrgyzstan (70%, +1.9 percentage points) are the three most-improved countries.

In 2021 (World Bank) parliamentary seats held by women were as follows: Albania (36%); Armenia (34%); Azerbaijan (18%); Belarus; (40%); Bosnia and Herzegovina (26%); Georgia (19%); Kazakhstan (27%); Kyrgyzstan (20%); Moldova (40%); Montenegro (25%); North Macedonia (42%); Serbia (39%); Tajikistan (24%); Ukraine (21%); and Uzbekistan (33%).

Sexual and reproductive health

Maternal health: Across the EECA region, the quantity of maternal health varies greatly, both between and within countries. Data from the region does not show the inequalities between nations and demonstrates that certain communities, such the migrants and adolescent girls in child marriages, face



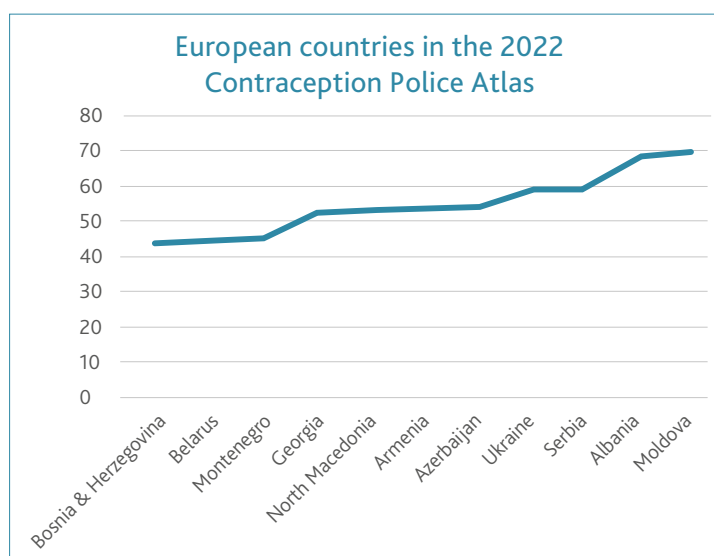
greater danger. Socially excluded groups such as sex workers and women who use drugs, people living in rural areas, migrants and refugees, and members of ethnic minorities continue to have less access to maternal health services. In 2017, Kyrgyzstan had the highest maternal mortality rates at 60 deaths per 100,000 live births whilst the maternal mortality rate in Belarus was 2 deaths per 100,000 live births.

Fertility rates: The most recent World Bank data (2020) shows the following numbers of births per woman: Kazakhstan (3.1); Kyrgyzstan (3); Tajikistan (3.5); and Uzbekistan (2.9) showed highest fertility rates and Ukraine (1.2) showed the lowest fertility rates of births per woman. These other countries also showed fertility rates of under 2 births per woman: Albania (1.6); Armenia (1.8); Azerbaijan (1.5); Belarus (1.4); Moldova (1.3); North Macedonia (1.3); and Serbia (1.5) and Georgia's fertility rates are (2) births per woman.

Contraceptive prevalence rate

The [Contraception Policy Atlas](#) scores 46 European countries on access to modern contraception since 2017 and continues to reveal an uneven picture across Europe and an increased divide between Eastern and Western Europe. See the figure on the right.

According to World Bank data the contraceptive prevalence rate for women married between the ages of 15 – 49 was low in these Central Asian countries: Kazakhstan (2018 – 53%); Kyrgyzstan (2018 – 39%); Tajikistan (2017 – 29%); Uzbekistan (2021 – 49%).



HIV prevalence and gender disaggregated data

With inadequate HIV treatment and prevention, the EECA region has seen the largest increase in HIV incidence and mortality globally, exceeding Southern and Eastern Africa. With a 0.9-1% prevalence, Ukraine has the worst HIV epidemic in Europe. All EECA countries (except Russia) are low and middle-income (LMIC) which are home to 80% of all older people living with HIV who are also over the age of fifty.

The percentage of women living with HIV compared to men living with HIV differs greatly from country to country ranging from approx. 11 percent up to 45 percent. In the Balkan countries, the proportion of women living with HIV is less than 20% – Montenegro (11.8%), North Macedonia (12%), Bosnia and Herzegovina (13.2% and 19%), Serbia (14%), except Albania (27.6%). In the Caucasus region the range is: Georgia (22.5%); Azerbaijan (30.4%); and Armenia (32%). In Eastern European and Central Asian countries, the proportion is higher than 35%: Kyrgyzstan (36%), Moldova (42%), Kazakhstan (40%), Tajikistan (41%), Belarus (43.9%), Uzbekistan (45.4%) and Ukraine (45.5%).



Although countries provide some gender disaggregated data on HIV prevalence as seen in the text box, it is clear from this assessment that there is not enough disaggregated data. In many of these countries it is challenging to understand incidence and prevalence amongst women, and this becomes even more ambiguous when trying to understand sex and age disaggregation amongst sex workers and people who use drugs. The lack of gender-specific has been an issue for a long time and does not seem to have changed.⁷ In addition to the gaps in data there is also a vast amount of unavailable data among women who inject drugs that includes other diseases beyond HIV.⁸

The most recent and accessible Global AIDS Monitoring (GAM) reports reviewed in this assessment are from 2020. Five countries do not have recent GAM reports including Armenia, Azerbaijan, Bosnia and Herzegovina, Serbia (last reported in 2016) and [Ukraine](#) (last reporting in 2019). [Tajikistan](#) provides the most gender disaggregated data (80%) with others following behind: [Belarus](#) (66.7%), [Georgia](#) (57.10), [Kazakhstan](#) (53.3%), [Kyrgyzstan](#) (45.5%); [Moldova](#) (62.5%); and [Uzbekistan](#) (50%). The countries providing the least gender disaggregated data are [Albania](#) (32%), [Montenegro](#) (33%) and [North Macedonia](#) (28%).

Global HIV data show a higher HIV prevalence amongst women who inject drugs compared with men who inject drugs and the only available data relates to needle and syringe programme coverage among women who inject drugs. According to a 2019 IAS brief "[Women who use drugs: overlooked, yet visible](#)" women account for 25% of people who inject drugs in Eastern Europe and in 2017 in Central Asia women accounted for 12.6%. These figures may be significantly underestimated, due to drug use being criminalised in many of these countries which drives women underground and means that they are not counted. Transgender women who inject drugs are even more overlooked.

In this assessment, the information collected on vertical transmission of HIV has been informed by different sources, including Ministries of Health and National AIDS Centres. This information conflicts with the data that is provided by UNAIDS that also reports national vertical transmission rates. According to 2021 [UNAIDS data](#) none of the countries in Eastern Europe and Central Asia have achieved zero elimination but this review shows that eight countries claim to have achieved vertical elimination.

Across almost all 15 countries there is limited gender disaggregated data relating to women living with HIV, female sex workers and women who use drugs. Although this has been a key advocacy priority of key global networks it is clear that more must be done to ensure that countries collect gender disaggregated data. In addition to the lack of disaggregated data there is not enough community research that provides qualitative data to support the quantitative data that is being collected. Without disaggregated data it is impossible to monitor progress towards achieving gender equality so that women in all their diversity can enjoy fundamental rights and freedoms.

7 El-Bassel N, Wechsberg WM, Shaw SA. Dual HIV risk and vulnerabilities among women who use or inject drugs: No single prevention strategy is the answer. *Curr Opin HIV AIDS*. 2012, 7(4):326-331

8 Opiate agonist treatment coverage; Opioid overdose deaths; Access to overdose prevention and management interventions; AIDS-related deaths ; HIV treatment coverage ; Hepatitis C virus (HCV) prevalence; Injection drug use among women living with HCV; HCV treatment coverage; Tuberculosis (TB) prevalence; TB treatment coverage; HIV/HCV co-infection prevalence; HIV/TB co-infection prevalence; Proportion of transgender women; Injection drug use and HIV prevalence among transgender women; Sex work who inject drugs; Injection drug use and HIV prevalence among female sex workers; Rates of imprisonment for drug-related offences; Injection drug use and HIV prevalence among women in prisons; and Experiences of intimate partner and/or other violence among women who inject drugs.



Violence against women and the Istanbul Convention

Violence against women is a serious concern in this region. To provide a few examples: one [study from 2018](#) from over 3400 households, showed that violence against women and girls in Albania is widespread. Over 50% of women aged 18-74 experienced one or more of five types of violence (intimate partner violence, dating violence, non-partner violence, sexual harassment and/or stalking) during their lifetime, and 36.6% experienced one or more of these five types of violence in the 12 months prior to being interviewed. In addition, 3.1% of women experienced child sexual abuse before the age of 18. In a [2018 Lancet study](#) estimates prevalence of lifetime physical or sexual violence, or both, of: 10% (6–17%) in Armenia, 10% (6–18%) in Georgia, and 14% (8–22%) in Azerbaijan. In Kazakhstan, UN WOMEN estimates physical and/or sexual intimate partner violence in the last 12 months at 47% for women and in Moldova 34% of women experience lifetime physical and/or sexual intimate partner violence. Things are even worse for women in Uzbekistan – in 2020, there was a growth in domestic violence. The economic hardship caused by COVID-19 led to [growing incidence](#) of physical, psychological, economic and sexual violence against women and girls. According to the [Ministry of Internal Affairs](#), about 14.8 thousand protection orders were issued in 2020. Women most often experience violence in their families. In 2020, husbands were perpetrators in 82% of 13,230 cases of domestic violence.

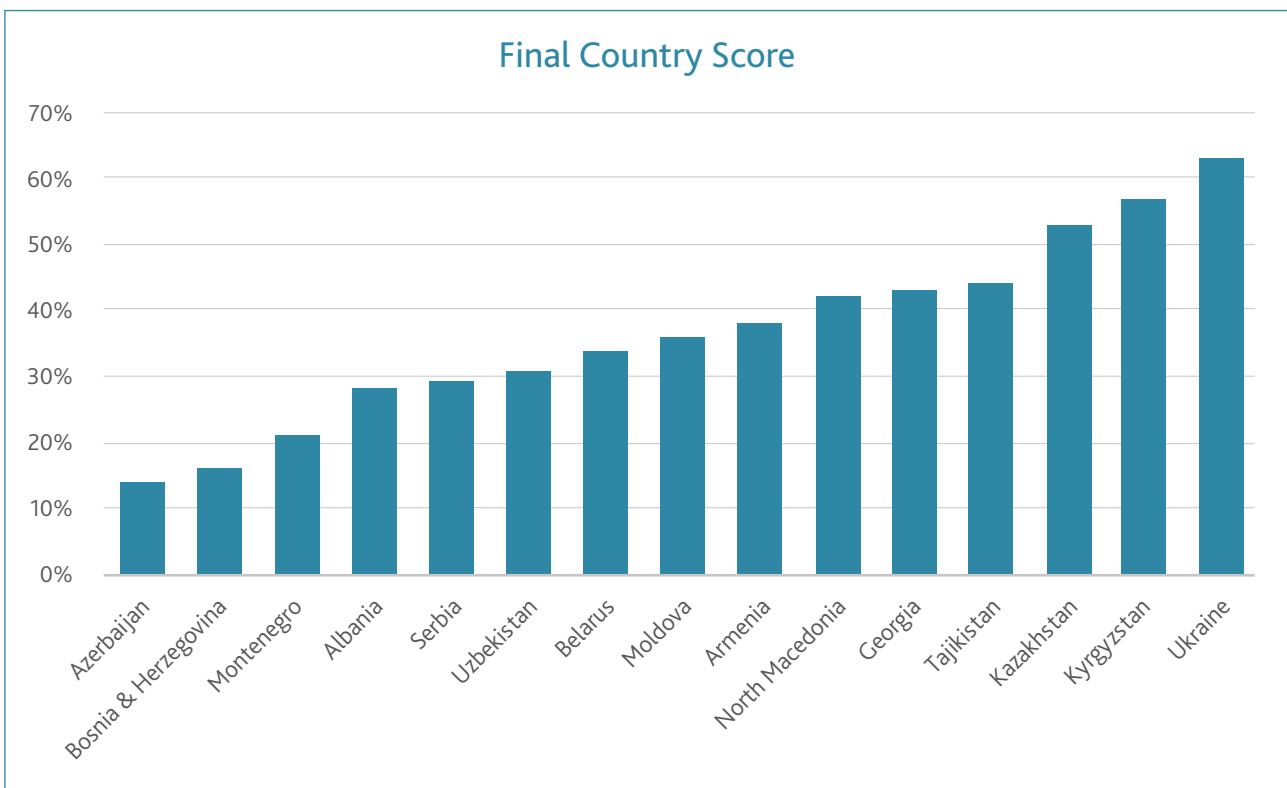
This report highlights that eight of the 11 European countries, included in the assessment, have ratified the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence known as the Istanbul Convention. Armenia signed but has not ratified and Azerbaijan and Belarus have not signed the Istanbul Convention at all. Among Central Asia countries, in 2020, the Committee of Ministers of the Council of Europe decided to invite Kazakhstan and Tunisia, as the first non-member states, to accede to the Istanbul Convention. Despite some level of commitment in many of these countries, this has been declaratory in nature, and has not led to real action and change in the lives of women and girls, especially for those from key populations.

Country scores

Country	%	Points
Azerbaijan	14%	22,5
Bosnia & Herzegovina	16%	25
Montenegro	21%	33
Albania	28%	45,5
Serbia	29%	46
Uzbekistan	31%	50,5
Belarus	34%	54
Moldova	36%	58,5
Armenia	38%	61



Country	%	Points
North Macedonia	42%	66
Georgia	43%	69
Tajikistan	44%	71,5
Kazakhstan	53%	86
Kyrgyzstan	57%	91
Ukraine	63%	101





OVERALL FINDINGS AND COMPARISON ACROSS COUNTRIES

Legal environment

Introduction

This part of the assessment looks at the areas of legal rights across the 15 countries namely: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan.

The focus of this review was to understand if the countries have laws or policies that directly affect women and girls who are living with HIV, engaged in sex work or using drugs. This Checklist included laws that are supportive and laws that are punitive. Each country was granted more points if they had a law that was supportive or enabling and therefore granted less points if a country had a restrictive or punitive law. The questions were slightly amended to ensure that the data was present in a clear and structured manner. Careful attention was given to ensure that the meaning of the question did not change.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green and represent supportive and enabling laws and regulations. This moves in gradation to areas that scored less finalising with areas that scored 0% representing laws and regulations that are most punitive or restrictive.

Policy and legal environment areas	Comparative score of issues across 15 countries
Regulations ensure access to harm reduction programmes	97%
HIV testing is voluntary and with informed consent	93%
Regulations ensure access to opioid substitution therapy (OST)	87%
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	83%
HIV testing is not mandatory before marriage	80%
Regulations allow adoption and guardianship irrespective of HIV-status	57%
Drug use is decriminalised	33%
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	27%
HIV transmission, non-disclosure or exposure is decriminalised	20%
There are no punitive regulations on sex work	20%
Regulations protect parental rights irrespective of substance use	20%
Regulations allow adoption and guardianship irrespective of substance use	20%
Drugs possession for personal use is decriminalised	0%

Age of parental consent for adolescents to access testing and services	Comparative score of issues across 15 countries
HIV testing	40%
HIV treatment	30%
Sexual and reproductive health services	23%



Unpacking the data

Most supportive, enabling and/or protective legal environments

Most countries in this assessment are providing supportive, enabling and/or protective legal environments around HIV testing and harm reduction programmes; ensuring access to opioid substitution therapy (OST), enabling women living with HIV who have experienced violence to access a shelter; or to adopt or become a guardian of a child:

- **Regulations ensure access to harm reduction programmes** in most countries except in North Macedonia. (Score 97%)
- **HIV testing is voluntary and with informed consent** is standard practice in most countries except in Tajikistan and Uzbekistan. (Score 93%)
- **Regulations ensure access to OST** in most countries except in North Macedonia and Uzbekistan. (Score 87%)
- **Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status** except in Azerbaijan, Kazakhstan and Tajikistan. (Score 83%)
- **HIV testing is not mandatory before marriage** except in Azerbaijan, Tajikistan and Uzbekistan. (Score 80%)
- **Regulations allow adoption and guardianship irrespective of HIV-status** except in six countries – Albania, Armenia, Azerbaijan, Belarus, North Macedonia, Tajikistan and Uzbekistan. (Score 57%)

At the end of 2022 **Armenia's** law changed, enabling women living with HIV to access shelter services, however, women who use drugs are still not allowed access to such shelters.

In 2021, **Kyrgyzstan** removed legal barriers for people living with HIV to adopt children and in 2022, **Kazakhstan** took the same action.

In recent years, there has been a practice of adopting by-laws on mandatory HIV testing for employment and admission to study, which is contrary to the Labour and the Health Code in **Tajikistan**.

Most punitive and/or restrictive legal environments

The most punitive and/or restrictive legal environments are in the following areas:

- **Laws criminalising the drug use** exist in ten countries (Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia and Ukraine). (Score 33%)
- **Restrictions block women who use drugs being able to access shelters when they experience violence** in 12 countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan, Ukraine and Uzbekistan). (Score 27%)
- **Punitive regulations of sex work** exist in 12 countries (Albania, Armenia, Azerbaijan, Belarus, Georgia, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan). (Score 20%)
- **Laws criminalising the HIV transmission, non-disclosure or exposure** exist in 13 countries, including HIV-specific articles (Armenia,

In **Albania**, sex work is considered a criminal act, carrying the risk of prosecution and prison sentences for both sex workers and their clients.



Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Serbia, Tajikistan, Ukraine and Uzbekistan) or sanctions for the intentional transmission of infectious disease (North Macedonia) in criminal codes or within HIV Law (Albania). (Score 20%)

- **Restrictions prevent adoption and guardianship for people who use drug use** exist in 12 countries (Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Tajikistan, Ukraine and Uzbekistan). (Score 20%)
- **Restrictions of parental rights for people who use drugs** exist in 12 countries (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan). (Score 20%)
- **Laws criminalising the drugs possession for personal use** exist in all 15 countries (in some way or another). (Score 0%).

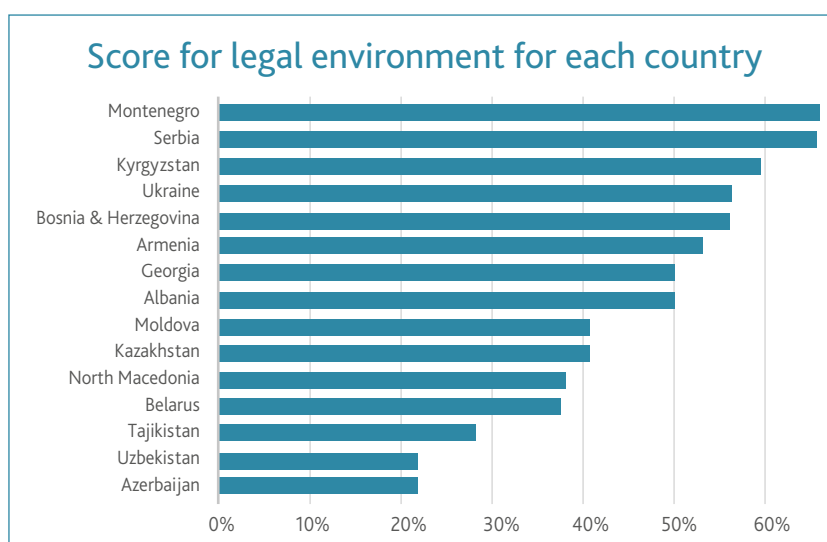
In **Bosnia and Herzegovina**, sex work and HIV transmission are not criminalised or penalised.

Age of consent

Age of parental consent for adolescent girls to access		
HIV testing (Score 40%)	HIV treatment (Score 30%)	sexual and reproductive health services (Score 23%)
14 years of age:		
Armenia, Georgia, Kyrgyzstan, Ukraine.	Armenia, Kyrgyzstan and Ukraine.	Georgia and Ukraine.
16 years of age:		
Azerbaijan, Belarus, Kazakhstan, Serbia.	Belarus, Moldova and Serbia (15 years of age).	Armenia, Kyrgyzstan and Serbia.
18 years of age:		
Albania, Bosnia and Herzegovina, Moldova, Montenegro, North Macedonia, Tajikistan, Uzbekistan.	Albania, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Montenegro, North Macedonia, Tajikistan and Uzbekistan.	Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Kazakhstan, Moldova, Montenegro, North Macedonia, Tajikistan and Uzbekistan.

At a glance

Out of all the 15 countries, **Serbia and Montenegro** scored the highest percentage (66%) and therefore comparatively has the most enabling and supportive policy and legal environment for women living with HIV, sex workers and women who use drugs. The countries with the most punitive or restrictive policy and legal environment are Azerbaijan and Uzbekistan (Score 22%). The average score for the legal environment for all 15 countries is 46%.





Priority strategies and policies supporting women in the HIV response

Introduction

This part of the assessment looks at the strategies and policies supporting women in the HIV response across the 15 countries namely: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan.

The focus of this review was to understand if the countries have strategies and policies in the HIV response that directly affect women and girls who are living with HIV, engaged in sex work or using drugs. Each country was granted more points if they had inclusive and gender-sensitive strategies and therefore granted less points if a country had gender-blind or gender exploitative strategies and policies that inform the HIV response.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green and represent the most supportive strategies and policies for women in the HIV response. This moves in gradation to areas that scored less finalising with areas that scored 0% paying attention on underrepresented strategies and policies for women in the HIV response.

Priority strategies and policies supporting women in the HIV response	Comparative score of issues across 15 countries
A formal system of accountability that enables community representatives to monitor the priority-setting process and spending on gender equality	87%
Civil society coordination mechanisms address HIV and gender	73%
Sex workers are highlighted in HIV strategies and policies	70%
Women living with HIV are highlighted in HIV strategies and policies	67%
Sexual and reproductive health and rights are included in HIV strategies and policies	63%
Women who use drugs are highlighted in HIV strategies and policies	57%
Gender-based violence is included in HIV strategies and policies	53%
Stigma, discrimination and human rights of women living with HIV are addressed in HIV strategies and policies	50%
Preventing and controlling cervical cancer is included in HIV strategies and policies	50%
Adolescent girls are included in HIV strategies and policies	47%
Stigma, discrimination and human rights of sex workers are addressed in HIV strategies and policies	40%
Stigma, discrimination and human rights of women who use drugs are addressed in HIV strategies and policies	33%
Human Papillomavirus virus vaccination is included in HIV strategies and policies	30%
Gender-transformative interventions are included in HIV strategies and policies	27%
A dedicated budget to implement gender-sensitive and gender-transformative interventions is in HIV strategies and policies	17%
A dedicated working group or mechanism focused on gender equality	13%
Women who experience menopause are included in HIV strategies and policies	0%



Unpacking the data

HIV strategies, policies and women

Across the 15 countries it is clear that whilst there are policies and strategies to guide national responses to HIV, these are not fully implemented and nor do they equally respond to challenges faced by women living with HIV, women who use drugs and sex workers. Without the full implementation of policies and strategies many women from key affected populations are left behind.

Most countries highlight **women in strategies and policies that respond to HIV** to a varying degree:

- **Female sex workers** are highlighted in national documents, strategies, plans or policies related to the HIV response in eight countries (Albania, Georgia, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan and Ukraine). Six countries consider sex workers as a homogeneous group and do not provide any gender disaggregated data (Armenia, Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan). In Azerbaijan and Uzbekistan sex workers are not mentioned in any national documents, strategies, plans or policies related to the HIV response. (Score 70%)
- **Women living with HIV** are highlighted in national documents, strategies, plans or policies related to the HIV response in five countries (Albania, Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan). The remaining ten countries consider women living with HIV as part of general population of all people living with HIV. They do not track data or have specific interventions for women as a group with their own, more specific needs, aside from the context of pregnancy and childbirth (Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Moldova, Montenegro, North Macedonia and Serbia). (Score 67%)
- **Women who use drugs** are highlighted in national documents, strategies, plans or policies related to HIV response only in three countries (Georgia, North Macedonia and Ukraine). 11 countries consider women who use drugs as part of general population of all people who use drugs (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Serbia and Tajikistan). In Uzbekistan women who use drugs are not mentioned in any national documents, strategies, plans or policies related to the HIV response). (Score 57%)

In **Tajikistan**, the HIV Programme (2021-2025) highlights women living with HIV, female sex workers and adolescent girls, focusing on GBV, SRHR, HPV vaccination, preventing and controlling cervical cancer.

In **Georgia**, the HIV Strategic Plan (2019-2022) highlights sex workers, women who use drugs; and includes a focus on SRHR and gender sensitive interventions for women who use drugs.

Addressing the stigma, discrimination and human rights of women in the national HIV programme:

- **Stigma, discrimination and human rights of women living with HIV** are clearly addressed in four countries (Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan). Stigma, discrimination and human rights are somewhat addressed in seven countries (Albania, Armenia, Belarus, Bosnia and Herzegovina, Moldova, Montenegro and Serbia). Four countries do not address stigma, discrimination and human rights of women living with HIV at all (Azerbaijan, Georgia, Kazakhstan and North Macedonia). (Score 50%)



- **Stigma, discrimination and human rights of sex workers** are clearly addressed in three countries (Georgia, Tajikistan and Ukraine) and somewhat addressed in six countries (Albania, Armenia, Bosnia and Herzegovina, Kyrgyzstan, Montenegro and Serbia). Six countries do not address stigma, discrimination and human rights at all (Azerbaijan, Belarus, Kazakhstan, Moldova, North Macedonia and Uzbekistan). (Score 40%)
- **Stigma, discrimination and human rights of women who use drugs** are clearly addressed only in Ukraine and somewhat addressed in eight countries (Albania, Armenia, Bosnia and Herzegovina, Kyrgyzstan, Moldova, Montenegro, Serbia and Tajikistan). In the remaining six countries do not address stigma, discrimination and human rights of women who use drugs at all (Azerbaijan, Belarus, Georgia, Kazakhstan, North Macedonia and Uzbekistan). (Score 33%)

Strategies and policies supporting women in the HIV response:

- **The sexual and reproductive health and rights (SRHR)** of women are included in national documents, strategies, plans or policies related to the HIV response in eight countries (Albania, Armenia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Uzbekistan). Three countries somewhat consider the SRHR of women (Belarus, Bosnia and Herzegovina and Ukraine). Four countries do not include SRHR in the HIV response (Azerbaijan, Montenegro, North Macedonia and Serbia). (Score 63%)
- **Gender-based violence** is included in national documents, strategies, plans or policies related to the HIV response in seven countries (Azerbaijan, Kyrgyzstan, Moldova, North Macedonia, Tajikistan, Ukraine and Uzbekistan). Two countries somewhat included GBV in national documents, strategies, plans or policies (Albania and Belarus). Eight countries do not address GBV at all (Georgia, Bosnia and Herzegovina, Armenia, Kazakhstan and Montenegro). (Score 53%)
- **Preventing and controlling cervical cancer** is included in national documents, strategies, plans or policies related to the HIV response in seven countries (Armenia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Tajikistan and Uzbekistan) and Serbia somewhat considers cervical cancer as an important issue for women. Seven countries pay no attention to preventing and controlling cervical cancer, especially for women living with HIV (Albania, Azerbaijan, Georgia, Belarus, Bosnia and Herzegovina, Montenegro and Ukraine). (Score 50%)

In **Belarus**, drug interactions between antiretrovirals and hormonal contraceptives are included in the Clinical Protocol on prevention of mother-to-child transmission of HIV.

In **Kyrgyzstan**, the National HIV Programme (2023-2027) highlights women and girls living with HIV. The Programme highlights research on gender-based violence and inequality and its impact on access to HIV services. The National HIV Clinical Protocols (2022) include sexual and reproductive health for people living with HIV, including cervical cancer prevention and treatment, especially in women living with HIV

In **Uzbekistan**, HPV vaccination and screening of cervical cancer of women living with HIV is included in the national clinical protocol on reproductive health of people living with HIV (2020).



- **Adolescent girls** are included in national documents, strategies, plans or policies related to the HIV response in three countries (Kyrgyzstan, Tajikistan and Ukraine). Eight countries somewhat include adolescent girls (or girls), mostly as a part of a group of youth (Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Moldova, Serbia and Uzbekistan). Four countries pay no attention to adolescent girls in the HIV response (Azerbaijan, Kazakhstan, North Macedonia and Montenegro). (Score 47%)
- **The Human Papillomavirus (HPV) vaccination** is included in national documents, strategies, plans or policies related to the HIV response in four countries (Kyrgyzstan, Moldova, Tajikistan and Uzbekistan). Albania somewhat included a focus around HPV vaccination. Ten countries have no focus or access to HPV vaccination (Armenia, Azerbaijan, Georgia, Bosnia and Herzegovina, Kazakhstan, Montenegro, North Macedonia and Ukraine). (Score 30%)
- **Gender-transformative interventions** are included in national documents, strategies, plans or policies related to the HIV response only in Ukraine. They are somewhat included in six countries (Bosnia and Herzegovina, Georgia, Kyrgyzstan, Moldova, Tajikistan and Uzbekistan). Eight countries do not include any gender-transformative interventions at all (Albania, Armenia, Azerbaijan, Belarus, Kazakhstan, Montenegro, North Macedonia and Serbia). (Score 27%)
- **A dedicated budget to implement gender-sensitive and gender-transformative interventions** is somewhat included in national HIV responses in five countries (Moldova, North Macedonia, Tajikistan, Ukraine and Uzbekistan). Ten countries have no a dedicated budget to implement gender-sensitive and gender-transformative interventions (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Montenegro and Serbia). (Score 17%)
- **Women who experience menopause** are absent at all in national documents, strategies, plans or policies related to the HIV response in all 15 countries. (Score 0%)

In **North Macedonia**, protocols for survivors of gender-based violence, including girls and adolescents, have been developed. The Programme for the Protection of the Population from HIV in North Macedonia (2018-2022) is highlighting female sex workers and women who use drugs as key populations. The Strategy addresses gender-based violence and cervical cancer prevention and control. It highlights a programme of harm reduction for young people and includes protocols for the treatment and care of women, including pregnant women and children who use drugs (with a dedicated budget). Since 2018, both youth friendly SRH centres and the Mobile SRH clinic for sex workers, women who inject drugs and vulnerable women from rural and remote areas have been financed within the National HIV Programme.

Accountability

A formal system of accountability that enables community representatives to monitor the priority-setting process and spending on gender equality. We present the following findings:

- All 15 countries have a national Country Coordination Mechanism (CCM) or other bodies that serve as **a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality**. However, in four countries there are challenges around how the CCM is functioning, especially after the Global Fund has either transitioned or is transitioning out of these countries (Albania, Bosnia and Herzegovina, Montenegro and Serbia). (Score 87%)



- Only two countries have a **dedicated working group or other mechanisms focusing on gender equality** under the CCM (Armenia and Kazakhstan). Both countries include women living with HIV in the above-mentioned working groups. Sex workers and women who use drugs can participate as representatives of key populations in Kazakhstan. (Score 13%)

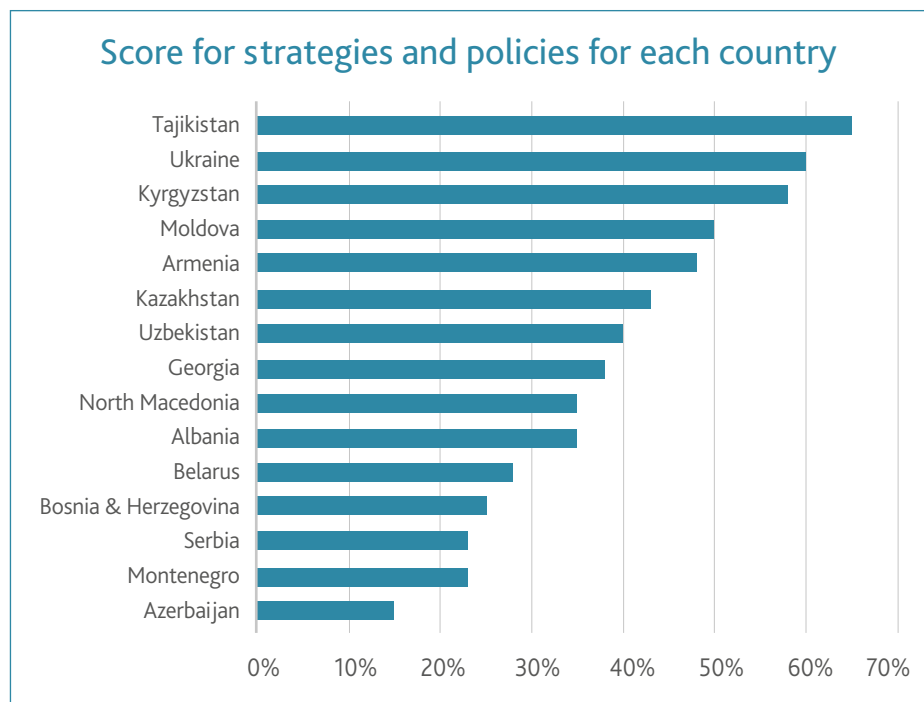
In **Armenia**, the dedicated working group (WG) on gender equality in the CCM – the Community, Gender and Human Rights (CRG) WG, includes women living with HIV and monitors cases of discrimination and human rights violations and makes recommendations to the CCM.

Addressing HIV and gender by the civil society coordination mechanisms:

- In nine countries **civil society coordination mechanisms are addressing HIV and gender**, including Albania, Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia, Tajikistan and Ukraine. In four countries some coordination mechanisms try to address HIV and gender (Azerbaijan, Moldova, Montenegro and Uzbekistan). Bosnia and Herzegovina and Serbia have no such examples. (Score 73%)

At a glance

Out of all the 15 countries, **Tajikistan** as a country has the most supportive HIV strategies and policies for women living with HIV, sex workers and women who use drugs. Tajikistan scored the highest percentage (65%). The country with the least supporting strategies and policies for women is Azerbaijan (Score 15%). The average score for the strategies and policies supporting women in the HIV response for all 15 countries is 47%.





Meaningful participation of women

Introduction

This part of the assessment looks at the areas of meaningful participation of women across the 15 countries namely: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan.

The focus of this review was to understand if the countries meaningfully involve women who are living with HIV, engaged in sex work or using drugs in developing policies, guidelines and strategies relating to their health and rights. The Checklist focused on four key areas of women's participation in:

- developing policies, guidelines and strategies relating to their health and rights,
- developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV,
- international movements and/or networks of women living with HIV, sex workers or women who use drugs,
- international or national movements and/or networks and/or hubs on access to treatment.

Each country was granted more points if women were meaningfully engaged and therefore granted less points if there was insufficient engagement or participation.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green and represent countries that are meaningfully engagement women. This moves in gradation to areas that scored less finalising with areas that scored 0% representing countries that are not enabling women to engage and participate in the development of developing policies, guidelines and strategies or with their national and international peers on issues that directly affect their lives.

Thematic areas reviewed	Women living with HIV	Sex workers	Women who use drugs
Women's participation in developing policies, guidelines and strategies relating to their health and rights	83%	47%	50%
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV*	67%	0%	29%
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs	67%	57%	27%
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)	50%	7%	27%

*data is presented on 12 countries in this section



Unpacking the data

In many countries, the CCMs do not have a separate seat for women living with HIV, sex workers and women who use drugs as constituency despite the fact that they participated and contributed in the CCM's working groups or other priority-setting processes. Often women participate as a part of people living with HIV or people who use drugs or NGOs constituency.

Women's participation in developing policies, guidelines and strategies relating to their health and rights with a focus on the Country Coordinating Mechanism (CCM):

- **Women living with HIV** participate in developing policies, guidelines and strategies in ten countries (Albania, Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan). In five countries women living with HIV somewhat participate, mostly through civil society or people living with HIV constituency (Azerbaijan, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia). (Score 83%)
- **Female sex workers** participate in developing policies, guidelines and strategies in five countries (Georgia, Kazakhstan, Kyrgyzstan, North Macedonia and Ukraine). In five countries female sex workers somewhat participate (Belarus, Bosnia and Herzegovina, Montenegro, Tajikistan and Serbia). In five countries sex workers don't participate in the policy-making processes (Albania, Armenia, Azerbaijan, Moldova and Uzbekistan). (Score 47%)
- **Women who use drugs** participate in developing policies, guidelines and strategies in five countries (Kazakhstan, Kyrgyzstan, Moldova, North Macedonia and Ukraine). In five countries women who use drugs somewhat participate (Belarus, Bosnia and Herzegovina, Montenegro, Serbia and Tajikistan). In five countries women who use drugs don't participate in the policy-making processes (Albania, Armenia, Azerbaijan, Georgia and Uzbekistan). (Score 50%)

Albania. A woman living with HIV is the deputy chair of the Albanian CCM and a member of the Region Coordination Mechanism.

Armenia. The CCM has a dedicated working group on achieving gender equality (Community, Gender and Human Rights (CRG) working group), which includes women living with HIV.

Belarus. Women living with HIV and sex workers both have seats on the CCM and a woman living with HIV is a vice-chair of the CCM. Women who use drugs are represented in the CCM through the constituency of people who use drugs. Women living with HIV actively advocate for HIV decriminalisation and implementation of gender-sensitive services within the National Global Fund Programme as well as the implementation of a gender audit in Belarus. They also participate in the Council on HIV M&E.

Georgia. In 2021, women living with HIV and sex workers participated in the development the national funding request to the Global Fund.

Kazakhstan. Women living with HIV and sex workers each have a seat on the CCM. Women who use drugs are represented in the CCM through the NGO constituency even though they do not formally sit on the CCM. Women living with HIV and women from key populations are included in a working group on HIV and gender established under the CCM.

Kyrgyzstan. Women living with HIV and sex workers engage in sub-groups and supervise resource mobilization and harmonization. Women living with HIV and sex workers contributed to the development of the HIV Programme (2023-2027) and participated in the working group to develop the national funding request to the Global Fund.



Moldova. Women living with HIV, women who use drugs and sex workers don't have a seat, however, women living with HIV and women with experience of drug use participate in the CCM technical working groups.

North Macedonia. "STAR-STAR", as a community-led sex-workers organisation, officially became part of the National HIV Commission in 2021, where it represents the interests of sex workers and other marginalized communities and key populations and participates in the creation of sexual and reproductive health policies.

Tajikistan. Women living with HIV are members of a working groups despite the fact that they don't have a seat in the CCM as women's community representatives. They helped develop the programme and budget of the national HIV Programme.

Ukraine. Women living with HIV and sex workers each have a seat and sit in a working group to remove legal barriers to accessing to HIV and tuberculosis prevention and treatment services that was established by the Ukrainian Public Health Centre of the Ministry of Health. Women who use drugs are represented in the CCM through the Regional Policy Committee despite the fact that they do not formally sit on the CCM.

Uzbekistan. Representative of women living with HIV participates as a part of constituency of people living with HIV. The same representative is also involved in monitoring and evaluation visits conducted by the CCM.

Women's participation in developing policies, guidelines and strategies to prevent vertical transmission of HIV (*In this section we only present data from 12 countries. This section excludes Montenegro, North Macedonia and Serbia given that they do not have their own national guidelines to prevent vertical transmission of HIV utilised the European AIDS Clinical Society (EACS) guidelines):

- **Women living with HIV** participate in developing policies, guidelines and strategies to prevent vertical transmission of HIV in eight countries (Albania, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan). In four countries women living with HIV don't participate in the policy-making processes to prevent vertical transmission of HIV (Armenia, Azerbaijan, Bosnia and Herzegovina and Georgia). (Score 67%)
- In all 12 countries **female sex workers** are not included in developing policies, guidelines and strategies to prevent vertical transmission of HIV. (Score 0%)
- **Women who use drugs** participate in developing policies, guidelines and strategies to prevent vertical transmission of HIV in three countries (Kazakhstan, Moldova and Ukraine) and in Kyrgyzstan women who use drugs somewhat participate. In eight countries women who use drugs are not engaged at all developing policies related to vertical transmission of HIV (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Tajikistan and Uzbekistan). (Score 29%)

Belarus. Women living with HIV participate in developing policies to prevent vertical transmission of HIV through the working group on validation of elimination of mother-to-child transmission. Activists living with HIV from Belarus also participated in the Global Validation Advisory Committee for Elimination of Mother-to-Child Transmission of HIV and Syphilis.

Kazakhstan. Women living with HIV and women who use drug participate in developing policies to prevent vertical transmission of HIV through the national working group to validate the elimination of mother-to-child transmission.

Kyrgyzstan. Women who use drugs participated in the development of the clinical guidelines on management of pregnancy, childbirth and post-delivery in women who use psychoactive substances.



Ukraine. Women living with HIV with experience of drug use participated in the vertical transmission guideline development group and in the development of standards of medical care. Women are also represented in the National Working Group to validate the elimination mother-to-child transmission and in the associated local multisectoral working group. HIV-positive women activists from Ukraine have also participated in the Global Validation Advisory Committee for Elimination of Mother-to-Child Transmission of HIV and Syphilis and the Regional Validation Committee on EMTCT for WHO/Europe.

Uzbekistan. In 2021, a woman living with HIV participated in developing guidelines to prevent vertical transmission of HIV through the national clinical protocol development working group. She is also represented in the national working group to validate the elimination of mother-to-child transmission established by the Ministry of Health.

Community global or regional networking through participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs:

- **Women living with HIV** participate in the global/regional networking in ten countries (Albania, Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan). These networks include the Eurasian Women's network on AIDS (EWNA), International Community of Women Living with HIV (ICW) and WECARE. In five countries women living with HIV don't participate in international movements and/or networks of women living with HIV (Azerbaijan, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia). (Score 67%)
- **Sex workers** participate in the global/regional networking in eight countries (Armenia, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia, Serbia, Ukraine and Uzbekistan). These networks include the Global Network of Sex Worker Projects (NSWP), the European Sex Workers' Rights Alliance (ESWA), Sex Workers' Rights Advocacy Network in Southeast Europe and Central Asia (SWAN) and the European Network for the Promotion of the Rights and Health of Migrant Sex Workers (TAMPEP). In Tajikistan sex workers had some collaboration with SWAN. In six countries sex workers don't participate in international movements and/or networks of sex workers (Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Moldova and Montenegro). (Score 57%)
- **Women who use drugs** participate in the global/regional networking in three countries (Kazakhstan, Kyrgyzstan and Ukraine). These networks include EECA Narcofeminism movement and Women and Harm Reduction International Network (WHRIN). In Belarus and Uzbekistan, they somewhat participate. In ten countries women who use drugs don't participate in international movements and/or networks of women who use drugs (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Moldova, Montenegro, North Macedonia, Serbia and Tajikistan). (Score 27%)

Participation in international or national movements and/or networks and/or hubs on access to treatment:

- **Women living with HIV** participate in movements and/or networks and/or hubs on access to treatment in six countries (Albania, Belarus, Kazakhstan, Kyrgyzstan, Moldova and Ukraine). These include the International Treatment Preparedness Coalition in Eastern

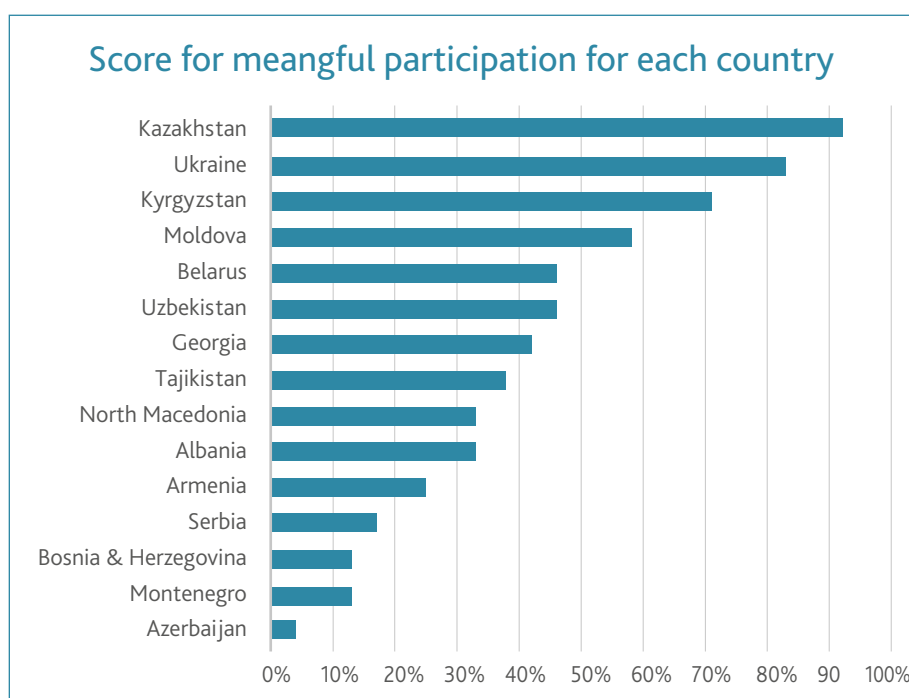


Europe and Central Asia (ITPC EECA) and the European AIDS Treatment Group (EATG). In three countries they somewhat participate (Georgia, North Macedonia and Uzbekistan). In six countries women living with HIV don't participate in the movements on access to treatment (Armenia, Azerbaijan, Bosnia and Herzegovina, Montenegro, Serbia and Tajikistan). (Score 50%)

- **Sex workers** in Kazakhstan participate in national movement on access to treatment to TB treatment. In the remaining 14 countries sex workers do not participate in international or national movements and/or networks and/or hubs on access to treatment (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan). (Score 7%)
- **Women who use drugs** participate in international or national movements and/or networks and/or hubs on access to treatment in three countries (Kazakhstan, Moldova and Ukraine). These include ITPC EECA, EATG, TB People and OST access group. In two countries they somewhat participate (Georgia and Uzbekistan). In ten countries women who use drugs don't participate in international or national movements on access to treatment (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Kyrgyzstan, Montenegro, North Macedonia, Serbia and Tajikistan). (Score 27%)

At a glance

Out of all the 15 countries, **Kazakhstan** scored the highest percentage (92%) and therefore comparatively has the most meaningful participation for women living with HIV, sex workers and women who use drugs. The country with the least meaningful participation is Azerbaijan (Score 4%). The average score for the meaningful participation for all 15 countries is 41%.





HIV prevention

Introduction

The assessment team focused on the following key areas related to HIV prevention: case management protocols to eliminate vertical transmission (mother-to-child transmission) of HIV; vertical transmission rates; Pre-Exposure Prophylaxis (PrEP) and the availability and affordability of breast-milk substitutes, across the 15 countries namely: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan.

The focus of this review was to understand if women – including those living with HIV, engaged in sex work or using drugs – have access to HIV prevention strategies. Each country was granted more points if a country had robust case management protocols; if women had access to medication and services to prevent vertical transmission, access to PrEP and had breast milk substitutes. Countries were therefore granted less points if women did not have adequate access to services. The questions were slightly amended to ensure that the data was present in a clear and structured manner. Careful attention was given to ensure that the meaning of the question did not change.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green and represent good policies and or access. This moves in gradation to areas that scored less finalising with areas that scored 0% representing little to no robust HIV prevention related policies and access.

Thematic areas reviewed	Comparative score of issues across 15 countries
National case management protocols to eliminate vertical transmission of HIV exist	83%
The proportion of children (0–14 years old) newly diagnosed with HIV is under 2%*	80%
Pre-Exposure Prophylaxis (PrEP) is available and affordable for women	57%
Breast-milk substitutes are available and affordable for women	57%
Medical and social protocols are clear to support women living with HIV who choose to breastfeed	53%
Protocols to eliminate vertical transmission of HIV take into account the needs of women who use drugs	37%
There is peer support in the case management protocols to eliminate vertical transmission of HIV	20%
Protocols to eliminate vertical transmission of HIV take into account the needs of sex workers	3%

* data is presented on 10 countries in this section



Unpacking the data

Availability and affordability of PrEP:

- **PrEP is available free of charge for women** in eight countries, although it is mostly accessed by men. This is the case in: Armenia, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan. Bosnia and Herzegovina, Montenegro and Serbia reported an informal PrEP use. In Bosnia and Herzegovina there is also availability in some pharmacies for those who are referred by a clinician. In three countries PrEP is available for men who have sex with men only (Azerbaijan, Georgia and North Macedonia). In Albania, PrEP is expected to be available for trans* women and women living in discordant couples in 2023. (Score 57%)

In **Armenia**, PrEP is available for women free of charge. According to the National Centre for Infectious Diseases, during the last five years 251 women have received PrEP.

In **Azerbaijan**, PrEP is not available for women and has only been rolled out as a pilot project for 100 men who have sex with men (MSM) in 2022.

In **Belarus**, a pilot project on PrEP for men who have sex with men was initiated in 2019. In 2022, the Clinical protocol on provision of medical care to patients with HIV infection was adopted, including a chapter on PrEP which is available for women free of charge.

In **Georgia**, PrEP is not available for women; it is only available to MSM and trans* women.

In 2018, **Moldova** developed guidelines on PrEP which is available for women free of charge. In 2022, a total of 337 people accessed PrEP services, of which 14% were women. The indicators of the National HIV and STI Programme imply the achievement of 1500 PrEP coverage by 2025 (without disaggregation by sex).

In **North Macedonia**, PrEP was first offered as an HIV prevention service in February 2021, as part of a pilot programme (PrEP-MKD) implemented in partnership between the Association "Stronger Together" Skopje and the University Clinic for Infectious Diseases and Febrile Conditions. This programme is available to MSM only. According to the PrEP Watch 88 people accessed PrEP as of December 2022.

Serbia's National HIV Strategy indicates that PrEP and PEP must be available to all people in need. The semi-official start of PrEP in Serbia was in August 2019. The protocol for prescribing PrEP was drawn up by the Ministry of Health in 2019, in consultation with the people living with HIV NGO – Red Line Association. According to the EHRA assessment, the Government has failed to make adequate investments to ensure access to PEP and PrEP for key populations (2020).

In **Tajikistan**, the guidance on PrEP was developed in 2020. PrEP implementation for key populations and discordant couples is included in the HIV National Programme for 2021-2025. 354 people accessed PrEP, out of them 138 MSM, 98 sex workers, 2 people who use drugs and 110 partners of people living with HIV. The Programme's Action Plan envisages an annual increase in the budget for the purchase of PrEP.

In 2021, **Ukraine** developed its health care standard of HIV pre- and post-exposure prophylaxis. PrEP is available for women for free in Ukraine. In 2021, 5711 people received PrEP in Ukraine and men accounted for 72% of those.

In 2021, **Uzbekistan** developed its health care standard of HIV pre- and post-exposure prophylaxis. PrEP is available to women free of charge. According to the Republican AIDS Centre, 4,4% of women in the discordant couples received PrEP by the end of 2021.



The proportion of children (0–14 years old) newly diagnosed with HIV:

- In this assessment, the information collected on vertical transmission of HIV has been informed by different sources, including Ministries of Health and National AIDS Centres. This information conflicts with the data that is provided by UNAIDS that also reports national vertical transmission rates.
- According to 2021 [UNAIDS data](#) none of the countries in Eastern Europe and Central Asia have achieved zero elimination but this review shows that eight countries claim to have achieved vertical elimination.
- According to the [national data](#) in eight countries the **proportion of children (0–14 years old) newly diagnosed with HIV is under 2%** (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan). In two countries the **proportion of children (0–14 years old) newly diagnosed with HIV exceeds 2%** (Moldova and Tajikistan). (Score 80%)
- There is **no data** on the proportion of children (0–14 years old) newly diagnosed with HIV in five countries (Albania, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia).

National case management protocols to eliminate vertical transmission of HIV:

- Ten countries have its national **case management protocols to eliminate vertical transmission of HIV** (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan). Three countries are following the EACS guidelines on Pregnancy and Treatment (Montenegro, North Macedonia and Serbia). In Georgia, EMTCT activities and national targets are included in the Maternal and Child Care Strategy. In Kazakhstan a cluster on pregnant women is included in the national clinical protocol for HIV diagnosis and treatment in adults. (Score 83%)
- Protocols for **medical and social support for women living with HIV who have made the decision to breastfeed** are most comprehensive in four countries (Armenia, Moldova, Ukraine and Uzbekistan). Although the EACS guideline advises against breastfeeding (followed by Montenegro, North Macedonia and Serbia), in situations where a woman chooses to breastfeed, input is required from an interdisciplinary team including an adult HIV specialist, paediatrician and obstetrician/gynaecologist. Five countries somewhat include breastfeeding consideration (Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan and Tajikistan) and three countries have no protocols for medical and social support for women living with HIV who choose to breastfeed (Albania, Azerbaijan and Georgia). (Score 53%)
- **Case management protocols to eliminate vertical transmission of HIV include the peer-to-peer support** in three countries (Armenia, Ukraine and Uzbekistan). The remaining 12 countries do not include the peer-to-peer support in the case management protocols to eliminate vertical transmission of HIV (Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia and Tajikistan). (Score 20%)
- **Protocols take into account the needs of women who use drugs** in five countries (Azerbaijan, Moldova, Tajikistan, Ukraine and Uzbekistan). Kyrgyzstan somewhat considers the needs of women who use drugs and in nine countries protocols do not take into account the needs of women who use drugs (Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Montenegro, North Macedonia and Serbia). (Score 37%)



- **Protocols** somewhat **take into account the needs of sex workers** in Ukraine only. The remaining 14 countries protocols do not take into account the needs of sex workers (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan and Uzbekistan). (Score 3%)

In **Armenia** the proportion of children between the age of 0–14 acquiring HIV is low at 1,6%. According to the guideline on HIV surveillance, pregnant women living with HIV are referred to care and support services, including peer counselling. Breast-milk substitutes are provided to women living with HIV free of charge.

In 2016, **Belarus** received WHO certification for elimination of mother-to-child transmission of HIV and syphilis. Although the Clinical Protocol advises against breastfeeding, in situations where a woman chooses to breastfeed, it recommends the enhanced clinical and virological monitoring of both mother and infant. Breast-milk substitutes are provided to women living with HIV by the primary health care, free of charge.

In 2018, vertical transmission rates were 2.6% in **Moldova**. However, it increased to 4.0% in 2020. In 2018, Moldova developed clinical guidelines to end vertical transmission of HIV which includes option for women who decided to breastfeed. Breast-milk substitutes are provided to women living with HIV by the HIV trust offices, free of charge.

Although the Clinical Protocol to Eliminate Mother-to-Child Transmission of HIV in **Tajikistan** refers to the WHO recommendations on breastfeeding it does not include instructions on medical and social support for women living with HIV who have taken the decision to breastfeed. Moreover, women can be prosecuted for HIV exposure under the Criminal Code (Article 125).

Ukraine has developed progressive clinical protocols and standards to end vertical transmission of HIV, which include medical and social support for women living with HIV who have taken the decision to breastfeed. It provides peer support and considers the needs of women who use drugs. Breast-milk substitutes are provided to women living with HIV by the local administrations, free of charge.

In **Uzbekistan** the proportion of children between the age of 0–14 living with HIV is low at 0,6% (by the end of 2021). Uzbekistan has developed the clinical protocol to end vertical transmission of HIV which includes peer support and considers the needs of women who use drugs. Although the protocol advises against breastfeeding, in situations where a women choose to breastfeed, it recommends input from an interdisciplinary team and relevant virological monitoring. Breast-milk substitutes are provided to women living with HIV by the National AIDS Centre, free of charge.

Availability and affordability of breast-milk substitutes:

- **Breast-milk substitutes are provided to women living with HIV** free of charge in eight countries as a part of comprehensive approach (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Ukraine and Uzbekistan). Although Tajikistan highlights the State's responsibility to provide breast-milk substitutes, non-governmental organisations argue that the mechanism for providing infant formula should be improved and they report inadequate budgets allocated by the local administrations. In six countries mothers living with HIV are only provided with commercial infant formula as breast-milk substitutes (Albania, Azerbaijan, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia). (Score 57%)

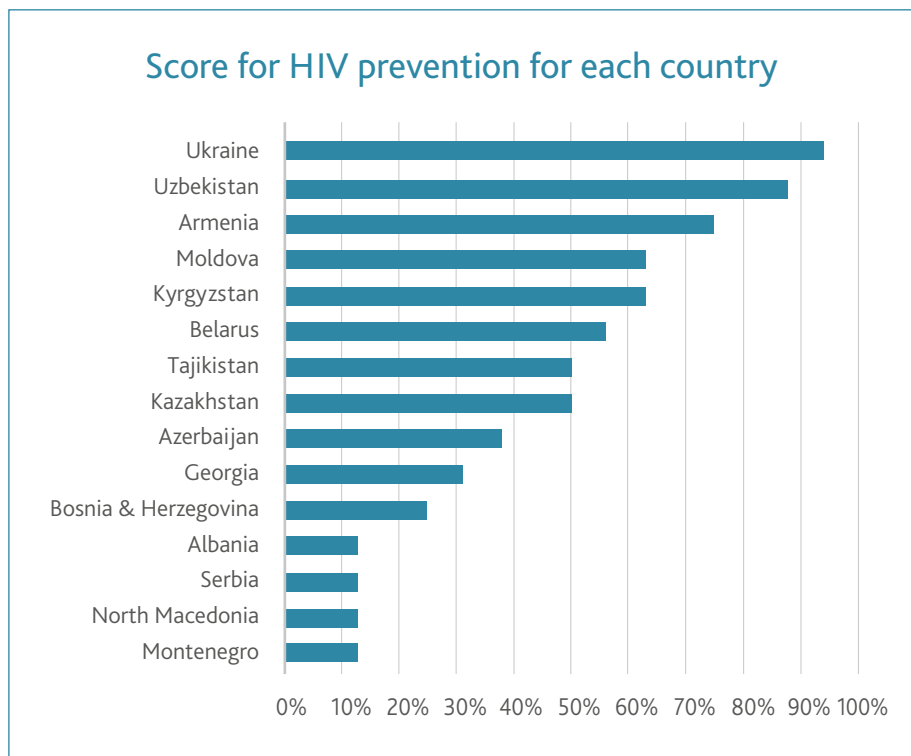


In **Bosnia and Herzegovina**, the Clinical Guidelines for the Treatment of HIV and AIDS include section on mother-to-child transmission of HIV. Although the Guidelines advise against breastfeeding, in situations where a woman chooses to breastfeed, they recommend following the WHO recommendations. Breast-milk substitutes are not provided to women living with HIV free of charge.

Just one gynecologist across the whole country working in the public Gynecologist and Obstetrics Clinic in the capital delivers babies of all pregnant women living with HIV in **Serbia**. Women who give birth in the maternity hospitals receive breast-milk substitutes free of charge. These free breast-milk substitutes are only available in the hospital and after the baby and mother leave the hospital, breast-milk substitutes are to be purchased and costly in Serbia.

At a glance

Out of all the 15 countries, **Ukraine** scored the highest percentage (94%) and therefore comparatively provides the most access to prevention strategies and policies for women related to vertical transmission and PrEP. The countries with the least access to HIV prevention strategies and policies for women are Albania, Montenegro, North Macedonia and Serbia (Score 13%). The average score for the HIV prevention for women for all 15 countries is 45%. HIV treatment, care and support





HIV treatment, care and support

Introduction

In this section related to the HIV treatment, care and support the assessment focuses on the following areas:

- ART accessibility for women after delivery if HIV is diagnosed during pregnancy;
- age when girls living with HIV learn about their diagnosis;
- counselling offered to children on how to disclose their HIV-positive status;
- counselling offered to parents on how to disclose HIV-positive status to a child and
- access to comprehensive sexuality education for adolescent girls living with HIV.

This analysis provides data across the 15 countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan.

Each country was granted more points if a country provided access to essential services around HIV treatment, care and support. Countries were therefore granted less points if women did not have adequate access to services. The questions were slightly amended to ensure that the data was present in a clear and structured manner. Careful attention was given to ensure that the meaning of the question did not change.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green and represent good policies and or access. This moves in gradation to areas that scored less finalising with areas that scored 0% representing little to no robust policies on and/or access to HIV treatment, care and support.

Thematic areas reviewed	Comparative score of issues across 15 countries
ART accessibility post-delivery if HIV is diagnosed during pregnancy	100%
Average age when girls living with HIV obtain an HIV diagnosis*	61%
Counselling offered to children on how to disclose their HIV-positive status to others	47%
Counselling offered to parents on how to disclose HIV-positive status to their offspring	43%
Access to comprehensive sexuality education for adolescent girls living with HIV**	11%

* data is presented on 9 countries in this section

** data is presented on 11 countries in this section



Unpacking the data

ART accessibility after delivery if HIV is diagnosed during pregnancy:

In all 15 countries the health care system follows international guidelines and ensures that **pregnant women living with HIV continue taking ART post-delivery**. (Score 100%)

The assessment shows that disclosing girls HIV-positive status is carried out quite late. Only in two countries girls were told about their positive HIV status in elementary school, despite the fact that experts believe that children with HIV should be informed about their diagnosis before adolescence.

Tajikistan's health care system follows international guidelines enabling pregnant women to continue taking ART post-delivery although the PLHIV Stigma Index 2.0, shows that 25% of the surveyed women living with HIV didn't have access to ART during pregnancy, and one out of ten women wasn't aware of ART.

Average age when girls living with HIV learn about their diagnosis:

- In Kazakhstan and Kyrgyzstan **girls living with HIV learn about their diagnosis before adolescence**. In seven countries **girls living with HIV learn about their diagnosis during their teen age years** (Albania, Armenia, Belarus, North Macedonia, Tajikistan, Ukraine and Uzbekistan). (Score 61%)
- There are **no data** on average age when girls living with HIV learn about their diagnosis in six countries (Azerbaijan, Bosnia and Herzegovina, Georgia, Moldova, Montenegro and Serbia).

In **Kazakhstan**, comprehensive counselling is provided and includes that children learn about their HIV status before 9 years of age. Adolescent girls living with HIV access activities organized by the Teenergizer, "Equal to Equal Plus" and UNICEF.

Counselling offered to children on how to disclose their HIV-positive status to others:

- Comprehensive and ongoing counselling is offered to children to support them in their journey of disclosing their HIV-positive status in four countries, (Kazakhstan, Kyrgyzstan, North Macedonia, and Uzbekistan). In six countries this counselling is somewhat offered (Albania, Armenia, Bosnia and Herzegovina, Moldova, Tajikistan and Ukraine) and in five countries counselling is not provided at all (Azerbaijan, Belarus, Georgia, Montenegro and Serbia). (Score 47%)

In **Ukraine**, a women-led study among girls living with HIV (CO "Positive women" and AHF-Ukraine, 2020) revealed that only 26% of girls living with HIV in Ukraine learn about their diagnosis before adolescence.

Counselling offered to parents on how to disclose an HIV-positive status to their offspring:

- Comprehensive and ongoing support is provided to parents on how to disclose an HIV-positive status to their offspring in four countries (Kazakhstan, Kyrgyzstan, North Macedonia, and Uzbekistan). In five countries counselling is somewhat offered (Albania, Armenia, Bosnia and Herzegovina, Tajikistan and Ukraine) and in six countries counselling is not provided (Azerbaijan, Belarus, Georgia, Moldova, Montenegro and Serbia). (Score 43%)



In **North Macedonia**, the Counselling Centre for care and support of people living with HIV has a psychologist and a social worker who provide support for parents and guardians about informing the newly diagnosed adolescent about the HIV-positive result taking into account that parents sometimes face difficult questions. The Counselling Centre also provides a comprehensive support for children and young adolescents around communicating their HIV results to other family members or peers.

In **Kyrgyzstan**, comprehensive counselling is provided and there is access to activities organised by the Alliance for Reproductive Health, USAID, UNDP and UNICEF. According to the GAM report, in 2019, more than 60 children and their parents were trained on summer camps.

In **Uzbekistan**, the comprehensive and ongoing counselling interventions were supported and implemented within a national Global Fund supported programme in Tashkent City and this is expected to be rolled out further 2024.

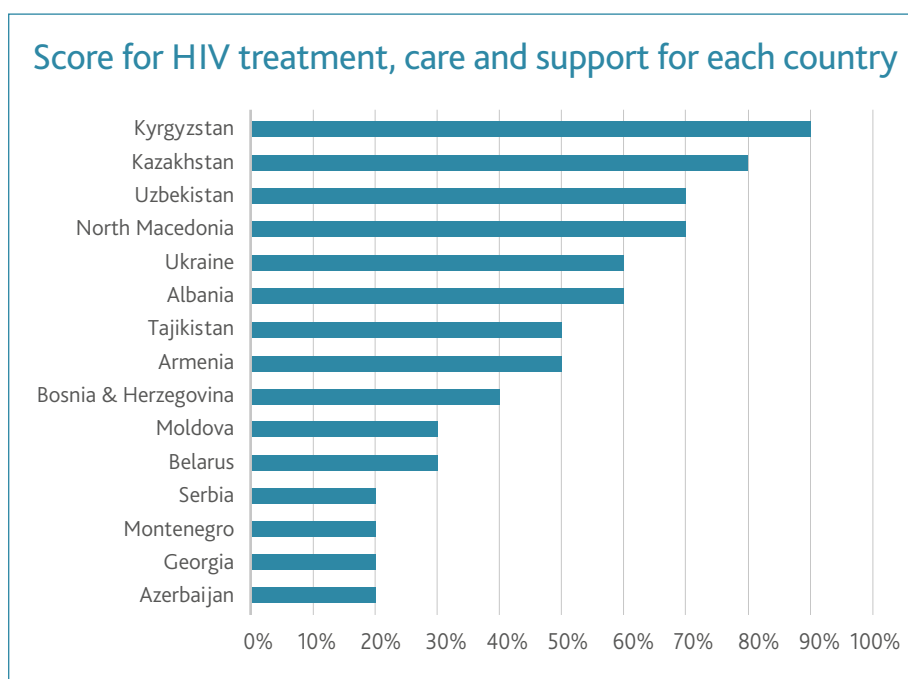
Access to comprehensive sexuality education for adolescent girls living with HIV:

- The Country Informants rate access to **comprehensive sexuality education for girls living with HIV** as average in three countries (Albania, Kyrgyzstan and Ukraine). In 11 countries access is rated as poor (Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina Georgia, Kazakhstan, Moldova, North Macedonia, Serbia, Tajikistan and Uzbekistan). No rating was given to Montenegro because all registered people living with HIV are older than 15. (Score 11%)

In **Albania**, life skills and sex education is compulsory for children aged 10 and onwards. For many years a discussion has taken place to provide more social support for children living with HIV, but this has not been approved given financial constraint.

At a glance

Out of all the 15 countries, **Kyrgyzstan** scored the highest percentage (90%) and therefore comparatively has the most accessible HIV treatment, care and support strategies for women and girls. The countries with the least access to HIV treatment, care and support strategies for women and girls are Azerbaijan, Georgia, Montenegro and Serbia (Score 20%). The average score for the HIV treatment, care and support for women and girls for all 15 countries is 47%.





Mental health services in the national HIV responses

Introduction

In this section the assessment highlights findings related to the availability of mental health services that are integrated into national HIV responses. The research team focused on the following key areas related to mental health, specifically availability of:

- peer support groups
- professional psychological consultation
- psychiatric care
- screening for depression for women living with HIV, sex workers and women who use drugs
- retreats for community representatives.

This analysis provides data across the 15 countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan.

Each country was granted more points if women had availability to mental health services. Countries were therefore granted less points if women did not have availability to related health services. The questions were slightly amended to ensure that the data was present in a clear and structured manner. Careful attention was given to ensure that the meaning of the question did not change.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green and represent good availability. This moves in gradation to areas that scored less finalising with areas that scored 0% representing little to no availability to mental health services.

Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
Peer support groups	90%	47%	67%
Psychological consultation	83%	77%	80%
Psychiatric care	30%	30%	40%
Screening for depression	40%	13%	17%
Retreats for community representatives	43%	13%	17%

Unpacking the data

Peer support groups:

- For **women living with HIV**, peer support groups are available in 13 countries (Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan). In Montenegro peer support groups are partially available and in Bosnia and Herzegovina they are not available. (Score 90%)



- For **sex workers**, peer support groups are available in six countries (Belarus, Georgia, Moldova, North Macedonia, Tajikistan and Ukraine). In Albania and Kyrgyzstan peer support groups are partially available and in seven countries they are not available (Armenia, Azerbaijan, Bosnia and Herzegovina, Kazakhstan, Montenegro, Serbia and Uzbekistan). (Score 47%)
- For **women who use drugs**, peer support groups are available in eight countries (Belarus, Georgia, Kazakhstan, Moldova, North Macedonia, Serbia, Tajikistan and Ukraine). In four countries peer support groups are partially available (Albania, Kyrgyzstan, Montenegro and Uzbekistan) and in three countries they are not available (Armenia, Azerbaijan and Bosnia and Herzegovina). (Score 67%)

Psychological consultation:

- For **women living with HIV**, psychological consultations are available in 12 countries (Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Tajikistan, Ukraine and Uzbekistan). In Serbia psychological consultations are partially available and in Belarus and Bosnia and Herzegovina they are not available. (Score 83%)
- For **sex workers**, psychological consultations are available in ten countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Moldova, Montenegro, North Macedonia, Tajikistan and Ukraine). In three countries psychological consultations are partially available (Albania, Kyrgyzstan and Uzbekistan) and in two countries they are not available (Bosnia and Herzegovina and Serbia). (Score 77%)
- For **women who use drugs**, psychological consultations are available in ten countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Moldova, Montenegro, North Macedonia, Tajikistan and Ukraine). In four countries psychological consultations are partially available (Albania, Bosnia and Herzegovina, Kyrgyzstan and Uzbekistan) and in Serbia they are not available. (Score 80%)

Psychiatric care:

- For **women living with HIV**, psychiatric care is available in Bosnia and Herzegovina, North Macedonia and Uzbekistan. In three countries psychiatric care is partially available (Montenegro, Serbia and Ukraine) and in nine countries it is not available (Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova and Tajikistan). (Score 30%)
- For **sex workers**, psychiatric care is available in four countries, (Bosnia and Herzegovina, Montenegro, North Macedonia and Uzbekistan). In Serbia psychiatric care is partially available and not available in ten countries (Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Ukraine). (Score 30%)
- For **women who use drugs**, psychiatric care is available in five countries (Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia and Uzbekistan). In Kazakhstan and Kyrgyzstan psychiatric care is partially available and in eight countries it is not available (Albania, Armenia, Azerbaijan, Belarus, Georgia, Moldova, Tajikistan and Ukraine). (Score 40%)



Screening for depression:

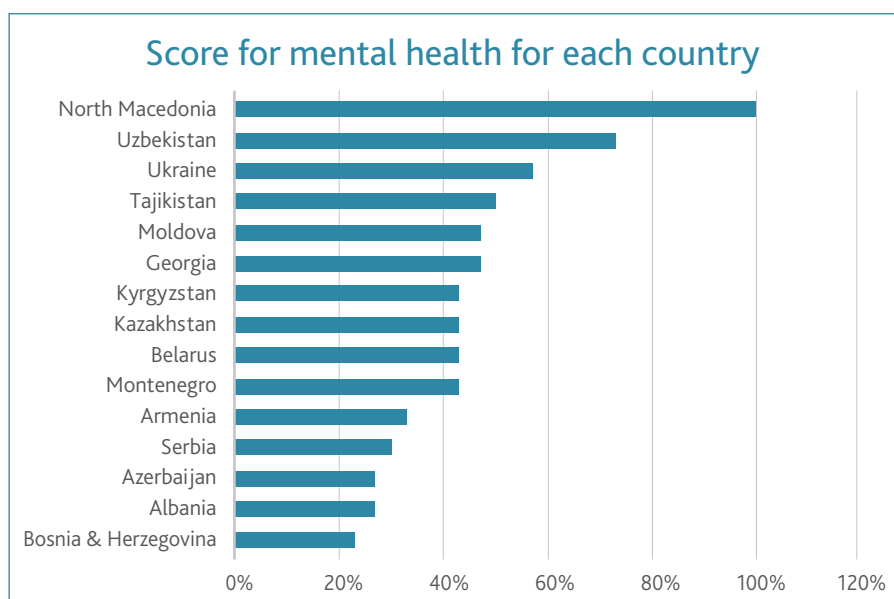
- For **women living with HIV**, screening for depression is available in North Macedonia and Uzbekistan. In eight countries screening for depression is partially available (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Ukraine) and is not available in five countries (Albania, Azerbaijan, Bosnia and Herzegovina, Montenegro and Serbia). (Score 40%)
- For **sex workers**, screening for depression is available in North Macedonia and Uzbekistan. In the remaining 13 countries screening for depression is not available (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan and Ukraine). (Score 13%)
- For **women who use drugs**, screening for depression is available in North Macedonia and Uzbekistan. In Kazakhstan screening for depression is partially available and in 12 countries it is not available (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Montenegro, Moldova, Serbia, Tajikistan and Ukraine). (Score 17%)

Retreats for community representatives:

- For **women living with HIV**, retreats are organised in four countries (Belarus, North Macedonia, Ukraine and Uzbekistan). In five countries retreats are partially organised (Armenia, Georgia, Kyrgyzstan, Moldova and Tajikistan) and in six countries retreats are not organised (Albania, Azerbaijan, Bosnia and Herzegovina, Kazakhstan, Montenegro and Serbia). (Score 43%)
- For **sex workers**, retreats are organised in North Macedonia. In two countries retreats are partially organised (Kyrgyzstan and Tajikistan) and are not organised in 12 countries (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Moldova, Montenegro, Serbia, Ukraine and Uzbekistan). (Score 13%)
- For **women who use drugs**, retreats are organised in North Macedonia. In three countries retreats are partially organised (Kyrgyzstan, Ukraine and Uzbekistan) and not organised in 11 countries (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Moldova, Montenegro, Serbia and Tajikistan). (Score 17%)

At a glance

Out of all the 15 countries, **North Macedonia** scored the highest percentage (100%) and therefore comparatively has the highest availability of mental health services for women living with HIV, sex workers and women who use drugs. The country with the lowest availability is Bosnia and Herzegovina (Score 23%). The average score for the mental health services for all 15 countries is 46%.





Violence against women

Introduction

This part of the assessment looks at how violence against women (VAW) is addressed in the national HIV response. The Research Team focused on understanding the following:

- Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and country coordinating mechanisms (CCMs) for HIV)?
- Are there existing mechanisms to document and respond to gender-based violence (GBV)?
- Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? These could be partnerships amongst government and UN agencies, non-governmental organisations (NGOs), human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs.

These findings are from across the 15 countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan.

Each country was granted more points if the research areas were being addressed or did exist to a good enough degree and therefore countries were granted less points if there was insufficient action on GBV or insufficient existence of mechanisms and partnerships around GBV. The questions were slightly amended to ensure that the data was present in a clear and structured manner. Careful attention was given to ensure that the meaning of the question did not change.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green (NONE) and represent countries that have a robust response to GBV. This moves in gradation to areas that scored less finalising with areas that scored 0% representing countries that are not doing anywhere near enough around the GBV that women experience.

Thematic areas reviewed	Women living with HIV	Sex workers	Women who use drugs
Addressing the issues of violence at the state level	20%	7%	17%
Mechanisms to document and respond to cases of gender-based violence	70%	63%	67%
Partnerships that address gender-based violence and violence against women	50%	37%	53%

Unpacking the data

Addressing the issues of violence at the state level:

Despite some level of commitment, in many countries this has been declaratory in nature and has not led to real action and change in the lives of women and girls, especially for those living with HIV and from key populations. Countries mostly avoid, ignore or do not recognise violence against women living with HIV, sex workers and women who use drugs at the state level.



- Violence against **women living with HIV** is addressed at the state level only in North Macedonia. In four countries GBV and/or VAW is somewhat addressed (Kazakhstan, Tajikistan, Ukraine and Uzbekistan). In ten countries violence against women living with HIV is not addressed at all (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Moldova, Montenegro and Serbia). (Score 20%)
- Violence against **sex workers** is addressed at the state level only in North Macedonia. In the remaining 14 countries violence against sex workers is not addressed at all (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan, Ukraine and Uzbekistan). (Score 7%)
- Violence against **women who use drugs** is addressed at the state level only in North Macedonia. In three countries GBV and/or VAW is somewhat addressed (Kazakhstan, Kyrgyzstan and Serbia). In 11 countries violence against women who use drugs is not addressed at all (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Moldova, Montenegro, Tajikistan, Ukraine and Uzbekistan). (Score 17%)

In Almaty, **Kazakhstan** (2022), a coordination council against GBV was established, focusing on marginalised women and includes a wide range of partners including women from communities. The Association of crisis centres of Kazakhstan drafts standards of GBV services provision for women from key groups in collaboration with “Revansh”.

In **North Macedonia**, there are Protocols on the treatment of survivors of GBV, including girls and adolescents. The Action Plan for the implementation of the Convention on Preventing and Combating Violence against Women and Domestic Violence (2018-2023) takes into account intersectional aspects of identities and proposes measures for vulnerable women. It is a result of the cooperation between government, civil society organisations and the international community. Since 2021, sex workers have been systemically recognized as a vulnerable group protected by law. Sex workers organise trainings around the protection of human rights and HIV for representatives of the Ombudsman, State partners, public health institutions and civil society organisations. In cooperation with partner organisations “HOPS” and the Margins Coalition, sex workers document human rights violations, including GBV.

In **Serbia**, the project “Increasing universal access to services for prevention and response to GBV for women who use drugs” was implemented by the “Re Generation” with support from the Office for Combating Drugs (2021), including mapping of stakeholders and partners providing social health and legal care services in response to GBV against women who use drugs. This led to a guideline “Working with women who use drugs in cases of violence” intended for civil society organisations, social work centres and all those who deal with drugs and violence, to provide equal access to the services.

In **Uzbekistan**, the Commission on Ensuring Gender Equality (renamed in 2022 to the “Republican Commission on the Advancement of the Role of Women in Society, Gender Equality and the Family”) is collaborating with a representative of the community of women living with HIV by inviting her to commission’s meetings and roundtables. However, it is difficult to track decisions and their implementation in relation to women living with HIV. In 2022, women living with HIV were included in the working group on CEDAW implementation.

Mechanisms to document and respond to cases of GBV

- **Women living with HIV:** Mechanisms exist in seven countries (Georgia, Kyrgyzstan, Moldova, North Macedonia, Tajikistan, Ukraine and Uzbekistan). In seven countries there are some mechanisms (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina,



Kazakhstan, Montenegro and Serbia) and in Belarus there are no mechanisms to document and respond to cases of GBV. (Score 70%)

- **Sex workers:** Mechanisms exist in seven countries (Georgia, Kyrgyzstan, Moldova, North Macedonia, Tajikistan, Ukraine and Uzbekistan). In five countries there are some mechanisms (Albania, Azerbaijan, Bosnia and Herzegovina, Montenegro and Serbia) and in three countries there are no mechanisms to document and respond to cases of GBV (Armenia, Belarus and Kazakhstan). (Score 63%)
- **Women who use drugs:** Mechanisms exist in seven countries (Georgia, Kyrgyzstan, Moldova, North Macedonia, Tajikistan, Ukraine and Uzbekistan). In six countries there are some mechanisms (Albania, Azerbaijan, Bosnia and Herzegovina, Kazakhstan, Montenegro and Serbia) and in two countries there are no mechanisms to document and respond to cases of GBV (Armenia and Belarus). (Score 67%)

The **REAct system** 2020-2022 data shows that:

Georgia: 64% of all women experienced physical violence by private individuals. Most often, these are cases of violence experienced by sex workers perpetrated by their clients. Georgia has the highest rate of sexual VAW from key groups and 50% of women who contacted REActors reported being harassed by private individuals or law enforcement agencies.

Kyrgyzstan: 50% of women who contacted REActors reported being harassed by private individuals or law enforcement agencies. 90% of cases of extortion of a bribe were recorded concerning law enforcement officers, inflicting additional economic violence on women. Weekly bribes extorted by the district police officer exceeds the weekly earnings of a sex worker. During unauthorized arrests and raids for hunt sex workers, the police go beyond their authority and use force against the women they detain.

Moldova: Approx. 3% of all women who applied in Moldova, reported that they had experienced physical violence by individuals, domestic violence by intimate partner, sexual violence and harassment.

Tajikistan: 145 women who contacted REActors reported facing domestic or intimate partner violence, with 118 women being abused by private individuals. In 2020-2021, there were 255 women's inquiries documented in the REAct system in Tajikistan, in relation to stigma, discrimination and domestic violence. 12 Tajikistan NGOs are included in the REAct system. In October 2021, REActors launched a hotline to provide remote consultations to people experienced domestic violence and rights violations.

Ukraine: During 2021-2022, the REAct system registered 4,538 cases of violations of the rights of key communities, of which 1,947 cases (43%) were complaints made by women; 703 cases were reported by women living with HIV, 419 cases were reported by women accessing OST programmes, and 319 cases were reported by women who use drugs. From February through to November 2022, the women reported 80 cases of violations, perpetrated by the military who occupy the territories of Ukraine.

Uzbekistan: 5% of all women who applied in Uzbekistan reported that they had experienced physical violence by individuals, 5% was related to intimate partner, 6% was due to sexual violence and harassment. In the period between October 2021 to March 2022, up to 100 women living with HIV and women from key groups violence survivors called to the hotline run by "Ischoch va Haet". The hotline continues its work and is expected to be supported by the next Global Fund national grant.

Balkan countries: The REAct system was launched in June 2022. The main implementing partner and regional coordinator is the Regional Tuberculosis and HIV Community Network in Southeast Europe (RTB&HIVCN), which works in partnership with five NGO in **Albania, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia**, providing a wide range of services for members of key populations, including legal support services and services for women.



By the end of 2022, the REAct system was implemented in 11 countries, including Albania, Bosnia and Hercegovina, Georgia, Kyrgyzstan, Montenegro, Moldova, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan. The REAct system is a mechanism that allows countries to document and respond to cases of GBV in the EECA region. The Alliance for Public Health provides technical support to maintain the database, analyse the information and develop strategic goals for advocacy. The REAct system is the only robust mechanism to document and then to respond to incidents of violence. Despite the importance of this data, a detailed analysis of women and violence was only presented during the 16 days of activism against GBV. In many REAct countries reports on violence against women are challenging to extract. Beyond REAct, in several countries, there are smaller mechanisms that document and respond to cases of GBV, implemented by community-led organisations and NGOs that run crisis centres/shelters or hot-lines on GBV.

Partnerships that address GBV and VAW:

- **Women living with HIV:** There are good partnerships in six countries (Georgia, Kazakhstan, Moldova, North Macedonia, Tajikistan and Ukraine) and some partnerships in three countries (Armenia, Azerbaijan and Uzbekistan). In six countries (Albania, Belarus, Bosnia and Herzegovina, Kyrgyzstan, Montenegro and Serbia) there are no partnerships that address GBV and VAW. (Score 50%)
- **Sex workers:** There are good partnerships in five countries (Georgia, Kazakhstan, North Macedonia, Tajikistan and Ukraine) and some partnerships in Azerbaijan. In nine countries there are no partnerships that address GBV and VAW (Albania, Armenia, Belarus, Bosnia and Herzegovina, Kyrgyzstan, Moldova, Montenegro, Serbia and Uzbekistan). (Score 37%)
- **Women who use drugs:** There are good partnerships in seven countries (Georgia, Kazakhstan, Moldova, North Macedonia, Serbia, Tajikistan and Ukraine) and some partnerships in Armenia and Azerbaijan. In six countries there are no partnerships that address GBV and VAW (Albania, Belarus, Bosnia and Herzegovina, Kyrgyzstan, Montenegro and Uzbekistan). (Score 53%)

In **Armenia**, in 2022, “Real World, Real People” and “Women’s Empowerment Centre” conducted a series of trainings for more than 200 employees of shelters and crisis centres on HIV, human rights, drug use, protection of personal data, and the vulnerability of women living with HIV and women who use drugs to violence. This was supported by UNAIDS and the Coalition to End Violence Against Women.

In **Azerbaijan**, “Clean World” Aid to Women Public Union runs a shelter for women living with HIV, women who use drugs and women who engage in sex workers among others. The Harm reduction consortium collaborates with “Clean World” to refer or redirect women who have experienced violence to shelter.

In **Georgia**, since 2018, organisations of women who use drug “ACESO” and sex workers “Women for freedom” have been implementing the project “Women initiating new goals of safety” (WINGS) with support from the Open Society Georgia Foundation (OSGF). The Project provides legal, medical and social support for women facing intimate partner violence and ensures greater cooperation with women’s organisations, funds and feminist movement. Synergy with the other initiatives and emergency funds has improved wider access to quality care and support services, including referrals (the Global Fund supported programme and Safe Abortion Action Fund).

In **Kyrgyzstan**, women who use drugs drafted the minimum standards of social services provided by crisis centres with an anti-discrimination cluster, but these were not adopted by the state. Civil society submitted the Standards to the Centre for Standardization and Metrology under the Ministry of Economy, which approved them. These have been in effect since 2019 and are implemented in an NGO-based crisis centres.



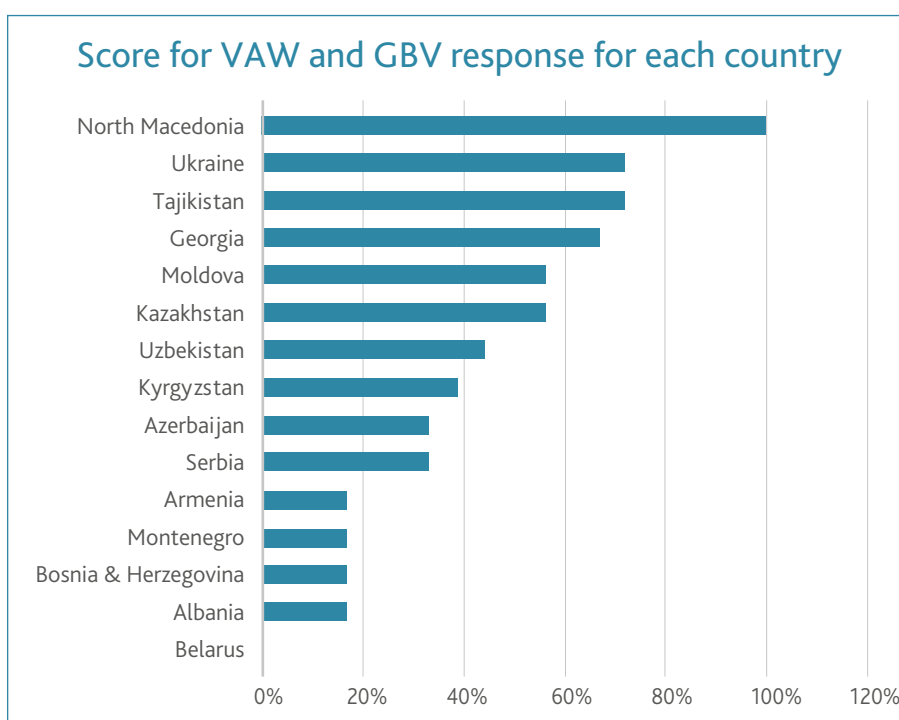
In **Moldova**, the Joint UN Team implemented a mentoring programme reaching 100 women living with HIV to improve their knowledge on signs of GBV and discrimination, available services to mitigate GBV; and strengthening skills to deal with abusive behaviours. Women living with HIV have robust partnerships (“Union for Justice and Health”, Municipal Family Crisis Centre “Sotis”, UNAIDS, UN Women) and have led “No excuse for violence!” campaign focusing on women who use drugs led by the “Association for the Creative Development of Personality” (2022).

In **Ukraine**, the “Eney Club” led a project to prevent GBV and the spread of HIV among women who use drugs, female sex workers, women living with HIV and internally displaced women supported by the UN Trust Fund to end violence against Women (2020-2021). In 2022, with support from Women’s Peace & Humanitarian Fund, “Positive Women” equipped four shelters for women living with and vulnerable to HIV and began collaboration with the International Medical Corps to address sexual violence against women.

At a glance

Out of all the 15 countries, **North Macedonia** scored the highest percentage (100%) and therefore comparatively is taking the most action through its programmes, services and partnerships to address VAW against women living with HIV, sex workers and women who use drugs. The country responding the least is Belarus (Score 0%). The average score for the GBV response for all 15 countries is 43%.

Score for VAW and GBV response for each country





Sexual and reproductive health

Introduction

This part of the assessment looks at sexual and reproductive health of women across the 15 countries namely: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan.

The Research Team focused on the availability of data in relation to the proportion of women living with HIV screened for cervical cancer and percentage of girls living with HIV vaccinated against Human Papillomavirus (HPV).

The focus of this review was to understand if the countries committed to data collection on cervical cancer and HPV vaccination for women and girls living with HIV. Each country was granted more points if the data was available and therefore granted less points if there was insufficient data. The questions were slightly amended to ensure that the data was present in a clear and structured manner. Careful attention was given to ensure that the meaning of the question did not change.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green and represent countries that had robust and accessible data (of which there are none). This moves in gradation to areas that scored less finalising with areas that scored 0% representing countries that have no data.

SRH data availability	Comparative score of issues across 15 countries
Data on women living with HIV screened for cervical cancer	20%
Data on girls living with HIV who were vaccinated against human papillomavirus (9-14 years old)*	4%

**data is presented on 14 countries in this section*

Unpacking the data

It is widely known fact that women living with HIV are four to five times more likely to develop cervical cancer than other women and vaccines greatly reduce the risk of cervical cancer. This assessment clearly shows that countries are not doing enough to respond to the vulnerability of women with HIV:

Data on women living with HIV screened for cervical cancer is available only in three countries, including Armenia, North Macedonia and Tajikistan. (Score 20%)

Data on girls living with HIV who were vaccinated against HPV (9-14 years old) somewhat exists only in Ukraine. In Montenegro all registered people living with HIV are older than 15 – there was no available data for girls living with HIV between the ages of 9 – 14. (Score 4%)



In **Armenia**, cervical cancer screening is not mandatory and only women living with HIV are referred for screened. For a brief time (March to June 2022), the National Centre for Infectious Diseases of the Ministry of Health (NCID) was implementing a programme supported by Germany, which enabled 96 women to access Pap smears.

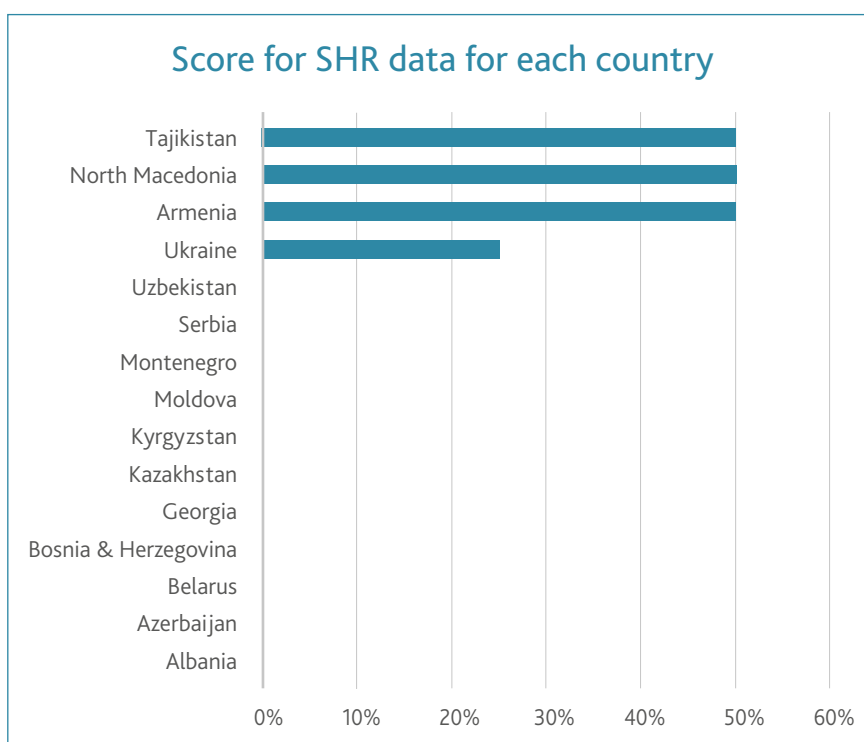
In **North Macedonia**, according to the GAM report (2019) all women living with HIV between the ages of 15-49 are screened for cervical cancer (using either: visual inspection with acetic acid or vinegar (VIA), Pap smear or HPV test).

In **Tajikistan** in 2017, more than 25% of women living with HIV were screened for cervical cancer. 47% of them, showed oncological pathologies, which are considered precancerous diseases. The HIV Programme envisages the introduction of free screening and vaccination against HPV among women living with HIV aged 30 to 49 years, free examination (screening) for cervical cancer and introduction of free treatment for precancerous diseases of women living with HIV in accordance with the recommendations of the WHO.

In **Ukraine**, there is some data on girls living with HIV (9-14 years of age) who received the HPV vaccine in 2020 with support from the AHF Ukraine Foundation initiative.

At a glance

Out of all the 15 countries, **Armenia, North Macedonia and Tajikistan** scored the highest percentage (50%) and therefore comparatively has the most available data on cervical cancer screening and HPV vaccination for women and girls living with HIV. There are 11 countries with no data (Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Serbia, Montenegro and Uzbekistan) (Score 0%). The average score for the SRH data for all 15 countries is 12%.





Community-led responses

Introduction

This part of the assessment looks at community-led responses across the 15 countries namely: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan.

The Research Team focused on understanding:

- The extent to which women-led research is taking place and at what level
- If community-led monitoring of services is taking place
- Are local or national women-led organisations registered (organisations of women living with HIV, sex workers and women who use drugs)
- Activities of women-led organisations and if these are funded and by whom
- If women have been trained to use the Injecting Drug User Implementation Tool ([IDUIT](#)) and the Sex Worker Implementation Tool ([SWIT](#)).

Each country was granted more points if the activities were taking place; if environments were enabling for women to organise; and if the work was well supported financially. Countries were therefore granted less points if there was insufficient action around these areas. The questions were slightly amended to ensure that the data was present in a clear and structured manner. Careful attention was given to ensure that the meaning of the question did not change.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green and represent countries that are doing well in these areas. This moves in gradation to areas that scored less finalising with areas that scored 0% representing countries that are falling far behind in these areas.

Thematic areas reviewed	Women living with HIV	Sex workers	Women who use drugs
Women-led research			
People living with HIV Stigma Index*	93%	79%	79%
Access to sexual and reproductive health and rights	57%	37%	30%
Violence / Types of violence	47%	27%	50%
Budget allocations in response to HIV	23%	13%	20%
Access to ART and Interruptions**	13%	7%	4%
Community-led monitoring of services			
Trainings on community-led monitoring of services	33%	20%	43%
Community-led monitoring of services	17%	10%	40%
Registered women-led organisations	57%	40%	20%
Funds for women-led organisations***			
International funds / organisations	100%	100%	100%
State / Municipalities	22%	33%	33%



UN agencies	78%	17%	0%
Private donations / Private foundations	33%	33%	17%
Pharmaceutical companies	11%	17%	0%
Self-financed	11%	8%	0%
Activities of women-led organisations***			
HIV prevention	72%	75%	67%
Prevention of vertical transmission	78%	20%	17%
HIV care and support	78%	70%	67%
Support to women who experience violence	67%	75%	100%
Protection of rights	89%	100%	100%
Advocacy	94%	92%	100%
Community capacity building	94%	100%	83%
IDUIT and SWIT tools			
Women who use drugs trained in the use of the IDUIT	53%		
Sex workers trained in the use of the SWIT	60%		

* applies to 7 countries

** applies to 14 countries

*** applies to 9 organisations of women living with HIV, 6 organisations of sex workers and 3 – of women who use drugs

Unpacking the data

Women-led research

The People living with HIV (PLHIV) Stigma Index was conducted in only seven of the 15 countries by the end of 2022 (Albania, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Ukraine):

- **Women living with HIV** were included in the PLHIV Stigma Index in six countries as a part of steering committee members, interviewers and respondents (Albania, Belarus, Kazakhstan, Kyrgyzstan, Moldova and Tajikistan. In Ukraine they were included as interviewers and respondents. (Score 93%)
- **Sex workers** were included in the PLHIV Stigma Index in four countries as a part of steering committee members, interviewers and respondents (Belarus, Kazakhstan, Kyrgyzstan and Tajikistan). In Albania, Moldova and Ukraine, sex workers were included as interviewers and/or respondents. (Score 79%)
- **Women who use drugs** were included in the PLHIV Stigma Index in four countries as a part of steering committee members, interviewers and respondents (Belarus, Kazakhstan, Kyrgyzstan, Moldova and Tajikistan). In Albania, Moldova and Ukraine, women who use drugs were included as interviewers and/or respondents. (Score 79%)

Access to sexual and reproductive health and rights (SRHR):

- **Women living with HIV** conducted SRHR women-led research in eight countries (Belarus, Georgia, Kazakhstan, Moldova, Serbia, Tajikistan, Ukraine and Uzbekistan). In North Macedonia they were somewhat included. In six countries SRHR women-led research was not conducted by women living with HIV (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Kyrgyzstan and Montenegro). (Score 57%)



In **Belarus**, women living with HIV conducted community-led research on SRHR with participation of sex workers and women who use drugs led by “YANA” (2020). The study includes sections on gender-based violence.

In **Georgia**, women living with HIV conducted community-led research on SRHR (2022) led by “Gvirila”. This study also includes aspects that explore GBV. In 2019, “Real People Real Vision” (RPRV/LIFE2.0) initiated the research on SRHR; the study addresses abortion stigma in Georgia among women living with HIV, sex workers and women who use drugs.

In **Kazakhstan**, women living with HIV and women who use drugs conducted community-led assessment on access to SRHR and violence during COVID-19 pandemic (2020) led by “Revansh” and “Fund of women living with HIV”. In 2021, “Revansh” prepared an analytical review on legal barriers for women living with HIV, sex workers and women who use drugs to access to GBV services, supported by EHRA.

- **Sex workers** conducted SRHR women-led research in Kyrgyzstan and North Macedonia. In seven countries they were somewhat included (Belarus, Georgia, Kazakhstan, Moldova, Serbia, Tajikistan and Ukraine). In six countries SRHR women-led research was not conducted by sex workers (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Montenegro and Uzbekistan). (Score 30%)
- **Women who use drugs** conducted SRHR women-led research in Kazakhstan and Ukraine. In five countries they were somewhat included (Belarus, Georgia, Moldova, Serbia and Tajikistan). In eight countries SRHR women-led research was not conducted by women who use drugs (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Kyrgyzstan, Montenegro, North Macedonia and Uzbekistan). (Score 30%)

In **North Macedonia**, sex workers conducted the assessment comparing existing services for sexual and reproductive health services with the needs of sex workers (2021); they prepared a report on the experiences and perceptions of sex workers regarding the access to and the use of HIV prevention methods: condoms and PrEP (2020) both led by “STAR-STAR”.

In **Serbia**, women living with HIV conducted community-led research “Data for change: Sexual and reproductive health and rights of women living with HIV” (2022) led by NGO Re-Generation, in which the violence against women is also studied.

In **Tajikistan**, women living with HIV conducted a study on key issues of sexual and reproductive health of women living with HIV led by “Tajikistan Network of Women Living with HIV” (2019). The study also highlights the issues of violence against HIV-positive women.

In **Ukraine**, women living with HIV conducted community-led researches on SRHR: study on the provision of SRH services for women with HIV relating to their pregnancy concerns across Ukraine (2021); research on SRH, gender equality and human rights, gender violence, economic and political opportunities for women living with HIV in Ukraine” (2016) both led by “Positive women”. Women who use drugs conducted community-led researches on SRHR: study on barriers to accessing OST and SRHR services (2019) led by “Hope and trust”; study focusing on access of women who use drugs to SRH, HIV and harm reduction services (2019) led by “Svitanok Club”.



Violence / Types of violence:

- **Women living with HIV** conducted women-led research on violence in four countries (Armenia, Kazakhstan, Ukraine and Uzbekistan). In six countries they were somewhat included (Belarus, Georgia, Kyrgyzstan, Moldova, Serbia and Tajikistan). In five countries women-led research on violence was not conducted by women living with HIV (Albania, Azerbaijan, Bosnia and Herzegovina, Montenegro and North Macedonia). (Score 47%)
- **Sex workers** conducted women-led research on violence in Kazakhstan and Kyrgyzstan. In four countries they were somewhat included (Georgia, Montenegro, Serbia and Ukraine). In nine countries women-led research on violence was not conducted by sex workers (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Moldova, North Macedonia, Tajikistan and Uzbekistan). (Score 27%)
- **Women who use drugs** conducted women-led research on violence in seven countries (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Serbia and Ukraine). In North Macedonia they were somewhat included. In seven countries women-led research on violence was not conducted by women who use drugs. (Albania, Azerbaijan, Bosnia and Herzegovina, Moldova, Montenegro, Tajikistan and Uzbekistan). (Score 50%)

Budget allocations in response to HIV:

- **Women living with HIV** conducted community-led research on budget allocations in response to HIV in Moldova. In five countries they were somewhat included (Georgia, Kazakhstan, Montenegro, North Macedonia and Ukraine). In nine countries community-led research on budget allocations in response to HIV was not conducted by women living with HIV (Albania, Armenia Azerbaijan, Belarus, Bosnia and Herzegovina, Kyrgyzstan, Serbia, Tajikistan and Uzbekistan). (Score 23%)

In **Belarus**, women who use drugs participated in design and data collection for research among women who use drugs and raise children led by Deutsche Aidshilfe (2021).

In **Georgia**, women who use drugs conducted community-led study which identified systemic, domestic, sexual and other types of violence against women who use drugs (2016) as well as research on intimate partner violence in the frame of the WINGS project (2018), both led by "ACESO". Sex-workers participated in the study on gender-based violence against sex-workers and barriers to accessing justice led by "GYLA" (2018).

In **Serbia**, women who use drugs conducted community-led research within the project "Sexism Free Night" that showed that out of 309 women, 25 experienced rape with the use of physical force or attempted rape, while 52 respondents experienced rape without the use of physical force or experienced attempted rape.

In **Kyrgyzstan**, women who use drugs and sex workers are regularly surveyed regarding violence, access to crisis centres, including during the COVID-19 lockdowns at the community levels led by "Tais Plus", "Asteria", and the "Women's Network of Key Communities".

In **Ukraine**, women living with HIV conducted community-led monitoring of violence against women living with HIV in HIV prevention, care and support programs in Ukraine (2020) led by "Positive Women". Women who use drugs and sex-workers developed a report on adapting and studying innovative screening of gender based violence and short-term intervention methods (2018) led by "Eney Club".

In **Uzbekistan**, women living with HIV developed an analytical review on domestic violence and other forms of violence against women living with HIV and women from key populations during COVID-19 (2022) led by "Ischonch va Haet".



- **Sex workers** were somewhat included in community-led research on budget allocations in response to HIV in four countries (Azerbaijan, Georgia, North Macedonia and Ukraine). In 11 countries community-led research on budget allocations in response to HIV was not conducted by sex workers (Albania, Armenia, Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan and Uzbekistan). (Score 13%)
- **Women who use drugs** conducted community-led research on budget allocations in response to HIV in Moldova. In four countries they were somewhat included (Georgia, Montenegro, North Macedonia and Ukraine). In 11 countries community-led research on budget allocations in response to HIV was not conducted by women who use drugs (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Serbia, Tajikistan and Uzbekistan). (Score 20%)

In **Azerbaijan**, based on findings of services monitoring "Clean World" Aid to Women develops proposals on budgeting of basic and extended packages for sex workers (2022).

In **Armenia**, "Real People Real Vision" implemented research on HIV cost optimization and decentralization with participation of women living with HIV, sex workers and women who use drugs (2020).

In **Kazakhstan**, a woman living with HIV co-authored the study on procurement and provision of tests for HIV, CD-4, viral load, and drug resistance in Kazakhstan led by Central Asia Association of People Living with HIV (2020).

In **Ukraine**, sex workers ("Legalife-Ukraine") and women living with HIV ("Positive women") in coalition with men having sex with men ("Alliance.Global") and people who use drugs ("VOLNA") explored and provided recommendations on extended HIV-services package funded by the state (2020).

Access to ART / Interruptions (for sex workers and women who use drugs applied for 14 countries):

- **Women living with HIV** somewhat conducted community-led research on access to ART in four countries (Kazakhstan, North Macedonia, Tajikistan and Ukraine). In the remaining 11 countries community-led research on access to ART was not conducted by women living with HIV (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Moldova, Montenegro, Serbia and Uzbekistan). (Score 13%)
- **Sex workers** were somewhat included in community-led research on access to ART in Tajikistan and Ukraine. In the remaining 12 countries community-led research on access to ART was not conducted by sex workers (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Serbia and Uzbekistan). This does not apply to sex workers in North Macedonia since there are no HIV-positive cases among them. (Score 7%)

In **Kazakhstan**, a woman living with HIV co-authored the study on HIV and hepatitis C treatment procurement in Kazakhstan led by "Answer" who is also actively involved in the community-led ART stock-outs monitoring (2021).

In **North Macedonia**, community of people living with HIV designed and developed a tool for the Infectious Diseases Clinic (led by "Stronger Together") that facilitates the process of annual planning of the needs and quantities of antiretroviral medications, public procurement planning and cost estimation, which was immediately put into use (2020).

In **Tajikistan**, a woman living with HIV co-authored the UN Women-supported study of key barriers to women's access to HIV treatment (2021). HIV-positive sex workers and women who use drugs participated as respondents.



- **Women who use drugs** were somewhat included in community-led research on access to ART in Tajikistan. In remaining 13 countries community-led research on access to ART was not conducted by women who use drugs (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Serbia, Ukraine and Uzbekistan). This does not apply to women who use drugs in North Macedonia since there are no HIV-positive cases among them. (Score 4%)

Community-led service quality monitoring

In most of the assessment's countries the community-led service quality monitoring (CLM) of services was not conducted, nor were communities trained on CLM tools.

Training in tools for community-led service quality monitoring:

- **Women living with HIV** were trained in tools to conduct community-led service quality monitoring in four countries (Belarus, Kazakhstan, Kyrgyzstan and Tajikistan). In the Moldova and Ukraine, they were somewhat trained. In nine countries women living with HIV were not trained in tools to conduct community-led service quality monitoring (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Montenegro, North Macedonia, Serbia and Uzbekistan). (Score 33%)
- **Sex workers** were trained in tools to conduct community-led monitoring of service in Kyrgyzstan and Tajikistan. In Moldova and Ukraine, they were somewhat trained. In 11 countries sex workers have not been trained in tools to conduct community-led service quality monitoring (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Montenegro, North Macedonia, Serbia and Uzbekistan). (Score 20%)
- **Women who use drugs** were trained in tools to conduct community-led monitoring of services in six countries (Belarus, Kazakhstan, Kyrgyzstan, Montenegro, Tajikistan and Ukraine). They were somewhat trained in Moldova. In eight countries women who use drugs were not trained in tools to conduct community-led service quality monitoring (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, North Macedonia, Serbia and Uzbekistan). (Score 43%)

In 2019, women living with HIV and women who use drugs from the EECA countries were trained on community-led monitoring at the regional workshop led by ECOM, EWNA and EHRA.

In 2022, women living with HIV, sex workers and women who use drugs from **Kazakhstan, Kyrgyzstan and Tajikistan** participated in a series of workshops "CLM capacity building and options to incorporate community data in national M&E systems" led by Health Advocacy Coalition.

Community-led service quality monitoring:

- **Women living with HIV** conducted community-led service quality monitoring in Tajikistan and Uzbekistan. In Moldova they somewhat participated in the monitoring. In 12 countries women living with HIV not conducted community-led service quality monitoring (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Serbia and Ukraine). (Score 17%)



In **Azerbaijan**, women who use drugs participated as respondents in the assessment of harm reduction services led by “Coact” in partnership with “Struggle against AIDS”. The assessment highlights high stigma and discrimination of women who use drugs and recommends implementing gender-sensitive services in harm reduction programmes (2022). “Clean World” Aid to Women conducted services availability and quality monitoring among sex workers (2022).

In **Belarus**, Women who use drugs participated as interviewers and respondents in the study “Basic line patient satisfaction survey with the opioid substitution therapy program” led by “Tvoy Shans” supported by UNAIDS (2022).

In **Montenegro**, a survey was conducted with the goal to examine the level of satisfaction with the services provided to participants of the OST programme. The study was initiated and financed by EHRA and carried out by “Link” and “Juventas” (2021).

In **Tajikistan**, women living with HIV conducted community-led monitoring on access and quality of HIV services led by “Tajikistan Network of Women Living with HIV” and under support of USAID and Eurasia Foundation (2022).

By adapting the ECOM “Secret Client” methodology, women who use drugs in **Kyrgyzstan** analysed the quality of services provided by crisis centres in Bishkek, Osh, Cholpon-Ata and Karakol for women under 35 age who use new psychoactive substances and have experienced physical or/and sexual violence. The study focused on services provided to survivors of violence in accordance with the standards established in Kyrgyzstan.

In **Ukraine**, women who use drugs have been trained and participated in community-led service quality monitoring within OST program - Survey of client satisfaction with Opioid Maintenance Therapy (OMT) services among participants in Kyiv and The Kyiv Oblast region – supported by EHRA.

In **Uzbekistan**, as a part of the EMTCT validation roadmap, satisfaction with medical services that support women living with HIV through their pregnancy and childbirth among women living with HIV was assessed by UNICEF. Community representative was involved in the assessment design, including breastfeeding issues, and peer counsellors interviewed HIV-positive women.

- **Sex workers** somewhat conducted community-led service quality monitoring in Azerbaijan, Moldova and Uzbekistan. In 11 countries sex workers not conducted community-led service quality monitoring (Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, North Macedonia, Serbia, Tajikistan and Ukraine). (Score 10%)
- **Women who use drugs** conducted community-led service quality monitoring in four countries (Belarus, Kyrgyzstan, Montenegro and Ukraine). In four countries they somewhat participated in the monitoring (Azerbaijan, Moldova, North Macedonia and Uzbekistan). In seven countries women who use drugs not conducted community-led service quality monitoring (Albania, Armenia, Bosnia and Herzegovina, Georgia, Kazakhstan, Serbia and Tajikistan). (Score 40%)



The Injecting Drug User Implementation Tool (IDUIT) and the Sex Worker Implementation Tool (SWIT) tools:

- **Women who use drugs** were trained in the use of IDUIT in eight countries (Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Ukraine) and not in seven countries (Albania, Armenia, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia and Uzbekistan). (Score 53%)
- **Sex workers** were trained in the use of SWIT in eight countries (Armenia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Serbia and Ukraine) and were somewhat trained in Azerbaijan and Tajikistan. In five countries they were not trained (Albania, Belarus, Bosnia and Herzegovina, Montenegro and Uzbekistan). (Score 60%)

In **Armenia**, sex workers were trained in the use of SWIT under support of SWAN. SWAN member, "Right Side", translated the SWIT into Armenian and made a short SWIT guide based on the national context, making SWIT accessible for use by Armenian sex workers.

In **Azerbaijan**, people who use drugs were trained in the use of IDUIT. The training was organised by "Struggle against AIDS" under support of "Coact" (2022). Service providers working with sex workers were trained in the use of SWIT. The training was organised by "Clean World" Aid to Women with support of ECOM and SWAN (2022)

In **Belarus**, women who use drugs were trained in the use of IDUIT. The training was conducted by "Tvoy Shans" and EHRA under support of UNODC (2018).

In **Georgia**, women who use drugs were trained in the use of IDUIT under support of GHRN (2019). Sex workers were trained in the use of SWIT under support of SWAN and Tanadgoma. The tool that was adapted and translated in the Georgian language (2019).

In **Kazakhstan**, women who use drugs were trained in the use of IDUIT under support of UNODC (2022). Sex workers in Kazakhstan were trained in the use of SWIT under support of SWAN.

In **Kyrgyzstan** in 2019 and 2022, women who use drugs were trained to implementing the IDUIT with support from UNODC. Sex workers were also trained to use the SWIT with support from SWAN. "Tais Plus" came out with a new design of SWIT. Over the years, "Tais Plus" has found creative ways of promoting SWIT amongst sex workers in Kyrgyzstan, including a mini-theatres presenting all six chapters of SWIT.

In **Moldova**, the National Standards on HIV-services for key groups refer to the IDUIT and SWIT tools.

In **North Macedonia**, sex workers were trained in the use of SWIT by "HOPS" and "STAR-STAR". STAR-STAR also presented the SWIT Tool to a special committee of the government's National HIV Commission and they committed to using this tool to design HIV prevention and treatment services directly with sex workers.

In **Tajikistan**, women who use drugs were trained in the use of IDUIT under support of UNODC (2022).



Registered local or national women-led organisations:

- Organisations of **women living with HIV** are registered in eight countries (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Serbia, Tajikistan and Ukraine). In Albania the organisation of people living with HIV is run by a woman. (Score 57%)
- Organisations of sex workers are registered in six countries (Armenia, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia and Ukraine). In Serbia, there was a registered sex workers led organisation “Equal Rights”, which dissolved due to lack of funding and opportunities to grow. (Score 40%)
- Organisations of **women who use drugs** are registered in three countries including Georgia, Kyrgyzstan and Ukraine. (Score 20%)

In **Uzbekistan**, since 2019, an association of women living with HIV, the Public Association “Positive Women” has not been able to register as organisation with the Ministry of Justice. The group was denied registration ten times, each time on different grounds. This situation has all the signs of deliberately delaying the registration process. Despite their inability to register Positive Women activists participate in the working group to end mother-to-child HIV transmission under the Ministry of Health of the Republic of Uzbekistan, they hold women’s forums and campaigns against gender-based violence.

Funds for women-led organisations (applies to registered local or national women-led organisations):

International funds / organisations	State / Municipalities	UN agencies	Private donations / Private foundations	Pharmaceutical companies
Organisations of women living with HIV are funded				
in nine countries (Albania, Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Serbia, Tajikistan and Ukraine). (Score 100%)	in Albania and Serbia. In nine countries they are not funded at all (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine). (Score 22%)	in seven countries (Albania, Belarus, Kazakhstan, Kyrgyzstan, Serbia, Tajikistan and Ukraine). In Armenia and Georgia, they are not funded. (Score 78%)	in Albania and Serbia and somewhat funded in Kazakhstan and Ukraine. In five countries they are not funded (Armenia, Belarus, Georgia, Kyrgyzstan and Tajikistan). (Score 33%)	in Serbia. In eight countries they are not funded (Albania, Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine). (Score 11%)
Organisations of sex workers are funded				
in six countries (Armenia, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia and Ukraine). (Score 100%)	in Kazakhstan and North Macedonia. In four countries sex workers are not funded at all (Armenia, Georgia, Kyrgyzstan and Ukraine). (Score 33%)	in North Macedonia. In five countries (Armenia, Georgia, Kazakhstan, Kyrgyzstan and Ukraine) they are not funded. (Score 17%)	in North Macedonia and somewhat funded in Armenia and Ukraine. In three countries they are not funded (Georgia, Kazakhstan and Kyrgyzstan). (Score 33%)	in North Macedonia. In five countries they are not funded (Armenia, Georgia, Kazakhstan, Kyrgyzstan and Ukraine). (Score 17%)
Organisations of women who use drugs are funded				
in three countries (Georgia, Kyrgyzstan and Ukraine). (Score 100%)	in Kyrgyzstan and not funded at all in Georgia and Ukraine. (Score 33%)	are not funded in all three countries where they are registered (Georgia, Kyrgyzstan and Ukraine). (Score 0%)	somewhat funded in Ukraine but they are not funded in Georgia and Kyrgyzstan. (Score 17%)	are not funded in all three countries where they are registered (Georgia, Kyrgyzstan and Ukraine). (Score 0%)



Self-financed women-led organisations:

- Organisations of **women living with HIV** are self-financed in Serbia. In eight countries (they are not self-financed Albania, Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine). (Score 11%)
- Organisations of **sex workers** are somewhat self-financed in Armenia and not self-financed in five countries where they are registered (Georgia, Kazakhstan, Kyrgyzstan, North Macedonia and Ukraine). (Score 8%)
- Organisations of **women who use drugs** are not self-financed in all three countries where they are registered (Kyrgyzstan, Georgia and Ukraine). (Score 0%)

Activities of women-led organisations (applies to registered local or national women-led organisations):

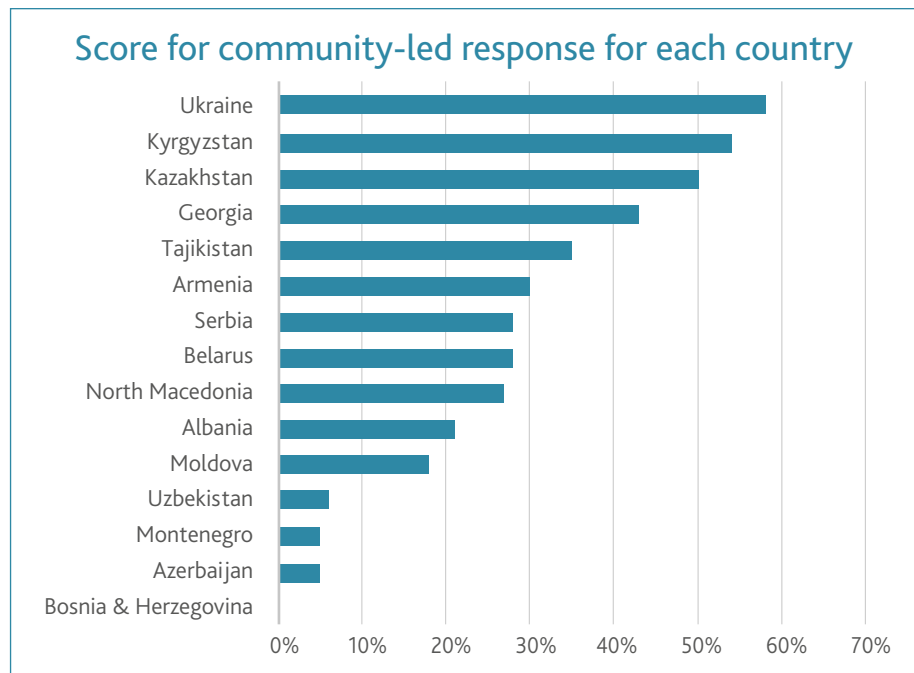
Organisations of women living with HIV	Organisations of sex workers	Organisations of women who use drugs
provide HIV prevention services		
in six countries (Albania, Armenia, Belarus, Kazakhstan, Serbia and Tajikistan); and somewhat in Georgia. In Kyrgyzstan and Ukraine, they do not work on HIV prevention. (Score 72%)	in Armenia, Kazakhstan and North Macedonia, and somewhat provide HIV prevention services in Georgia, Kyrgyzstan and Ukraine. (Score 75%)	in Georgia and somewhat provided HIV prevention services in Kyrgyzstan and Ukraine. (Score 67%)
provide services on prevention of vertical HIV transmission*		
in six countries (Albania, Armenia, Kazakhstan, Serbia, Tajikistan and Ukraine); and somewhat provide services on vertical HIV transmission in Georgia and Kyrgyzstan. In Belarus, organisation of women living with HIV does not work on prevention of vertical HIV transmission. (Score 78%)	somewhat provide services on prevention of vertical HIV transmission in Armenia and Georgia. In Kazakhstan, Kyrgyzstan and Ukraine organisations of sex workers do not work on prevention of vertical HIV transmission. This does not apply to sex workers in North Macedonia since there are no documented cases of women living with HIV among them. (Score 20%)	somewhat provide services on prevention of vertical HIV transmission in Georgia. In Kyrgyzstan and Ukraine, organisations of women who use drugs do not work on prevention of vertical HIV transmission. (Score 17%)
provide HIV care and support* services		
in six countries (Albania, Armenia, Kazakhstan, Serbia Tajikistan and Ukraine); and somewhat provide in Georgia and Kyrgyzstan. In Belarus, women living with HIV do not work on care and support. (Score 78%)	in Kazakhstan and Kyrgyzstan, and somewhat provide in Armenia, Georgia and Ukraine. This does not apply to sex workers in North Macedonia since there are no documented cases of women living with HIV among them. (Score 70%)	in Georgia and somewhat in Kyrgyzstan and Ukraine. (Score 67%)
provide services to address GBV (prevention of violence and support to women who experience violence)		
in five countries (Albania, Belarus, Kazakhstan, Tajikistan and Ukraine); and somewhat provide in Georgia and Kyrgyzstan. In Armenia and Serbia, organisations of women living with HIV do not provide GBV services. (Score 67%)	in Armenia, Georgia and North Macedonia; and somewhat in Kazakhstan, Kyrgyzstan and Ukraine. (Score 75%)	in all three countries where they are registered (Georgia, Kyrgyzstan and Ukraine). (Score 100%)



Organisations of women living with HIV	Organisations of sex workers	Organisations of women who use drugs
provide human rights protection services		
in seven countries (Albania, Armenia, Belarus, Kazakhstan, Serbia, Tajikistan and Ukraine; and somewhat in Georgia and Kyrgyzstan. (Score 89%)	in all six countries where they are registered (Armenia, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia and Ukraine). (Score 100%)	in all three countries where they are registered (Georgia, Kyrgyzstan and Ukraine). (Score 100%)
are engaged in advocacy		
in eight countries (Albania, Armenia, Belarus, Kazakhstan, Kyrgyzstan, Serbia, Tajikistan and Ukraine); and somewhat in Georgia. (Score 94%)	in five countries where they are registered (Georgia, Kazakhstan, Kyrgyzstan, North Macedonia and Ukraine) and somewhat in Armenia. (Score 92%)	in all three countries where they are registered (Georgia, Kyrgyzstan and Ukraine). (Score 100%)
build community capacity		
in eight countries (Albania, Armenia, Belarus, Kazakhstan, Kyrgyzstan, Serbia, Tajikistan and Ukraine); and somewhat in Georgia. (Score 94%)	in all six countries (Armenia, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia and Ukraine). (Score 100%)	in Kyrgyzstan and Ukraine; and somewhat in Georgia. (Score 83%)

At a glance

Out of all the 15 countries, **Ukraine** scored the highest percentage (58%) and therefore comparatively has the most developed women-led responses driven by women living with HIV, sex workers and women who use drugs. The country with the least women-led responses is Bosnia and Herzegovina (Score 0%). The average score for the community-led response for all 15 countries is 27%.





CEDAW engagement

Introduction

This part of the assessment looks at the Convention on the Elimination of All Forms of Discrimination against Women ([CEDAW](#)) engagement across the 15 countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine and Uzbekistan. The Research Team focused on understanding the participation of organisations or representatives of women living with HIV, sex workers or women who use drugs in the preparation and submission of alternative/shadow reports to the UN Committee CEDAW. The Research Team also compiled CEDAW recommendations regarding women living with HIV, sex workers, women who use drugs including recommendations on taking measures to end violence against women across the 15 countries.

Each country was granted more points if women were engaged to develop and submit shadow reports and if CEDAW recommendations responded to the realities of women living with HIV, women who use drugs and women who engage in sex work. Countries were therefore granted less points if there was no participation and related recommendations. The questions were slightly amended to ensure that the data was present in a clear and structured manner. Careful attention was given to ensure that the meaning of the question did not change.

Note on scores and colours: Areas that scored 80% and above are highlighted below in dark green (none in this report) and represent countries that are doing well in these areas. This moves in gradation to areas that scored less finalising with areas that scored 0% representing countries are falling far behind in these areas.

Thematic areas reviewed	Comparative score of issues across 15 countries
Participation of women living with HIV in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW Committee	67%
CEDAW recommendations regarding sex workers	67%
CEDAW recommendations regarding women living with HIV	60%
Participation of women who use drugs in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW	50%
Participation of sex workers in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW	47%
CEDAW recommendations on taking measures to eliminate violence against sex workers	40%
CEDAW recommendations regarding women who use drugs	37%
CEDAW recommendations on taking measures to eliminate violence against women living with HIV	23%
CEDAW recommendations on taking measures to eliminate violence against women who use drugs	10%



Unpacking the data

Community engagement in the CEDAW processes

According to assessment findings, women living with HIV more often engaged in the preparation and submission of alternative/shadow reports and/or lists of issues to the CEDAW Committee (67%) compared with women who use drugs (50%) and sex workers (47%). Communities use women-led research findings to inform the CEDAW Committee about its articles' implementation at the national level.

In the CEDAW documents sex workers are referred to as women “engaging in prostitution” or “women exploited in prostitution” or “women in prostitution” or “victims of trafficking”. The CEDAW convention doesn't have a definition for or a position on sex work. It clearly addresses only “exploitation of prostitution” and “trafficking” in Article 6. It is the Committee members' individual interpretations and beliefs that shape the recommendations. So far, the majority have been abolitionists by belief. That is why the recommendations vary from country to country – sometimes they talk about human rights of sex workers/violence and services, sometimes promote an end demand, and sometimes recommend improving working conditions for sex workers. The conflation of sex work and trafficking now is rooted in the [General Recommendation No 38](#) (2020) on trafficking in women and girls in the context of global migration. [Sex workers' movement](#) is globally and regionally mobilised to provide data and submissions to the Committee demanding for clear distinctions between sex work and trafficking.

In February 2015, SWAN supported by IWRAP conducted a thematic briefing meeting with the CEDAW Committee members to discuss their position on sex work, language used, and repercussions of the recommendations on community level, as well as to look into sex workers' rights beyond Article 6. Following the meeting, Kyrgyzstan and Russia received recommendations on establishing oversight mechanisms in order to monitor police violence against sex workers. It was a good practice that should be implemented on a more regular basis.

This assessment shows that activists and organisations led by women living with HIV, sex workers and women who use drugs have worked on joint submissions of the CEDAW shadow report. Communities of women also benefited from the technical assistance provided by the International Women's Rights Action Watch Asia Pacific (IWRAP Asia Pacific) (e.g., “From Global to Local” Programme: A Convention Monitoring and Implementation Project) and from international or regional networks.

Women who use drugs from the EECA region contributed to the development of IWRAP's [NGO Reporting Guidelines on CEDAW & Rights of Women Who Use Drugs](#). In 2018, the [Shadow Report Guidelines on CEDAW and Rights of Sex Workers](#) was developed by the IWRAP Asia Pacific with input from the Global Network of Sex Work Projects (NSWP). This document aims to provide guidance to NGOs engaging with the CEDAW review process and provides alternative information to the CEDAW Committee on the theme of rights of sex workers. It accompanies the Framework on Rights of Sex Workers & CEDAW as a practical tool to aid documentation and analysis using the CEDAW Convention as a frame of reference. The development of the Framework was initiated by IWRAP and SWAN with further input from NSWP. SWAN ensured [meaningful participation](#) of sex workers' community groups in the process.

There is experience in the countries when CEDAW engagement facilitates new partnerships between feminist, women's rights and organisations led by women living with HIV, sex workers and women who use drugs.



Participation in the preparation and submission of alternative/shadow reports and/or list of issue and questions prior to the submission of the country periodic report to the CEDAW Committee:

- **Women living with HIV** meaningfully participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW in nine countries (Albania, Armenia, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan). They somewhat participated in Georgia and Montenegro. In four countries women living with HIV did not participate in the CEDAW submissions (Azerbaijan, Bosnia and Herzegovina, North Macedonia and Serbia). (Score 67%)
- **Sex workers** meaningfully participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW in six countries (Georgia, Kazakhstan, Kyrgyzstan, North Macedonia, Tajikistan and Ukraine). They somewhat participated in Armenia and Montenegro. In seven countries sex workers did not participate in the CEDAW submissions (Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Moldova, Serbia and Uzbekistan). (Score 47%)
- **Women who use drugs** meaningfully participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW in six countries (Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova and Ukraine). They somewhat participated in Armenia, Montenegro and Tajikistan. In six countries women who use drugs did not participate in the CEDAW submissions (Albania, Azerbaijan, Bosnia and Herzegovina, North Macedonia, Serbia and Uzbekistan). (Score 50%)

CEDAW recommendations

CEDAW recommendations regarding women living with HIV and sex workers are more often occur in the CEDAW concluding observations and/or in the lists of issues and questions prior to the submission of the country periodic reports (60%) compared with women who use drugs (37%). It's important to note that CEDAW recommended the following to the State party:

- ▷ decriminalise HIV transmission (Kyrgyzstan, Tajikistan and Uzbekistan);
- ▷ depenalize sex workers namely "women in prostitution" (Azerbaijan, Belarus, Moldova, Montenegro and Serbia) while at the same time recommending an end demand which is still a criminalisation of sex work as an income generating activity;
- ▷ ensure that possession of drugs for personal use without intent to sell is not a criminal offense (Kyrgyzstan);
- ▷ amend article 74 of the Family Code to provide for automatic loss of custody and termination of parental rights on the basis of a parent's drug addiction (Kyrgyzstan); provide support to mothers who use drugs and refrain from automatically depriving them of custody of their children (Ukraine).



Recommendations made by the CEDAW Committee in concluding observations and/or in the list of issues and questions prior to the submission of the country periodic report:

- CEDAW made good or strong recommendations regarding **women living with HIV** for six countries including Armenia, Belarus, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. The Committee made some recommendations for six countries, including Albania, Bosnia and Herzegovina, Georgia, Moldova, Serbia and Ukraine. Azerbaijan, Montenegro and North Macedonia have not received recommendations regarding women living with HIV from the CEDAW Committee. (Score 60%)
- CEDAW made good or strong recommendations regarding **sex workers** for nine countries including Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia and Tajikistan. The Committee made some recommendations for Albania and Armenia. Bosnia and Herzegovina, Georgia, Ukraine and Uzbekistan have not received recommendations regarding sex workers from the CEDAW Committee. (Score 67%)
- CEDAW made good or strong recommendations regarding **women who use drugs** for four countries including Armenia, Georgia, Kyrgyzstan and Ukraine. The Committee made some recommendations for Kazakhstan, Moldova and Montenegro. Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, North Macedonia, Serbia, Tajikistan and Uzbekistan have not received recommendations regarding women who use drugs from the CEDAW Committee. (Score 37%)

Recommendations on taking measures to end violence against women living with HIV, sex workers and women who use drugs are rarely occur in the CEDAW concluding observations, especially for women who use drugs. In North Macedonia, the CEDAW recommendations led to the adoption of a Law titled "Prevention and Protection from Violence Against Women and Domestic Violence" (2021), where sex workers are explicitly noted as a vulnerable group.

Recommendations made by the UN CEDAW Committee on taking measures to eliminate violence against women:

- CEDAW made good or strong recommendations on taking measures to end violence against **women living with HIV** for three countries including Belarus, Kazakhstan, and Uzbekistan. The Committee made some recommendations for Moldova and Ukraine. Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Montenegro, North Macedonia Serbia and Tajikistan have not received recommendations on taking measures to end violence against women living with HIV by the CEDAW Committee. (Score 23%)
- CEDAW made good or strong recommendations on taking measures to end violence against **sex workers** for six countries including Belarus, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia and Tajikistan. Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Montenegro, Serbia, Ukraine and Uzbekistan have not received recommendations on taking measures to end violence against sex workers by the CEDAW Committee. (Score 40%)
- CEDAW made good or strong recommendations on taking measures to end violence against **women who use drugs** only for Ukraine. The Committee made some recommendations for Kazakhstan. Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Montenegro, North Macedonia, Serbia, Tajikistan and Uzbekistan have not received recommendation on taking measures to end violence against women who use drugs by the CEDAW Committee. (Score 10%)



Recommendations made by the CEDAW Committee in the concluding observations or in the list of issues and questions in relation to the countries' periodic reports (2014-2022):

Country	Year	CEDAW Recommendations
Women living with HIV		
Albania	2016, 2022	<ul style="list-style-type: none"> Strengthen its efforts to prevent the mother-to-child transmission of HIV, through regular screening, early diagnosis and free distribution of antiretroviral medicines.
Armenia	2021	<ul style="list-style-type: none"> Provide information on periodic and mandatory training for health workers on women's and girls' sexual and reproductive health and rights, paying particular attention to [...] women with HIV. Please indicate whether the State party is taking steps to repeal the relevant provisions of the HIV Prevention Law.
Belarus	2022	<ul style="list-style-type: none"> Protect other vulnerable groups of women and girls, such as women living with HIV/AIDS and children, including girls, subjected to corporal punishment. Encourage women who are victims of domestic violence to report it, ensure victim-centred services, such as a counselling hotline and services targeting the specific needs of [...] women living with HIV/AIDS, and the availability of crisis rooms and shelters, including for long-term stays.
Bosnia and Herzegovina	2019	<ul style="list-style-type: none"> Provide training to all health service staff on the sexual and reproductive health and rights of women, in particular pregnant women and women and girls living with HIV/AIDS.
Georgia	2014, 2021	<ul style="list-style-type: none"> Please elaborate measures taken to combat HIV/AIDS and ensure that women living with HIV/AIDS have access to treatment and antiretroviral medicines.
Kazakhstan	2019	<ul style="list-style-type: none"> Strengthen the availability and accessibility, through funding from the State budget, of long-term and short-term shelters, medical and psychological care and legal assistance, in urban and rural areas, to all women who are victims of, or who are at risk of, gender-based violence, regardless of whether they are living with HIV or are engaging in prostitution. Provide free or subsidized contraceptives to vulnerable groups in urban and rural areas, including [...] women living with HIV. Eliminate discrimination, violence and stigma against women living with HIV, [...] and women using drugs, including in institutions or prisons, and ensure that they have access to adequate health services, including sexual and reproductive health services and HIV and drug treatment.
Kyrgyzstan	2021	<ul style="list-style-type: none"> Combat corruption in the health-care system and gender-based violence and discrimination by health-care personnel, particularly against women using drugs, women with HIV and women in prostitution. Ensure confidential access to affordable, modern contraceptive methods, family planning services and HIV testing throughout the State party and ensure access to free antiretroviral therapy for all women and girls living with HIV/AIDS, including women in prostitution, and including in remote and rural areas. Decriminalise HIV transmission (Article 149 of the Penal Code) through consensual sex between adults. Ensure access to health services, including confidential testing, antiretroviral treatment, psychological support and confidentiality of information on a woman's HIV status, and impose sanctions for disclosure of such status. Remove repressive elements of the epidemiological investigation and revise the wording of HIV reporting codes. Ensure that women living with HIV are not isolated from their children on the basis of their HIV status and have adequate access to non-stigmatizing childcare facilities. Prohibit employers from requiring an HIV certificate for employment and continued employment.
Moldova	2020	<ul style="list-style-type: none"> Eliminate discrimination and stigma against women living with HIV/AIDS through awareness-raising and extend the programme on the prevention and control of HIV/AIDS to women belonging to disadvantaged groups, particularly transgender women.



Country	Year	CEDAW Recommendations
Serbia	2019	<ul style="list-style-type: none"> • Ensure unhindered access to health care, including sexual and reproductive health care, early prevention programmes for breast and cervical cancer and free anti-retroviral treatment, for all women and girls [...]
Tajikistan	2018	<ul style="list-style-type: none"> • Decriminalize the transmission of HIV/AIDS (article 125 of the Criminal Code) and repeal the Government decrees of 25 September 2018 and of 1 October 2004 prohibiting women living with HIV from pursuing a medical degree, adopting a child or being a legal guardian.
Ukraine	2017	<ul style="list-style-type: none"> • Intensify the implementation of strategies to combat HIV/AIDS, in particular preventive strategies, and continue the provision of free antiretroviral treatment to all women with HIV/AIDS, as well as strategies to combat alcoholism and drug consumption among women. • Provide statistical data on the situation of women living with HIV and/or using drugs, including women who suffer from violence and abuse, particularly intimate partner violence, and the support that they receive, particularly the establishment of dedicated rehabilitation centers and shelters.
Uzbekistan	2022	<ul style="list-style-type: none"> • Review the Law on Protection of Women from Harassment and Violence and other relevant national legislation to cover all forms of gender-based violence and take into account the special needs of disadvantaged and marginalized groups of women, including [...] women living with HIV/AIDS [...]. • Decriminalise the exposure to and transmission of HIV/AIDS through consensual sexual relations between adults and repeal articles 113 of the Criminal Code, as well as articles 57 and 58 of the Code of Administrative Offences. • Repeal discriminatory legislation precluding women living with HIV/AIDS from adoption, guardianship and foster parenting.
Sex workers		
Albania	2016, 2022	<ul style="list-style-type: none"> • Provide information on measures taken to reduce the demand for commercial sex. • Exempting victims of trafficking from any liability and providing them with adequate protection, such as witness protection programmes and temporary residence permits, irrespective of their ability or willingness to cooperate with the prosecutorial authorities.
Armenia	2021	<ul style="list-style-type: none"> • Provide exit programmes and alternative income-generating opportunities for those wishing to leave prostitution
Azerbaijan	2022	<ul style="list-style-type: none"> • Repeal the legal provisions penalizing women in prostitution, criminalize offenders of sexual exploitation of women, including the demand for commercial sex. • Provide exit programmes and alternative income-generating opportunities to women who wish to leave prostitution.
Belarus	2022	<ul style="list-style-type: none"> • Remove the administrative liability (fines and arrest) of women exploited in prostitution and prohibit the disclosure of any related information by the authorities to third parties. • Offer alternative income-generating opportunities to enable women exploited in prostitution to leave prostitution.
Kazakhstan	2019	<ul style="list-style-type: none"> • Strengthen the availability and accessibility, through funding from the State budget, of long-term and short-term shelters, medical and psychological care and legal assistance, in urban and rural areas, to all women who are victims of, or who are at risk of, gender-based violence, regardless of whether they are living with HIV or are engaging in prostitution. • Ensure access to integrated support, rehabilitation and reintegration programmes for women and girls who are victims of trafficking, regardless of whether they are living with HIV, and ensure that such programmes are not conditional on cooperation with the police and prosecutorial authorities. • Register, investigate and prosecute cases of gender-based violence and discrimination against women in prostitution and bring perpetrators to justice, and end the practice of forced HIV testing.



Country	Year	CEDAW Recommendations
Kyrgyzstan	2021	<ul style="list-style-type: none"> Disseminate and effectively implement Order No. 946-r of 14 December 2017, including by monitoring, prosecuting and punishing police violence and arbitrariness against women in prostitution and strengthening the role of the Office of the Prosecutor in this respect. Combat corruption in the health-care system and gender-based violence and discrimination by health-care personnel, particularly against women using drugs, women with HIV and women in prostitution. Ensure confidential access to affordable, modern contraceptive methods, family planning services and HIV testing throughout the State party, and ensure access to free antiretroviral therapy for all women and girls living with HIV/AIDS, including women in prostitution, and including in remote and rural areas.
Moldova	2020	<ul style="list-style-type: none"> Repeal article 89 (1) of the Contravention Code to decriminalize women in prostitution and provide alternative income-generating opportunities, educational programmes and exit programmes for women in prostitution. Eliminate stigma and discrimination against women and girls in prostitution to ensure that they have adequate access to health care, legal services and shelters.
Montenegro	2017	<ul style="list-style-type: none"> Decriminalize women in prostitution and discontinue the practice of separating mothers from their children based on the mother's involvement in prostitution. Address the root causes of prostitution, including poverty, discrimination and drug dependency. Allocate sufficient resources for exit programmes for women wishing to leave prostitution, including by providing alternative income-generating opportunities.
North Macedonia	2018	<ul style="list-style-type: none"> Develop a plan for targeted implementation of the Law on Equal Opportunities for Women and Men, ensuring a focus on [...] women in prostitution and women with disabilities. Ensure formal and permanent consultation processes and cooperation between the national machinery and civil society organizations, including those representing the interests of [...] women in prostitution. Adopt a comprehensive strategy to prevent all forms of gender-based violence against women, addressing the underlying causes of gender-based violence and situations of heightened risks for [...] women in prostitution. Combat violence against women in prostitution and adopt measures to prevent, investigate, prosecute and adequately punish such violence. Ensure that health-care and social protection programs are available to women in prostitution, strengthen income-generating opportunities for women and provide exit programs for women who wish to leave prostitution.
Serbia	2019	<ul style="list-style-type: none"> Repeal article 16 of the Public Law and Order Act and ensure that women in prostitution are not criminalized by laws, including the Public Law and Order Act, and provide exit programmes and alternative income-generating opportunities for women who wish to leave prostitution.
Tajikistan	2018	<ul style="list-style-type: none"> Collect statistical data on the number and nature of complaints of police abuse and complicity in corruption targeted at women engaged in prostitution and ensure that such complaints are duly investigated, that perpetrators are prosecuted and punished with appropriate sanctions and that the confidentiality of victims is preserved. Ensure that women engaged in prostitution can benefit from the assistance provided by non-governmental organizations that implement programmes for the prevention of HIV and sexually transmitted infections.
Ukraine	2017	<ul style="list-style-type: none"> Provide shelters and crisis centres specific to women, exit and reintegration programmes and alternative income-generating opportunities for women who are victims of trafficking and for women who wish to leave prostitution.

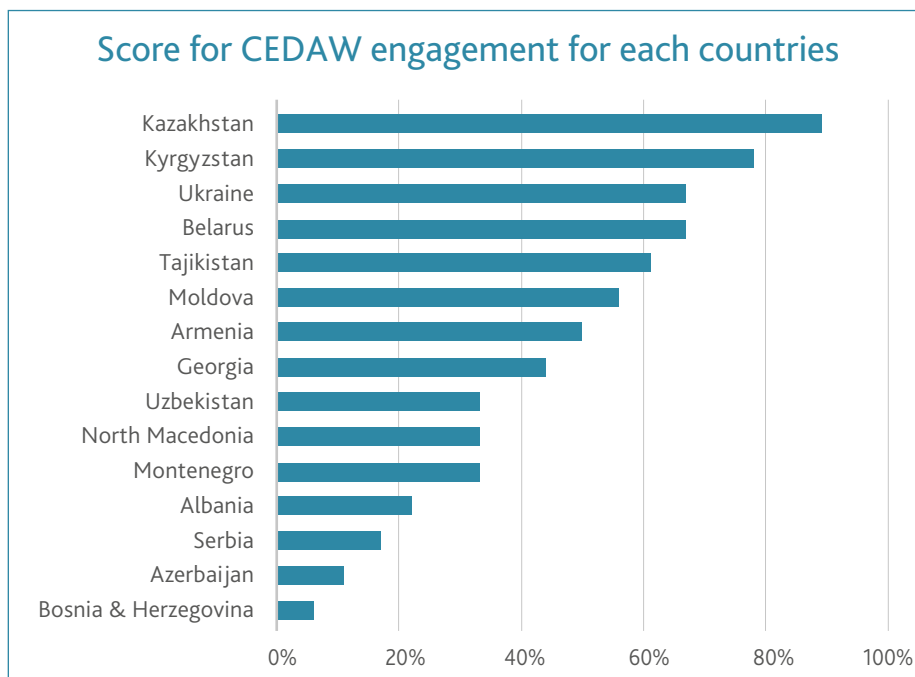


Country	Year	CEDAW Recommendations
Women who use drugs		
Georgia	2014, 2021	<ul style="list-style-type: none"> • Improve women's access to high quality health care and health-related services, in particular by: • Conducting a nationwide study to establish the number of women who use drugs, including while pregnant, in order to inform strategic planning. • Providing gender-sensitive and evidence-based drug treatment services to reduce harmful effects for women who use drugs, including harm reduction programmes for women in detention. • Please provide information on results of the gender impact assessment of the contribution of certain policies and legislation to gender equality, and the status of the report that was submitted to the parliamentary committee on drug policy
Kazakhstan	2019	<ul style="list-style-type: none"> • Eliminate discrimination, violence and stigma against women living with HIV, [...] and women using drugs, including in institutions or prisons, and ensure that they have access to adequate health services, including sexual and reproductive health services and HIV and drug treatment.
Kyrgyzstan	2021	<ul style="list-style-type: none"> • Combat corruption in the health-care system and gender-based violence and discrimination by health-care personnel, particularly against women using drugs. • Ensure that possession of drugs for personal use without intent to sell is not a criminal offense. • Amend article 74 of the Family Code to provide for automatic loss of custody and termination of parental rights on the basis of a parent's drug addiction. • Improve access to harm reduction programs and facilities for women who use drugs.
Moldova	2020	<ul style="list-style-type: none"> • Provide adequate funding to civil society organizations that offer support and rehabilitation services to women who use drugs.
Montenegro	2017	<ul style="list-style-type: none"> • Offer adequate literacy and educational programmes, drug dependence treatment, remunerated work and reinsertion programmes to women in detention.
Ukraine	2020, 2022	<ul style="list-style-type: none"> • Provide statistical data on the situation of women living with HIV and/or using drugs, including women who suffer from violence and abuse, particularly intimate partner violence, and the support that they receive, particularly the establishment of dedicated rehabilitation centers and shelters. • Ensure that all women and girl victims of gender-based violence in the State party have access to adequate shelters, legal assistance, free of charge, if necessary, health care, especially mental health services, including [...] women who use drugs. • Reduce unemployment among women, including through targeted measures by the State Employment Service and the Ministry for Development of Economy, Trade and Agriculture, with an emphasis on [...] women who use drugs. • Provide support to [...] mothers who use drugs and refrain from automatically depriving them of custody of their children.



At a glance

Out of the 15 countries, **Kazakhstan** has the highest CEDAW engagement for women living with HIV, sex workers and women who use drugs. Kazakhstan scored the highest percentage (89%). Bosnia and Herzegovina and Serbia have the lowest engagement with CEDAW (Score 6%). The average score for the CEDAW engagement for all 15 countries is 44%.





KEY RECOMMENDATIONS

Gender disaggregated data and sexual and reproductive health data on cervical cancer and HPV

We call on **governments** to:

- **Reassess the data being collected** to ensure that all national and global indicators are disaggregated by sex, age and gender. The data should also be disaggregated by key populations, especially in countries where epidemics are driven by key vulnerable and marginalised groups.
- **Provide more data** on women living with HIV who are screened for cervical cancer and for girls (9-14 years old) living with HIV who received the HPV vaccination.
- **Develop programmatic indicators** that enable data to track nuances. For example: are there sex workers who use drugs?; HIV cases among women who use drugs and sex workers?; trans* sex workers? who are also young?; opioid overdose deaths among women who inject drugs – etc. The data collected has not been able to highlight these important nuances and assumes that 'people living with HIV' 'sex workers' or 'women and girls' or 'people who use drugs' are a static group.
- **Ensure better access to existing data** that enables community representatives to access the data being collected by governments and how this might be linked to national spending on women living with HIV, women who use drugs and sex workers.

We call on **technical agencies** to better **support governments in data collection** that helps countries to understand what is working well and where more is needed. Data should be collected to impact programming and ensure it is more effective and accessible.

We call on **donors** to continue to **invest in community-led monitoring** so that some data collection focuses on qualitative data collection and women-led research.

Legal environment

We call on **governments** to:

- **Organise national and more comprehensive gender assessments** to further review the laws presented in this assessment and explore how widespread stigma and discrimination, state and non-state violence and harassment, restrictive laws and policies, and criminalization of behaviours or women from key populations heightened risks and undermines access to services.
- **Address stigma, discrimination and the human rights violations** experienced by women living with HIV, sex workers and women who use drugs in national documents, strategies, plans or policies related to the HIV response. Not enough is being done to address the status of women.



We call on **technical agencies** to:

- **Continue to support** women living with HIV, sex workers and women who use drugs to advocate for change.
- **Build a strategic accountability mechanism** to track progress around ensuring enabling and supportive legal environments.
- **Openly call for more civil space** that enables more national partnerships (which includes civil society and communities of women living with HIV, sex workers and women who use drugs) to ensure more action around addressing harmful legal environments.

We call on **donors** to **continue to fund women-led advocacy work**. Globally only 1.9% of charitable donations goes to organisations dedicated to women and girls. This funding is already miniscule and simply not enough.

Priority strategies and policies supporting women in the HIV response

We call on **governments** to:

- **Review** national documents, strategies, plans or policies related to the HIV response with a gendered lens to ensure clarity on how women living with HIV, sex workers and women who use drugs are being supported to access services across their lifespan.
- **Ensure that priority interventions are clear on SRHR and GBV** in national documents, strategies, plans or policies related to the HIV response or complimentary integrated into existing policies on SRHR, GBV, cancers, national immunisation schedule, etc.
- **Ensure dedicated budgets** follow programming to implement gender-sensitive and gender-transformative interventions.
- **Address intersectionality** in HIV responses including but are not limited to our age, ethnicity, disability, poverty, where we live, our key population status as women who use drugs and female sex workers, sexual orientation and identity, livelihood, economic status, the way society and law regulate and criminalise our behaviour, and many other variables, including violence against us as all of these different aspects can also make women more vulnerable to HIV.
- **Support CCMs** in their role as a formal system of accountability that enables community representatives to monitor the priority-setting process and spending on gender equality and meaningfully participate in a dedicated working group or other mechanisms focusing on gender equality.

We call on **technical agencies** and **donors** to:

- **Ensure the full implementation, further adaptation (for specific populations) of guidelines**. This call for partnership could be supported by a pot of guideline funding: for meaningful engagement, dissemination, implementation, area-specific adaptation and tracking of guidelines – so that there is greater dialogue and action by WHO, governments, technical partners, civil society and women in communities.
- **Support civil society coordination mechanisms** in addressing HIV and gender including CEDAW coalitions, Beijing Platform for Action, and others.



- Invest more in **communications** on **new guidelines** with WHO regional and country offices. We know this already happens but we insist that WHO HQ strategically adopts more formal processes with Ministers of Health and heads of national AIDS and/or other councils, including communities to introduce new guidelines and a follow-up timeline.

Meaningful participation of women

We call on **governments** to:

- **Meaningfully engage women living with HIV, sex workers and women who use drugs** in developing policies, guidelines and strategies relating to their health and rights, including in the CCM and other priority-setting processes and decision making spaces, including those related to preventing the vertical transmission of HIV.
- **Ensure that CCM and its working groups include women** living with, sex workers and women who use drugs, including relevant provisions.

We call on **technical agencies** and **donors** to:

- **Continue to support community system strengthening.**
- **Facilitate better engagement** of women living with HIV, sex workers and women who use drugs from the EECA region and Balkan countries in the international movements and/or networks of women living with HIV, sex workers or women who use drugs and movements and/or networks and/or hubs on access to treatment.
- **Strengthen capacity** of women living with HIV, sex workers and women who use drugs from the EECA region and Balkan countries to be actively engaged in the international movements and/or networks of women living with HIV, sex workers or women who use drugs and movements and/or networks and/or hubs on access to treatment.

HIV prevention, treatment, care and support

We call on **governments** to:

- **Ensure that PrEP is available and free of charge** for all women who want it and ensure PrEP literacy programmes are supported to address any stigma and misinformation around using PrEP for women.
- **Ensure case management protocols** to end vertical transmission of HIV are in place, properly implemented and regularly updated, include the peer-to-peer support and take into account the needs of women who use drugs and sex workers.
- **Provide medical and social support for mothers living with HIV who have made the decision to breastfeed** according to the 2017 [WHO Consolidated Guidelines](#) on the sexual and reproductive health and rights of women living with HIV.
- **Provide access to breast-milk substitutes** for women living with HIV free of charge in all regions across the country.
- **Ensure that national data on vertical transmission rates** are collected and harmonised with the Global AIDS Monitoring.



- **Ensure a process to validate the elimination of vertical transmission of HIV** by WHO is exercised through the national multidisciplinary working group and with the communities' meaningful participation.
- Enable **pregnant women living with HIV to continue accessing ART post-delivery**.
- Provide adequate support for **girls living with HIV to learn about their diagnosis before adolescence**.
- **Provide comprehensive and ongoing counselling to children** to support them in their journey of disclosing their HIV-positive status to others as well as support **to parents** on how to disclose an HIV-positive status to their offspring.
- **Provide comprehensive sexuality education** for girls living with HIV.

We call on **technical agencies** to **ensure updated guidelines** on thematic areas that **support women's choice** (developed in partnership with communities).

Mental Health

We call on **governments** to:

- **Address integration of HIV and mental health** in both the HIV and mental health responses according to the international guidelines including [Key considerations to integrate HIV and mental health interventions](#) developed by WHO and UNAIDS.
- **Design and implement gender-responsive and gender-transformative HIV and mental health strategies, guidelines, services and programmes for women**. Ensure that the design and delivery of mental health services in HIV programmes include peer support groups and psychological consultations. In order to ensure comprehensive access, it is necessary to develop professional psychotherapy and mental health care programmes that are provided by friendly specialists and address unmet mental health needs in the HIV response, as well as to develop new partnerships with patient communities of people living with mental disorders and professionals who can provide assistance.
- **Support community-led and community-based services** that help to reduce stigma, discrimination and social exclusion faced by women with mental illness, women living with HIV, sex workers and women who use drugs.
- **Meaningfully involve communities of women to** develop HIV and mental health integrated policies and interventions, as well as in the direct **delivery of integrated services** that contribute to the successful integration of HIV and mental health.
- **Allocate resources** so that women do not help others to their own detriment. Sustain women's activism, including education, self-care skills, mental health screening tools, safe spaces, mental health mobilisation and advocacy for women activists and women's rights defenders, especially for those living in emergencies and humanitarian crises.

We call on **technical agencies to promote the national implementation** of the [Key considerations to integrate HIV and mental health interventions](#) developed by WHO and UNAIDS.

We call on **donors to ensure that mental health is integrated** in all funding proposals contributing to the national HIV responses.



Violence against women

We call on **governments** to:

- **Address violence against women living with HIV, sex workers and women who use drugs** at the state level, including (but not limited to) health and social policy committees, human rights and gender policy ombudsmen, the CCM and in its working groups, etc.
- **Establish and fully fund mechanisms to document and respond to cases of GBV** against women living with HIV, sex workers and women who use drugs.
- **Support responses led by community of women** living with HIV, sex workers and women who use drugs.
- **Provide friendly and sensitised GBV services** free of stigma and discrimination toward women living with HIV, sex workers and women who use drugs.
- **Ensure that women** in all their diversity are able to safely **gather and enjoy the civic freedoms** during marches or public meetings (International Women's Day (8 March), 26 June (Support. Don't punish), sex workers marches (3 March), etc).
- **Support partnerships** between government and UN agencies, NGOs, human rights and women's/feminist organisations, networks or organisations representing women's rights, women living with HIV, sex workers, women who use drugs, to develop and implement programmes and initiatives that address gender-based violence and violence against women in the national HIV response.
- **Sign and ratify the Istanbul Convention** (Council of Europe Convention on preventing and combating violence against women and domestic violence).

We call on **Alliance for Public Health** to make country **REAct reports on violence against women more regularly**, at least every six months, and for each group of women (in such a way informing women on data collected).

We call on **technical agencies** and **donors** to:

- **Provided resources** for women living with HIV, sex workers and women who use drugs initiatives and organisations for campaigning against GBV and shadow reports submission to the UN treaty bodies, including CEDAW.
- **Ensure that GBV is integrated** in all proposals contributing to the national HIV response.

Community-led response

We call on **governments** to:

- **Ensure that data collected through community led monitoring is used** to influence positive changes for the community.
- **Guarantee the Freedom of Assembly** and remove all legal and bureaucratic barriers that do not allow marginalised and criminalised women to organize and register their own advocacy organisations.



- **Prioritise for domestic funding** for organisations led by women living with HIV, sex workers and women who use drugs, especially for countries transitioned or transitioning from the Global Fund.
- **Equally and equitably engage organisations led by women** living with HIV, sex workers and women who use drugs in all country dialogues and platforms that impact priority-setting and resource allocation in HIV response and beyond (i.e. gender equality, GBV, SRHR, etc).

We call on **technical agencies** and **donor** to:

- **Build more partnerships** with organisations led by sex workers and women who use drugs (UN agencies).
- **Capacitate and fund communities to conduct community- and women-led research**, including PLHIV Stigma Index, sexual and reproductive health and rights, violence/types of violence, budget allocations in response to HIV, access to ART (interruptions/stockouts) and other and to inform policy-makers. Facilitate better women's engagement in the research related to budget allocations in response to HIV and access to ART, especially for sex workers and women who use drugs.
- **Provide communities with the peer-driven technical assistance** from the national, regional and international organisations to effectively implement (adapt) existing methodologies and designs of women-led research and community-led service quality monitoring (CLM).
- **Capacitate organisations led by women** living with HIV, sex workers and women who use drugs to **diversify their funding base** to avoid dependency on one donor.
- **Support promotion and implementation** of the Injecting Drug User Implementation Tool ([IDUIT](#)) and the Sex Worker Implementation Tool ([SWIT](#)) tools at the national level with the meaningful participation of women.
- **Support CLM** as an integral part of community-led advocacy, cohesion, mobilization and strengthening of community systems.

CEDAW engagement

We call on **governments** to **meaningfully involve women living with HIV, sex workers and women who use drugs** in the **CEDAW process at the national level**, including CEDAW implementation platforms and working groups established by the government.

We call on **technical agencies** and **donor** to:

- **Provide** women living with HIV, sex workers and women who use drugs **with resources and technical assistance** to coordinate the development of and submission and presentation of shadow reports to the sessions of the UN Committee CEDAW.



- **Support sex workers and women who use drugs to access training of the IWRAW's tools:** [Shadow Report Guidelines on CEDAW and Rights of Sex Workers](#) and [NGO Reporting Guidelines on CEDAW & Rights of Women Who Use Drugs](#).
- **Facilitate dialogue** between the CEDAW Committee members and communities in order to:
 - ▷ Adopt non-stigmatizing and neutral terminology which provides space for self-identification of sex workers thus counter the narratives of sex workers being either criminals or victims.
 - ▷ Achieve understanding of the legal frameworks which directly or indirectly oppress sex workers through criminalisation or penalization and how these legal frameworks fuel human rights violations and poor health outcomes among sex workers.
 - ▷ Achieve understanding of how anti-trafficking responses and narratives increase the risk of exploitation and violence for migrant sex workers and explore the possibility of building cooperation with sex worker rights organisations to support the identification of genuine cases of exploitation and abuse within the sector.
 - ▷ Pay more attention to unmet needs, violence and legal barriers faced by women living with HIV, sex workers and women who use drugs in the concluding observations and/ or in the lists of issues and questions prior to the submission of the country's periodic reports.



LIST OF ANNEXES

Annex A. Key findings of gender assessment in Albania

1. National context

HIV prevalence and share of women in focus: [Albania](#) is a low HIV epidemic country. In 2021, HIV prevalence was estimated at 0.05%. [Up to November 2021](#) a total 1493 people had been diagnosed with HIV (1076 men and 417 women). Vertical transmission accounts for 2.5% of the total (37 cases). According to the National HIV Action Plan (2020-2025) the last IBBS studies conducted in 2011 and 2019 revealed low rates of HIV infection among all key populations, although HIV prevalence had increased slightly to 1.4% among PWID and 2.0% among MSM in 2019. Among more than 100 female sex workers tested, only one HIV case was found.

Population and rural spread: In 2021 out of [2,811,666](#) people, women accounted for [49.1%](#) of the population. [37% live in rural areas](#).

Gross Domestic Product (GDP), poverty and unemployment: In 2020 GDP was [USD18.26 billion](#) with 21.8% of the population [living in poverty](#) (2019) and in 2021 there was [11.8% unemployment](#). In 2021, [amongst women the unemployment rate](#) was 11.9%.

Life expectancy: In 2020 [life expectancy](#) reached 80 years of age for women and [77 years](#) of age for men.

Maternal mortality, contraception and fertility: In 2019 [maternal mortality rates were](#) 7 deaths per 100,000 live births. In 2020 [fertility rates](#) were at 1.6 births per woman. Albania scores 68.1% in the [2020 Contraception Atlas](#). This encompasses an exceptional score on access to supplies and counselling (89.5%). The public health sector offers free of charge pills, injectables, IUDs, and condoms to everyone. While contraceptives are completely covered, Albania still reports a very low contraceptives prevalence rate due to lack of demand. This could partially explain the low contraception prevalence rate (30% of reproductive age) of the country.

Parliamentary seats held by women: In 2021, 36% of [national parliament](#) seats are held by women.

Numbers of women who experience violence: A [study from 2018](#) showed that violence against women and girls in Albania is widespread. In particular, as many as 1 out of 2 (52.9%) of women aged 18-74 experienced one or more of five types of violence (intimate partner violence, dating violence, non-partner violence, sexual harassment and/or stalking) during their lifetime, and 1 out of 3 (36.6%) of women experienced one or more of these five types of violence in the 12 months prior to the interview. In addition, 3.1% of women experienced child sexual abuse before the age of 18.

Global AIDS Monitoring (GAM) gender disaggregated data: 32% of [GAM indicators](#) are reported to be disaggregated by gender data (2020).

The Global Gender Gap Index 2022 ranking: № 18 out of 146 countries, [0.787](#) (0-1).

Istanbul Convention: Albania has signed (2011) and ratified the Istanbul Convention (2013).



2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	
Regulations allow adoption and guardianship irrespective of HIV-status	
Regulations allow adoption and guardianship irrespective of substance use	
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	
Regulations protect parental rights irrespective of substance use	
Regulations ensure access to harm reduction programmes	
Regulations ensure access to opioid substitution therapy (OST)	
HIV testing is not mandatory before marriage	
HIV testing is voluntary and with informed consent	
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 18 years of age	
HIV treatment – 18 years of age	
Sexual and reproductive health services – 18 years of age	

Whilst Albania has punitive and restrictive laws around drug use; possession of drugs for personal use; adoption and guardianship and restriction of parental rights for people who use drugs, there are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST). Unlike other countries, sex work is considered a criminal act, carrying the risk of prosecution and prison sentences for both sex workers and their clients. Whilst HIV transmission and exposure are listed among prohibited acts in the Law, HIV testing is voluntary and with informed consent and HIV testing is not mandatory before marriage. Although there is no direct restriction to adopt a child for people living with HIV, the applicant for adoption must provide "HIV-AIDS assays". In 2020, the amendments to the law "[On Protection from Discrimination](#)" entered into force that improve the legal framework for protection against discrimination in Albania: addition of the protected grounds based on which discrimination is prohibited: *citizenship, sex characteristics, living with HIV/AIDS and appearance* (Article 1). The law makes no provisions that allows adolescent girls to have access to HIV testing and treatment and sexual and reproductive health services without parental consent. See legal references at the end of the document.



3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i>	
■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	
sex workers	
women who use drugs	
menopausal women	
adolescent girls	
gender-transformative interventions	
gender-based violence	
sexual and reproductive health and rights	
HPV vaccination	
preventing and controlling cervical cancer	
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	
a dedicated working group or other mechanism focusing on gender equality	

3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i>	
■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i>	
■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

In Albania, HIV Action Plan for 2020-2025 highlights pregnant women living with HIV and female sex workers; it also notes that male and transgender sex workers and young women and girls engaging in transactional sex are largely overlooked. Data analysis and interventions for people who use drugs are considered without gender-sensitive focus. The Action Plan seeks to incorporate sexual health, HIV/STIs and risk behaviours in the school curricula and programmes for young women and men. The previous [HIV Strategy](#) (2015-2019) addresses gender-based violence, HPV vaccination and screening of cervical cancer of women.

The Action Plan envisage revise/update current HIV Law (2008) to include all priority services for key populations and other groups as well as legislation that enables effective HIV programming. Civil society urges that is an urgent to review Albanian HIV Law in the approaches to prevention, care and support.



The National HIV/AIDS Action Plan 2020-2025 has priorities and/or target populations in common with and/or contributes to the other national strategies and plans. However, policies and plans in other areas are either outdated and/or do not explicitly take HIV into account: e.g. the National Action Plan for Integration of Roma and Egyptians (2016-2020), the National Action Plan on LGBTI People (2016-2020) and the National Strategy and Action Plan on Gender Equality (2016-2020) all have a direct or indirect bearing on issues related to HIV/AIDS. However, none of these national action plans even mention HIV or AIDS once, let alone provide an appropriate policy framework to address HIV in the context of these populations or issues. At the same time, the Strategic Document and Action Plan 2017-2021 for Sexual and Reproductive Health identifies four major strategic objectives related to SRH including (iii) disease of the reproductive system (tumor diseases, sexually transmitted infections, HIV and AIDS and infertility).

Albania has its national Country Coordinating Mechanism (CCM) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. However, the CCM does not include a dedicated working group or other mechanism that is focused on achieving gender equality. In 2020, ERA's members in Albania, [Alliance against Discrimination LGBT](#) and [Albanian Association of People Living with HIV/AIDS reported](#) a worrying and pessimistic situation. The year 2020 has started with disruption of services for about 200 people living with HIV, 1800 people who inject drugs, 380 methadone clients, 1200 men having sex with men, 290 sex workers and 30 prisoners. Consequently, NGOs have been forced to shut down their services, cut human resources and return many assets.

Albania has examples of civil society coordination mechanisms addressing HIV and gender such as [CEDAW Coalition](#).

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			

Woman living with HIV is a deputy chair of the Albania CCM and member of the Region Coordination Mechanism. Women living with HIV are fully [committed](#) to planning the development of health policies and advocating for HIV to be a priority on the national agenda, including the new HIV Law review and adoption; review of the National HIV Strategy; ongoing access to ARV-treatment; increasing standardization of regulatory models of care and support for HIV-positive people and their families; integrating HIV-positive children at all levels of the education system; PrEP protocols development and implementation; etc.

Women living with HIV participate developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV.

Community global networking: Community representatives of women living with HIV from Albania participate in international movements and/or networks of women living with HIV (ICW, WECAREHIV). They also participate in international or national movements and/or networks or hubs on access to treatment such as European AIDS Treatment Group ([EATC](#)), ECAB (European Community Advisory Board), the Network of Patient Associations with Chronic Disease.



5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ >2% ■ <2% ■ No data	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	

5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	

In Albania, pre-exposure prophylaxis (PrEP) protocol will be adopted in 2023. The pilot PrEP programme will include 100 MSM, trans women and discordant couples through support of Alliance for Public Health.



In the HIV Action Plan prevention of mother-to-child transmission (PMTCT) interventions include promoting and delivering HIV/STI testing to pregnant women through institutional-oriented counselling and primary health care. National guidelines for screening pregnant women for HIV, syphilis and hepatitis has been adopted. In line with the protocols, treatment and care to pregnant women living with HIV before, during and after birth is available and provided as applicable. In practice, the implementation of PMTCT in Albania has been suboptimal: according to the 2017-2018 Demographic and health Survey (DHS), only 9% of pregnant women had been tested for HIV. With support from the Global Fund grant, PMTCT is being strengthened, aiming to scale up of provider-initiated HIV testing (PITC) for pregnant women in antenatal care (ANC). As mentioned, the very low coverage (9%) of PMTCT services to date is a serious problem. PMTCT protocols and guidelines are in place, but not being consistently followed by ANC staff. No data is available on the percentage of children (0–14 years old) newly diagnosed with HIV by women living with HIV who delivered in the past 12 months. Mothers known to be living with HIV gave only commercial infant formula as breast-milk substitutes.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence ■ No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	

Albania's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery. Girls living with HIV learn about their diagnosis during teen age. The [Life Skills and Sex Education Programme](#) comprises modules in biology, health and physical education, and is compulsory for children from 10 years onwards with a total of 140 teaching hours. Children learn about development at different ages, reproduction, reproductive organs, sexual maturity, the development of the foetus during pregnancy and the impact of drugs, disease and diet, contraceptive methods, abortion, sexual relations at an early age, the STDs mostly found in Albania, including HIV/AIDS, gonorrhoea, syphilis, etc. A special decision has been made on the social support of children living with HIV, but its approval has not been realised due to financial implications. Assessment's country informant rates access to comprehensive sexuality education for girls living with HIV as average.



7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups	Available	Somewhat available	Somewhat available
Psychological consultation	Available	Somewhat available	Somewhat available
Psychiatric care	Not available	Not available	Not available
Screening for depression	Not available	Not available	Not available
Retreats for community representatives	Not available	Not available	Not available

In Albania, peer support groups and psychological consultation are available for women living with HIV. These services are also somewhat available for sex workers and women who use drugs. Psychiatric care, screening for depression and retreats for community representatives are not available for women living with HIV, sex workers and women who use drugs.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level	Not addressed at the state level	Not addressed at the state level	Not addressed at the state level

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence	Somewhat addressed	Somewhat addressed	Somewhat addressed

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no partnerships ■ There are some partnerships ■ There are good partnerships			
Partnerships that address gender-based violence and violence against women	Not addressed at the state level	Not addressed at the state level	Not addressed at the state level



In Balkan countries the REAct system was [launched](#) in June 2022. The main implementing partner and regional coordinator is the Regional Tuberculosis and HIV Community Network in Southeast Europe (RTB&HIVCN), which works in partnership with [Albanian Association of People Living with HIV/AIDS](#). Reactors provide a wide range of services for key groups including legal support services and services for women.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ Data doesn't exist ■ Some data exists ■ Data exists	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

There is no data on girls living with HIV (9-14 years of age) who were vaccinated against the Human Papillomavirus (HPV) and no data in Albania related to women living with HIV screened for cervical cancer.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

PLHIV Stigma Index: In 2020, the Albanian Association of People Living with HIV/AIDS conducted “PLHIV Stigma Index”. Sex workers and women who use drugs were included as respondents.

10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			



10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ <i>Women haven't been trained</i> ■ <i>Women have been trained</i>	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ <i>Not registered</i> ■ <i>Registered</i>	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not funded</i> ■ <i>Somewhat funded</i> ■ <i>Funded</i>			
International funds / organisations		Not Applicable	
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			

10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not supported</i> ■ <i>Somewhat supported</i> ■ <i>Supported</i>			
HIV prevention		Not Applicable	
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			



Albania has registered and acting community-led organisation of people living with HIV run by woman – [The Albanian Association of People Living with HIV/AIDS](#). Organisation is working in the field of HIV prevention, prevention of HIV vertical transmission, HIV care and support, protection of rights, advocacy and community capacity building. Support for this work comes from international organisations, state/municipalities, UN agencies (UNAIDS, UNDP, UNICEF, UNFPA) and private donations/private foundations (Open Society Foundation, Vodafone).

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women’s organisation of women living with HIV, sex workers and women who use drugs.

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			

In 2016, representatives of women living with HIV in Albania participated in the preparation and submission of [alternative/shadow](#) report to the UN Committee on the Elimination of Discrimination against Women (CEDAW) led by the Albanian Centre for Population and Development (ACPD) in coalition with Albanian Association of People Living with HIV/AIDS and other NGOs (64th session 4th periodic report).

Recommendations by the CEDAW Committee: In the [concluding observations](#) on the fourth periodic report of Albania (2016) the Committee was concerned about the increasing mother-to-child transmission of HIV, notwithstanding the preventive programmes adopted by the State party. Sex workers were considered as "victims of trafficking". The Committee recommended to the State party to:

Strengthen its efforts to prevent the mother-to-child transmission of HIV, through regular screening, early diagnosis and free distribution of antiretroviral medicines.

Exempting victims of trafficking from any liability and providing them with adequate protection, such as witness protection programmes and temporary residence permits, irrespective of their ability or willingness to cooperate with the prosecutorial authorities.



Increasing funding for shelters, both those run by the State and those run by non-governmental organizations, in order to provide victims with medical, psychological and social reintegration services.

In the [List of issues](#) and questions in relation to the fifth periodic report of Albania (83rd Pre-Sessional Working Group, 2022) the Committee asked the State party to provide information on measures taken to reduce the demand for commercial sex.

References on legal environment:

1. Law "On Protection from Discrimination"
2. [Criminal code](#), Article 96, 113, 283/a, 285
3. [Shelters](#), Article 17
4. [Family Code](#), Article 244
5. [Clinical guideline](#), Opioid substitution therapy
6. [Law on prevention and control of HIV/AIDS](#), Article 28
7. [Law on prevention and fight against infections and infectious diseases. Article 5, 7, 8, 9, 16, 31](#)
8. Law No. 9695 dated 19.03.2007 "On adoption procedures and the Albanian Adoption Committee"



Annex B. Key findings of gender assessment in Armenia

1. National context

<p>HIV prevalence and share of women in focus: Armenia has a low-level concentrated HIV epidemic with an estimated HIV prevalence of 0.2%. From 1988 to 2021, 4579 cases of HIV were registered in Armenia. Among them, 3174 men (69%) and 1405 (31%) women. 49.4% of people receive their HIV diagnosis between the age of 25-39 and 78 cases of HIV (1.6%) were registered among children aged 0-15 years. As of December 31, 2021, the number of people living with HIV in Armenia was 3546. In 2021, the HIV prevalence was 2.6% amongst people who use drugs, 2.5% amongst trans women, and 0.2% in female sex workers – (NCID).</p>
<p>Population and rural spread: In 2021, out of 2.968,128 million people, women accounted for 53% of the population. 37% of the population live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2021, the GDP was USD13.86 billion with 0.4% of the population living in poverty and 12.2% unemployment rate in 2020. In 2021, the unemployment rate amongst women was 22.3%.</p>
<p>Life expectancy: In 2020, life expectancy reached 79 years of age for women and 71 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2017, maternal mortality rates were 26 deaths per 100,000 live births. In 2022, the contraceptive prevalence rate was 53.9% among married between the ages of 15 – 49 and in 2020, fertility rates were at 1.8 births per woman.</p>
<p>Parliamentary seats held by women: In 2021, women held 34% of national parliament seats.</p>
<p>Numbers of women who experience violence: In Armenia, 14.8% of ever-partnered women aged 15-59 experienced physical violence by their husband/intimate partner. According to the Lancet study, in 2018, the prevalence estimates for lifetime physical or sexual violence in Armenia were 10%. In one study, only in terms of women living with HIV and women who use drugs, the findings showed that 84.3% of respondents were abused by their husbands or partners and 61.7% experienced violence in their parental homes.</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: Not available since 2016.</p>
<p>The Global Gender Gap Index 2022 ranking: № 89 out of 146 countries, 0.698 (0-1)</p>
<p>Istanbul Convention: Armenia signed (2018) but has not ratified the Istanbul Convention.</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	
Regulations allow adoption and guardianship irrespective of HIV-status	
Regulations allow adoption and guardianship irrespective of substance use	



Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Green
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Red
Regulations protect parental rights irrespective of substance use	Red
Regulations ensure access to harm reduction programmes	Green
Regulations ensure access to opioid substitution therapy (OST)	Green
HIV testing is not mandatory before marriage	Green
HIV testing is voluntary and with informed consent	Green
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 14 years of age	Green
HIV treatment – 14 years of age	Green
Sexual and reproductive health services – 16 years of age	Yellow

Armenia has punitive and restrictive laws around sex work; possession of drugs for personal use; and adoption and guardianship for people who use drugs. There are supportive laws that ensure access to harm reduction and opioid substitution therapy (OST); and drugs use is decriminalised. Whilst HIV transmission continues to be criminalised, HIV testing is voluntary and with informed consent; and HIV testing is not mandatory before marriage. The law was changed at the end of 2022, enabling women living with HIV to have access to shelter services, however, women who use drugs are still not allowed access to such shelter services. The law allows adolescent girls to have access to HIV testing and treatment. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i>	
■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Yellow
sex workers	Yellow
women who use drugs	Yellow
menopausal women	Red
adolescent girls	Yellow
gender-transformative interventions	Red
gender-based violence	Red
sexual and reproductive health and rights	Green
HPV vaccination	Red
preventing and controlling cervical cancer	Green
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Red
a dedicated working group or other mechanism focusing on gender equality	Green



3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

Armenia's HIV Strategic Plan (2022-2026) highlights sex workers, men who have sex with men, transgender people, people who inject drugs and people in prisons. Women were not prioritised in the [National HIV Strategic Plan for 2017-2021](#). This strategic Plan does not include attention to women who experiencing menopause, gender-based violence, HPV vaccination and does not have a dedicated budget for implementing gender-sensitive and gender-transformative interventions. Women living with HIV are advised to be screened for cervical cancer after an HIV diagnosis and then a secondary screening after six months according to the [Clinical Guidelines on HIV Research and Counselling](#).

Armenia has its Global Fund Country Coordinating Mechanism (CCM) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. The [CCM](#) has a dedicated working group on achieving gender equality (Community, Gender and Human Rights (CRG) working group), which includes women living with HIV. The CRG WG focuses its work on monitoring cases of human rights violation and discrimination, and reports to the CCM with suggested actions.

Since 2019, women living with HIV in Armenia have been involved in the CEDAW processes in collaboration with the [Coalition to Stop Violence Against Women](#).

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			



There is an HIV/AIDS working group under [CCM](#), in which civil society and community representatives are also involved. Community representatives participate in strategic planning and monitor the process of implementation. Currently only women living with HIV are represented in the CCM working groups.

In 2020, a National Coordination Committee was established to address HIV vertical transmission, however, women from civil society and communities were not included.

Community global networking: Community representatives from Armenia participate in international movements and/or networks of women living with HIV ([ICW](#), [EWNA](#)) and sex workers ([SWAN](#)).

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i>	
■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i>	
■ >2% ■ <2%	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	



5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	

In Armenia, pre-exposure prophylaxis (PrEP) is available for women free of charge. According to the National Centre for Infectious Diseases, during the last five years 251 women have received PrEP.

The report documenting the data in Armenia shows that the proportion of children between the age of 0–14 acquiring HIV is low at 1,6%. According to the guideline on [HIV surveillance](#), pregnant women living with HIV are referred to care and support services, including peer-to-peer counselling. As a part of comprehensive approach, breast-milk substitutes are provided to women living with HIV free of charge.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence ■ No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	



Armenia's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

The average age of girls living with HIV who learn about their diagnosis is between 12-16 years of age, but there is no standardized approach to counselling offered around the disclosure of their HIV status. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as poor.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

Mental health services include peer support groups and psychological support for women living with HIV. Women who use drugs and sex workers have access to psychological consultations. Women living with HIV have some access to [screening for depression](#) within international initiatives. Retreats for community members are rarely available for women living with HIV but not for sex workers and women who use drugs.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level			

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence			

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no partnerships ■ There are some partnerships ■ There are good partnerships			
Partnerships that address gender-based violence and violence against women			



In Armenia, violence against women is neither adequately addressed nor a priority, and the needs of special groups are not indicated. Also, there is no efficient mechanism to begin to try to address gender-based violence (GBV). Even though Armenia signed the Istanbul Convention, it is still yet to be ratified. Mechanisms to document and respond to cases of gender-based violence against women living with HIV are applied by the Women's Support Centre.

Women living with HIV conducted campaigns "[No excuse for violence!](#)" dedicated to 16 days of activism against GBV and focused on women who use drugs led by the "Women's Empowerment Centre" (2022). In 2022, "Real World, Real People" and "Women's Empowerment Centre" conducted a [series of trainings](#) on HIV, human rights, drug use, protection of personal data, vulnerability of women living with HIV and women who use drugs to violence for more than 200 employees of shelters and crisis centres supported by UNAIDS and the Coalition to End Violence Against Women.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ Data doesn't exist ■ Some data exists ■ Data exists	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

Although data is collected from women living with HIV screened for cervical cancer, there is no data in Armenia on the percentage of girls living with HIV who were vaccinated against human papillomavirus (9-14 years old).

Cervical cancer screening is not implemented mandatory by the National Centre for Infectious Diseases of the Ministry of Health [NCID](#). Women living with HIV are only advised to be screened. Currently, NCID is implementing a programme supported by Germany, which enabled 96 women pass PAP screening from March to June 2022.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

The study "[Women human rights defenders stepping up against gender-based violence in Armenia](#)" was conducted in 2020-2022. The project was implemented by the Coalition to Stop Violence against Women. Community organisation Real World, Real People was also involved in the research process.



10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

Sex workers in Armenia were trained in the use of the Sex Worker Implementation Tool (SWIT) under support of SWAN. SWAN member, "[Right Side](#)", translated the SWIT into Armenian and made a short SWIT guide based on the national context, making SWIT accessible for use by Armenian sex workers.

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not funded ■ Somewhat funded ■ Funded			
International funds / organisations			Not applicable
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			



10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
Result Key:			
■ Not supported ■ Somewhat supported ■ Supported			
HIV prevention			Not applicable
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

The registered national organisation of women living with HIV operating in Armenia is the [Women's Empowerment Centre](#). The organisation is working to prevent HIV, provide HIV care and support, rights literacy, advocacy and strengthen community capacity to respond to national challenges. Most support for this work to continue is provided by the international organisations. "Right Side" is the organisation led by trans* people and sex workers. The organisation is working to prevent HIV, provide HIV care and support, rights literacy, protection against violence, advocacy and strengthen community capacity to respond to national challenges. Most support for this work to continue is provided by the international organisations.

**Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women's organisation of women living with HIV, sex workers and women who use drugs.*

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
Result Key:			
■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
Result Key:			
■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			



Since 2019, women living with HIV in Armenia have been involved in the CEDAW processes. The Coalition to Stop Violence Against Women submitted the [list of issues](#) to the 81st CEDAW Pre-Session Working Group (2021). On the part of realisation of the rights of various groups of women, a section on women living with HIV and women who use drugs has been included.

In the [List of issues and questions](#) in relation to the seventh periodic report of Armenia, the CEDAW Committee noted that "women living with HIV, in particular those in prostitution or using drugs, face discrimination and social stigma in the State party. In addition, article 16 of the Law on the prevention of disease caused by HIV (1997) establishes the obligation of a person with HIV or her or his legal representative to comply with measures of prophylaxis that prevent the spread of HIV, which creates additional risks for the women affected". The Committee requested the State to:

- Please also provide information on periodic and mandatory training for health workers on women's and girls' sexual and reproductive health and rights, paying particular attention to [...] women with HIV.
- Please indicate whether the State party is taking steps to repeal the relevant provisions of the HIV Prevention Law.
- Please also provide information on awareness-raising and educational measures taken to eliminate discrimination and stigmatisation against women living with HIV and provide exit programmes and alternative income-generating opportunities for those wishing to leave prostitution and drug substitution programmes for women who use drugs.

References on legal environment:

1. [Criminal code](#), Article 177
2. [Criminalisation of sex work](#), Article 179/1
3. [Criminal code on drug use](#), Article 393
4. [Deprivation of parental rights](#), Article 59
5. [Armenia's law on adoption](#), Article 119
6. [Harm reduction services](#)
7. [Shelter for victims of domestic violence](#)
8. [HIV treatment for adolescent](#) Article 10



Annex C. Key findings of gender assessment in Azerbaijan

1. National context

<p>HIV prevalence and share of women in focus: Azerbaijan has a low-level concentrated HIV epidemic with an estimated HIV prevalence at 0.1%. In 2021 out of an estimated 9900 people living with HIV aged 15 and over, 4100 were women and 5800 were men. According to the Republican AIDS centre 695 new HIV cases were registered over 10 months in 2022, out of them 68% are men, 32% are women. The HIV prevalence amongst 31 900 sex workers was estimated at 3% and out of 60 300 people who use drugs the HIV prevalence was estimated at 6.1%. None of this data is disaggregated by sex.</p>
<p>Population and rural spread: At the beginning of 2022, out of 10 156,4 people, women account for 50% of the population. 47.1% of the population live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2021, the GDP was USD 54,622,176.47 with last recorded poverty headcount ratio levels in 2005 at 0% and in 2020 the was 6.6% unemployment. In 2021, amongst women the unemployment rate was 7.7%.</p>
<p>Life expectancy: In 2021 life expectancy reached 73 years of age for women and 66 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2021, maternal mortality rates were 17.8 deaths per 100,000 live births and fertility rates were at 1.5 births per woman. Azerbaijan scored 54.4% in the Contraception Policy Atlas and has the highest position among the South Caucasus countries. However, the country has a contraceptive prevalence rate of 36%. Contraceptives are not reimbursed to the general population. Free consultation for family planning and contraceptive methods are available at the state medical facilities and modern contraceptives including emergency contraception are available without a prescription at pharmacies.</p>
<p>Parliamentary seats held by women: In 2021, women held 18% of national parliaments seats. In 2022, women held 18.5% of national parliaments seats.</p>
<p>Numbers of women who experience violence: In 2018, the prevalence estimates for lifetime and past year physical or sexual, or both, intimate partner violence among ever-partnered women aged 15–49 year was 14% in Azerbaijan (Lancet study). According to the findings of the IMAGES (Men and Gender Equality Survey, 2018), 33% of Azerbaijani men report perpetrating violence against a partner while 32% of women report experiencing physical violence. A high number of women also consider that partner violence to be acceptable, with 11% to 59% believing that various specific circumstances justify a partner’s use of violence. In 2018, 915 women fell victim to domestic violence, and of these 42 died as a result. During the first half of 2018 558 cases of domestic violence were recorded of which 77.7% were women, and 1.4% were children and minors.</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: Not available since 2018.</p>
<p>The Global Gender Gap Index 2022 ranking: № 010 out of 146 countries, 0.687 (0-1).</p>
<p>Istanbul Convention: Azerbaijan has not signed the Istanbul Convention.</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	



Drug use is decriminalised	Red
Drugs possession for personal use is decriminalised	Red
Regulations allow adoption and guardianship irrespective of HIV-status	Red
Regulations allow adoption and guardianship irrespective of substance use	Red
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Red
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Red
Regulations protect parental rights irrespective of substance use	Red
Regulations ensure access to harm reduction programmes	Green
Regulations ensure access to opioid substitution therapy (OST)	Green
HIV testing is not mandatory before marriage	Red
HIV testing is voluntary and with informed consent	Green
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 16 years of age	Yellow
HIV treatment – 18 years of age	Red
Sexual and reproductive health services – 18 years of age	Red

Azerbaijan has punitive and restrictive laws around sex work; drug use and possession of drugs for personal use; parental rights, adoption and guardianship and protection from violence for people who use drugs. There are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST). Whilst HIV testing is voluntary and with informed consent, HIV transmission continues to be criminalised and HIV testing is mandatory before marriage. The law makes no provisions for adolescent girls to have access to HIV treatment and access to sexual and reproductive health services without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i>	
■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Yellow
sex workers	Red
women who use drugs	Yellow
menopausal women	Red
adolescent girls	Red
gender-transformative interventions	Red
gender-based violence	Green
sexual and reproductive health and rights	Red
HPV vaccination	Red
preventing and controlling cervical cancer	Red
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Red
a dedicated working group or other mechanism focusing on gender equality	Red



3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

In Azerbaijan, the [HIV Programme](#) for 2016-2020 is not updated by the end of 2022. The Programme includes people who inject drugs, people with occasional sex, sexual minorities, people living with HIV and people in prisons. Within the Programme, women are not recognised as an important group with their own, more specific needs, aside from the context of pregnancy and childbirth. The Programme does not include attention to menopausal women, adolescent girls, sexual and reproductive health and rights, HPV vaccination, preventing and controlling cervical cancer and does not have a dedicated budget for implementing gender-sensitive and gender-transformative interventions. It also does not address the stigma, discrimination and human rights of women living with HIV, sex workers and women who use drugs. Programme's Action Plan includes support for people experienced sexual exploitation and sexual violence.

Azerbaijan has its Global Fund Country Coordinating Mechanism ([CCM](#)) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. The CCM does not include a dedicated working group or other mechanism focused on achieving gender equality.

Azerbaijan has examples of civil society coordination mechanisms addressing HIV and gender such as [CEDAW coalition](#).

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			

Women living with HIV, sex workers and women who use drugs don't have a seat in the Azerbaijan CCM. The leader of the network of people living with HIV ("[Struggle against AIDS](#)" Public Union) is the [member](#) of the CCM and its working group on HIV. The network represents the interests of women living with HIV, including participation in the development of the HIV law in 2016.



Women living with HIV, sex workers and women who use drugs don't participate in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV.

Community global networking: Community representatives of women living with HIV, sex workers and women who use drugs from Azerbaijan don't participate neither in international movements and/or networks of women living with HIV, sex workers or women who use drugs nor in hubs on access to treatment.

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i>	
■ <i>Not available</i> ■ <i>Somewhat available or not for free</i> ■ <i>Is available for free</i>	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i>	
■ <i>>2%</i> ■ <i><2%</i>	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ <i>Doesn't take into account</i> ■ <i>Somewhat takes into account</i> ■ <i>Takes into account</i>	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	

5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i>	
■ <i>Women are not given breast-milk substitutes for free</i> ■ <i>Women are sometimes given breast-milk substitutes for free</i> ■ <i>Women are given breast-milk substitutes for free</i>	
Availability and affordability of breast-milk substitutes	



In Azerbaijan, pre-exposure prophylaxis (PrEP) is not available for women and has only been rolled out as a pilot project for 100 men who have sex with men (MSM) in 2022.

The proportion of children (0–14 years old) newly diagnosed with HIV is 1.5%. The [Clinical Protocol](#) on the prevention of mother-to-child transmission of HIV (2010) includes section on pregnant women who use drugs. However, it does not make provisions for peer-to-peer support and medical and social support for women living with HIV who have taken the decision to breastfeed, nor does it take into account the needs of sex workers. Women living with HIV are not given breast-milk substitutes for free.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i>	
■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i>	
■ After teen age ■ During teen age ■ Before adolescence ■ No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i>	
■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i>	
■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	

The Azerbaijan health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

There is no data on the average age of when girls living with HIV learn about their diagnosis and no standardized approach around disclosing the HIV status to a child. Adolescent girls living with HIV do not have access to comprehensive sexuality education.



7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups	Available	Not available	Not available
Psychological consultation	Available	Available	Available
Psychiatric care	Not available	Not available	Not available
Screening for depression	Not available	Not available	Not available
Retreats for community representatives	Not available	Not available	Not available

In Azerbaijan, mental health services mostly include psychosocial counselling carried out both by civil society and medical institutions. Unlike the state, HIV service NGOs consider the specific needs of women living with HIV, sex workers and women who use drugs. Peer support groups are available for women living with HIV but psychiatric care, screening for depression and retreats for community members are not available for women living with HIV, sex workers and women who use drugs.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level	Not addressed at the state level	Not addressed at the state level	Not addressed at the state level

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence	Somewhat addressed	Somewhat addressed	Somewhat addressed

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no partnerships ■ There are some partnerships ■ There are good partnerships			
Partnerships that address gender-based violence and violence against women	Somewhat addressed	Somewhat addressed	Somewhat addressed



In Azerbaijan, violence against women living with HIV, sex workers and women who use drugs is neither adequately addressed nor a priority at the state level.

There are some mechanisms to document and respond to cases of gender-based violence against (GBV). "Clean World" Aid to Women Public Union runs a shelter for women survivors of violence, including women living with HIV, drug users and sex workers among others. Harm reduction consortium collaborates with "Clean World" to refer or redirect women who have experienced violence to shelter.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ Data doesn't exist ■ Some data exists ■ Data exists	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

In Azerbaijan, there is no data available for women living with HIV who were screened for cervical cancer and there is no data on girls living with HIV who were vaccinated against HPV.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

PLHIV Stigma Index: "Struggle against AIDS" Public Union will implement PLHIV Stigma Index 2.0 study in 2023.

Based on findings of services monitoring "Clean World" Aid to Women develops proposals on budgeting of basic and extended packages for sex workers in Azerbaijan (2022).



10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not conducted</i> ■ <i>Somewhat conducted</i> ■ <i>Conducted</i>			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

In 2022, women who use drugs participated as respondents in the assessment of harm reduction services in Azerbaijan led by “Coact” in partnership with “Struggle against AIDS”. The assessment highlights high stigma and discrimination of women who use drugs and recommends implementing gender-sensitive services in harm reduction programmes.

“Clean World” Aid to Women conducted services availability and quality monitoring among sex workers (2022).

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ <i>Women haven't been trained</i> ■ <i>Women have been trained</i>	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

In 2022, people who use drugs were [trained](#) in the use of the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT). The training was organised by “Struggle against AIDS” under support of “Coact”. In 2022, service providers working with sex workers were [trained](#) in the use of the Sex Worker Implementation Tool (SWIT). The training was organised by “Clean World” Aid to Women with support of ECOM and SWAN.

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ <i>Not registered</i> ■ <i>Registered</i>	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not funded</i> ■ <i>Somewhat funded</i> ■ <i>Funded</i>			
International funds / organisations	Not applicable		
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			



10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not supported</i> ■ <i>Somewhat supported</i> ■ <i>Supported</i>			
HIV prevention	Not applicable		
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Azerbaijan doesn't have registered community-led organisations of women living with HIV, women who use drugs and sex workers.

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women's organisation of women living with HIV, sex workers and women who use drugs.

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not participated</i> ■ <i>Somewhat participated</i> ■ <i>Participated</i>			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>No recommendations</i> ■ <i>Some recommendations</i> ■ <i>Good/strong recommendations</i>			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			

Over the past five years, the representatives of women living with HIV, sex workers and women who use drugs in Azerbaijan have not participated in the preparation and submission of shadow reports to the UN Committee on the Elimination of Discrimination against Women (CEDAW). The [alternative report](#) submitted by Gender Hub Azerbaijan in coalition with Anti-Discrimination Centre Memorial and Azerbaijan Women's Fund (FemACT) includes issues related to women living with HIV and sex workers (82nd session, 6th periodic report of Azerbaijan).



Recommendations by the CEDAW Committee: In the [concluding observations](#) on the sixth periodic report of Azerbaijan (2022), the Committee noted with concern the State party's reliance on non-governmental organizations for shelter services. The Committee recommended the State party:

- Repeal the legal provisions penalizing women in prostitution, criminalize offenders of sexual exploitation of women, including the demand for commercial sex, and take educational and awareness-raising measures targeting the general public, in particular men and boys, and combat all forms of subordination and objectification of women.
- Provide exit programmes and alternative income-generating opportunities to women who wish to leave prostitution.

References on legal environment:

1. [Law "On combating the disease caused by the HIV"](#), Article 10
2. [Law "On combating the disease caused by the human immunodeficiency virus"](#)
3. [Code of the Azerbaijan Republic about administrative offenses](#), Article 524
4. [Criminal code of Republic of Azerbaijan](#), Chapter 26, Article 234
5. [Family Code of the Republic of Azerbaijan](#)
6. ["Terms and Regulations for the Application of Substitution Treatment Programs Used in the Treatment of Persons Suffering from Drug Addiction Diseases" \(OST\)](#)
7. [Law "On combating the disease caused by the HIV"](#), Normative legal acts
8. [Law "On combating the disease caused by the HIV"](#), Testing on HIV, Article 13
9. [Action plan \(2020-2023\)](#) on combating domestic violence in Azerbaijan.



Annex D. Key findings of gender assessment in Belarus

1. National context

<p>HIV prevalence and share of women in focus: Belarus is a low HIV epidemic country. In 2021, HIV prevalence was estimated at 0.5%. As of 2021, a total of 28000 people were diagnosed with HIV (16000 men and 1200 women – all aged 15 and over). The HIV prevalence amongst 18600 sex workers is 9.7% and out of 80000 people who use drugs, the HIV prevalence is high at 22.7%. None of this data is disaggregated by gender or sex.</p>
<p>Population and rural spread: In 2021, out of 9,340,314 million people, women accounted for 53.4% of the population. In 2021, 20% lived in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2021, the GDP was USD 68,218,816.48 with 4.8% of the population living in poverty (2020) and in 2021, there was 4.7% unemployment rate. In 2021, the unemployment rate amongst women was 3.8%.</p>
<p>Life expectancy: In 2020, life expectancy reached 79 years of age for women and 69 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2020, maternal mortality rates were 2 deaths per 100,000 live births and fertility rates were at 1.4 births per woman. There is no reimbursement for contraceptives as they are not featured on the essential drug list (except for some vulnerable groups), however administering long-acting hormonal contraception such as IUD, implants and injections, as well as the prescription, is available free of charge given free medical aid throughout the country. Emergency contraception is available without a prescription.</p>
<p>Parliamentary seats held by women: In 2021, 40% of national parliaments seats were held by women.</p>
<p>Numbers of women who experience violence: Since 2018, 13,377 protection orders have been issued and since 2014, over 450 survivors of domestic violence have accessed “crisis” rooms for support. Comprehensive national data on the prevalence, causes and response to GBV is limited in Belarus. The data shows that 11.8% of women between the ages 15 and 49 have experienced some form of violence in their lifetime (2018). According to other government statements and research, one in four women experienced violence in their lifetime. The prevalence survey with a sample size of over 1,500 show that 2.8% of girls under the age of 15 experienced sexual violence and 16.8% of women experienced violence before the age of 15 (2019) (UN Women, 2019).</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: 66.7% of GAM indicators are disaggregated by gender data (2020).</p>
<p>The Global Gender Gap Index 2022 ranking: № 36 out of 146 countries, 0.750 (0-1).</p>
<p>Istanbul Convention: Belarus has not signed the Convention.</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	



Regulations allow adoption and guardianship irrespective of HIV-status	Doesn't include
Regulations allow adoption and guardianship irrespective of substance use	Doesn't include
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Includes
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Doesn't include
Regulations protect parental rights irrespective of substance use	Doesn't include
Regulations ensure access to harm reduction programmes	Includes
Regulations ensure access to opioid substitution therapy (OST)	Includes
HIV testing is not mandatory before marriage	Includes
HIV testing is voluntary and with informed consent	Includes
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 16 years of age	Somewhat includes
HIV treatment – 16 years of age	Somewhat includes
Sexual and reproductive health services – 18 years of age	Doesn't include

Belarus has punitive and restrictive laws around sex work; drug use and possession of drugs for personal use; protection from violence; adoption, guardianship and parental rights of people who use drugs. There are supportive laws that ensure access to harm reduction and opioid substitution therapy. Whilst HIV transmission continues to be criminalised, people living with HIV are allowed to adopt a child, HIV testing is voluntary and with informed consent and is not mandatory before marriage. The law does not allow adolescent girls to have access to sexual and reproductive health services without parental consent. Access to HIV testing and treatment is allowed at age 16 without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i>	
■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Somewhat includes
sex workers	Somewhat includes
women who use drugs	Somewhat includes
menopausal women	Doesn't include
adolescent girls	Somewhat includes
gender-transformative interventions	Doesn't include
gender-based violence	Somewhat includes
sexual and reproductive health and rights	Somewhat includes
HPV vaccination	Doesn't include
preventing and controlling cervical cancer	Doesn't include
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Doesn't include
a dedicated working group or other mechanism focusing on gender equality	Doesn't include



3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

In Belarus, the [National Health Programme](#) (2021-2025) includes sub-programme #5 on HIV prevention. Within the Programme, women are not recognised as an important group with their own, more specific needs, aside from the context of pregnancy and childbirth. It includes women and girls living with HIV only as a part of the general population of people and adolescents living with HIV. The Programme does not pay attention to women experiencing menopause and HPV vaccination. The Programme includes activities to counter stigma and discrimination towards people living with HIV and gender-based violence (GBV). Preventing and controlling cervical cancer is included in the sub-programme #1 on Family and Childhood, without focusing on women living with HIV. Drug interactions between antiretrovirals and hormonal contraceptives are included in the [Clinical Protocol](#) on prevention of mother-to-child transmission of HIV. The [HIV treatment protocol](#) includes women who use drugs and female sex workers only as a part of the general population of people who use drugs and sex workers.

Belarus has its Global Fund Country Coordinating Mechanism (CCM) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. The CCM does not include a dedicated working group or other mechanism focused on achieving gender equality. A [Consortium](#) of community-led organisations is addressing HIV and gender issues in Belarus.

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			



[Women living with HIV](#) and sex workers both have a seat in the [Belarus CCM](#) and a woman living with HIV is a vice-chair of the CCM. Women who use drugs are represented in the CCM through the constituency of people who use drugs despite the fact that they do not formally sit on the CCM. Women living with HIV actively advocate for [HIV decriminalisation](#) and implementation of [gender-sensitive services](#) within the National Global Fund Programme as well as the implementation of a gender audit in Belarus. They also participate in the Council on HIV M&E.

Women living with HIV participate in developing policies, guidelines and strategies to prevent vertical transmission of HIV through the working group on validation of elimination of mother-to-child transmission. Activist living with HIV from Belarus also [participated](#) in the Global Validation Advisory Committee for Elimination of Mother-to-Child Transmission of HIV and Syphilis.

Community global networking: Community representatives from Belarus participate in international movements and/or networks of women living with HIV ([EWNA](#)). Women who use drugs are members of the Eurasian Network of People who Use Drugs ([ENPUD](#)). Women living with HIV also participate in international movements and/or networks and/or hubs on access to treatment such as [ITPC EECA](#).

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i>	
■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i>	
■ >2% ■ <2%	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	



5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	

In Belarus, a [pilot project](#) on pre-exposure prophylaxis (PrEP) for men who have sex with men was initiated in 2019. In 2022, the [Clinical protocol](#) on provision of medical care to patients with HIV infection was adopted, including a chapter on PrEP which is available for women free of charge.

In 2016, Belarus received WHO [certification](#) for elimination of mother-to-child transmission of HIV and syphilis. The proportion of children (0–14 years old) with HIV is 1.7% ([2019](#)). The [Clinical Protocol](#) on prevention of mother-to-child transmission of HIV doesn't include peer-to-peer support and doesn't take in account the needs of women who use drugs and sex workers. Although the Protocol advises against breastfeeding, in situations where a woman chooses to breastfeed, it recommends the enhanced clinical and virological monitoring of both mother and infant. As a part of a comprehensive approach, [breast-milk substitutes](#) are provided to women living with HIV by the primary health care, free of charge.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence ■ No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	



The Belarus health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

Girls living with HIV learn about their diagnosis during their teen-age years. No counselling is offered to children to support them in their journey of disclosing their HIV status as well as no support is provided to parents on how to disclose a child's positive HIV status to them. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as poor.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In Belarus, peer support groups are available for women living with HIV, women who use drugs and sex workers but only groups of women living with HIV enjoy [retreats](#) with their fellow community representatives. Women living with HIV have some experience with depression screening through international [initiatives](#). There is a psychological support available for sex workers and women who use drugs.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level			

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence			

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no partnerships ■ There are some partnerships ■ There are good partnerships			
Partnerships that address gender-based violence and violence against women			



In Belarus, there are significant numbers of women experiencing violence despite the absence of a stand-alone, comprehensive law on GBV. In addition to this inaction – there are strong statements by senior government officials dismissing GBV as a family issue. Violence against women living with HIV, sex workers and women who use drugs is not addressed at the state level despite the fact that in 2019, 35.1% of sex workers over six months experienced violence at the hands of their clients, including forcing/threats to have sex without condoms, group sex, and other (MoH, UNAIDS survey). In 2020, 57% of women living with HIV experienced intimate partner violence (“YANA” research).

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ Data doesn't exist ■ Some data exists ■ Data exists	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

In Belarus, there is no data available for women living with HIV who were screened for cervical cancer and there is no data on girls living with HIV who were vaccinated against HPV. About 300-350 women die from [cervical cancer](#) every year in Belarus, and more than a thousand women learn about this diagnosis for the first time. According to the [MoH order](#) (2021), cervical cancer screening is recommended to vulnerable women at age 30-60, but there is no particular focus on women with HIV. The HPV vaccine is not included in the National Immunization Schedule of Belarus, so it can only be accessed privately.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

PLHIV Stigma Index: Women living with HIV, sex workers and women who use drugs were included in the [PLHIV Stigma Index 2.0](#) (2021-2022) as a part of steering committee members, interviewers and respondents led by «People Plus».

Access to SRHR: Women living with HIV conducted community-led research on sexual and reproductive health with participation of sex workers and women who use drugs led by “YANA” (2020). The study includes sections on gender-based violence. In 2018, a women-led [study](#) on violence against women living with HIV was held in 12 countries of the EECA region, including Belarus, led by EWNA.

Violence / Types of violence: Women who use drugs participated in design and data collection for research among women who use drugs and raise children led by Deutsche Aidshilfe (2021).



10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

In 2019, women living with HIV and women who use drugs were trained on community-led monitoring at the regional [workshop](#) led by ECOM, EWNA and EHRA. Women who use drugs participated as interviewers and respondents in the study "[Basic line patient satisfaction survey with the opioid substitution therapy program](#)" led by "Tvoy Shans" (2022) supported by UNAIDS.

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

In 2018, women who use drugs were [trained](#) in the use of the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative (IDUIT). The training was conducted by "Tvoy Shans" and EHRA under support of UNODC.

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not funded ■ Somewhat funded ■ Funded			
International funds / organisations		Not applicable	
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			



10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not supported ■ Somewhat supported ■ Supported			
HIV prevention		Not applicable	
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Belarus has registered community-based organisation of women living with HIV ([YANA](#)). The organisation works mainly in the areas of HIV prevention, protection of women from violence, advocacy and community capacity building to respond to national challenges. Most support for this work comes from international organisations and/or UN agencies.

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women's organisation of women living with HIV, sex workers and women who use drugs.

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			



Over the past five years, organisations or representatives of women living with HIV and women who use drugs in Belarus have participated in preparing and submitting a [shadow report](#) to the UN Committee on the Elimination of Discrimination against Women (CEDAW) (83rd PSWG, 2022).

Recommendations by the CEDAW Committee: In the [List of issues and questions](#) prior to the submission of the 9th periodic report of Belarus, the CEDAW Committee asked to indicate the steps taken by the State party to:

- Protect other vulnerable groups of women and girls, such as women living with HIV/AIDS and children, including girls, subjected to corporal punishment.
- Encourage women who are victims of domestic violence to report it, ensure victim-centred services, such as a counselling hotline and services targeting the specific needs of [...] women living with HIV/AIDS, and the availability of crisis rooms and shelters, including for long-term stays.
- Remove the administrative liability (fines and arrest) of women exploited in prostitution and prohibit the disclosure of any related information by the authorities to third parties.
- Offer alternative income-generating opportunities to enable women exploited in prostitution to leave prostitution.

References on legal environment:

1. [Criminal Code, Article 157, Global HIV Criminalisation Database](#), HIV Justice Network
2. [Criminal Code, Article 171, 328](#)
3. [Administrative Code, Article 17.5, 19.3](#)
4. [Order of the Ministry of Health](#), lists of diseases in the presence of which persons cannot be adoptive parents
5. [The Decree of the President of the Republic of Belarus](#), On the protection of children
6. [The Law of the Republic of Belarus on Health Care](#), Article 44
7. [Clinical Protocol](#), Medical Care for People with Mental and Conduct Disorders
8. [Rules](#) of medical care for patients with drug dependence syndrome
9. [Clinical protocol](#) on provision of medical care to patients with HIV infection



Annex E. Key findings of gender assessment in Bosnia and Herzegovina

1. National context

HIV prevalence and share of women in focus: By the end of 2020, 249 people were diagnosed with HIV in the [Federation of Bosnia and Herzegovina](#). 86.7% of all those registered with HIV are male and 13.2% are female with the predominant mode of HIV transmission being amongst men who have sex with men (MSM) (52.4%) and heterosexual transmission accounting for 40.8%. The last few years have seen an increase in HIV infection among the MSM population, with the highest number of cases reported in 2019 (19 cases). Injection drug use accounts for 6.3% of cases. In the [Republika Srpska](#), for the period 2002-2019, 19% of 132 people living with HIV were female. The most frequent mode of transmission of HIV infection is still heterosexual contact (48%), then homo/bisexual (37%), injecting drug use (5%), vertical transmission (1%). In 8% of those reported, there is no information on how they contracted HIV.

Population and rural spread: In 2021, out of [3,263,459 million people](#), women accounted for 51% of the population. [51% live in rural areas](#).

Gross Domestic Product (GDP), poverty and unemployment: In 2021, the GDP was [US\\$ 22,571,512.87](#) with 16.9% of the population [living in poverty](#) (2015) and in 2021, there was [15.2% unemployment](#). In 2021, [the unemployment rate amongst women](#) was 17.7%.

Life expectancy: In 2020, [life expectancy](#) reached 80 years of age for women and [75 years](#) of age for men.

Maternal mortality, contraception and fertility: In 2017, [maternal mortality rates were](#) 10 deaths per 100,000 live births. In 2020, [fertility rates](#) were at 1.2 births per woman. In 2020, [Bosnia and Herzegovina](#) had a low modern contraceptive prevalence rate (18%), which reached 37% when including natural birth control methods. There is no reimbursement and/or price deduction for contraception or relevant medical interventions. Services/contraceptives are not covered by compulsory insurance, including for young women or other vulnerable groups. Medical interventions, including IUD insertion or abortion, must be paid for privately, with no exceptions.

Parliamentary seats held by women: In 2021, 26% of [national parliaments](#) seats were held by women.

Numbers of women who experience violence: Just under half (48%) of women in Bosnia and Herzegovina have experienced some form of abuse, including intimate partner violence (IPV), non-partner violence, stalking and sexual harassment, since the age of 15. Nearly four in ten women (38%) have experienced psychological, physical or sexual violence since the age of 15 at the hands of a partner or non-partner (FBiH: 36%; RS: 39%). One in seven women (14%) have experienced physical or sexual violence since the age of 15 at the hands of a partner or non-partner. By perpetrator, reports are the highest for previous partner violence, with 11% of women who have had a previous partner saying they have experienced one or more forms of such violence, compared to 6% of those with a current partner who say they have experienced current partner physical or sexual violence and 8% of all women who say they have experienced non-partner violence. Since the age of 15, 28% of women have experienced sexual harassment (RS:31%, FBiH:26%) and 10% have been sexually harassed in the 12 months prior to the survey (RS: 14%; FBiH: 9%). Stalking has affected one in twenty women (5% in both entities) ([OSCE-led study](#), 2019).

Global AIDS Monitoring (GAM) gender disaggregated data: Not available since 2017.

The Global Gender Gap Index 2022 ranking: № 73 out of 146 countries, [0,710](#) (0-1).

Istanbul Convention: Bosnia and Herzegovina has signed and ratified the Istanbul Convention ([2013](#)).



2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
Result Key: ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	
Regulations allow adoption and guardianship irrespective of HIV-status	
Regulations allow adoption and guardianship irrespective of substance use	
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	
Regulations protect parental rights irrespective of substance use	
Regulations ensure access to harm reduction programmes	
Regulations ensure access to opioid substitution therapy (OST)	
HIV testing is not mandatory before marriage	
HIV testing is voluntary and with informed consent	
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 18 years of age	
HIV treatment – 18 years of age	
Sexual and reproductive health services – 18 years of age	

Whilst Bosnia and Herzegovina has punitive and restrictive laws around drug use, possession of drugs for personal use, adoption of children and parental rights based of people who use drugs; there are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST). Sex work and HIV are not criminalised or penalised. HIV testing is voluntary and with informed consent, and HIV testing is not mandatory before marriage. There are no restrictions on access to shelter for survivors of violence based on HIV or drug use. The law does not allow adolescent girls to have access to HIV testing, HIV treatment and sexual and reproductive health services without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
Result Key: ■ Doesn't include ■ Somewhat includes ■ Includes	
women living with HIV	
sex workers	
women who use drugs	



menopausal women	
adolescent girls	
gender-transformative interventions	
gender-based violence	
sexual and reproductive health and rights	
HPV vaccination	
preventing and controlling cervical cancer	
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	
a dedicated working group or other mechanism focusing on gender equality	

3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

In Bosnia and Herzegovina, the [National HIV Strategy](#) (2011-2016) has not yet been updated and is considered valid until a new one is adopted. The Strategy includes women who use drugs, female sex workers and women living with HIV as a part of the general population of people who use drugs, sex workers and people living with HIV. It does not highlight or address women who are experiencing menopause, gender-based violence (GBV), HPV vaccination or preventing and controlling cervical cancer. It also does not have a dedicated budget for implementing gender-sensitive and gender-transformative interventions although the Strategy pays some attention to girls, reproductive health and gender inequalities in access to services. The Strategy addresses stigma, discrimination and human rights of women living with HIV, women who use drugs and sex workers only as a part of general population.

There is an Advisory Committee to fight against HIV and AIDS in Bosnia and Herzegovina (under the Ministry of Civil Affairs, the Department of Health). However, it exists without any activities and a dedicated working group or other mechanism focusing on gender equality. The Country Coordination Mechanism (CCM) functioned during the implementation of the Global Fund Programme until 2016.



4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			

Women living with HIV, sex workers and women who use drugs participated in the development of national strategies mostly until 2016 and do not participate in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV.

Community global networking: Community representatives of women living with HIV, sex workers and women who use drugs from Bosnia and Herzegovina participate neither in international movements and/or networks of women living with HIV, sex workers or women who use drugs nor in hubs on access to treatment.

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ <i>Not available</i> ■ <i>Somewhat available or not for free</i> ■ <i>Is available for free</i>	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>>2%</i> ■ <i><2%</i> ■ <i>No data</i>	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	



5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't take into account</i> ■ <i>Somewhat takes into account</i> ■ <i>Takes into account</i>	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	

5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ <i>Women are not given breast-milk substitutes for free</i> ■ <i>Women are sometimes given breast-milk substitutes for free</i> ■ <i>Women are given breast-milk substitutes for free</i>	
Availability and affordability of breast-milk substitutes	

Pre-exposure prophylaxis (PrEP) is not available for women despite Bosnia and Herzegovina's the [Clinical Guidelines for the Treatment of HIV and AIDS](#) (2021) including a section on PrEP. In 2021, Bosnia and Herzegovina [reported](#) availability in specific pharmacies upon referral of the patient by the clinician and reported an informal use of PrEP.

There is no data on the proportion of children (0–14 years old) newly infected with HIV in Bosnia and Herzegovina. The Clinical Guidelines for the Treatment of HIV and AIDS include section on mother-to-child transmission of HIV. The Guidelines don't take into consideration the peer-to-peer support and the needs of women who use drugs and sex workers. Although the Guidelines advise against breastfeeding, in situations where a woman chooses to breastfeed, they recommend following the WHO recommendations. Breast-milk substitutes are not provided to women living with HIV free of charge.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ <i>Women don't continue taking ART after delivery</i> ■ <i>Women sometimes continue taking ART after delivery</i> ■ <i>Women continue taking ART after delivery</i>	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ <i>After teen age</i> ■ <i>During teen age</i> ■ <i>Before adolescence</i> ■ <i>No data</i>	
Average age when girls living with HIV learn about their diagnosis	



6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ <i>There is no counselling</i> ■ <i>There is some counselling but it is not enough</i> ■ <i>There is comprehensive and ongoing counselling</i>	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ <i>Poor</i> ■ <i>Average</i> ■ <i>Good</i>	
Access to comprehensive sexuality education for adolescent girls living with HIV	

Bosnia and Herzegovina's health care system follows the international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery. There are no data on average age when girls living with HIV learn about their diagnosis. Some counselling is offered to children on how to disclose their HIV status to others and also to parents on how to disclose HIV status to a child. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as poor.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not available</i> ■ <i>Somewhat available</i> ■ <i>Available</i>			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In Bosnia and Herzegovina, peer support groups, screening for depression and retreats are not available for women living with HIV, sex workers and women who use drugs. Psychiatric care is available for all the above mentioned groups and psychological consultations are partially available for women who use drugs.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not addressed at the state level</i> ■ <i>Somewhat addressed</i> ■ <i>Addressed at the state level</i>			
Addressing the issues of violence at the state level			



8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence			

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women’s and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no partnerships ■ There are some partnerships ■ There are good partnerships			
Partnerships that address gender-based violence and violence against women			

Bosnia and Herzegovina does not address the issues of violence at the state level and has neither mechanisms to document nor respond to cases of gender-based violence nor partnerships that address violence against women living with HIV, sex workers and women who use drugs.

In Balkan countries the REAct system was [launched](#) in June 2022. The main implementing partner and regional coordinator is the Regional Tuberculosis and HIV Community Network in Southeast Europe (RTB&HIVCN), which works in partnership with "[Partnerships in Health](#)" in Bosnia and Herzegovina. Reactors provide a wide range of services for key groups including legal support services and services for women.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ Data doesn't exist ■ Some data exists ■ Data exists	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

[Cervical cancer](#) is ranked as the six most frequent cancer among women in Bosnia and Herzegovina and the second most frequent cancer amongst women between 15 and 44 years of age. Data is not yet available on the HPV prevalence in the general population of Bosnia and Herzegovina, including women living with HIV.



10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not conducted</i> ■ <i>Participated as respondents only or Issue included as a part of other research (partially conducted)</i> ■ <i>Women-led research conducted</i>			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not conducted</i> ■ <i>Somewhat conducted</i> ■ <i>Conducted</i>			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ <i>Women haven't been trained</i> ■ <i>Women have been trained</i>	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

In Bosnia and Herzegovina, women living with HIV, sex workers and women who use drugs have not conducted women-led research on sexual and reproductive health and rights, violence against women, and on budget allocations in response to HIV or access to ARV-treatment. No women were trained to use the IDUIT and SWIT tools.

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ <i>Not registered</i> ■ <i>Registered</i>	
Women living with HIV	
Sex workers	
Women who use drugs	



10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not funded</i> ■ <i>Somewhat funded</i> ■ <i>Funded</i>			
International funds / organisations	Not applicable		
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			

10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not supported</i> ■ <i>Somewhat supported</i> ■ <i>Supported</i>			
HIV prevention	Not applicable		
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Bosnia and Herzegovina has no registered and acting community-led organisations of women living with HIV, sex workers and women who use drugs.

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women’s organisation of women living with HIV, sex workers and women who use drugs.

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not participated</i> ■ <i>Somewhat participated</i> ■ <i>Participated</i>			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			



11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			

Over the past five years, the organisations or representatives of women living with HIV, sex workers and women who use drugs in Bosnia and Herzegovina have not participated in the preparation and submission of alternative/shadow reports and/or list of issues to the UN Committee on the Elimination of Discrimination against Women (CEDAW).

Recommendations by the CEDAW Committee: In the [concluding observations](#) on the sixth periodic report of Bosnia and Herzegovina (2019), the Committee noted with concern the discrimination against women living with HIV/AIDS by health care professionals. The Committee recommended the State party:

- Provide training to all health service staff on the sexual and reproductive health and rights of women, in particular pregnant women and women and girls living with HIV/AIDS.

References on legal environment:

1. [Criminal Code of the Federation of Bosnia and Herzegovina](#)
2. [Law on Prevention and Suppression of Abuse of Narcotic Drugs](#)
3. [State Strategy for supervision of Narcotic drugs, Prevention and Suppression of Narcotic drug Abuse in Bosnia and Herzegovina for the period 2018–2023](#)
4. [Law on Prohibition of Discrimination in Bosnia and Herzegovina](#)



Annex F. Key findings of gender assessment in Georgia

1. National context

<p>HIV prevalence and share of women in focus: Georgia is a low HIV epidemic country (0.4% HIV prevalence in adult population). As of 31 October 2022, 9651 HIV cases were registered, mostly between the ages of 29 – 40, approximately 25% were women. The Georgia National Strategic Plan (NSP) 2019 – 2022 estimates prevalence of drug use in adult populations at 2.24% – the third highest in the world and the second highest in the EECA region. There is limited data on women who use drugs but unpublished numbers (AIDS Centre) highlight that at the end of 2021 out of all recorded women living with HIV – 24 were women who inject drugs. In 2018, the percentage of women who use drugs was between 0.19 – 0.59% amongst cases of women living with HIV. HIV prevalence amongst sex workers remains under 2%.</p>
<p>Population and rural spread: Out of 3.7 million people, 40% live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2020, the GDP was USD18.70 billion with 5.8% of the population living in poverty and in 2022, there is 19% unemployment.</p>
<p>Life expectancy: In 2020, life expectancy reached 78 years of age for women and 70 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2017, maternal mortality rates were 25 deaths per 100,000 live births. In 2018, the contraceptive prevalence rate was 39% among married between the ages of 15 – 49 and in 2020, fertility rates were at 2 births per woman.</p>
<p>Parliamentary seats held by women: In 2021, 19% of national parliaments seats were held by women.</p>
<p>Numbers of women who experience violence: A study (2017) shows widespread violence and intimate partner violence (IPV), as well as early and forced marriage. In that study approximately 6% of women aged 15-64 who had ever been in a relationship reported having experienced physical and/or sexual violence by an intimate partner in their lifetime. Despite its scale and socio economic impact, violence against women remains largely underreported and under researched in key areas.</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: 57.1% of the GAM indicators are disaggregated by gender data (2020).</p>
<p>The Global Gender Gap Index 2022 ranking: № 55 out of 146 countries, 0.731 (0-1).</p>
<p>Istanbul Convention: Georgia has signed (2014) and ratified Istanbul Convention (2017).</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	
Regulations allow adoption and guardianship irrespective of HIV-status	
Regulations allow adoption and guardianship irrespective of substance use	



Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Green
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Red
Regulations protect parental rights irrespective of substance use	Red
Regulations ensure access to harm reduction programmes	Green
Regulations ensure access to opioid substitution therapy (OST)	Green
HIV testing is not mandatory before marriage	Green
HIV testing is voluntary and with informed consent	Green
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 14 years of age	Green
HIV treatment – 18 years of age	Red
Sexual and reproductive health services – 14 years of age	Green

Whilst Georgia has punitive and restrictive laws around sex work; drugs use; possession of drugs for personal use; adoption and guardianship for people who use drugs; its supportive laws ensure access to harm reduction and opioid substitution therapy (OST). NGOs [reported](#) that victims of violence refrain from seeking asylum because the asylum regulations prohibit drug use on its territory and fail to provide drug treatment services. According to a [study](#), women who use drugs, who were identified as victims of violence by the harm redaction services, were advised not to disclose their drug use, in order to receive shelter. Meanwhile, women who use drugs are afraid of being reported to the legal authorities and losing custody of their children. Shelters do not allow access to survivors of violence who are drug-users but are not in drug treatment programme. Whilst HIV continues to be criminalised, according to the Supreme Court, no prosecutions have taken place [between 2018 and 4 months in 2022](#). HIV testing is voluntary and with informed consent, and HIV testing is not mandatory before marriage. The law makes provisions that allow adolescent girls to access HIV testing and sexual and reproductive health services at age 14 without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i>	
■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Yellow
sex workers	Green
women who use drugs	Green
menopausal women	Red
adolescent girls	Yellow
gender-transformative interventions	Yellow
gender-based violence	Red
sexual and reproductive health and rights	Green
HPV vaccination	Red
preventing and controlling cervical cancer	Red
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Red
a dedicated working group or other mechanism focusing on gender equality	Red



3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

In Georgia, the [HIV Strategic Plan](#) (2019-2022) highlights sex workers, women who use drugs and youth; it includes a focus on sexual and reproductive health and rights and gender sensitive interventions for women who use drugs. Women living with HIV are included as a part of population of people living with HIV. This plan does not include attention to menopausal women, gender-based violence, HPV vaccination and preventing and controlling cervical cancer, especially in women living with HIV.

Georgia has its [Country Coordinating Mechanism](#) (CCM) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. However, the CCM does not include a dedicated working group or other mechanism that is focused on achieving gender equality.

Georgia has examples of civil society coordination mechanisms addressing HIV and gender such as [CEDAW Coalition](#) (2021, 2022), platform [LIFE 2.0](#).

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			



Representatives of women living with HIV and sex workers participate in developing HIV policies, guidelines and strategies despite the fact that they do not formally sit on the Georgia CCM. Women living with HIV are included in the CCM as a representative of NGO constituency. In 2021, women living with HIV and sex workers participated in the working group to develop the national funding request to the Global Fund.

Community global networking: Community representatives from Georgia participate in international movements and/or networks of women living with HIV ([EWNA](#)), sex workers ([SWAN](#)). Community representatives of women living with HIV and women who use drugs also participate in international or national movements and/or networks or hubs on treatment access such as [TB People Georgia](#).

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ >2% ■ <2%	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	



5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	

In Georgia, pre-exposure prophylaxis (PrEP) is not available for women; it is only available to MSM and trans* women.

The Global AIDS Monitoring ([GAM 2020](#)) report shows that no HIV cases of vertical transmission (mother to child) of HIV have been detected. According to the National Strategy, a [National Committee](#) of Elimination of HIV and syphilis transmission from mother to child (EMTCT) was established. The Ministry of Labour, Health and Social Affairs has developed and approved the [Maternal and Child Care Strategy](#), which provides details on EMTCT activities and national targets. However, it does not include peer-to-peer support, doesn't consider the needs of women who use drugs and sex workers, nor does it make allowance for medical and social support for women living with HIV who have taken the decision to breastfeed. As a part of comprehensive approach, women living with HIV are given breast-milk substitutes for free by the AIDS centres.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence ■ No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	



Georgia's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

There is no data on the average age of when girls living with HIV learn about their diagnosis. At the same time – no comprehensive and ongoing counselling is offered to children to support them in their journey of disclosing their HIV status. There is also no support is provided to parents on how to disclose a child's positive HIV status to them. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as poor.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In Georgia, peer support groups and professional psychological consultation are available for women living with HIV, sex workers and women who use drugs. Community-based HIV self-support centres provide psychosocial support through peer groups as well as through trained psychologist and hot-line services. [Screening for depression](#) and [retreats](#) for community representatives and activists are partially available for women living with HIV but not for sex workers or for women who use drugs.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level			

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence			



8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>There are no partnerships</i> ■ <i>There are some partnerships</i> ■ <i>There are good partnerships</i>			
Partnerships that address gender-based violence and violence against women			

Despite some efforts to address violence against women at the national level – it is clear from this assessment that the needs of women living with HIV, sex workers and women who use drugs are not addressed clearly enough within national efforts to address violence against women.

In terms of mechanisms to document and respond to cases of gender-based violence, the [REAct system](#) data (2020-2022) shows that 64% of all women who applied in Georgia reported that they had experienced physical violence by private individuals. Most often, these are cases of violence experienced by sex workers through their clients. Georgia also has the highest rate of sexual violence against women from key groups; every second woman who contacted REActors reported being harassed by private individuals or law enforcement agencies.

Since 2018, community-led organisations of women who use drug “ACESO” and sex workers “Women for freedom” have been implementing the project “Women initiating new goals of safety” (WINGS) with support from the Open Society Georgia Foundation (OSGF). The Project provides legal, medical and social support for women facing intimate partner violence and ensures greater cooperation with women’s organisations, funds and feminist movement. Synergy with the other initiatives and emergency funds has improved wider access to quality care and support services, including referrals (the Global Fund supported programme and Safe Abortion Action Fund). Women living with HIV build partnerships within the campaign “[No excuse for violence!](#)” dedicated to the 16 days of activism against gender-based violence.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ <i>Data doesn't exist</i> ■ <i>Some data exists</i> ■ <i>Data exists</i>	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

In Georgia, vaccines against the Human Papillomavirus (HPV) are available for free of charge to the general population, including for girls (9-18 years old). Screening for cervical cancer is free of charge for women (25+) in the [National Screening centres](#) across the country. However, there is no data in Georgia relating to women living with HIV screened for cervical cancer, or relating to girls living with HIV who have been vaccinated against HPV.



10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

PLHIV Stigma Index: At the end of 2022, Georgia launched PLHIV Stigma Index research. The data collection process will take place during year 2023 with the involvement of women living with HIV, sex workers and women who use drugs.

Access to sexual and reproductive health and rights: Women living with HIV conducted community-led research on SRHR (2022) led by "Gvirila". This study also includes aspects that explore GBV. In 2019, the organisation established by HIV-positive people "Real People Real Vision" ([RPRV/LIFE2.0](#)) initiated the research on SRHR; the study addresses abortion stigma in Georgia among women living with HIV, sex workers and women who use drugs.

Violence / Types of violence: Women who use drugs conducted community-led [study](#) which identified systemic, domestic, sexual and other types of violence against women who use drugs (2016) as well as research on intimate partner violence in the frame of the WINGS project (2018), both led by "ACESO". Sex-workers participated in the [study](#) on gender-based violence against sex-workers and barriers to accessing justice led by "GYLA" (2018).

Budget allocations in response to HIV: In 2020, "Real People Real Vision" implemented research on HIV cost optimization and decentralization with participation of women living with HIV, sex workers and women who use drugs.

10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

Women who use drugs were trained in the use of the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT) under support of GHRN (2019). Sex workers in Georgia have been trained in the use of the Sex Worker Implementation Tool (SWIT) under support of SWAN and Tanadgoma. The tool was adapted and translated in the [Georgian language](#) (2019).

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	



10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not funded ■ Somewhat funded ■ Funded			
International funds / organisations			
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			

10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not supported ■ Somewhat supported ■ Supported			
HIV prevention			
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Georgia has registered community-led organisation of women living with HIV ([Gvirila](#)), sex workers ([Women for Freedom](#)) and women who use drugs ([ACESO](#)). These organisations are mostly working to prevent HIV, protect women against violence, support survivors of violence in accessing services and advocacy to respond to national challenges. The work of these organisations is supported by international organisations.

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women’s organisation of women living with HIV, sex workers and women who use drugs.



11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
Result Key: ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
Result Key: ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			

In 2021, the Georgian Equality Coalition that included several community organisations, submitted a joint [alternative report](#) to UN CEDAW Committee (81st CEDAW session). The working process included women who use drugs and sex worker women's organisation representatives. Women living with HIV were included in the process through sex workers organisation.

Recommendations by the CEDAW Committee: In [concluding observations](#) on the 4th and 5th periodic report of Georgia (2014), the UN CEDAW Committee recommended to the State party to improve women's access to high quality health care and health-related services, in particular by:

- Conducting a nationwide study to establish the number of women who use drugs, including while pregnant, in order to inform strategic planning.
- Providing gender-sensitive and evidence-based drug treatment services to reduce harmful effects for women who use drugs, including harm reduction programmes for women in detention.
- In the [List of issues and questions](#) in relation to the sixth periodic report of Georgia (2021) The Committee asked the State party the following:
 - Please elaborate measures taken to combat HIV/AIDS and ensure that women living with HIV/AIDS have access to treatment and antiretroviral medicines.
 - Please provide information on results of the gender impact assessment of the contribution of certain policies and legislation to gender equality, and the status of the report that was submitted to the parliamentary committee on drug policy.

References on legal environment:

1. [Criminal Code, Article 131](#), Response of the Supreme Court
2. [Administrative Offences Code](#), Article 172(3)
3. [Criminal Code](#), Article 260, 261, 273, 274
4. [Law of Georgia about adoption](#) Article 7
5. [Deprivation of parental rights and duties](#) Article 1206 (2)
6. [About the implementation of harm reduction program](#)
7. [Order of Minister of Georgia on OST](#), Implementation of OST
8. [Law of Georgia on HIV infection/AIDS](#), Article 8



Annex G. Key findings of gender assessment in Kazakhstan

1. National context

<p>HIV prevalence and share of women in focus: Kazakhstan is a low HIV epidemic country (0.3% HIV prevalence in adult population) with HIV cases concentrated within people who inject drugs and their injecting and sexual partners. Out of 3500 new cases of HIV in 2021 – 1300 were in women aged 15 and over. The HIV prevalence in people who use drugs is 8.3% (Sentinel surveillance, 2020). In 2021, there were an estimated 20300 sex workers and the HIV prevalence amongst them was 1.3%. 37% of the cumulative HIV cases in Kazakhstan have been reported among people who inject drugs. Female sex workers and men who have sex with men are also disproportionately affected by HIV relative to the general population. The data on people who use drugs and sex workers is not disaggregated by gender or sex.</p>
<p>Population and rural spread: 19,002,586 billion (2021). In 2020, 42% of the population was living in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2021, the GDP was USD190.81 billion with 5.3% of the population living below the national <i>poverty</i> line and there was 4.9% unemployment.</p>
<p>Life expectancy: In 2020, life expectancy reached 76 years of age for women and 67 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2016, maternal mortality rates were 12,7 deaths per 100,000 live births. In 2018, the contraceptive prevalence rate was 53% among married between the ages of 15 – 49 and in 2020, fertility rates were at 3.1 births per woman.</p>
<p>Parliamentary seats held by women: In 2021, 27% of national parliaments seats were held by women.</p>
<p>Numbers of women who experience violence: Physical and/or Sexual Intimate Partner Violence in the last 12 months: 47 % (2017).</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: 53% of the GAM indicators are disaggregated by gender data (2020).</p>
<p>The Global Gender Gap Index 2022 ranking: № 65 out of 146 countries, 0,719 (0-1).</p>
<p>Istanbul Convention: On 22 April 2020, the Committee of Ministers of the Council of Europe decided to invite Kazakhstan and Tunisia, as the first non-member states, to accede to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention).</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	
Regulations allow adoption and guardianship irrespective of HIV-status	
Regulations allow adoption and guardianship irrespective of substance use	



Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Doesn't include
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Doesn't include
Regulations protect parental rights irrespective of substance use	Doesn't include
Regulations ensure access to harm reduction programmes	Includes
Regulations ensure access to opioid substitution therapy (OST)	Includes
HIV testing is not mandatory before marriage	Includes
HIV testing is voluntary and with informed consent	Includes
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 16 years of age	Somewhat includes
HIV treatment – 18 years of age	Doesn't include
Sexual and reproductive health services – 18 years of age	Doesn't include

Whilst Kazakhstan has punitive and restrictive laws around drugs use; possession of drugs for personal use; adoption and guardianship for people who use drugs; and protection from violence, there are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST). Whilst HIV continues to be criminalised and women living with HIV face barriers in accessing shelters, HIV testing is voluntary and with informed consent and HIV testing is not mandatory before marriage. In 2022, Kazakhstan removed legal barriers for people living with HIV to adopt children. The law makes provisions allowing adolescent girls to have access to HIV testing at age 16 without parental consent. HIV treatment and sexual and reproductive health services are not available for adolescent girls without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i> ■ Doesn't include ■ Somewhat includes ■ Includes	
women living with HIV	Somewhat includes
sex workers	Somewhat includes
women who use drugs	Somewhat includes
menopausal women	Doesn't include
adolescent girls	Doesn't include
gender-transformative interventions	Doesn't include
gender-based violence	Doesn't include
sexual and reproductive health and rights	Includes
HPV vaccination	Doesn't include
preventing and controlling cervical cancer	Includes
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Doesn't include
a dedicated working group or other mechanism focusing on gender equality	Includes



3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

Kazakhstan doesn't have a specific national HIV Strategy. At the national level, the HIV response is regulated by the Code of the Republic of Kazakhstan "[On the health of the people and the healthcare system](#)", the [Rules](#) for conducting activities to prevent HIV infection, the national [clinical protocol](#) for HIV diagnosis and treatment in adults and others. These regulations include women living with HIV, female sex workers and women who use drugs as a part of general population of people living with HIV, sex workers and people who use drugs. Whilst the state regulations include sexual and reproductive health and rights and have a focus on preventing and controlling cervical cancer, especially in women living with HIV, they do not include attention to adolescent girls, women who experience menopause, gender-based violence (GBV), and the Human Papillomavirus (HPV) vaccination.

Strategies and roadmaps to counter stigma, discrimination and advance the rights of women living with HIV are actively promoted by NGOs but are not included in government strategies and policies.

Kazakhstan has its [National HIV and TB Council](#) (which is Kazakhstan's Global Fund Country Coordinating Mechanism (CCM)) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. The CCM established a dedicated [working group](#) that is focused on achieving gender equality, which includes women living with HIV and women from key groups.

Kazakhstan has examples of civil society coordination mechanisms addressing HIV and gender such as [CEDAW Coalition](#), [Feminist School](#), advocacy women's [working group](#) and [March 8](#).

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			



Women living with HIV and sex workers each have a [seat](#) in the Kazakhstan CCM. Women who use drugs are represented in the CCM through the NGO constituency despite the fact that they do not formally sit on the CCM. Women living with HIV and women from key populations are included in a working group on HIV and gender established under the CCM.

Women living with HIV and women who use drug [participate](#) in developing policies and strategies to prevent vertical transmission of HIV (prevention of mother to child transmission) through the [national working](#) group to validate the elimination of mother-to-child transmission.

Community global networking: Community representatives from Kazakhstan participate in international movements and/or networks of women living with HIV ([ICW](#), [EWNA](#)), sex workers ([SWAN](#)) and women who use drugs ([Narcofeminism](#)). Community representatives of women living with HIV and women who use drugs also participate in international or national movements and/or networks or hubs on access to HIV, TB treatment or OST such as [ITPCru](#), [TB People](#), [OST access](#) group.

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i>	
■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i>	
■ >2% ■ <2%	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	



5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	

In 2022, Kazakhstan developed guidelines on pre-exposure prophylaxis (PrEP) against HIV, which is available for women [free of charge](#) in Kazakhstan.

The latest report documenting the data in Kazakhstan shows that the proportion of children between the age of 0–14 infected with HIV is low at 1,4%. Kazakhstan doesn't have separate guidelines to end vertical transmission of HIV. The cluster on pregnant women included in the national [clinical protocol](#) for HIV diagnosis and treatment in adults. Although the protocol advises against breastfeeding, in situations where a woman chooses to breastfeed, it recommends the enhanced clinical and virological monitoring of both mother and infant. As a part of comprehensive approach, [breast-milk substitutes](#) are provided to women living with HIV by the primary healthcare, free of charge.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence ■ No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	



Kazakhstan's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

Comprehensive and ongoing counselling is offered to children to support them in their journey of disclosing their HIV status as well as providing support to parents on how to disclose a child's positive HIV status to them. Counselling is carried out by the [AIDS centres'](#) psychologists according to the developed [guideline](#) which includes the recommendation that children should learn about their HIV status before 9 years of age. Adolescent girls living with HIV are also supported within activities organized by the Teenergizer ([2019](#)) and "Equal to Equal Plus" and UNICEF ([2022](#)) using the Teenergizer methodology. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as poor.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups	Available	Not available	Available
Psychological consultation	Available	Available	Available
Psychiatric care	Not available	Not available	Somewhat available
Screening for depression	Somewhat available	Not available	Somewhat available
Retreats for community representatives	Not available	Not available	Not available

In Kazakhstan, peer support groups and professional psychological consultations are available for women living with HIV and women who use drugs but not for sex workers. Psychiatric care and screening for depression are partially available for women who use drugs. Women living with HIV and women who use drugs have some experience accessing screening for depression within international initiatives.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level	Somewhat addressed	Not addressed at the state level	Somewhat addressed

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence	Somewhat addressed	Not addressed at the state level	Somewhat addressed



8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>There are no partnerships</i> ■ <i>There are some partnerships</i> ■ <i>There are good partnerships</i>			
Partnerships that address gender-based violence and violence against women			

Although community-led gender based violence services for women living with HIV and women who use drugs were considered during the meeting of the technical [working group](#) developing the COVID-19 funding request to the Global Fund (2021), this intervention was not included in the final application.

Community-led organisations including “Moy dom” (Temirtau) and “Revansh” (Almaty) document cases and provide support for women living with HIV and women who use drugs who are survivors of violence.

In 2022, a [coordination council](#) against gender-based violence was established in Almaty. It focuses on marginalised women and includes municipal department of employment and social programs, representatives of community of women living with HIV, sex workers and women who use drugs, AIDS centre, law enforcement, crisis centres, deputies and civil society. The Association of crisis centres of Kazakhstan drafts standards of GBV services provision for women from key groups in collaboration with “Revansh”.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ <i>Data doesn't exist</i> ■ <i>Some data exists</i> ■ <i>Data exists</i>	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

According to the clinical protocol for HIV treatment in adults, women living with HIV are included in the list of indications for screening for cervical cancer. However, no data is available for women living with HIV screened for cervical cancer. Whilst the comprehensive [cancer plan](#) (2018-2022) highlights HPV vaccination for adolescents and a [study on HPV](#) was conducted in Kazakhstan, there is also no data on girls living with HIV who are vaccinated against HPV.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not conducted</i> ■ <i>Participated as respondents only or Issue included as a part of other research (partially conducted)</i> ■ <i>Women-led research conducted</i>			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			



PLHIV Stigma Index: Women living with HIV, sex workers and women who use drugs were included in the [PLHIV Stigma Index 2.0 \(2020\)](#) as a part of steering committee members, interviewers and respondents led by “Central Asia Association of People living with HIV”.

Women living with HIV and women who use drugs conducted community-led assessment on access to SRHR and violence during COVID-19 pandemic (2020) led by “Revansh” and “Fund of women living with HIV”. In 2021, “Revansh” prepared an analytical review on legal barriers for women living with HIV, sex workers and women who use drugs to access to [GBV services](#), which was supported by EHRA.

Budget allocations in response to HIV: Woman living with HIV co-authored the [study](#) on procurement and provision of tests for HIV, CD-4, viral load, and drug resistance in Kazakhstan (2020) led by Central Asia Association of People Living with HIV.

Access to ART / Interruptions: Woman living with HIV co-authored the [study](#) on HIV and hepatitis C treatment procurement in Kazakhstan (2021) led by “Answer” who is also actively involved in the community-led ART stock-outs [monitoring](#).

10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

In 2022, women living with HIV and women who use drugs participated in the seminar on community-led monitoring led by Health Advocacy Coalition and Central Asia Association of People Living with HIV.

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

In 2022, women who use drugs were trained in the use of the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT) under support of UNODC. Sex workers in Kazakhstan have been [trained](#) in the use of the Sex Worker Implementation Tool (SWIT) under support of SWAN.

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	



10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not funded ■ Somewhat funded ■ Funded			
International funds / organisations			Not applicable
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			

10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not supported ■ Somewhat supported ■ Supported			
HIV prevention			Not applicable
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Kazakhstan has registered community-led organisations of women living with HIV ([Fund of women living with HIV](#)) and sex workers ([Amelia](#)). These organisations are mostly working on HIV prevention, care and support and protect women against violence, support survivors of violence in accessing services and redress, rights literacy, advocacy and work to strengthen community capacity to respond to national challenges. Most support for this work is provided by the international organisations and/or through social contracting. Women living with HIV were also supported by the UN agencies (UNAIDS, UN Women and UNODC).

**Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women’s organisation of women living with HIV, sex workers and women who use drugs.*

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			



11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
Result Key: ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			

Over the past five years, the organisations or representatives of women living with HIV, sex workers and women who use drugs in Kazakhstan have participated in the preparation and submission of [shadow report](#) (2018) and/or [list of issues](#) (2019) to the UN Committee on the Elimination of Discrimination against Women (CEDAW) (4th and 5th periodic reports of Kazakhstan).

Recommendations by the CEDAW Committee: In the [concluding observations](#) on the fifth periodic report of Kazakhstan (2019), the Committee noted with concerns: "lack of shelters for women and girls who are victims of gender-based violence and the denial of access to such shelters to women living with HIV"; "lack of shelter, medical, social and legal services, rehabilitation and reintegration programmes for victims of trafficking, in particular women living with HIV, and budgetary allocations for such assistance"; and "limited access to health care for and the discrimination and violence faced by women living with HIV, [...] and women using drugs, including in prisons". The Committee recommended to State party:

- Strengthen the availability and accessibility, through funding from the State budget, of long-term and short-term shelters, medical and psychological care and legal assistance, in urban and rural areas, to all women who are victims of, or who are at risk of, gender-based violence, regardless of whether they are living with HIV or are engaging in prostitution.
- Ensure access to integrated support, rehabilitation and reintegration programmes for women and girls who are victims of trafficking, regardless of whether they are living with HIV, and ensure that such programmes are not conditional on cooperation with the police and prosecutorial authorities.
- Register, investigate and prosecute cases of gender-based violence and discrimination against women in prostitution and bring perpetrators to justice, and end the practice of forced HIV testing.
- Provide free or subsidized contraceptives to vulnerable groups in urban and rural areas, including [...] women living with HIV.
- Eliminate discrimination, violence and stigma against women living with HIV, [...] and women using drugs, including in institutions or prisons, and ensure that they have access to adequate health services, including sexual and reproductive health services and HIV and drug treatment.

References on legal environment:

1. [Criminal Code, Article 118, Global HIV Criminalisation Database](#), HIV Justice Network
2. [Criminal Code](#), Article 296, 309
3. [Order of the Minister of Health and Social Development](#), List of diseases in the presence of which a person cannot adopt a child, take him/her under guardianship, patronage, Item 3
4. [Marriage and Family Code](#), Article 75
5. [Order of the Minister of Health of the Republic of Kazakhstan](#), Rules for conducting activities to prevent HIV infection, Item 9
6. [Order of the Minister of Health of the Republic of Kazakhstan](#), Standard for organizing the provision of medical and social care in the field of mental health to the population of the Republic of Kazakhstan
7. [Code of the Republic of Kazakhstan "On the health of the people and the healthcare system"](#). Article 162
8. [Order of the Minister of Health and Social Development](#), Standard for the provision of special social services to victims of domestic violence
9. [Order of the Minister of Labor and Social Protection of the Population](#), Rules for the Activities of Organizations Providing Special Social Services"
10. [Administrative Offenses Code](#)
11. [Law on Prevention of Domestic Violence](#)



Annex H. Key findings of gender assessment in Kyrgyzstan

1. National context

<p>HIV prevalence and share of women in focus: Kyrgyzstan is a low HIV epidemic country. In 2021, HIV prevalence was estimated at 0.2%. According to the national AIDS Centre, 10 454 people living with HIV are registered in Kyrgyzstan – 6607 (63,2%) men and 3847 (36,8%) women. The HIV prevalence amongst people who inject drugs is 14.3%. There is no gender disaggregated data on the HIV prevalence among specific communities including sex workers, people who use drugs, transgender people or people in prisons.</p>
<p>Population and rural spread: In 2021, out of 6,694,200 people, women accounted for 50.5% of the population. 63% live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2020, the GDP was USD 8,543,423.50 with 25.3% of the population living in poverty (2020) and in 2021, there was 9.1% unemployment. In 2021, the unemployment rate amongst women was 11.6%.</p>
<p>Life expectancy: In 2020, life expectancy reached 76 years of age for women and 68 years of age for men (2019).</p>
<p>Maternal mortality, contraception and fertility: In 2017, maternal mortality rates were 60 deaths per 100,000 live births. In 2018, the contraceptive prevalence rate was 39% among married between the ages of 15-49 and in 2020, fertility rates were at 3 births per woman.</p>
<p>Parliamentary seats held by women: In 2021, 20% of national parliaments seats were held by women.</p>
<p>Numbers of women who experience violence: The report highlights that 2319 domestic violence cases were registered in January-March 2020, which amounts to 65% increase of GBV number for the same period; 95% of women who experienced violence were between the ages of 21-50 and four women were murdered. 25% of married women between the ages of 15-49 experienced either physical and/or sexual abuse; 7% of women were physically abused during pregnancy; approximately 12% of women were married before their 18th birthday (the legal age of marriage) and on average, 20% of marriages were forced as a result of the abduction of women for marriage. In 2021, there were 10 151 cases of domestic violence registered by police resulting in 9038 protection orders – over 93% were women. Nearly 5000 cases of domestic violence were reported in Kyrgyzstan in the first six months of 2022.</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: 45.5% of GAM indicators are reported to be disaggregated by gender data.</p>
<p>The Global Gender Gap Index 2022 ranking: № 86 out of 146 countries, 0,700 (0-1).</p>
<p>Istanbul Convention: Not applicable.</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	



Regulations allow adoption and guardianship irrespective of HIV-status	Includes
Regulations allow adoption and guardianship irrespective of substance use	Doesn't include
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Includes
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Doesn't include
Regulations protect parental rights irrespective of substance use	Doesn't include
Regulations ensure access to harm reduction programmes	Includes
Regulations ensure access to opioid substitution therapy (OST)	Includes
HIV testing is not mandatory before marriage	Includes
HIV testing is voluntary and with informed consent	Includes
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 14 years of age	Includes
HIV treatment – 14 years of age	Includes
Sexual and reproductive health services – 16 years of age	Somewhat includes

Whilst Kyrgyzstan has punitive and restrictive laws around drugs use; possession of drugs for personal use; adoption and guardianship for people who use drugs; and protection from violence, there are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST). Whilst HIV continues to be criminalised and women who use drugs have barriers in accessing shelters, HIV testing is voluntary and with informed consent, and not mandatory before marriage. In 2021, Kyrgyzstan removed legal barriers for people living with HIV to adopt children. The law allows adolescent girls to have access to HIV testing at age 14 without parental consent. HIV treatment and sexual and reproductive health services are not available for adolescent girls without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i>	
■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Includes
sex workers	Somewhat includes
women who use drugs	Somewhat includes
menopausal women	Doesn't include
adolescent girls	Includes
gender-transformative interventions	Somewhat includes
gender-based violence	Includes
sexual and reproductive health and rights	Includes
HPV vaccination	Includes
preventing and controlling cervical cancer	Includes
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Doesn't include
a dedicated working group or other mechanism focusing on gender equality	Doesn't include



3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

In Kyrgyzstan, the National HIV Programme (2023-2027) highlights women and girls living with HIV. Female sex workers and women who use drugs are included as part of the general population of sex workers and people who use drugs. The Programme envisages research on gender-based violence and gender inequality and its impact on access to HIV services. The [National HIV Clinical Protocols](#) (2022) include HPV vaccination and cluster on sexual and reproductive health for people living with HIV, including cervical cancer prevention and treatment, especially in women living with HIV. The HIV Programme does not pay attention to women who experience menopause.

The HIV Programme highlights interventions to counter stigma, discrimination and promote the rights of people living with HIV and key populations, including councils on human rights protection, community-led monitoring, shadow reports to the UN treaty bodies and other.

Kyrgyzstan has its [National HIV and TB Council](#) (the Country Coordinating Mechanism (CCM) of the Global Fund), which serves as a formal accountability system, allowing community and civil society representatives to monitor the process of setting priorities and spending on gender equality. The CCM includes representatives of all key populations and people living with HIV, but there is no dedicated working group focused on gender equality.

Kyrgyzstan has examples of civil society coordination mechanisms that address HIV and gender issues, such as [CEDAW Coalition](#), the Coalition for Equality, the COBSHA Coalition, [the 8/365 Working Group](#) on Women's Advocacy, and March 8.

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			



People living with HIV (represented by a woman), people who use drugs and sex workers (represented by woman) each have a [seat](#) on the CCM in Kyrgyzstan. Women living with HIV and sex workers are also included in the [CCM sub-groups](#) responsible for supervision and resource mobilization and harmonization. Women living with HIV and sex workers contributed to the development of the HIV Programme (2023-2027) and participated in the working group to develop the national funding request to the Global Fund. Women living with HIV [contributed](#) to the Supreme Court decision on the removal of prohibition for people living with HIV to adopt children and participated in the [expert group](#) established to review laws and policies in Kyrgyzstan.

Women living with HIV participate in the development of policies and strategies to prevent vertical HIV transmission (prevention of mother-to-child transmission). Women who use drugs participated in the development of the [clinical guidelines](#) on management of pregnancy, childbirth and post-delivery in women who use psychoactive substances.

Global networking of communities: Community representatives from Kyrgyzstan participate in international movements and/or networks of women living with HIV ([EWNA](#)), sex workers ([SWAN](#)) and women who use drugs ([WHRIN](#), [Narcofeminism](#)). Community representatives of women living with HIV and women who use drugs also participate in international or national movements and/or networks or hubs on access to HIV treatment, such as [ITPCru](#), TB People.

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ >2% ■ <2%	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	



5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	

In Kyrgyzstan, the [HIV Clinical Protocols](#) include pre-exposure prophylaxis of HIV (PrEP), which had been available for women free of charge since 2017.

By the end of 2022, the proportion of children newly infected with HIV is 1,7% in Kyrgyzstan (2/115). The HIV Clinical Protocol includes cluster on prevention of vertical (mother-to-child) transmission of HIV, which respects mother's choice to breastfeed. It does not provide peer-to-peer support and does not consider the needs of women who use drugs and sex workers. As a part of comprehensive approach, breast-milk substitutes are provided to women living with HIV free of charge.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence ■ No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	



Kyrgyzstan's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

According to the [GAM report](#), in 2019, more than 60 children and their parents were trained during summer camps. Also, trainings were held for psychologists on working with adolescents.

Comprehensive and ongoing counselling is offered to children to support them in their journey of disclosing their HIV status as well as providing support to parents on how to disclose a child's positive HIV-positive status to them. Counselling is carried out by the [AIDS centres'](#) psychologists and adolescent girls living with HIV are also supported through activities organised by the [Alliance for Reproductive Health](#), USAID, UNDP and UNICEF. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as average.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In Kyrgyzstan, professional psychological consultation is available for women living with HIV. Psychiatric care is partially available for women who use drugs at the Republican Centre of Narcology and Psychiatry. Women living with HIV have some access to [screening for depression](#) within international initiatives. Women living with HIV, sex workers and women who use drugs have some ability to organise [retreats](#) for community representatives and activists.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level			

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence			



8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>There are no partnerships</i> ■ <i>There are some partnerships</i> ■ <i>There are good partnerships</i>			
Partnerships that address gender-based violence and violence against women			

Although community of women who use drugs drafted and [submitted](#) for review the minimum standards of social services provided by crisis centres with an anti-discrimination cluster, they were not adopted by the state. At the initiative of the civil society, the [Standards](#) were then submitted to the Centre for Standardization and Metrology under the Ministry of Economy, which approved them. These have been in effect since 2019 and are implemented in NGO-based crisis centres.

The [REAct system](#) is a mechanism that allows to document and respond to cases of gender-based violence. The 2020-2022 data shows that in Kyrgyzstan, every second woman who contacted REActors reported being harassed by private individuals or law enforcement agencies. Linked to this – 90% of cases of extortion of a bribe were recorded concerning law enforcement officers, inflicting additional economic violence on the woman. Law enforcement violence and abuse are common in Kyrgyzstan and often, the weekly bribes extorted by the district police officer exceeds the weekly earnings of a sex worker. During unauthorized arrests and raids for hunt sex workers, the police go beyond their authority and use force against the women they detain. NGOs “Asteria” (Bishkek), “Podruga” (Osh) and “Khimaya” (Karakol) document cases and provide support to women living with HIV, women who use drugs and sex workers that are survivors of violence.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ <i>Data doesn't exist</i> ■ <i>Some data exists</i> ■ <i>Data exists</i>	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

According to the HIV Clinical Protocol, women living with HIV are included in the list of indications for screening for cervical cancer. However, no data is available for women living with HIV screened for cervical cancer. Whilst the Protocol recommends the Human Papillomavirus (HPV) vaccination for girls living with HIV at the age of 11, there is no data on girls living with HIV who were vaccinated against HPV.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not conducted</i> ■ <i>Participated as respondents only or Issue included as a part of other research (partially conducted)</i> ■ <i>Women-led research conducted</i>			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			



PLHIV Stigma Index: Women living with HIV, sex workers, and women who use drugs were included in the PLHIV Stigma Index 2.0 (2020) as steering committee members, interviewers and respondents led by the “Harm Reduction Network Association”.

Access to sexual and reproductive health and rights (SRHR): In 2018, [research](#) led by “Tais Plus” and commissioned by Aidsfonds was conducted in Kyrgyzstan on community empowerment, meaningful involvement of sex worker communities and access to sexual and reproductive health and rights services (including HIV) in line with the Sex Worker Implementation Tool (SWIT) for female, male and transgender sex workers.

Violence / Types of violence: Women who use drugs and [sex workers](#) are regularly surveyed regarding violence, access to crisis centres, including during the COVID-19 lockdowns at the community levels led by “Tais Plus”, “Asteria”, and the “Women’s Network of Key Communities”. In 2018, EWNA led a [study](#) on violence against women living with HIV in 12 countries of the EECA region. Thirty-six women living with HIV from Kyrgyzstan participated in the study and women who use drugs who manage shelters provided expertise to research findings.

10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

In 2022, women living with HIV, sex workers and women who use drugs participated in a series of [workshops](#) “CLM capacity building and options to incorporate community data in national M&E systems” led by Health Advocacy Coalition. In 2019, women who use drugs were trained on community-led monitoring at the regional [workshop](#) led by ECOM, EWNA and EHRA. As a result, by adapting the ECOM “[Secret Client](#)” methodology, women who use drugs analysed the quality of services provided by crisis centres in Bishkek, Osh, Cholpon-Ata and Karakol for women under 35 age who use new psychoactive substances and have experienced physical or/and sexual violence. The [study](#) focused on services provided to survivors of violence in accordance with the standards established in Kyrgyzstan.

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

In 2019 and 2022, women who use drugs were trained in the use of the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT) under support of UNODC. Sex workers in Kyrgyzstan were trained in the use of the Sex Worker Implementation Tool (SWIT) under support of SWAN. “Tais Plus” came out with a new design of SWIT. Over the years, “Tais Plus” has found creative ways of [promoting SWIT](#) within sex workers in Kyrgyzstan, including a mini-theatre presenting all six chapters of SWIT.

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	



10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not funded</i> ■ <i>Somewhat funded</i> ■ <i>Funded</i>			
International funds / organisations			
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			

10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not supported</i> ■ <i>Somewhat supported</i> ■ <i>Supported</i>			
HIV prevention			
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Kyrgyzstan has registered community-led organisations of women living with HIV ([National Network of Women living with HIV](#)), sex workers (Tais Plus) and women who use drugs ([Equal to Equal](#), [Asteria](#), [Women's Network of Key Communities](#)). These organisations are mostly working on care and support and to protect women against violence, to support survivors of violence to accessing services and redress, rights literacy, advocacy and to strengthen community capacity to respond to national challenges. Most support for this work is provided by international organisations, UN agencies and through social contracting. The organisation of women living with HIV received support from UN agencies.

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women's organisation of women living with HIV, sex workers and women who use drugs.



11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
Result Key: ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
Result Key: ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			

Over the past five years, organisations or representatives of [women living with HIV, sex workers and women who use drugs](#) in Kyrgyzstan have participated in preparing and submitting shadow reports and list of issues (2018, 2019, 2020, 2021) to the UN Committee on the Elimination of Discrimination against Women (CEDAW) (76th Pre-Sessional Working Group, 80th CEDAW session, 4th and 5th periodic reports of Kyrgyzstan). Women who use drugs developed a [guide](#) on the experience of writing and working on a CEDAW shadow report under support of INPUD.

Recommendations by the CEDAW Committee: In the [concluding observations](#) on the fifth periodic report of Kyrgyzstan (2021), the Committee highlighted a separate subsection on women living with HIV and women who use drugs and noted concerns about:

- ▷ the criminalisation of HIV transmission through consensual sexual relations between adults, impediments to access to health care, discriminatory terminology, reported isolation from children and barriers to access to childcare facilities for women living with HIV;
- ▷ lack of dissemination and implementation of Order No. 946-r of 14 December 2017 of the Ministry of Internal Affairs, particularly concerning the prevention of forced HIV testing of women in prostitution;
- ▷ the draft legislative amendments to criminalise drug possession for personal use, the family legislation providing for the deprivation of parental rights based on parental drug dependence and the lack of access to harm-reduction programmes and facilities for women using drugs.



The Committee recommends the State Party:

- Disseminate and effectively implement Order No. 946-r of 14 December 2017, including by monitoring, prosecuting and punishing police violence and arbitrariness against women in prostitution and strengthening the role of the Office of the Prosecutor in this respect.
- Combat corruption in the health-care system and gender-based violence and discrimination by health-care personnel, particularly against women using drugs, women with HIV and women in prostitution.
- Ensure confidential access to affordable, modern contraceptive methods, family planning services and HIV testing throughout the State party, and ensure access to free antiretroviral therapy for all women and girls living with HIV/AIDS, including women in prostitution, and including in remote and rural areas.
- Decriminalise HIV transmission (Article 149 of the Penal Code) through consensual sex between adults.
- Ensure access to health services, including confidential testing, antiretroviral treatment, psychological support and confidentiality of information on a woman's HIV status, and impose sanctions for disclosure of such status.
- Remove repressive elements of the epidemiological investigation and revise the wording of HIV reporting codes.
- Ensure that women living with HIV are not isolated from their children on the basis of their HIV status and have adequate access to non-stigmatizing childcare facilities.
- Prohibit employers from requiring an HIV certificate for employment and continued employment.
- Ensure that possession of drugs for personal use without intent to sell is not a criminal offense.
- Amend article 74 of the Family Code to provide for automatic loss of custody and termination of parental rights on the basis of a parent's drug addiction.
- Improve access to harm reduction programs and facilities for women who use drugs.

References on legal environment:

1. [Criminal Code of the Kyrgyz Republic](#), Article 143, 282,283,284,288
2. [Decision of the Constitutional Chamber of the KR Supreme Court on the list of diseases in the presence of which a person cannot be an adoptive parent](#)
3. [Family Code of KR](#), Article 74
4. [Clinical protocols on HIV infection for outpatient and inpatient levels of care](#)
5. [Law of Kyrgyz Republic on HIV / AIDS.](#)
6. [Law "On state social order" of KR](#)
7. [Order of the Ministry of Health of the Kyrgyz Republic "On approval of service standards for key populations in the framework of the state social order in the Kyrgyz Republic"](#)
8. [Law "On protection and protection from family violence"](#)
9. [Decree of the Government on the procedure for protection and protection from family violence](#)
10. [Code of Offences of the Kyrgyz Republic](#)
11. [Law of the Kyrgyz Republic on the Reproductive Rights of Citizens and Guarantees of their Realization](#)



Annex I. Key findings of gender assessment in Moldova

1. National context

<p>HIV prevalence and share of women in focus: In 2021, HIV prevalence of adults aged 15 to 49 was estimated at 0.8%. There are 15 000 people living with HIV (9 600 men and 5 500 women). Out of 15 800 female sex workers (13 450 on the right bank and 2 350 on the left bank of the River Nistru), the HIV prevalence is 2.7%; out of 27 500 people who inject drugs (22 780 on the right bank and 4 720 on the left bank of the River Nistru), the HIV prevalence is 11.4%. In 2020, 764 new cases of HIV were registered in Moldova; out of them, 58% are men and 42% are women. The proportion of young people (aged 15-24) at the time of HIV diagnosis is 20.7% (National HIV and STI programme data).</p>
<p>Population and rural spread: In 2021, out of 2,573,928 people, women accounted for 52.1%. 57% live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2020, the GDP was USD 13,679,221.33 with 26.8% of the population living in poverty (2020) and in 2021, there was 4% unemployment. In 2021, amongst women the unemployment rate was 3.7%.</p>
<p>Life expectancy: In 2020, life expectancy reached 76 years of age for women and 68 years of age for men (2019).</p>
<p>Maternal mortality, contraception and fertility: In 2020, the contraceptive prevalence rate was 56% among married between the ages of 15 – 49 and in 2020, fertility rates were at 1.3 births per woman. Moldova scores 65.8% in the 2020 Contraception Atlas. The country has one of the highest adolescent birth rates (21) in the continent and a maternal mortality rate of 19 per 100 000 live births.</p>
<p>Parliamentary seats held by women: In 2021, 40% of national parliaments seats were held by women.</p>
<p>Numbers of women who experience violence: 34% of women experience lifetime physical and/or sexual intimate partner violence (IPV); 9.4% of women have experienced physical and/or sexual IPV in the last 12 months; and there is a 12.2% child marriage prevalence rate (OSCE-led study, 2019). In 2020, authorities were notified in 12,970 cases of domestic violence (UNDP).</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: 62.5% of Moldova's GAM indicators are reported to be disaggregated by gender data (2019).</p>
<p>The Global Gender Gap Index 2022 ranking: № 16 out of 146 countries, 0,778 (0-1).</p>
<p>Istanbul Convention: Moldova signed (2017) and ratified the Istanbul Convention (2022).</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	



Regulations allow adoption and guardianship irrespective of HIV-status	Green
Regulations allow adoption and guardianship irrespective of substance use	Red
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Green
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Red
Regulations protect parental rights irrespective of substance use	Red
Regulations ensure access to harm reduction programmes	Green
Regulations ensure access to opioid substitution therapy (OST)	Green
HIV testing is not mandatory before marriage	Green
HIV testing is voluntary and with informed consent	Green
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 18 years of age	Red
HIV treatment – 16 years of age	Yellow
Sexual and reproductive health services – 18 years of age	Red

Moldova has punitive and restrictive laws around sex work; drugs use; possession of drugs for personal use; protection from violence; parental rights, adoption and guardianship for people who use drugs. There are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST). Whilst HIV continues to be criminalised, HIV testing is voluntary and with informed consent and HIV testing is not mandatory before marriage. HIV treatment is available at those age 16 and above without parental consent. The law makes no provisions allowing adolescent girls to have access to HIV testing and sexual and reproductive health services without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i> ■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Yellow
sex workers	Green
women who use drugs	Yellow
menopausal women	Red
adolescent girls	Yellow
gender-transformative interventions	Yellow
gender-based violence	Green
sexual and reproductive health and rights	Green
HPV vaccination	Green
preventing and controlling cervical cancer	Green
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Yellow
a dedicated working group or other mechanism focusing on gender equality	Red



3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

Moldova approved its [HIV and STI National Programme](#) (2022-2025), which recognizes HIV criminalisation and criminalisation of people who use drugs as legal barriers in accessing HIV services. The National Action Plan includes gender-sensitive interventions, community system strengthening and monitoring by the civil society. The Programme highlights female sex workers; includes women living with HIV as a part of general population of people living with HIV, and women who use drugs as a part of general population of people who use drugs. Women living with HIV are considered only through interventions related to preventing vertical transmission and where the data is disaggregated by sex. The [Standards](#) on organising and implementing HIV-services for key groups include areas such as: youth, sexual and reproductive health and rights, gender-based violence, the Human Papillomavirus (HPV) vaccination and preventing and controlling cervical cancer. The Standards state that "HIV prevention services are gender sensitive and ensure, equally, the holistic approach to the specific needs of men, women, TG people" (Standard 8). However, they do not include attention to adolescent girls and menopausal women.

Moldova has its [National HIV, STI and TB Council](#) (which is Moldova's Global Fund Country Coordinating Mechanism (CCM)) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. The CCM doesn't have a dedicated working group that is focused on achieving gender equality.

Moldova has examples of civil society coordination mechanisms addressing HIV and gender such as [CEDAW Coalition](#), [Fomare.md](#) platform.

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			



Women living with HIV, women who use drugs and sex workers don't have a [seat](#) in the Moldova CCM. However, women living with HIV and women with experience of drug use participate in the CCM [technical working groups](#).

Women living with HIV and women who use drug participate in developing policies and strategies to prevent vertical transmission of HIV (prevention of mother to child transmission).

Community global networking: Community representatives from Moldova participate in international movements and/or networks of women living with HIV ([EWNA](#)) and movements on access to treatment ([ITPCru](#)).

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i>	
■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i>	
■ >2% ■ <2%	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i>	
■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	



5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	

In 2018, Moldova developed guidelines on pre-exposure prophylaxis (PrEP) against HIV. PrEP is available for women free of charge in Moldova. In 2022, a total of 337 people accessed PrEP services, of which 14% were women. The [indicators](#) of the National HIV and STI Programme imply the achievement of 1500 PrEP coverage by 2025 (without disaggregation by sex).

In 2018, vertical transmission rates were 2.6%, however, the vertical HIV transmission rate increased to 4.0% in 2020. In 2018, Moldova developed [clinical guidelines](#) to end vertical transmission of HIV which includes option for women who decided to breastfeed. The Protocol doesn't include peer-to-peer support and doesn't take into account the needs of sex workers. As a part of comprehensive approach, breast-milk substitutes are provided to women living with HIV by the HIV trust offices, free of charge.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence ■ No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	



Moldova's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

There are no data on the average age when girls living with HIV learn about their HIV diagnosis. There is some counselling offered to parents on how and when to disclose an HIV status to a child. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as poor.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In Moldova, peer support groups and professional psychological consultations are available for women living with HIV, sex workers and women who use drugs. Women living with HIV have some access to [screening for depression](#) and organising [retreats](#) within international initiatives.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level			

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence			

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no partnerships ■ There are some partnerships ■ There are good partnerships			
Partnerships that address gender-based violence and violence against women			



In terms of mechanisms to document and respond to cases of gender-based violence, the [REAct system](#) data (2020-2022) shows that about 3% of all women, who applied in Moldova, reported that they had experienced physical violence by individuals, domestic violence by intimate partner, sexual violence and harassment.

The UN Joint Team in Moldova implemented a [mentoring programme](#) reaching around 100 women living with HIV to improve their knowledge on signs of gender-based violence and discrimination, and available services to mitigate; as well as to strengthen their skills on the identification of abusive behaviors and other challenging relationships, self-knowledge, and COVID-19 prevention measures (2020-2021). Women living with HIV have robust [partnerships](#) ("Union for Justice and Health", Municipal Family Crisis Centre "Sotis", UNAIDS, UN Women) and have led campaigns such as "[No excuse for violence!](#)" dedicated to 16 days of activism against GBV and focused on women who use drugs led by the "Association for the Creative Development of Personality" (2022).

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ Data doesn't exist ■ Some data exists ■ Data exists	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

As of April 2022, the [HPV immunization](#) coverage in Moldova was approximately 50%. Half of the ten-years-old girls have been vaccinated because their parents realize the risks. The HPV vaccine was introduced as optional in the immunization calendar in December 2017. Over 300 women have died due to cervical cancer in Moldova. Whilst women living with HIV are at greater risk of developing cervical cancer in the [Cervical Cancer National Guideline](#), the latest update of HPV and Related Diseases [Report. Moldova](#) (2021) had no data relating to HIV-positive women.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

PLHIV Stigma Index: Woman living with HIV coordinated the PLHIV Stigma Index (2018) and the PLHIV Stigma Index 2.0 in 2021 (the final report to be presented in 2023) led by "League of People Living with HIV of Moldova". Women who use drugs were included in as interviewers and respondents; sex workers – as respondents.

Access to SRHR: Women living with HIV conducted community-led [study](#) on access to SRHR, including GBV issues (2018) led by "Initiativa Pozitiva". Sex workers and women who use drugs participated as respondents.

Budget allocations in response to HIV: Women living with HIV and women who use drugs participated in the study on HIV tests procurement in Moldova led by "Initiativa Pozitiva" (to be published in 2023).



10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

Although Moldova has a good practice of [community-led monitoring](#) with participation of women living with HIV, sex workers and women who use drugs, this monitoring assesses access to services rather than their quality.

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

In Moldova, the National Standards on HIV-services for key groups refer to the IDUIT and SWIT tools. Women who use drugs were trained in the use of the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT) under support of [INPUD](#). Sex workers in Moldova were trained in the use of the Sex Worker Implementation Tool (SWIT) under support of [SWAN](#).

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not funded ■ Somewhat funded ■ Funded			
International funds / organisations	Not applicable		
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			



10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not supported</i> ■ <i>Somewhat supported</i> ■ <i>Supported</i>			
HIV prevention	Not applicable		
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Moldova doesn't have registered community-led organisations of women living with HIV, women who use drugs and sex workers.

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women's organisation of women living with HIV, sex workers and women who use drugs.

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not participated</i> ■ <i>Somewhat participated</i> ■ <i>Participated</i>			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW	■	■	■

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>No recommendations</i> ■ <i>Some recommendations</i> ■ <i>Good/strong recommendations</i>			
Recommendations regarding women living with HIV, sex workers, women who use drugs	■	■	■
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs	■	■	■

Over the past five years, the representatives of women living with HIV in Moldova have participated in the preparation and submission of [shadow report](#) (2020) to the UN Committee on the Elimination of Discrimination against Women (CEDAW) (75th session, 6th periodic report of Moldova).



Recommendations by the CEDAW Committee: In the [concluding observations](#) on the sixth periodic report of the Republic of Moldova (2020), the Committee noted with concerns: "stigmatization of and discrimination against women living with HIV"; "criminalization of women in prostitution and the absence of exit programmes for women in prostitution"; and "the fact that the provision of support services for women who use drugs has been largely delegated to civil society organizations". The Committee recommended the State party:

- Eliminate discrimination and stigma against women living with HIV/AIDS through awareness-raising and extend the programme on the prevention and control of HIV/AIDS to women belonging to disadvantaged groups, particularly transgender women.
- Repeal article 89 (1) of the Contravention Code to decriminalize women in prostitution and provide alternative income-generating opportunities, educational programmes and exit programmes for women in prostitution.
- Eliminate stigma and discrimination against women and girls in prostitution to ensure that they have adequate access to health care, legal services and shelters.
- Provide adequate funding to civil society organizations that offer support and rehabilitation services to women who use drugs.

References on legal environment:

1. [Criminal Code](#), Article 212 "Transmission of AIDS"
2. [List of narcotic and psychotropic substances and plants](#) containing such substances found in illicit trafficking, as well as their amounts
3. [Code of Contraventions](#) Article 89 "Practicing of prostitution"
4. Law "[On the rights and responsibility of patients](#)"
5. Order of the Ministry of Health "[On the rules of medical check-ups and supervision for screening of the human immunodeficiency virus \(AIDS\)](#)"
6. [Minimum Quality Standards regarding social services](#) rendered in the maternity centres, article 31
7. [Minimum Quality Standards on social services provided to victims of domestic violence](#), Section 2, Article 28



Annex J. Key findings of gender assessment in Montenegro

1. National context

<p>HIV prevalence and share of women in focus: By the end of 2020, there were 318 cases of HIV. The incidence rate indicates that Montenegro is a country with low HIV prevalence (0.04%). A significantly higher number of transmissions occurred in male: 228 men (88.7%) and 29 women (11.2%). In 2020, 15 new HIV cases were registered in Montenegro, with 1 woman among them. In 87% of the newly registered cases, the mode of transmission was sexual contact (73% of cases were men having sex with men). HIV prevalence amongst female sex workers is 0.9%, and 0.5% amongst people who inject drugs.</p>
<p>Population and rural spread: In 2021 out of 620,173 people, women accounted for 50.5%. 32% live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2021 the GDP was USD 5,809,170.96 with 22.6% of the population living in poverty (2019) and in 2021 there was 18.5% unemployment. In 2021, amongst women the unemployment rate was 19.3%.</p>
<p>Life expectancy: In 2020 life expectancy reached 79 years of age for women and 73 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2017 maternal mortality rates were 6 deaths per 100,000 live births. In 2020 fertility rates were at 1.8 births per woman. Montenegro scored 45.7% in the 2020 Contraception Atlas. The country's modern contraceptive prevalence rate is the lowest in Europe with only 18%. The state offers no reimbursements of contraception to the general population, neither to minors nor to vulnerable groups, but has made emergency contraception and self-administered hormonal contraceptives available to all over the counter. The adolescent birth rate in the country is comparably high with 10 adolescent birth per 1000 girls aged 15-19.</p>
<p>Parliamentary seats held by women: In 2021, 25% of national parliaments seats are held by women.</p>
<p>Numbers of women who experience violence: 17% of women experience lifetime physical and/or sexual intimate partner violence (IPV); 4.8% of women have experienced physical and/or sexual IPV in the last 12 months (OSCE 2019) and there is a 5.8% Child Marriage prevalence rate (UNICEF global databases, 2021).</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: In 2020, 33.3% of Montenegro's GAM indicators are reported to be disaggregated by gender data.</p>
<p>The Global Gender Gap Index 2022 ranking: № 54 out of 146 countries, 0,731 (0-1).</p>
<p>Istanbul Convention: Montenegro has signed (2011) and ratified the Istanbul Convention (2013).</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	



Drug use is decriminalised	Green
Drugs possession for personal use is decriminalised	Red
Regulations allow adoption and guardianship irrespective of HIV-status	Green
Regulations allow adoption and guardianship irrespective of substance use	Green
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Green
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Yellow
Regulations protect parental rights irrespective of substance use	Green
Regulations ensure access to harm reduction programmes	Green
Regulations ensure access to opioid substitution therapy (OST)	Green
HIV testing is not mandatory before marriage	Green
HIV testing is voluntary and with informed consent	Green
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 18 years of age	Red
HIV treatment – 18 years of age	Red
Sexual and reproductive health services – 18 years of age	Red

Whilst Montenegro has punitive and restrictive laws around sex work; possession of drugs for personal use; there are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST); there are no legislative restrictions on drug use and HIV-status linked to adopting a child. By the means of Amendments to the Criminal Code in 2010 criminal offence "Transmission of HIV infection" referred to in Article 289 of the Criminal Code was deleted. HIV testing is voluntary and with informed consent and is not mandatory before marriage. Even though law does not prohibit women living with HIV and women who use drugs from accessing gender-based (GBV) services, in practice women who use drugs not able access shelters when they experience domestic violence. The law makes no provisions allowing adolescent girls to have access to HIV treatment, HIV testing and sexual and reproductive health services without parental consent.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i> ■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Yellow
sex workers	Green
women who use drugs	Yellow
menopausal women	Red
adolescent girls	Red
gender-transformative interventions	Red
gender-based violence	Red
sexual and reproductive health and rights	Red



HPV vaccination	
preventing and controlling cervical cancer	
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	
a dedicated working group or other mechanism focusing on gender equality	

3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

Although the [National HIV Strategy](#) (2015-2020) highlights gender equality in HIV response, there are no gender-transformative and/or gender-sensitive interventions included in the HIV Programme for 2021-2023. The [National HIV Programme](#) in Montenegro (2021-2023) and the following Action Plan (2021-2022) includes female and male sex workers. Women living with HIV and women who use drugs are considered only as a part of general population of people living with HIV and people who use drugs. While describing the situation, the HIV Programme recognizes that after 5 years, when the previous Strategy was in force, methodological recommendations for substitution therapy, including guidelines for pregnant women who use drugs, newborns and postnatal women, have not been developed. The Programme indicates that there are no obligatory HIV screenings for pregnant women and no data is available on pregnant women who are tested for HIV. The Programme notes that rapid tests can only be carried out in health facilities or in cooperation with NGOs, with mandatory memorandums of cooperation between NGOs and public health institutions. Whilst the Programme recognizes the importance of NGO-led HIV-services provision, there is no possibility of community-led HIV testing by civil society organisations.

The HIV Programme addresses stigma, discrimination and human rights of women living with HIV, women who use drugs, sex workers only as a part of general populations. Within the Programme, women themselves are not recognized as an important group with their own, more specific needs, aside from the context of pregnancy and childbirth. According to the Action Plan the qualitative research on stigma and discrimination toward people living with HIV is planned as well as trainings for medical staff, law enforcement and social workers. It also envisages development of harm reduction guidelines and legislation analysis for PrEP implementation.

The national Country Coordinating Mechanism (CCM) and its Secretariat that oversees financial support from the Global Fund plays an important role in the coordination of the national HIV response. NGOs and the CCM Secretariat advocacy activities have been essential to secure HIV funding in the State budget. Montenegro CCM composition includes representatives of people living with HIV and key populations. National AIDS Commission (NAC) was re-established in February 2023 with mandate of 2 years. The NAC is acting as Counselling Body to the Ministry of Health and is a multi-sectoral, and multi-institutional body. Montenegro has examples of civil society coordination mechanisms addressing HIV and gender such as CEDAW Coalition.



4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV	Not applicable		
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			

Women living with HIV, sex workers and women who use drugs don't have a seat in the CCM. The issues relating to women living with HIV, sex workers and women living with HIV are addressed by the NGOs working with them. Montenegro does not have a national programme to prevent vertical transmission of HIV (prevention of mother to child transmission).

Community global networking: Community representatives of women living with HIV, sex workers and women who use drugs from Montenegro don't participate neither in international movements and/or networks of women living with HIV, sex workers or women who use drugs nor in hubs on access to treatment.

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ <i>Not available</i> ■ <i>Somehow available or not for free</i> ■ <i>Is available for free</i>	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>>2%</i> ■ <i><2%</i> <i>No data</i>	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
Peer support in the case management protocols to eliminate vertical transmission of HIV	



5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't take into account</i> ■ <i>Somewhat takes into account</i> ■ <i>Takes into account</i>	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	

5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ <i>Women are not given breast-milk substitutes for free</i> ■ <i>Women are sometimes given breast-milk substitutes for free</i> ■ <i>Women are given breast-milk substitutes for free</i>	
Availability and affordability of breast-milk substitutes	

Montenegro's National HIV Programme (2021-2023) recognizes that the country has not developed guidelines on pre-exposure prophylaxis against HIV (PrEP) and national guidelines to end vertical transmission of HIV. PrEP is not available in Montenegro. According to the [study](#) in Montenegro is informal PrEP use (2021).

As previously mentioned, there is no data on pregnant women tested for HIV. The only information available is that since the beginning of the epidemic, HIV antibodies have been found in four children of mothers living with HIV. According to the [Montenegro GAM report](#) (2020) in 2017-2019 the estimated percentage of children contracting HIV vertically in the past 12 months was higher than 5%. Montenegro is following the EACS guideline on [Pregnancy and Treatment](#). Although the guideline advises against breastfeeding, in situations where a woman chooses to breastfeed, it recommends input from an interdisciplinary team including adult HIV specialist, paediatrician and obstetrician/gynaecologist.

The [HIV Strategy](#) (2015-2020) published in 2015 shares that "So far, not a single couple nor HIV infection patient has had a planned reproductive intervention in Montenegro (two married couples had their children at the Department for Gynaecology and Obstetrics in Belgrade, and preparations for reproductive planning are ongoing for three additional married couples). These reproductions are also planned to be carried out in Serbia".

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ <i>Women don't continue taking ART after delivery</i> ■ <i>Women sometimes continue taking ART after delivery</i> ■ <i>Women continue taking ART after delivery</i>	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ <i>After teen age</i> ■ <i>During teen age</i> ■ <i>Before adolescence</i> ■ <i>No data</i>	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ <i>There is no counselling</i> ■ <i>There is some counselling but it is not enough</i> ■ <i>There is comprehensive and ongoing counselling</i>	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	



6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ <i>Poor</i> ■ <i>Average</i> ■ <i>Good</i>	
Access to comprehensive sexuality education for adolescent girls living with HIV	Not applicable

Montenegro's health care system follows the European AIDS Clinical Society (EACS) guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

In Montenegro all registered people living with HIV are older than 15. There are no data on average age when girls living with HIV learn about their HIV diagnosis

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not available</i> ■ <i>Somewhat available</i> ■ <i>Available</i>			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In Montenegro, people living HIV are provided with individual and group counselling and self-support groups, therapeutic literacy and psychosocial support sessions. Besides HIV-positive people, members of their family and partners may also benefit this support. However, there are no women's groups. Psychological consultations and psychiatric care are available for sex workers and women who use drugs. "Juventas" conducts peer support groups for young people who use drugs and have some informal gatherings with girls.

The HIV Programme refers to the Mental Health Strategy in Montenegro (2019-2023) and according to the Action Plan (activity 3.1.3) envisages to open a consultative centre based on Infectious disease clinic to provide people living with HIV with psychological support and psychiatric care.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not addressed at the state level</i> ■ <i>Somewhat addressed</i> ■ <i>Addressed at the state level</i>			
Addressing the issues of violence at the state level			



8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>There are no mechanisms to document cases of GBV</i> ■ <i>There are some mechanisms</i> ■ <i>There is a mechanism</i>			
Mechanisms to document and respond to cases of gender-based violence			

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>There are no partnerships</i> ■ <i>There are some partnerships</i> ■ <i>There are good partnerships</i>			
Partnerships that address gender-based violence and violence against women			

Even though Montenegro does not have restrictions to access to shelter for women who have experienced violence based on HIV-status or substance use, in practice, this is an issue for women who use drugs and/or OST participants. NGOs are noticing that none of the shelters accept them.

During 2010, 2012 and 2014, "Juventas" conducted a [survey](#) of the socio-demographic causes of violence in the National Studies on Women Selling Sex. The worrisome data show that only 31% of all respondents in 2014 contacted the Centres for Social Work for assistance, while 40% of those received help at the end. In 2014, 87% of respondents said they sell sex due to economic situation (for money) and 13% named substance dependence as their primary reason. Ignoring the existence of sex work and its prohibition leaves sex workers in an unprotected and a very vulnerable position, invisible to services and support: health, social, police, prosecutors, NGOs, education, child protection services. Sex workers are exposed to unreported and untreated violence and human rights violation.

In Balkan countries the REAct system was [launched](#) in June 2022. The main implementing partner and regional coordinator is the Regional Tuberculosis and HIV Community Network in Southeast Europe (RTB&HIVCN), which works in partnership with NGO [CAZAS](#) in Montenegro. Reactors provide a wide range of services for key groups including legal support services and services for women.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ <i>Data doesn't exist</i> ■ <i>Some data exists</i> ■ <i>Data exists</i>	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	Not applicable

The latest update of Human Papillomavirus and Related Diseases [Report. MONTENEGRO](#) (2022) on HPV type distribution among HIV-positive women of 31 December 2011 is without data. In Montenegro all registered people living with HIV are older than 15.



10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index	Not applicable		
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

Violence / Types of violence: In 2014, “[Juventas](#)” conducted an independent [survey](#) among 200 sex workers. The data showed that every second sex worker in Montenegro is living and working illegally, with no right to health and social care, and fear the police. Almost half of them (48%) experienced domestic violence in past, respectively 44% physical and 6% sexual violence.

Budget allocations in response to HIV: Analysis “[How to bridge the funding gap and make the HIV response sustainable](#)” led by the Drug Policy Network in South-Eastern Europe (DPNSEE) in partnership with “Juventus” (2020) under support of EHRA presents the current situation on financing and implementation of harm reduction programmes in Montenegro. The National Reference Group of the Assessment “Montenegro: [Benchmarking sustainability of the HIV response among Key Populations](#) in the context of transition from Global Fund support to domestic funding” included government representatives and NGOs working with people living with HIV and key populations led by EHRA (2021).

10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

In 2021, a survey was conducted with the goal to examine the level of satisfaction with the services provided to participants of the OST programme in Montenegro. The [study](#) was initiated and financed by EHRA and carried out by “Link” and “Juventas”. Out of 300 respondents 6.6% were women and 93.4% were men.

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	



10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ <i>Not registered</i> ■ <i>Registered</i>	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not funded</i> ■ <i>Somewhat funded</i> ■ <i>Funded</i>			
International funds / organisations	Not applicable		
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			

10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not supported</i> ■ <i>Somewhat supported</i> ■ <i>Supported</i>			
HIV prevention	Not applicable		
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Montenegro doesn't have registered community-led organisation of women living with HIV, sex workers and women who use drugs.

**Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women's organisation of women living with HIV, sex workers and women who use drugs.*



11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			

The Juventas NGO prepared and submitted the [alternative/shadow report](#) to the UN Committee on the Elimination of Discrimination against Women (CEDAW) with focus on women living with HIV, sex workers and women who use drugs in Montenegro (67th session, 2017).

Recommendations by the CEDAW Committee: In the [concluding observations](#) on the second periodic report of Montenegro (2017), the CEDAW Committee noted the lack of HIV prevention among vulnerable women; limited access for female prisoners to literacy and educational programmes, drug dependence treatment and reinsertion programmes; that “women in prostitution are often fined or sentenced to prison terms and are frequently separated from their children”; and “the vast majority of women in prostitution are driven into it because of economic hardship or drug dependence”. The Committee recommended to the State party to:

- Decriminalize women in prostitution and discontinue the practice of separating mothers from their children based on the mother’s involvement in prostitution.
- Address the root causes of prostitution, including poverty, discrimination and drug dependency.
- Allocate sufficient resources for exit programmes for women wishing to leave prostitution, including by providing alternative income-generating opportunities.
- Offer adequate literacy and educational programmes, drug dependence treatment, remunerated work and reinsertion programmes to women in detention.

References on legal environment:

1. [Global HIV Criminalisation database](#). HIV Justice Network
2. [Criminal Code of Montenegro](#), Article 210
3. [Law on Prevention of Drug Abuse in Montenegro](#), Article 11, Article 45.
4. [Action Plan for Achieving Gender Equality in Montenegro](#) (2017-2021)



Annex K. Key findings of gender assessment in North Macedonia

1. National context

<p>HIV prevalence and share of women in focus: North Macedonia has a low-level, concentrated HIV epidemic, with a total of 504 reported cases and 112 reported HIV-related deaths by the end of 2020. In 2018, men having sex with men accounted 84% of the estimated population of people living with HIV. None of the IBBS conducted between 2010 and 2018 among people who inject drugs and sex workers have detected any HIV-positive cases. By the end of 2019, cumulatively, of the registered cases, 88% were male and 12% were female.</p>
<p>Population and rural spread: In 2021, out of 2,065,092 million people, women account for 50% of the population. 41% of the population live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2021, the GDP was USD 13,879,269.15 with 3.4% with the population living in poverty (last reported 2018) and 15.8% unemployment in 2021. In 2021, amongst women the unemployment rate was 16.5%.</p>
<p>Life expectancy: In 2020 life expectancy reached 78 years of age for women and 74 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2017, maternal mortality rates were 7 deaths per 100,000 live births. In 2020, fertility rates were at 1.3 births per woman. North Macedonia scores 52.8 in the 2020 Contraception Atlas. As of 2019, a preventive programme for mother and child started to offer free contraceptives for vulnerable women at hospitals in Skopje. This programme specifically covers socially excluded women residing in Skopje (such as those with repetitive abortions, underprivileged women, and those receiving social assistance). The Republic of North Macedonia has a low estimated modern contraceptive prevalence rate of 21%. There are 15 adolescent (15-19 year-olds) births per 1000 adolescents.</p>
<p>Parliamentary seats held by women: In 2021, women held 42% of national parliaments seats.</p>
<p>Numbers of women who experience violence: The special report of the Ombudsman gives information that the data on the total number of perpetrators of domestic violence by gender indicates that men are 8-9 times more likely to be perpetrators of domestic violence than women. According to the data from the Basic Courts, during 2019, there were 240 women who experienced domestic violence, and 94 in the period January-May 2020. In 2018, the proportion of ever-partnered women and girls aged 15–49 years of age who experienced physical and/or sexual violence by a current or former intimate partner in the previous 12 months was 4%; and by a current or former intimate partner in their lifetime was 13%.</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: 28.6% of the 2020 GAM indicators are disaggregated by gender data.</p>
<p>The Global Gender Gap Index 2022 ranking: № 69 out of 146 countries, 0,716 (0-1).</p>
<p>Istanbul Convention: North Macedonia signed (2011) and ratified the Istanbul Convention (2018).</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	



Drug use is decriminalised	Doesn't include
Drugs possession for personal use is decriminalised	Doesn't include
Regulations allow adoption and guardianship irrespective of HIV-status	Doesn't include
Regulations allow adoption and guardianship irrespective of substance use	Doesn't include
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Includes
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Includes
Regulations protect parental rights irrespective of substance use	Includes
Regulations ensure access to harm reduction programmes	Somewhat includes
Regulations ensure access to opioid substitution therapy (OST)	Doesn't include
HIV testing is not mandatory before marriage	Includes
HIV testing is voluntary and with informed consent	Includes
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 18 years of age	Doesn't include
HIV treatment – 16 years of age	Doesn't include
Sexual and reproductive health services – 18 years of age	Doesn't include

Whilst North Macedonia has punitive and restrictive laws around sex work, drugs use, possession of drugs for personal use; adoption and guardianship for people who use drugs and people with chronic illness or incurable infectious disease; there are no legal restrictions of parental rights based on drug use and to have access to shelters. Whilst there is no specific legislation for harm reduction and opioid substitution therapy (OST), the National HIV/AIDS Strategy (2017-2021) and the HIV Prevention Programme (2022) provides support for harm reduction programmes. The Criminal Code of North Macedonia does not specify HIV but sets out sanctions for the intentional transmission of infectious disease. HIV testing is not mandatory before marriage. The law makes no provisions allowing adolescent girls to have access to HIV testing, HIV treatment and sexual and reproductive health services without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i> ■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Somewhat includes
sex workers	Includes
women who use drugs	Includes
menopausal women	Doesn't include
adolescent girls	Doesn't include
gender-transformative interventions	Doesn't include
gender-based violence	Includes
sexual and reproductive health and rights	Doesn't include



HPV vaccination	Doesn't exist
preventing and controlling cervical cancer	Exists
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Somewhat exists
a dedicated working group or other mechanism focusing on gender equality	Doesn't exist

3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ Doesn't exist ■ Somewhat exists ■ Exists	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	Exists

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ Doesn't address ■ Somewhat addresses ■ Addresses	
Stigma, discrimination and human rights of women living with HIV are addressed	Doesn't address
Stigma, discrimination and human rights of sex workers are addressed	Doesn't address
Stigma, discrimination and human rights of women who use drugs are addressed	Doesn't address
Civil society coordination mechanisms address HIV and gender	Addresses

In North Macedonia, the National HIV Strategy (2017-2021) highlights the need for a gender-sensitive approach for women living with HIV, women sex workers and women who use drugs but it does not specify a budget in its action plan. The Programme for the Protection of the Population from HIV Infection in the Republic of North Macedonia (2018-2022) highlights female sex workers and women who use drugs as key populations for prevention, care and support activities. The Programme includes women living with HIV as a part of part of general population of people living with HIV. Preventive programmes at the national level cover only young women over 18 years of age since services provided to minors are allowed only with the permission of a guardian parent. The Strategy includes a focus on addressing gender-based violence and cervical cancer prevention and control. It envisages a new programme for reducing harm from drug use for young people using drugs as well as the development of protocols for the treatment and care of women, including pregnant women and children who use drugs (with a dedicated budget). Given the small number of girls and adolescents living with HIV (currently only one), no special programmes have been developed for their needs, including HPV vaccination. According to the [assessment](#) (EHRA, 2021), no commitments were identified in the programmatic area "Human rights and overcoming legal barriers" within official documents. Since 2018, both youth friendly SRH centres and the Mobile SRH clinic for sex workers, women who inject drugs and vulnerable women from rural and remote areas have been financed within the National HIV Programme.

North Macedonia has its National HIV/AIDS Commission serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. It is the highest multisectoral national body that collaborates with the UN Thematic Group on HIV and includes various Ministries and representatives of the communities most affected by HIV – people living with HIV, men having sex with men, people who use drugs, sex workers. The CCM does not have a dedicated working group that is focused on achieving gender equality.

North Macedonia has examples of civil society coordination mechanisms addressing HIV and gender. The STAR-STAR NGO in collaboration with TransFormA conducted a [survey](#) among transgender people regarding their needs and problems in connection to HIV-related issues and access to social, legal and health services.



4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV	Not applicable		
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			

"STAR-STAR", as a community-led sex-workers organisation, officially became part of the National HIV Commission in 2021, where it represents the interests of sex workers and other marginalized communities and key populations and participates in the creation of sexual and reproductive health policies. Women living with HIV and women who use drugs participate in the development of national strategies despite the fact they do not formally sit on the CCM. A woman living with HIV is a member of the Management Board representing "Stronger Together" which is the only national community-led organisation of people living with HIV in North Macedonia. Within the framework of the National HIV Commission, "Stronger Together" participated in the approval of three new national guidelines including: the first national guidelines for pre-exposure prophylaxis for HIV; new guidelines for post-exposure prophylaxis for HIV; a protocol for demedicalised HIV-testing. "Stronger Together" also participated in designing the 2021 national HIV Programme. Women who use drugs are involved in the creation of the Action Plan for Contraception Advocacy as well as in the Preparedness and Response of the Health System in Dealing with Sexual and Reproductive Health in the context of COVID-19. "STAR-STAR" is a member of the Platform for the Sustainability of HIV-services, which advocates for the financial sustainability of HIV prevention, care and support services. Sex workers lead the process to decriminalize sex work in North Macedonia within the informal platform for decriminalisation of sex work.

North Macedonia does not have a national programme to prevent vertical transmission of HIV.

Community global networking: Sex workers community representatives from North Macedonia participate in the Global Network of Sex Worker Projects ([NSWP](#)), European Sex Workers' Rights Alliance ([ESWA](#)), Sex Workers' Rights Advocacy Network in Southeast Europe and Central Asia ([SWAN](#)), European Network for the Promotion of the Rights and Health of Migrant Sex Workers ([TAMPEP](#)). Representatives of Stronger Together are part of the patient-led NGO – European AIDS Treatment Group ([EATG](#)).

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ <i>Not available</i> ■ <i>Somehow available or not for free</i> ■ <i>Is available for free</i>	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>>2%</i> ■ <i><2%</i>	
The proportion of children (0–14 years old) newly diagnosed with HIV	



5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
Result Key: ■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
Result Key: ■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
Result Key: ■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	

5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
Result Key: ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	

PrEP was first offered as an HIV prevention service in [February 2021](#), as part of a pilot programme (PrEP-MKD) implemented in partnership between the Association "Stronger Together" Skopje and the University Clinic for Infectious Diseases and Febrile Conditions. This programme is available to MSM only. According to the [PrEP Watch](#) 88 people accessed PrEP as of December 2022.

North Macedonia doesn't have a national programme to prevent vertical transmission of HIV (prevention of mother to child transmission). The 2017 [WHO Consolidated Guidelines](#) on the SRHR of Women Living with HIV, are followed at the national level. No data is available on the percentage of children (0–14 years old) newly infected with HIV by women living with HIV who delivered in the past 12 months. Mothers known to be living with HIV are given only commercial infant formula as breast-milk substitutes.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
Result Key: ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	



6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence ■ No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	

North Macedonia's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

The [Counselling Centre](#) for care and support of people living with HIV has a [psychologist and a social worker](#) who provide psychosocial support for adults (parents/guardians) about informing the newly diagnosed adolescent about the HIV-positive result taking into account that parents sometimes face difficult questions. The Counselling Centre also provides a comprehensive support for children and young adolescents around communicating their HIV results to other family members or peers. Given the small number of girls and adolescents living with HIV (currently only one), no special programmes have been developed for their needs, including comprehensive sexuality education.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In North Macedonia, a wide range of mental health services for women living with HIV, sex workers and women who use drugs are provided by the state and NGOs.



8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level			

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence			

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no partnerships ■ There are some partnerships ■ There are good partnerships			
Partnerships that address gender-based violence and violence against women			

Within the HIV Strategy, the [Protocols](#) for the treatment of survivors of gender-based violence, including girls and adolescents, have been developed. The [Action Plan](#) for the implementation of the Convention on Preventing and Combating Violence against Women and Domestic Violence (2018-2023) addresses gender-based violence. It takes into account intersectional aspects of identities and proposes measures for vulnerable women, including women who are pregnant, with young children, single mothers, who use drugs, conduct sex work, are lesbians, bisexual and transgender women, and those who are living with HIV. The Action Plan is a result of the cooperation between government, civil society organisations and the international community.

"STAR-STAR" as a member of the Platform for decriminalisation of sex work, in partnership with other organisations, leads the process to decriminalize sex work in North Macedonia. Sex workers address the problems and needs they face with a special focus on violence. In 2021, sex workers participated in a working group to amend the Criminal Code. "STAR-STAR" is the founding organisation of the [Margins Coalition](#), an organization that advocates for the protection and respect of the basic human rights of marginalized communities, with a focus on LGBTI people, people who use drugs, sex workers, people living with HIV and marginalized women. Based on the Strategic Plan for 2022-2025, the "STAR-STAR" organisation decided to focus on promoting interventions to reduce gender inequality, violence and discrimination experienced by women and trans* people. Since 2021, sex workers have been systemically recognized as a vulnerable with the adoption of the Law on protection and prevention of violence against women and domestic violence and in 2022, the organisation has become a member of the Platform for gender equality. Sex workers organise training for representatives of the Ombudsman, the State sanitary and health Inspectorate, public health institutions as well as civil society organisations for the protection of human rights and HIV. In cooperation with partner organisations "[HOPS](#)" and the Margins Coalition, sex workers document human rights violations, including gender-based violence. In addition, sex workers can use the [services](#) of the Counselling Centre for help and support if they experience violence.



“Stronger Together” is particularly focused on all forms of violence with a psychosocial support team and a lawyer available to women living with HIV. Apart from the direct services for peer, social and legal support, every woman living with HIV who faces any type of violence can contact personally to the “Stronger Together” or to the social worker at the Counselling Centre of the Infectious Disease Clinic and to document the case. If the woman agrees to be processed in the legal system, assistance is provided by a legal advisor of “Stronger Together”. “HOPS” continuously [conducts](#) case studies and monitors cases of gender-based violence and domestic violence. Motivated users of the services submit reports to the Ombudsman and to the Commission for Protection against Discrimination.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ Data doesn't exist ■ Some data exists ■ Data exists	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

According to the [GAM report](#), in 2019, all women living with HIV between the ages of 15-49 are screened for cervical cancer (using either: visual inspection with acetic acid or vinegar (VIA), Pap smear or HPV test) in North Macedonia.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions		Not applicable	

PLHIV Stigma Index: The PLHIV Stigma Index has not been conducted in North Macedonia.

Access to sexual and reproductive health and rights: The [survey](#) on the needs and problems of people living with HIV led by “Stronger Together” (2014) includes the issues of sexual and reproductive rights and services. Sex workers conducted the [assessment](#) comparing existing services for sexual and reproductive health services with the needs of sex workers (2021); they prepared a [report](#) on the experiences and perceptions of sex workers regarding the access to and the use of HIV prevention methods: condoms and PrEP (2020) both led by “STAR-STAR”.

Violence / Types of violence: Women who use drugs participated in a [study](#) on gender-based violence led by “HOPS” (2021).

Budget allocations in response to HIV: The National Reference Group of the Assessment “[North Macedonia: Benchmarking sustainability of the HIV response among Key Populations in the context of transition from Global Fund support to domestic funding](#)” included community representatives and/or NGOs working with people living with HIV, sex workers and people who use drugs led by EHRA (2021).

Access to ART / Interruptions: Community of people living with HIV designed and developed a tool for the Infectious Diseases Clinic (led by “Stronger Together”) that facilitates the process of annual planning of the needs and quantities of antiretroviral medications, public procurement planning and cost estimation, which was immediately put into use (2020). This does not apply to sex workers and women who use drugs since in North Macedonia there are no HIV-positive cases among them.



10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not conducted</i> ■ <i>Somewhat conducted</i> ■ <i>Conducted</i>			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

In 2019, the [quality](#) of the drug dependence treatment programmes with OST was monitored by "HOPS", including areas related to women.

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ <i>Women haven't been trained</i> ■ <i>Women have been trained</i>	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

Sex workers in North Macedonia were trained in the use of the Sex Worker Implementation Tool (SWIT) by "HOPS" and "STAR-STAR". STAR-STAR also [presented](#) the SWIT Tool to a special committee of the government's National HIV Commission and they committed to using this tool to design HIV prevention and treatment services directly with sex workers.

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ <i>Not registered</i> ■ <i>Registered</i>	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not funded</i> ■ <i>Somewhat funded</i> ■ <i>Funded</i>			
International funds / organisations	Not applicable		Not applicable
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			



10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not supported</i> ■ <i>Somewhat supported</i> ■ <i>Supported</i>			
HIV prevention	Not applicable	Supported	Not applicable
Prevention of vertical HIV transmission		Not supported	
HIV care and support		Not supported	
Protection against violence and assistance to the survivors		Supported	
Protection of rights		Supported	
Advocacy		Supported	
Community capacity building		Supported	

The [Association for Support of Marginalized Workers STAR-STAR Skopje](#) was founded in 2010 by the sex workers' community. Recognized as STAR – The First Sex Workers Collective in the Balkans, for more than ten years STAR-STAR's goal is to advocate for and promote sex workers' rights within the state social, healthcare and legal systems. Organisation is working in the field of HIV prevention, protection against violence and assistance to the survivors, protection of rights, advocacy and community capacity building. The financial support is provided by the international funds/organisations (such as ECOM, SWAN, SWARM), state/municipalities (such as Ministry of Health), UN agencies (such as UNFPA), private donations/private foundations (such as amFAR, FOSM,) and pharmaceutical companies (such as ViiV). North Macedonia doesn't have registered community-led organisations of women living with HIV nor of women who use drugs.

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women's organisation of women living with HIV, sex workers and women who use drugs.

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not participated</i> ■ <i>Somewhat participated</i> ■ <i>Participated</i>			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW	Not participated	Participated	Not participated

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>No recommendations</i> ■ <i>Some recommendations</i> ■ <i>Good/strong recommendations</i>			
Recommendations regarding women living with HIV, sex workers, women who use drugs	No recommendations	Good/strong recommendations	No recommendations
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs	No recommendations	Good/strong recommendations	No recommendations



Over the past five years, the sex workers have participated in the preparation and submission of shadow reports to the UN Committee on the Elimination of Discrimination against Women (CEDAW) on status of sex workers in the Republic of Macedonia. ([71st Pre-Sessional Working Group](#), [71st CEDAW session](#), 6th periodic report, 2018).

Recommendations by the CEDAW Committee: In the [concluding observations](#) on the sixth periodic report of the Republic of Macedonia, the Committee notes with concern the information it has received about cases of gender-based violence against women in prostitution, including physical and verbal violence, harassment, ill-treatment and arbitrary detention, by the police. It also notes with concern that women in prostitution face barriers to access to shelters for victims of violence and limited access to health care and multiple and intersectional forms of discrimination against women, in particular [...] women in prostitution. The Committee recommended to State party:

- Develop a plan for targeted implementation of the Law on Equal Opportunities for Women and Men, ensuring a focus on [...] women in prostitution and women with disabilities.
- Ensure formal and permanent consultation processes and cooperation between the national machinery and civil society organizations, including those representing the interests of [...] women in prostitution.
- Adopt a comprehensive strategy to prevent all forms of gender-based violence against women, addressing the underlying causes of gender-based violence and situations of heightened risks for [...] women in prostitution.
- Combat violence against women in prostitution and adopt measures to prevent, investigate, prosecute and adequately punish such violence.
- Ensure that health-care and social protection programs are available to women in prostitution, strengthen income-generating opportunities for women and provide exit programs for women who wish to leave prostitution.
- Based on these recommendations, the new [Law](#) on Prevention and Protection from Violence against Women and Domestic Violence was adopted, where sex workers are explicitly listed as a vulnerable group.

References on legal environment:

1. [Global HIV Criminalisation database](#). HIV Justice Network
2. [Law on Misdemeanors against the Public Order](#). Article 19
3. [Family Law](#). Article 102
4. [Law on the Protection of the Patients' Rights](#). Article 5, 15
5. [Criminal Code](#), Article 205
6. [Law on Prevention and Protection of Women from violence and Domestic violence](#)



Annex L. Key findings of gender assessment in Serbia

1. National context

<p>HIV prevalence and share of women in focus: Serbia is a low HIV epidemic country. In 2021, HIV prevalence was estimated at < 0.1%. According to the Institute for Public Health of Serbia, 3045 people lived with HIV and knew their status by the end of 2021; out of them 433 (14%) are women. The HIV prevalence amongst female sex workers is 0.5% (N=190; capitol city, 2021), and 2.3% among women who inject drugs (N=87, capitol city; 2021).</p>
<p>Population and rural spread: In 2021 out of 6,844,078 people, women accounted for 51% of the population. 43% live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2021, GDP was US\$ 63,068,134.60 with 21.7% of the population living in poverty (2019) and there was 11.8% unemployment. In 2021, the unemployment rate amongst women was 12.8%.</p>
<p>Life expectancy: In 2020, life expectancy reached 77 years of age for women and 71 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2017, maternal mortality rates were 12 deaths per 100,000 live births. In 2020, fertility rates were at 1.5 births per woman. Serbia scored 59.7% in the 2020 Contraception Atlas. The prevalence rate of contraception usage is low in Serbia (49%). There are no special regulations, which allow exemptions or cost deductions for youth or members of vulnerable groups (unemployed, HIV-positive, sex workers) when it comes to contraception.</p>
<p>Parliamentary seats held by women: In 2021, 39% of national parliaments seats were held by women.</p>
<p>Numbers of women who experience violence: 17% of women experience lifetime physical and/or sexual intimate partner violence (IPV); 34% of women have experienced physical and/or sexual IPV in the last 12 months (OSCE, 2019) and there is a 55% child marriage prevalence rate (UNICEF global databases, 2021). In a national study: "victims of domestic violence are mainly women (79%), while men make 21% of domestic violence victims".</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: The most recent Serbia GAM report was published in 2016.</p>
<p>The Global Gender Gap Index 2022 ranking: № 23 out of 146 countries, 0,779 (0-1).</p>
<p>Istanbul Convention: Serbia has signed (2012) and ratified the Istanbul Convention (2013).</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	
Regulations allow adoption and guardianship irrespective of HIV-status	
Regulations allow adoption and guardianship irrespective of substance use	
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	



Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Doesn't include
Regulations protect parental rights irrespective of substance use	Includes
Regulations ensure access to harm reduction programmes	Includes
Regulations ensure access to opioid substitution therapy (OST)	Includes
HIV testing is not mandatory before marriage	Includes
HIV testing is voluntary and with informed consent	Includes
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 16 years of age	Somewhat includes
HIV treatment – 15 years of age	Somewhat includes
Sexual and reproductive health services – 16 years of age	Somewhat includes

Whilst Serbia has punitive and restrictive laws around sex work; possession of drugs for personal use; there are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST). Whilst HIV continues to be criminalised, HIV testing is voluntary and with informed consent and HIV testing is not mandatory before marriage. The law makes provisions allowing adolescent girls to have access to HIV treatment at age 15, HIV testing and sexual and reproductive health services at age 16 without parental consent. Girls younger than 16 may get tested in the cases when two counsellors estimate that it would be in the best interest of the minor. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i>	
■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Somewhat includes
sex workers	Includes
women who use drugs	Somewhat includes
menopausal women	Doesn't include
adolescent girls	Somewhat includes
gender-transformative interventions	Doesn't include
gender-based violence	Doesn't include
sexual and reproductive health and rights	Doesn't include
HPV vaccination	Doesn't include
preventing and controlling cervical cancer	Doesn't include
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Doesn't include
a dedicated working group or other mechanism focusing on gender equality	Doesn't include

3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i>	
■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	Somewhat exists



3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

Although [Serbia's national HIV Strategy](#) includes male and female sex workers, women living with HIV are included as a part of the general population of people living with HIV and women who use drugs are included as a part of the general population of people who use drugs. Adolescent girls are considered within prevention measures only as a part of all young people.

The Strategy addresses stigma, discrimination and the human rights of women living with HIV, women who use drugs, sex workers only as a part of general population. Within the Strategy, women themselves are not recognized as an important group with their own, more specific needs, aside from the context of pregnancy and childbirth.

The Commission to Fight HIV/AIDS and Tuberculosis (CCM until 2018) is responsible for the implementation of the Strategy. It is a multidisciplinary consultative body of the representatives of the ministries, HIV experts, civil society organisations, representatives of people living with HIV and other stakeholders.

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV	Not applicable		
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			

Women living with HIV, sex workers and women who use drugs don't have a seat in the Commission to Fight HIV/AIDS and Tuberculosis. At the same time, women living with HIV and women who use drugs participate in the development of national strategies.

Serbia does not have a national programme on preventing vertical transmission of HIV (prevention of mother to child transmission).

Community global networking: Sex workers participate in [SWAN](#). Community representatives of women living with HIV and women who use drugs from Serbia don't participate neither in international movements and/or networks of women living with HIV, sex workers or women who use drugs nor in hubs or networks related to treatment.



5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ >2% ■ <2% ■ No data	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	

5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	

Serbia's National HIV Strategy indicates that Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP) must be available to all people in need (measure 1.9). The [semi-official start of PrEP](#) in Serbia was in August 2019. The protocol for prescribing PrEP was drawn up by the Ministry of Health in 2019, in consultation with the people living with HIV NGO – [Red Line Association](#). According to an [assessment](#), the Government has failed to make adequate investments to ensure access to PEP and PrEP for key populations (2020). This lack of funding has been followed by insufficient data collection. In 2021, thirteen countries from Europe and Central Asia did not provide a response to the [ECDC](#) about PrEP data, including Serbia. According to the [study](#) in Serbia informal PrEP use (2021).



According to the Institute for Public Health of Serbia during the period from 2002 to 2021 22 children were infected by vertical transmission. Serbia is following the European AIDS Clinical Society (EACS) guideline on [Pregnancy and Treatment](#). Although the guideline advises against breastfeeding, in situations where a woman chooses to breastfeed, it recommends input from an interdisciplinary team including adult HIV specialist, paediatrician and obstetrician/gynaecologist. Just one gynaecologist across the whole country working in the public Gynaecologist and Obstetrics Clinic in the capital delivers babies of all pregnant women living with HIV in Serbia.

According to the NGO Re-Generation information, women who give birth in the maternity hospitals receive breast-milk substitutes free of charge. These free breast-milk substitutes are only available in the hospital and after the baby and mother leave the hospital, breast-milk substitutes are to be purchased and costly in Serbia.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	

Serbia's health care system follows the EACS guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

There is no data on average age when girls living with HIV learn about their diagnosis. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as poor.



7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups	Available	Not available	Available
Psychological consultation	Somewhat available	Not available	Not available
Psychiatric care	Somewhat available	Somewhat available	Available
Screening for depression	Not available	Not available	Not available
Retreats for community representatives	Not available	Not available	Not available

In Serbia, peer support groups are available for women living with HIV and women who use drugs. Psychiatric care is available for women who use drugs; it also available for women as a part of general population, not specifically for women living with or affected by HIV. Psychological consultations are partially available for women living with HIV.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level	Not addressed at the state level	Not addressed at the state level	Somewhat addressed

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence	Somewhat addressed	Somewhat addressed	Somewhat addressed

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no partnerships ■ There are some partnerships ■ There are good partnerships			
Partnerships that address gender-based violence and violence against women	Not addressed at the state level	Not addressed at the state level	Addressed at the state level



The final [conference](#) of the project “Increasing universal access to services for prevention and response to gender-based violence for women who use drugs” implemented by the NGO Re Generation with the strategic support of the Office for Combating Drugs Government of the Republic of Serbia was held at the Club of Deputies in Belgrade on May 20, 2021. The project aimed to map stakeholders and partners in response to gender-based violence against women who use drugs to improve access to social health and legal care services and to legally regulate the position of women who use drugs and who experience violence. This led to [guideline](#) “Working with women who use drugs in cases of violence” intended for civil society organisations, social work centres and all those who deal with drugs and violence, to provide equal access to the services.

In Balkan countries the REAct system was [launched](#) in June 2022. The main implementing partner and regional coordinator is the Regional Tuberculosis and HIV Community Network in Southeast Europe (RTB&HIVCN), which works in partnership with NGO [Timok Youth Centre](#) in Serbia. Reactors provide a wide range of services for key groups including legal support services and services for women.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ Data doesn't exist ■ Some data exists ■ Data exists	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

Whilst women living with HIV are at higher risk to cervical cancer in the [Cervical Cancer National Guideline](#), the latest update of Human Papillomavirus and Related Diseases [Report. SERBIA](#) (2022) on HPV provides no date on women living with HIV.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index	Not applicable		
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

Access to sexual and reproductive health and rights: Women living with HIV conducted community-led [research](#) “Data for change: Sexual and reproductive health and rights of women living with HIV” (2022) led by NGO Re-Generation, in which the violence against women is also studied.



Violence / Types of violence: Women who use drugs conducted community-led [research](#) within the project "Sexism Free Night" that showed that out of 309 women, 25 experienced rape with the use of physical force or attempted rape, while 52 respondents experienced rape without the use of physical force or experienced attempted rape. In cases of violence, women who use drugs usually turn to friends for help, and many often do not ask for help because: they are not sure what really happened (50 women), feelings of shame (36 women), fear that someone will find out they used drugs (14 women).

10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

In 2021, [SWAN implemented](#) the final year of the global SWIT program, which covered eight EECA countries over the last six years, including Serbia.

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not funded ■ Somewhat funded ■ Funded			
International funds / organisations		Not applicable	
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			



10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not supported ■ Somewhat supported ■ Supported			
HIV prevention		Not applicable	
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Serbia has registered and acting community-led organisation of women living with HIV – "[Women+](#)". The organisation is [working](#) in the field of HIV prevention, prevention of HIV vertical transmission, protection of rights, advocacy and community capacity building. Support come from a wide range of partners including: the Municipality of Zvezdara, Ministry of Health, Ministry for social work, National Theatre, Opera and Theatre Madleanium, Russian Centre for Science and Culture in Serbia, Council of Europe, UNAIDS, UNICEF, private donations and pharmaceutical companies; as well as being self-financed. There was a registered sex workers led organisation "Equal Rights" which dissolved due to lack of funding and opportunities to grow.

**Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women's organisation of women living with HIV, sex workers and women who use drugs.*

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			



Over the past five years, the organisations or representatives of women living with HIV, sex workers and women who use drugs in Serbia have not participated in the preparation and submission of alternative/shadow reports and/or list of issues to the UN Committee on the Elimination of Discrimination against Women (CEDAW).

In the Concluding observations on the [fourth periodic report](#) of Serbia (2019) the Committee was concerned that women in prostitution in particular are subject to the punishments for prostitution under article 16 of the Public Law and Order Act by fines of up to 150,000 Serbian dinars (€1,300) and up to 60 days' imprisonment and once mentioned ARV-treatment. The Committee recommended the State party:

- Repeal article 16 of the Public Law and Order Act and ensure that women in prostitution are not criminalized by laws, including the Public Law and Order Act, and provide exit programmes and alternative income-generating opportunities for women who wish to leave prostitution.
- Ensure unhindered access to health care, including sexual and reproductive health care, early prevention programmes for breast and cervical cancer and free anti-retroviral treatment, for all women and girls [...].

References on legal environment:

1. [Criminal Code](#) of the Republic of Serbia, Article 120, 264a, 250
2. [Serbia Family Act](#)
3. [Guidance on VCT of HIV](#)
4. [Serbia. Complete deprivation of parental rights](#)
5. [Admission criteria for the shelter "SIGURNA KUĆA"](#)
6. [Regulation book](#). On organization of the service of shelter for the victims of violence "SIGURNA KUĆA"
7. [Monitoring of Rights of People Living with HIV/AIDS in Serbia](#), 2016



Annex M. Key findings of gender assessment in Tajikistan

1. National context

<p>HIV prevalence and share of women in focus: Tajikistan is a low HIV epidemic country. In 2021, HIV prevalence was estimated at 0.2%. A total 13 000 people were diagnosed with HIV (less than 6000 women and 6500 men). The percentage of women among registered cases of HIV has grown from 30% in 2011 to 40.8% in 2019. Out of 17 500 female sex workers, the HIV prevalence is 2.9%, and out of 22 200 people who use drugs, the HIV prevalence is 12.1% (this data is not disaggregated by sex). According to the HIV National Programme, 161 unidentified modes of HIV transmission were registered in 2019 (or 12.2% of the total number of new cases). The data highlighted an upward trend in the number of new HIV infections among children under 14 years of age.</p>
<p>Population and rural spread: In 2021, out of 9,749,625 people, women accounted for 49.6% of the population. 72% live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2021, GDP was USD 8,746,270.64 with 26.3% of the population living in poverty (2019) and in 2021, there was 7.8% unemployment. In 2021, the unemployment rate amongst women was 6.4%.</p>
<p>Life expectancy: In 2020, life expectancy reached 74 years of age for women and 69 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2017 (last recorded), maternal mortality rates were 17 deaths per 100,000 live births. In 2017, the contraceptive prevalence rate was 29% among married between the ages of 15 – 49 and in 2020, fertility rates were at 3.5 births per woman.</p>
<p>Parliamentary seats held by women: In 2021, 24% of national parliaments seats were held by women.</p>
<p>Numbers of women who experience violence: According to various estimates of international organizations and State bodies, between 50% and 80% of women and children in Tajikistan are subjected to violence. In 2021, the prevalence of recent intimate partner violence among women aged 15-49 was 19% (UNAIDS). The prevalence of recent intimate partner violence among women aged 15-19 was 5.6% and the prevalence of recent intimate partner violence among women aged 20-24 was 18.6%. The most common type of violence against women by a husband/partner throughout lifetime is economic violence (31%); psychological violence (21%), physical violence (20%) and sexual (6%). Meanwhile, married women are subject to total scrutiny (UNDP, 2021). According to a 2022 Spotlight Study, just over three-quarters of respondents agreed that VAW is prevalent in society (77.3%). At the same time, only 45.6% agreed that violence is prevalent in their communities.</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: 80% of Tajikistan's GAM indicators are reported to be disaggregated by gender (2020).</p>
<p>The Global Gender Gap Index 2022 ranking: № 114 out of 146 countries, 0.663 (0-1)</p>
<p>Istanbul Convention: Not applicable.</p>

2. The legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p><i>Result Key:</i></p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	



Drugs possession for personal use is decriminalised	Doesn't include
Regulations allow adoption and guardianship irrespective of HIV-status	Doesn't include
Regulations allow adoption and guardianship irrespective of substance use	Doesn't include
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	Somewhat includes
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	Somewhat includes
Regulations protect parental rights irrespective of substance use	Doesn't include
Regulations ensure access to harm reduction programmes	Includes
Regulations ensure access to opioid substitution therapy (OST)	Includes
HIV testing is not mandatory before marriage	Doesn't include
HIV testing is voluntary and with informed consent	Somewhat includes
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 18 years of age	Doesn't include
HIV treatment – 18 years of age	Doesn't include
Sexual and reproductive health services – 18 years of age	Doesn't include

Whilst Tajikistan has punitive and restrictive laws regarding sex work; possession of drugs for personal use; parental rights, adoption and guardianship for people who use drugs; there are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST). HIV transmission continues to be criminalised and HIV testing is mandatory before marriage. In recent years, there has been a practice of adopting by-laws on mandatory HIV testing for employment and admission to study, which is contrary to the Labour Code and the Health Code of the Republic of Tajikistan. Even though law does not prohibit women living with HIV and women who use drugs from accessing gender-based (GBV) services, in practice these groups not always able access shelters when they experience domestic violence. The law makes no provisions allowing adolescent girls to have access to HIV testing and treatment and sexual and reproductive health services without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i>	
■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Includes
sex workers	Includes
women who use drugs	Somewhat includes
menopausal women	Doesn't include
adolescent girls	Includes
gender-transformative interventions	Somewhat includes
gender-based violence	Includes
sexual and reproductive health and rights	Includes
HPV vaccination	Includes
preventing and controlling cervical cancer	Includes
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Somewhat includes
a dedicated working group or other mechanism focusing on gender equality	Doesn't include



3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ <i>Doesn't address</i> ■ <i>Somewhat addresses</i> ■ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Civil society coordination mechanisms address HIV and gender	

In Tajikistan, the comprehensive [HIV National Programme](#) (2021-2025) highlights women living with HIV and female sex workers as well as adolescent girls. Women who use drugs are considered as a part of general population of people who use drugs. The Programme pays attention to GBV, sexual and reproductive health and rights, HPV vaccination, preventing and controlling cervical cancer. However, it does not address women who experience menopause. The Programme recognizes HIV criminalisation, criminalisation of people who use drugs and penalization of sex workers as legal barriers in accessing HIV services. It envisages study on HIV-related stigma, legal and paralegal support for people living with HIV and key populations, as well as community system strengthening.

Tajikistan has its Global Fund Country Coordinating Mechanism ([CCM](#)) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. The CCM does not include a dedicated working group or other mechanism focused on achieving gender equality. Tajikistan has examples of civil society coordination mechanisms addressing HIV and gender such as [Beijing Platform](#).

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			

Women living with HIV are [members](#) of the Tajikistan CCM and its [working groups](#) despite the fact that they don't have a seat in the CCM as women's community representatives. Women living with HIV participated in the working group to develop and budget of the national HIV Programme. A woman living with HIV spoke on behalf of civil society at the opening of the 2nd EECA Forum of Judges on HIV, Human Rights and Legislation (2020).



Women living with HIV participate in developing policies and strategies to prevent vertical transmission of HIV (prevention of mother to child transmission).

Community global networking: Community representatives from Tajikistan participate in international movements and/or networks of women living with HIV ([EWNA](#)) and sex workers ([SWAN](#)).

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ >2% ■ <2%	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't take into account ■ Somewhat takes into account ■ Takes into account	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	

5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ Women are not given breast-milk substitutes for free ■ Women are sometimes given breast-milk substitutes for free ■ Women are given breast-milk substitutes for free	
Availability and affordability of breast-milk substitutes	



In Tajikistan, the Guidance on pre-exposure prophylaxis (PrEP) was developed in 2020. PrEP implementation for key populations and discordant couples is included in the HIV National Programme for 2021-2025. 354 people accessed PrEP, out of them 138 MSM, 98 sex workers, 2 people who use drugs and 110 partners of people living with HIV. The Programme's Action Plan envisages an annual increase in the budget for the purchase of PrEP.

Despite a gradual decrease in the vertical transmission mode of HIV from 5.6% to 4.0% among all reported cases of HIV, this rate remains high. As of 2019, 23 cases have been registered out of 841 children born from HIV-positive mothers, which is 2.7% of the total number.

Tajikistan has its Clinical Protocol to Eliminate Mother-to-Child Transmission of HIV (2021), which considers the needs of women who use drugs. Although the Protocol refers to the WHO recommendations on breastfeeding it does not include instructions on medical and social support for women living with HIV who have taken the decision to breastfeed. Moreover, women can be prosecuted for HIV exposure under the Criminal Code ([Article 125](#)). Women do not seek help from medical institutions given the HIV criminalisation.

The Health Code of Tajikistan (Chapter 24, Article 163) highlights the State's responsibility for providing breast milk substitutes. In the National HIV Programme's Action Plan, the purchase of breast-milk substitutes is planned annually. Non-profit organisations argue that the mechanism for providing breast-milk substitutes needs to be improved since there is a lack of financing allocated by the local administrations and purchased infant formula does not always meet the needs of women and children.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ Women don't continue taking ART after delivery ■ Women sometimes continue taking ART after delivery ■ Women continue taking ART after delivery	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence No data	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	



Tajikistan's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery. At the same time, according to PLHIV Stigma Index 2.0, about 25% of the surveyed women living with HIV didn't have access to ART during pregnancy, and one out of ten women wasn't aware of ART.

With the support of UNICEF, [Teenergizer](#) provides advice to teenagers about their HIV status in Tajikistan. The National Programme includes interventions on training specialists who help adolescents. Civil society organisations consult parents about disclosing HIV status to a child. There are not enough psychologists in state institutions who can provide this type of assistance. Tajikistan does not provide regular training for adolescent girls on sexual and reproductive health. As a rule, training is carried out within the framework of projects, in selected cities, i.e., learning is fragmented. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as poor.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In Tajikistan, peer support groups and psychological consultations are available for women living with HIV, sex workers and women who use drugs. Women living with HIV have some experience accessing [screening for depression](#) within international initiatives. Women living with HIV and sex workers have some ability to organise [retreats](#) for community representatives and activists.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level			

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence			



8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>There are no partnerships</i> ■ <i>There are some partnerships</i> ■ <i>There are good partnerships</i>			
Partnerships that address gender-based violence and violence against women			

In 2022, the Law “On Equality and Elimination of All Forms of Discrimination” was adopted. The community of HIV-positive women conducted a gender analysis of the draft Law with the support of the UN Women. Based on the findings, the recommendations were presented to the working group on the protection of the rights of women living with HIV and women from key groups in the draft Law. Even though the recommendations were not all addressed, the women continue to participate in the national councils and send proposals to prevent and address violence.

In terms of mechanisms to document and respond to cases of gender-based violence, the [REAct system](#) data (2020-2022) shows that in Tajikistan, 145 women who contacted REActors reported facing domestic or intimate partner violence, with 118 women being abused by private individuals. In 2020-2021, there were 255 women's inquiries [documented](#) in the REAct system in Tajikistan, in relation to stigma, discrimination and domestic violence. 12 Tajikistan NGOs are included in the REAct system. In October 2021, REActors launched a [hotline](#) to provide remote consultations to people experienced domestic violence and rights violations.

Over the last years, women living with HIV have led campaigns such as “[No excuse for violence!](#)” dedicated to 16 days of activism against GBV and focused on women who use drugs led by “Tajikistan Network of Women Living with HIV”. “SPIN Plus” is providing comprehensive GBV services to women living with HIV, women who use drugs and sex workers, including peer support, hot-line, friendly gynaecologists, legal support.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ <i>Data doesn't exist</i> ■ <i>Some data exists</i> ■ <i>Data exists</i>	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

In 2017, more than 25% of women living with HIV were [screened for cervical cancer](#) in Tajikistan. 47% of them, showed oncological pathologies, which are considered precancerous diseases. HPV vaccination is not included in the [National Immunization Schedule](#). Data on HPV vaccination among young girls living with HIV are not available.

The HIV Programme envisages the introduction of free screening and vaccination against HPV among women living with HIV aged 30 to 49 years, free examination (screening) for cervical cancer and introduction of free treatment for precancerous diseases of women living with HIV in accordance with the recommendations of the WHO.



10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

PLHIV Stigma Index: In 2021, "SPIN Plus" with the support of partner organisations conducted [PLHIV Stigma Index 2.0](#) in Tajikistan. Women living with HIV, sex workers and women who use drugs were included in the study design and implementation.

Access to SRHR: Women living with HIV conducted a study on [key issues of sexual and reproductive health of women living with HIV](#) led by "Tajikistan Network of Women Living with HIV" (2019). The study also highlights the issues of violence against HIV-positive women.

Access to ART / Interruptions: Woman living with HIV is a co-author of a UN Women-supported study of key barriers to women's access to HIV treatment (2021). HIV-positive sex workers and women who use drugs participated as respondents.

10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

In 2022, women living with HIV, sex workers and women who use drugs participated in a series of [workshops](#) "CLM capacity building and options to incorporate community data in national M&E systems" led by Health Advocacy Coalition. In 2022, women living with HIV conducted [community-led monitoring](#) on access and quality of HIV services led by "Tajikistan Network of Women Living with HIV" and under support of USAID and Eurasia Foundation.

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

In 2022, women who use drugs were trained in the use of the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT) under support of UNODC. According to the SWAN, one woman sex worker participated in the SWIT training in 2015.



10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not funded ■ Somewhat funded ■ Funded			
International funds / organisations		Not applicable	
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			

10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not supported ■ Somewhat supported ■ Supported			
HIV prevention		Not applicable	
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

The [Tajikistan Network of Women Living with HIV](#) was registered in 2011. The organisation is working on HIV prevention, including vertical transmission, HIV care and support and to protect women against violence, to support survivors of violence to accessing services and redress, rights literacy, advocacy and to strengthen community capacity to respond to national challenges. Most of the support for this work to continue is provided by the international organisations and the UN agencies (UN Women, UNICEF, UNAIDS and USAID).

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national or local women's organisation of women living with HIV, sex workers and women who use drugs.



11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			

Over the past five years, the organisations or representatives of women living with HIV, sex workers and women who use drugs in Tajikistan have participated in the preparation and submission of [alternative reports](#) to the UN Committee on the Elimination of Discrimination against Women (CEDAW) (71st session, 2018, 79th virtual session, 2021, 6th periodic report).

Recommendations by the CEDAW Committee: In the [concluding observations](#) on the sixth periodic report of Tajikistan (2018), the Committee recommended the State party:

- Decriminalize the transmission of HIV/AIDS (article 125 of the Criminal Code) and repeal the Government decrees of 25 September 2018 and of 1 October 2004 prohibiting women living with HIV from pursuing a medical degree, adopting a child or being a legal guardian.
- Collect statistical data on the number and nature of complaints of police abuse and complicity in corruption targeted at women engaged in prostitution and ensure that such complaints are duly investigated, that perpetrators are prosecuted and punished with appropriate sanctions and that the confidentiality of victims is preserved.
- Ensure that women engaged in prostitution can benefit from the assistance provided by non-governmental organizations that implement programmes for the prevention of HIV and sexually transmitted infections.

References on the legal environment:

1. [Criminal Code](#), HIV transmission, Article 125
2. [Code of Administrative offenses](#), Article 130 Article 200-206
3. [Family Code](#), Article 19
4. [Health Code](#), HIV testing, Article 174
5. [Law of the Republic of Tajikistan on drugs and psychotropic substances](#)



Annex N. Key findings of gender assessment in Ukraine

1. National context

HIV prevalence and share of women in focus: Ukraine has the second-largest HIV epidemic in Eastern Europe and Central Asia with an [HIV prevalence of 0.9-1%](#) in the general population. At the end of 2021, the number of people living with HIV in Ukraine was 244 877 (Spectrum). In 2021, there were 15 360 newly diagnosed HIV cases and 1928 AIDS-related deaths. The epidemic is concentrated in key populations with a prevalence of 20.3% among 350 300 people who inject drugs (IBBS 2020), 3.1% among 86 600 sex workers (IBBS 2021), and 3.9% among men who have sex with men (IBBS 2021). None of the data collected for sex workers and people who use drugs is disaggregated by gender or sex.

The war: The war in Ukraine has had a substantial impact on the health and well-being of millions of women, girls and young people – many of whom come from key populations as highlighted in the data below. [After six months of the war in Ukraine:](#)

- ▷ 17.7 million people, or 40% of the country's entire population, require humanitarian assistance, with further deterioration of the situation expected during the winter months (OCHA);
- ▷ Nearly one-third of Ukrainians have been forced from their homes, creating one of the largest human displacement crises in the world;
- ▷ Intense hostilities are exacerbating humanitarian needs at the front lines and in large parts of the east and south of the country.

Population and rural spread: In 2021, out of [43,814,581 million people](#), [30% live in rural areas](#).

Gross Domestic Product (GDP), poverty and unemployment: In 2020, the GDP was [USD200.09 billion](#) with [1.4% of the population living in poverty](#) (2020) and in 2021, there was [8.9% unemployment](#).

Life expectancy: In 2020, [life expectancy](#) reached 76 years of age for women and 66 years of age for men.

Maternal mortality, contraception and fertility: In 2020, [Ukraine](#) was among the countries with the highest scoring in the region for adolescent birth rates – with 28 live births in 1000 women aged 15-19 years old – and for maternal mortality rates – with 24 deaths per 100,000 live births. The country has an average estimated contraceptive prevalence rate of 53%, only dropping to 44% for modern contraceptives. In 2020, fertility rates were at [1.2 births per woman](#).

Parliamentary seats held by women: In 2021, 21% of [national parliaments](#) seats were held by women.

Numbers of women who experience violence: Two-thirds (67%) of women state that they have experienced psychological, physical or sexual violence at the hands of a partner or non-partner since the age of 15. By perpetrator, the prevalence is highest for previous partner violence. Nearly three in ten women (28%) who have had a previous partner say they have experienced physical and/or sexual violence at the hands of a previous partner. Nearly half (49%) of women say they have experienced sexual harassment since the age of 15, and 17% say they were sexually harassed in the 12 months prior to the survey. ([OSCE-led study](#), 2019)

Global AIDS Monitoring (GAM) gender disaggregated data: Not available

The Global Gender Gap Index 2022 ranking: № 81 out of 146 countries, [0,707](#) (0-1)

Istanbul Convention: Ukraine has signed (2011) and ratified the Istanbul Convention ([2022](#)).



2. Legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
Result Key: ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	
Regulations allow adoption and guardianship irrespective of HIV-status	
Regulations allow adoption and guardianship irrespective of substance use	
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	
Regulations protect parental rights irrespective of substance use	
Regulations ensure access to harm reduction programmes	
Regulations ensure access to opioid substitution therapy (OST)	
HIV testing is not mandatory before marriage	
HIV testing is voluntary and with informed consent	
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 14 years of age	
HIV treatment – 14 years of age	
Sexual and reproductive health services – 14 years of age	

Whilst Ukraine has punitive and restrictive laws around sex work; drugs use; possession of drugs for personal use; adoption and guardianship for people who use drugs; and protection from violence, there are supportive laws ensuring access to harm reduction and opioid substitution therapy (OST). Whilst HIV continues to be criminalised, HIV testing is voluntary and with informed consent and HIV testing is not mandatory before marriage. The law makes provisions allowing adolescent girls to have access to HIV testing, HIV treatment, as well as to sexual and reproductive health services at age 14 without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
Result Key: ■ Doesn't include ■ Somewhat includes ■ Includes	
women living with HIV, women who use drugs, sex workers	
menopausal women	
adolescent girls	



gender-transformative interventions	█
gender-based violence	█
sexual and reproductive health and rights	█
HPV vaccination	█
preventing and controlling cervical cancer	█
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	█
a dedicated working group or other mechanism focusing on gender equality	█

3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> █ <i>Doesn't exist</i> █ <i>Somewhat exists</i> █ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	█

3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> █ <i>Doesn't address</i> █ <i>Somewhat addresses</i> █ <i>Addresses</i>	
Stigma, discrimination and human rights of women living with HIV are addressed	█
Stigma, discrimination and human rights of sex workers are addressed	█
Stigma, discrimination and human rights of women who use drugs are addressed	█
Civil society coordination mechanisms address HIV and gender	█

Although [Ukraine's National HIV Strategy](#) highlights gender equality as a key principle, this doesn't translate through to actions. This is further affected indicators that are gender-blind. The National Human Rights [Strategy](#) and [Strategic Plan](#) responding to human rights barriers include women living with HIV, sex workers and women who use drugs and seek to address stigma, discrimination and uphold human rights. The Strategic Plan highlights adolescent girls, gender-based violence and sometimes includes a focus on sexual and reproductive health and rights and a dedicated budget to implement gender-sensitive interventions. This Plan does not include attention to menopausal women, HPV vaccination and preventing and controlling cervical cancer, especially in women living with HIV.

Ukraine has its [National HIV and TB Council](#) (which is Ukraine's Global Fund Country Coordinating Mechanism (CCM)) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. The CCM does not include a dedicated working group or other mechanism that is focused on achieving gender equality.

Aside from national HIV strategies and funding streams – Ukraine has examples of civil society coordination mechanisms addressing HIV and gender such as [CEDAW Coalition](#), [Ukrainian Women's Fund](#), [Women's March](#), [Beijing Platform](#) and others.



4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Doesn't participate</i> ■ <i>Somewhat participate</i> ■ <i>Participate</i>			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			

Women living with HIV and sex workers each have a [seat](#) in the Ukraine CCM and in a [Working Group](#) to remove legal barriers to accessing to HIV and tuberculosis prevention and treatment services that was established by the Ukrainian Public Health Centre of the Ministry of Health. Women who use drugs are represented in the CCM through the [Regional Policy Committee](#) despite the fact that they do not formally sit on the CCM.

Women living with HIV with experience of drug use participate in developing policies, guidelines and strategies to prevent vertical transmission of HIV (prevention of mother to child transmission) through the [guideline](#) development group and in the development of [standards](#) of medical care. Women are also represented in the National Working Group to validate the elimination mother-to-child transmission and in the associated [local multisectoral working group](#). HIV-positive women activists from Ukraine have also participated in the Global Validation Advisory Committee for Elimination of Mother-to-Child Transmission of HIV and Syphilis and the Regional Validation Committee on EMTCT for WHO/Europe.

Community global networking: Community representatives from Ukraine participate in international movements and/or networks of women living with HIV ([ICW](#), [EWNA](#)), sex workers ([SWAN](#), [NSWP](#)) and women who use drugs ([Narcofeminism](#), [WHRIN](#)). Community representatives of women living with HIV and women who use drugs also participate in international or national movements and/or networks or hubs on access to HIV, TB treatment or OST such as [Patients of Ukraine](#), [TB People](#), Drug policy [ENPUD expert's group](#).

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ <i>Not available</i> ■ <i>Somewhat available or not for free</i> ■ <i>Is available for free</i>	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>>2%</i> ■ <i><2%</i>	
The proportion of children (0–14 years old) newly diagnosed with HIV	



5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
Peer support in the case management protocols to eliminate vertical transmission of HIV	

5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't take into account</i> ■ <i>Somewhat takes into account</i> ■ <i>Takes into account</i>	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	

5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ <i>Women are not given breast-milk substitutes for free</i> ■ <i>Women are sometimes given breast-milk substitutes for free</i> ■ <i>Women are given breast-milk substitutes for free</i>	
Availability and affordability of breast-milk substitutes	

In 2021, Ukraine developed its health care [standard](#) of HIV pre- and post-exposure prophylaxis. Pre-exposure prophylaxis (PrEP) is available for women for free in Ukraine. [In 2021](#), 5711 people received PrEP in Ukraine and men accounted for 72% of those.

The Centre for Public Health report documenting the data in Ukraine shows that the proportion of children between the age of 0–14 infected with HIV is low at 1,3% (2021). Ukraine has developed progressive clinical [protocols](#) and [standards](#) to end vertical transmission of HIV, which include medical and social support for women living with HIV who have taken the decision to breastfeed. It provides peer-to-peer support and considers the needs of women who use drugs. Standards highlight the need to take into account the needs of sex workers, but there is no guidance on implementation. As a part of comprehensive approach, [breast-milk substitutes](#) are provided to women living with HIV by the local administrations, free of charge.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ <i>Women don't continue taking ART after delivery</i> ■ <i>Women sometimes continue taking ART after delivery</i> ■ <i>Women continue taking ART after delivery</i>	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	



6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ After teen age ■ During teen age ■ Before adolescence	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ There is no counselling ■ There is some counselling but it is not enough ■ There is comprehensive and ongoing counselling	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	

6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ Poor ■ Average ■ Good	
Access to comprehensive sexuality education for adolescent girls living with HIV	

Ukraine's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

One [study](#) revealed that comprehensive and ongoing counselling is partially offered to children to support them in their journey of disclosing their HIV status as well as providing support to parents on how to disclose a child's positive HIV status to them. Having said that only 26% of girls living with HIV in Ukraine learn about their diagnosis before adolescence and the average self-score of sexuality education amongst girls living with HIV is 4.76 out of a total score of 10.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not available ■ Somewhat available ■ Available			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In Ukraine, peer support groups and professional psychological consultation are available for women living with HIV, sex workers and women who use drugs. Psychiatric care and screening for depression are partially available for women living with HIV. Women living with HIV and somewhat women who use drugs have an experience with organising the retreats for community representatives and activists.



8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not addressed at the state level ■ Somewhat addressed ■ Addressed at the state level			
Addressing the issues of violence at the state level			

8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no mechanisms to document cases of GBV ■ There are some mechanisms ■ There is a mechanism			
Mechanisms to document and respond to cases of gender-based violence			

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ There are no partnerships ■ There are some partnerships ■ There are good partnerships			
Partnerships that address gender-based violence and violence against women			

In 2021, the Ukraine CCM [Program Committee](#) discussed violence against women living with HIV and developed a decision point that suggested inclusion of GBV issues in country request to the Global Fund.

In terms of mechanisms to document and respond to cases of gender-based violence the data shows that during 2021-2022, the [REAct system](#) registered 4,538 cases of violations of the rights of key communities, of which 1,947 cases (43%) were complaints made by women; 703 cases were reported by women living with HIV, 419 cases were reported by women accessing OST programmes, and 319 cases were reported by women who use drugs. From February through to November 2022, the REAct system registered more than 80 cases of violations, perpetrated by the military who occupy the territories of Ukraine, 24 of them were crimes committed against women from key communities, including deprivation of housing, eviction, destruction of personal property, bodily harm, physical assault and sexual violence.

Supported by the UN Trust Fund to End violence against Women (UN Trust Fund), the "Eney Club" led a [project](#) to prevent gender-based violence and the spread of HIV among women who use drugs, self-identified women sex workers, women living with HIV and internally displaced women (2020-2021). In 2022, thanks to the support of Women's Peace & Humanitarian Fund, the "Positive Women" equipped four [shelters](#) for women living with and vulnerable to HIV and began [collaboration](#) with the International Medical Corps to address sexual violence against women.



9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ Data doesn't exist ■ Some data exists ■ Data exists	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

Whilst there is some data on girls living with HIV (9-14 years of age) who were vaccinated against the Human Papillomavirus (HPV) in 2020 with support from the [AHF Ukraine Foundation initiative](#), there is no data in Ukraine related to women living with HIV screened for cervical cancer.

10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index			
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

PLHIV Stigma Index: Whilst women living with HIV, sex workers and women who use drugs were included in the [PLHIV Stigma Index 2.0](#) (2020) led by "100% Life", they included only as interviewers and respondents.

Access to sexual and reproductive health and rights: Women living with HIV conducted community-led researches on SRHR: [study](#) on the provision of SRH services for women with HIV relating to their pregnancy concerns across Ukraine (2021); [research](#) on SRH, gender equality and human rights, gender violence, economic and political opportunities for women living with HIV in Ukraine" (2016) both led by "Positive women". Women who use drugs conducted community-led researches on SRHR: [study](#) on barriers to accessing OST and SRHR services (2019) led by "Hope and trust"; [study](#) focusing on access of women who use drugs to SRH, HIV and harm reduction services (2019) led by "Svitanok Club".

Violence / Types of violence: Women living with HIV conducted [community-led monitoring](#) of violence against women living with HIV in HIV prevention, care and support programs in Ukraine (2020) led by "Positive Women".

Women who use drugs and sex-workers developed a [report](#) on adapting and studying innovative screening of gender based violence and short-term intervention methods (2018) led by "Eney Club".

Budget allocations in response to HIV: Communities of sex workers (Legalife-Ukraine) and women living with HIV ("Positive women") in coalition with communities of men having sex with men (Alliance.Global) and people who use drugs (VOLNA) explored and provided recommendations on extended HIV-services package funded by the state (2020). Recommendations were considered by the CCM's [Program Committee](#).

Access to ART / Interruptions: [Research](#) on the human rights of women living with HIV in Ukraine (2019) led by "Positive Women" includes a section on access to HIV treatment.

Cross-cutting issues: In 2017, sex workers conducted community-led [research](#) "HIV and social services for sex workers: availability, quality, meeting needs" led by "Legalife-Ukraine" which highlights cross-cutting issues of SRHR, violence and access to ART. They also conducted [research](#) on the decriminalisation of sex work and co-authored a [report](#) on the impact of the armed conflict in the East of Ukraine on commercial sex workers (2019) led by Ukrainian Helsinki Human Rights Union.



10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

Women who use drugs have been trained and participated in community-led service quality monitoring within OST program – [Survey of client satisfaction with Opioid Maintenance Therapy \(OMT\) services among participants in Kyiv and The Kyiv Oblast region](#) – supported by EHRA.

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

Women who use drugs were [trained](#) in the use of the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT) under support of INPUD.

Sex workers in Ukraine have been [trained](#) in the use of the Sex Worker Implementation Tool (SWIT) under support of SWAN.

10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not funded ■ Somewhat funded ■ Funded			
International funds / organisations			
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			



10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not supported ■ Somewhat supported ■ Supported			
HIV prevention			
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

In Ukraine, there are registered national community-led organisations of women living with HIV ([Positive women](#), [Women's space](#)), sex workers ([Legalife-Ukraine](#)) and women who use drugs ([VONA](#)). These networks are mostly working to protect women against violence, support survivors of violence in accessing services and redress, rights literacy, advocacy and working strengthen community capacity to respond to national challenges. Most support for this work to continue is provided by the international organisations. Women living with HIV are also supported by the UN agencies (UN Women, UNDP and UNAIDS).

*Given the limited scope of the study – the Assessment team reviewed the situation facing registered national women's organisation of women living with HIV, sex workers and women who use drugs.

11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			



Over the past five years, the organisations or representatives of [women living with HIV, sex workers](#) and [women who use drugs](#) in Ukraine have participated in the preparation and submission of alternative/shadow reports and/or [list of issues](#) to the UN Committee on the Elimination of Discrimination against Women (CEDAW) (66th, 77th, 83rd CEDAW sessions, 8th and 9th periodic reports of Ukraine).

Recommendations by the CEDAW Committee: In the concluding observations on the eighth periodic report of Ukraine (2017) the Committee was “further concerned at the reports of violence and discrimination against women in prostitution, which results in various forms of abuse, including extortion, beatings, exploitation of women under so-called “subbotnik” schemes, rape of women in prostitution” and also expressed concern “at the increase in HIV/AIDS among women and problem of alcoholism and drug addiction among women”. The Committee recommended the State party to:

- Intensify the implementation of strategies to combat HIV/AIDS, in particular preventive strategies, and continue the provision of free antiretroviral treatment to all women with HIV/AIDS, as well as strategies to combat alcoholism and drug consumption among women.
- Provide shelters and crisis centres specific to women, exit and reintegration programmes and alternative income-generating opportunities for women who are victims of trafficking and for women who wish to leave prostitution.

In the [list of issues and questions](#) prior to the submission of [the ninth periodic report of Ukraine](#) (2020), the CEDAW Committee highlighted women living with HIV being able to access justice, and asked the government to:

- Provide statistical data on the situation of women living with HIV and/or using drugs, including women who suffer from violence and abuse, particularly intimate partner violence, and the support that they receive, particularly the establishment of dedicated rehabilitation centres and shelters.

In the [concluding observations](#) on the ninth periodic report of Ukraine (2022), the Committee was concerned about “limited access of women and girls to high-quality health-care services, including sexual and reproductive health services and mental health services, in particular in conflict-affected areas of the State party, especially for women requiring specific medication and treatment, such as [...] women with HIV/AIDS”, “reports of cases where [...] women who use drugs have been deprived of the custody of their children”. The Committee recommended to the State party to:

- Ensure that all women and girl victims of gender-based violence in the State party have access to adequate shelters, legal assistance, free of charge, if necessary, health care, especially mental health services, including [...] women who use drugs.
- Reduce unemployment among women, including through targeted measures by the State Employment Service and the Ministry for Development of Economy, Trade and Agriculture, with an emphasis on [...] women who use drugs.
- Provide support to [...] mothers who use drugs and refrain from automatically depriving them of custody of their children.

References on legal environment:

1. [Criminal Code](#), Article 130
2. [Global HIV Criminalisation Database](#), HIV Justice Network
3. [Administrative offenses Code](#), Article 181(1)
4. [Criminal Code](#), Article 309, 316
5. [Order of the Ministry of Health](#), List of diseases, in the presence of which a person cannot be an adopter, Item 11
6. [Family Code](#), Article 164
7. [Law of Ukraine](#) “On combating the spread of diseases caused by the HIV and legal and social protection of people living with HIV”, Article 4, 6
8. [Order of the Ministry of Health](#), Procedure for carrying out substitution maintenance therapy of persons with mental and behavioral disorders due to the use of opioids
9. [Typical Shelter Provision](#) for Persons Suffering from Domestic and/or Gender-Based Violence, Item 20



Annex O. Key findings of gender assessment in Uzbekistan

1. National context

<p>HIV prevalence and share of women in focus: Uzbekistan is a low HIV epidemic country. In 2021, HIV prevalence was estimated at 0.2%. A total 59 000 people were diagnosed with HIV (less than 18 000 women and 35 000 men). The HIV prevalence amongst sex workers is 3.2.%, and 5.1 amongst people who use drugs. This data is not disaggregated by sex.</p>
<p>Population and rural spread: In 2021, out of 34,915,100 people, women accounted for 50.1% of the population. 50% live in rural areas.</p>
<p>Gross Domestic Product (GDP), poverty and unemployment: In 2021, GDP was USD 69,238,903.11 with 14.1% of the population living in poverty (2013) and there was 7.2% unemployment. In 2021, the unemployment rate amongst women was 7%.</p>
<p>Life expectancy: In 2020, life expectancy reached 74 years of age for women and 70 years of age for men.</p>
<p>Maternal mortality, contraception and fertility: In 2021, maternal mortality rate was 14,4 deaths per 100,000 live births. In 2021, the contraceptive use among women between the ages of 15 – 49 was 44,1% (IUD) and 2,8% (hormonal pills). In 2020, fertility rates were at 2.9 births per woman.</p>
<p>Parliamentary seats held by women: In 2021, 33% of national parliaments seats were held by women.</p>
<p>Numbers of women who experience violence: In 2020, there was a growth in domestic violence in Uzbekistan. The economic hardships caused by the pandemic led to the growing incidence of physical, psychological, economic and sexual violence against women and girls. According to the Ministry of Internal Affairs, about 14.8 thousand protection orders were issued in 2020. Women most often experience violence in their families. In 2020, husbands were perpetrators in 82% of 13,230 cases of domestic violence.</p>
<p>Global AIDS Monitoring (GAM) gender disaggregated data: 50% of Uzbekistan's 2020 GAM indicators are reported to be disaggregated by gender data.</p>
<p>The Global Gender Gap Index 2022 ranking: No data.</p>
<p>Istanbul Convention: Not applicable.</p>

2. Legal environment

2.1 Area reviewed: Does the country have any laws or policies that may directly affect women and girls?	Result
<p>Result Key:</p> <ul style="list-style-type: none"> ■ Any areas that are punitive, restrictive or cause barriers to women accessing services and that do not uphold human rights ■ Any legal, policy, environmental and programmatic implementation that is somewhat happening but could be strengthened or better implemented ■ Any legal, policy, environmental and programmatic implementation areas that supports women's access to services, enables participation, and upholds fundamental rights and freedoms 	
HIV transmission, non-disclosure or exposure is decriminalised	
There are no punitive regulations on sex work	
Drug use is decriminalised	
Drugs possession for personal use is decriminalised	
Regulations allow adoption and guardianship irrespective of HIV-status	
Regulations allow adoption and guardianship irrespective of substance use	
Regulations allow access to shelter for women who have experienced violence irrespective of HIV-status	
Regulations allow access to shelter for women who have experienced violence irrespective of substance use	



Regulations protect parental rights irrespective of substance use	Doesn't include
Regulations ensure access to harm reduction programmes	Includes
Regulations ensure access to opioid substitution therapy (OST)	Doesn't include
HIV testing is not mandatory before marriage	Doesn't include
HIV testing is voluntary and with informed consent	Somewhat includes
Age of parental consent for adolescent girls to access testing and services:	
HIV testing – 18 years of age	Doesn't include
HIV treatment – 18 years of age	Doesn't include
Sexual and reproductive health services – 18 years of age	Doesn't include

Uzbekistan has punitive and restrictive laws or regulations around sex work; possession of drugs for personal use; adoption and guardianship for people who use drugs and people living with HIV; and opioid substitution treatment (OST). HIV continues to be criminalised and HIV testing is mandatory before marriage. There are supportive laws ensuring access to harm reduction and drug use is not criminalised. HIV testing is voluntary, obligatory and mandatory. The law makes no provisions allowing adolescent girls to have access to HIV testing, HIV treatment and sexual and reproductive health services before age 18 without parental consent. See legal references at the end of the document.

3. Priority strategies and policies supporting women in the HIV response

3.1 Area reviewed: Does the national HIV response include the following?	Result
<i>Result Key:</i> ■ <i>Doesn't include</i> ■ <i>Somewhat includes</i> ■ <i>Includes</i>	
women living with HIV	Includes
sex workers	Doesn't include
women who use drugs	Doesn't include
menopausal women	Doesn't include
adolescent girls	Somewhat includes
gender-transformative interventions	Somewhat includes
gender-based violence	Includes
sexual and reproductive health and rights	Includes
HPV vaccination	Includes
preventing and controlling cervical cancer	Includes
a dedicated budget for implementing gender-sensitive and gender-transformative interventions	Somewhat includes
a dedicated working group or other mechanism focusing on gender equality	Doesn't include

3.2 Area reviewed: Systems of accountability	Result
<i>Result Key:</i> ■ <i>Doesn't exist</i> ■ <i>Somewhat exists</i> ■ <i>Exists</i>	
A formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality	Exists



3.3 Area reviewed: Does the HIV strategies and policies address the stigma, discrimination and human rights of women? Do civil society coordination mechanisms address HIV and gender?	Result
<i>Result Key:</i> ■ Doesn't address ■ Somewhat addresses ■ Addresses	
Stigma, discrimination and human rights of women living with HIV are addressed	
Stigma, discrimination and human rights of sex workers are addressed	
Stigma, discrimination and human rights of women who use drugs are addressed	
Addressing HIV and gender by the civil society coordination mechanisms	

In Uzbekistan, the new National HIV Strategy for 2023-2027 highlights women. However, women living with HIV are considered only through interventions related to HIV vertical transmission. The [HIV National Plan](#) (2018-2022) activities are gender-blind. The HIV Strategy does not address the stigma, discrimination and human rights of women living with HIV, women who use drugs, sex workers; it also does not include attention to menopausal women, adolescence girls, gender-based violence, and sexual and reproductive health and rights. At the same time, HPV vaccination and screening of cervical cancer of women living with HIV is included in the national clinical protocol on reproductive health of people living with HIV (2020).

The National Strategy on elimination of mother-to-child transmission of HIV and syphilis (2019) includes human rights and gender equality, protection from discrimination and gender-based violence, meaningful involvement of people living with HIV and key groups, sexual and reproductive health, including family planning, as a key principle. The EMTCT Strategy priorities highlight psychosocial support for women living with HIV and their children, inclusion of civil society organisations, preventing unwanted pregnancies and ensuring access to modern methods of contraception and breast-milk substitutes. The Road map on validation of elimination of mother-to-child transmission of HIV (2020-2022) includes psychosocial support for women and children, provision of contraceptives, SRHR, legislation review to decrease age for HIV services, private life protection, mechanism to report on human rights violations and provision of legal assistance, training for HIV-positive women on EMTCT.

Uzbekistan has its national Multisectoral Expert Council (which is Uzbekistan's Global Fund Country Coordinating Mechanism (CCM)) serving as a formal system of accountability that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality. However, the CCM does not include a dedicated working group or other mechanism that is focused on achieving gender equality.

Aside from national HIV strategies and funding streams – Uzbekistan has examples of civil society coordination mechanisms addressing HIV and gender such as [Nemolchi.uz](#).

4. Meaningful participation of women

4.1 Area reviewed: Do women living with HIV, sex workers, women who use drugs participate in the following?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Doesn't participate ■ Somewhat participate ■ Participate			
Women's participation in developing policies, guidelines and strategies relating to their health and rights			
Women's participation in developing policies, guidelines and strategies relating to preventing the vertical transmission of HIV			
Participation in international movements and/or networks of women living with HIV, sex workers or women who use drugs			
Participation in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST)			



Representative of women living with HIV participates in the Uzbekistan CCM as a part of constituency of people living with HIV. The same representative is also involved in monitoring and evaluation visits conducted by the CCM. Women living with HIV, sex workers and women who use drugs do not have formal seats on the CCM.

In 2021, woman living with HIV participated in developing guidelines to prevent vertical transmission of HIV (prevention of mother to child transmission) through the national clinical protocol development working group. She is also represented in the national working group to validate the elimination of mother-to-child transmission established by the Ministry of Health.

Community global networking: Community representatives from Uzbekistan participate in international movements and/or networks of women living with HIV ([EWNA](#)) and sex workers ([SWAN](#)). Community representatives of women living with HIV and women who use drugs also participate in international or national movements and/or networks or hubs on access to HIV and TB treatment such as [ITPCru](#), [TB People](#).

5. HIV prevention

5.1 Area reviewed: Access to Pre-exposure prophylaxis (PrEP) for women	Result
<i>Result Key:</i> ■ Not available ■ Somehow available or not for free ■ Is available for free	
Pre-exposure prophylaxis (PrEP) availability and affordability for women	

5.2 Area reviewed: Rate of vertical transmission of HIV	Result
<i>Result Key:</i> ■ >2% ■ <2%	
The proportion of children (0–14 years old) newly diagnosed with HIV	

5.3 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't exist ■ Somewhat exists ■ Exists	
Case management protocols to eliminate vertical transmission of HIV	
Protocols for medical and social support for women living with HIV who have taken the decision to breastfeed	

5.4 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ Doesn't include ■ Somewhat includes ■ Includes	
Peer support in the case management protocols to eliminate vertical transmission of HIV	



5.5 Area reviewed: Case management protocols to eliminate vertical transmission of HIV	Result
<i>Result Key:</i> ■ <i>Doesn't take into account</i> ■ <i>Somewhat takes into account</i> ■ <i>Takes into account</i>	
The needs of sex workers in the case management protocols to eliminate vertical transmission of HIV	
The needs of women who use drugs in the case management protocols to eliminate vertical transmission of HIV	

5.6 Area reviewed: Access to breast-milk substitutes for women living with HIV	Result
<i>Result Key:</i> ■ <i>Women are not given breast-milk substitutes for free</i> ■ <i>Women are sometimes given breast-milk substitutes for free</i> ■ <i>Women are given breast-milk substitutes for free</i>	
Availability and affordability of breast-milk substitutes	

In 2021, Uzbekistan developed its health care standard of pre- and post-exposure prophylaxis against HIV. Pre-exposure prophylaxis (PrEP) is available to women free of charge. According to the Republican AIDS Centre, 4,4% of women in the discordant couples received PrEP by the end of 2021.

According to the Republican AIDS Centre the proportion of children between the age of 0–14 living with HIV is low at 0,6% (by the end of 2021). Uzbekistan has developed the clinical protocol to end vertical transmission of HIV which includes peer-to-peer support and considers the needs of women who use drugs. Although the protocol advises against breastfeeding, in situations where a women choose to breastfeed, it recommends input from an interdisciplinary team and relevant virological monitoring. As a part of comprehensive approach, [breast-milk substitutes](#) are provided to women living with HIV by the National AIDS Centre, free of charge.

6. HIV treatment, care and support

6.1 Area reviewed: If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?	Result
<i>Result Key:</i> ■ <i>Women don't continue taking ART after delivery</i> ■ <i>Women sometimes continue taking ART after delivery</i> ■ <i>Women continue taking ART after delivery</i>	
ART accessibility post-delivery if HIV is diagnosed during pregnancy	

6.2 Area reviewed: Average age at which girls living with HIV learn about their diagnosis	Result
<i>Result Key:</i> ■ <i>After teen age</i> ■ <i>During teen age</i> ■ <i>Before adolescence</i>	
Average age when girls living with HIV learn about their diagnosis	

6.3 Area reviewed: Is there access to the following professional services – Counselling about disclosing HIV-positive status to a child?	Result
<i>Result Key:</i> ■ <i>There is no counselling</i> ■ <i>There is some counselling but it is not enough</i> ■ <i>There is comprehensive and ongoing counselling</i>	
Counselling offered to children on how to disclose their HIV-positive status to others	
Counselling offered to parents on how to disclose HIV-positive status to their offspring	



6.4 Area reviewed: Rate access to comprehensive sexuality education for adolescent girls living with HIV	Result
<i>Result Key:</i> ■ <i>Poor</i> ■ <i>Average</i> ■ <i>Good</i>	
Access to comprehensive sexuality education for adolescent girls living with HIV	

Uzbekistan's health care system follows international guidelines and ensures that pregnant women living with HIV continue taking ART post-delivery.

The comprehensive and ongoing counselling is offered to children to support them in their journey of disclosing their HIV status as well as providing support to parents on how to disclose a child's positive HIV status to them. For example, these interventions were supported and implemented within a national Global Fund supported programme in Tashkent City and this is expected to be rolled out further 2024.

Girls living with HIV in Uzbekistan learn about their diagnosis during teen age years. The assessment's Country Informant rates access to comprehensive sexuality education for girls living with HIV as poor.

7. Mental health services in the national HIV response

7.1 Area reviewed: Availability of mental health services	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not available</i> ■ <i>Somewhat available</i> ■ <i>Available</i>			
Peer support groups			
Psychological consultation			
Psychiatric care			
Screening for depression			
Retreats for community representatives			

In Uzbekistan, a wide range of mental health services are available in the national HIV response, including peer support groups, professional psychological consultation, psychiatric care, screening for depression and retreats for community representatives and activists. Women who use drugs have access to the psychiatric care and screening for depression. Retreats for community representatives seem to be accessible for women living with HIV and women who use drugs but not for sex workers. All three groups have access to psychiatric care and screening for depression. Sex workers and women who use drugs have some access to psychological consultations in comparison to women living with HIV who have better access.

8. Violence against women

8.1 Area reviewed: Was violence addressed at the state level (including existing health committees, social policy committees, human rights and gender policy ombudsmen, and CCMs)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>Not addressed at the state level</i> ■ <i>Somewhat addressed</i> ■ <i>Addressed at the state level</i>			
Addressing the issues of violence at the state level			



8.2 Area reviewed: Are there existing mechanisms to document and respond to gender-based violence (GBV)?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>There are no mechanisms to document cases of GBV</i> ■ <i>There are some mechanisms</i> ■ <i>There is a mechanism</i>			
Mechanisms to document and respond to cases of gender-based violence			

8.3 Area reviewed: Are there partnerships to develop and implement programmes and initiatives that address GBV and VAW? (partnerships amongst government and UN agencies, NGOs, human rights and women's and/or feminist organisations, networks of women living with HIV, sex workers, women who use drugs)	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ <i>There are no partnerships</i> ■ <i>There are some partnerships</i> ■ <i>There are good partnerships</i>			
Partnerships that address gender-based violence and violence against women			

The Commission on Ensuring Gender Equality (renamed in 2022 to the "[Republican Commission on the Advancement of the Role of Women in Society, Gender Equality and the Family](#)") is collaborating with a representative of the community of women living with HIV by inviting her to commission's meetings and roundtables. However, it is difficult to track decisions and their implementation in relation to women living with HIV. In 2022, woman living with HIV were included in the working group on CEDAW implementation.

In terms of mechanisms to document and respond to cases of gender-based violence, the [REAct system](#) data (2020-2022) shows that 5% of all women who applied in Uzbekistan reported that they had experienced physical violence by individuals, 5% was related to intimate partner, 6% was due to sexual violence and harassment. In the period between October 2021 to March 2022, up to 100 women living with HIV and women from key groups violence survivors called to the [hotline](#) run by "Ischoch va Haet". The hotline continues its work and is expected to be supported by the next Global Fund national grant.

Community of women living with HIV collaborates with the crisis centres in order to sensitize the staff to key issues that are important to women living with HIV including on stigma and discrimination against HIV-positive violence survivors.

9. Sexual and reproductive health and rights

9.1 Area reviewed: SRH data availability	Result
<i>Result Key:</i> ■ <i>Data doesn't exist</i> ■ <i>Some data exists</i> ■ <i>Data exists</i>	
Data on women living with HIV screened for cervical cancer	
Data on the percentage of girls living with HIV who were vaccinated against human papillomavirus (HPV) (9-14 years old)	

There is no data on girls living with HIV (9-14 years of age) who were vaccinated against the Human Papillomavirus (HPV) and no data in Uzbekistan related to women living with HIV screened for cervical cancer.



10. Community-led responses

10.1 Area reviewed: Women-led research	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Participated as respondents only or Issue included as a part of other research (partially conducted) ■ Women-led research conducted			
People living with HIV (PLHIV) Stigma Index	Not applicable		
Access to sexual and reproductive health and rights (SRHR)			
Violence / Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			

PLHIV Stigma Index was not conducted in Uzbekistan.

Access to sexual and reproductive health and rights: Women living with HIV conducted community-led study on the reproductive health needs of women living with HIV to support the elimination of mother-to-child transmission (2019) led by “Ischonch va Haet”.

Violence / Types of violence: Women living with HIV developed an [analytical review](#) on domestic violence and other forms of violence against women living with HIV and women from key populations during COVID-19 (2022) led by “Ischonch va Haet”.

Cross-cutting issues: Women living with HIV participated in the preparation of [legislative analysis](#) and practices review on HIV criminalisation in Uzbekistan (2021) led by “Ischonch va Haet”.

10.2 Area reviewed: Community-led service quality monitoring	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not conducted ■ Somewhat conducted ■ Conducted			
Training in tools for community-led service quality monitoring			
Community-led service quality monitoring			

As a part of the EMTCT validation roadmap, satisfaction with medical services that support women living with HIV through their pregnancy and childbirth among women living with HIV was assessed by UNICEF. Community representative was involved in the assessment design, including breastfeeding issues, and peer counselors interviewed HIV-positive women.

10.3 Area reviewed: IDUIT and SWIT tools	Result
<i>Result Key:</i> ■ Women haven't been trained ■ Women have been trained	
Women who use drugs trained in the use of the Injecting Drug User Implementation Tool (IDUIT)	
Sex workers trained in the use of the Sex Worker Implementation Tool (SWIT)	

Neither group of women have been trained in the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT) or in the Sex workers in Uzbekistan were not trained in the use of the Sex Worker Implementation Tool (SWIT).



10.4 Areas reviewed: Registered local or national women-led organisations of*	Result
<i>Result Key:</i> ■ Not registered ■ Registered	
Women living with HIV	
Sex workers	
Women who use drugs	

10.4.1 Areas reviewed: Funds for women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not funded ■ Somewhat funded ■ Funded			
International funds / organisations	Not applicable		
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			

10.4.2 Areas reviewed: Activities of women-led organisations*	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not supported ■ Somewhat supported ■ Supported			
HIV prevention	Not applicable		
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the survivors			
Protection of rights			
Advocacy			
Community capacity building			

Since 2019, for more than three years, an association of women living with HIV – the Public Association “Positive Women” – has not been able to officially register as organisation with the Ministry of Justice of Uzbekistan. The group was denied registration ten times, each time on different grounds. This situation has all the signs of deliberately delaying the registration process. The Public Association “Positive Women” was created to improve the quality of life of women and children living with HIV or other socially significant diseases and vulnerable to them in the Republic of Uzbekistan. The activists of the association are actively involved in public life, for instance they participate in the working group on the implementation of the roadmap to validate the elimination of mother-to-child HIV transmission under the Ministry of Health of the Republic of Uzbekistan, hold women’s forums and campaigns against gender-based violence.

**Given the limited scope of the study – the Assessment team reviewed the situation facing registered national and/or local women’s organisation of women living with HIV, sex workers and women who use drugs.*



11. CEDAW engagement

11.1 Areas reviewed: Have the organisations or representatives of women living with HIV, sex workers or women who use drugs have participated in the preparation and submission of alternative/shadow reports and/or list of issue to the CEDAW?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ Not participated ■ Somewhat participated ■ Participated			
Participation in the preparation and submission of alternative/shadow reports and/or list of issues to the CEDAW			

11.2 Areas reviewed: In its concluding observations (and/or in the list of issues and questions prior to the submission of the country periodic report) has the UN CEDAW Committee made recommendations?	Women living with HIV	Sex workers	Women who use drugs
<i>Result Key:</i> ■ No recommendations ■ Some recommendations ■ Good/strong recommendations			
Recommendations regarding women living with HIV, sex workers, women who use drugs			
Recommendations on taking measures to eliminate violence against women living with HIV, sex workers, women who use drugs			

In 2022, the representatives of women living with HIV in Uzbekistan have participated in the preparation and submission of [alternative/shadow report](#) to the UN Committee on the Elimination of Discrimination against Women (CEDAW) (81st CEDAW sessions, 6th periodic reports of Uzbekistan).

Recommendations by the CEDAW Committee: In the [concluding observations](#) on the sixth periodic report of Uzbekistan (2022), the Committee noted with concerns "inadequate protection from gender-based violence of women and girls facing intersecting forms of discrimination, including [...] women living with HIV/AIDS", and "That article 113 of the Criminal Code establishes criminal responsibility for both exposure to and transmission of HIV, punishable with imprisonment from five to eight years, even in cases of consensual sexual relations between adults, and that under the Code of Administrative Offenses article 57 on concealing the source of infection with a venereal disease or HIV/AIDS and article 58 on people with venereal diseases or HIV/AIDS avoiding examination remains an offence". The Committee recommended to the State party to:

- Review the Law on Protection of Women from Harassment and Violence and other relevant national legislation to cover all forms of gender-based violence and take into account the special needs of disadvantaged and marginalized groups of women, including [...] women living with HIV/AIDS [...].
- Decriminalise the exposure to and transmission of HIV/AIDS through consensual sexual relations between adults and repeal articles 113 of the Criminal Code, as well as articles 57 and 58 of the Code of Administrative Offences.
- Repeal discriminatory legislation precluding women living with HIV/AIDS from adoption, guardianship and foster parenting.



References on legal environment:

1. [Criminal Code of Uzbekistan](#), Article 113
2. [Code of Administrative Offenses of Uzbekistan, Article 57. Concealing the source of infection with a venereal disease or HIV/AIDS](#)
3. Resolution of the Senate of the Oliy Majlis of the Republic of Uzbekistan "[On Approval of the Strategy to Achieve Gender Equality in the Republic of Uzbekistan till 2030](#)"
4. [The List of Professional Activities Prohibited for People Infected with the Human Immunodeficiency Virus](#)
5. [Law of the Republic of Uzbekistan "On Counteracting the Spread of the Disease Caused by Human Immunodeficiency Virus \(HIV Infection\)"](#)
6. [Family Code of the Republic of Uzbekistan, Article 4. Family, maternity, paternity and childhood protection](#)
7. [Family Code of the Republic of Uzbekistan. Article 49. Grounds for declaring a marriage invalid](#)
8. [Law of the Republic of Uzbekistan "On Protection of Women from Harassment and Abuse"](#)
9. [Resolution of the President of the Republic of Uzbekistan "On Additional Measures for the Rehabilitation of Women Victims of Violence"](#) dated May 19, 2021 No. ПП-5116
10. [Family Code of the Republic of Uzbekistan, Article 79](#)



Annex P. Checklist instructions

CHECKLIST for Community-led Assessment on identification of gender barriers to accessing HIV services for women living with HIV, sex workers, women who use drugs

Instructions for filling out the checklist

1. Data is entered into an online EXCEL form. Each country has its own **separate form**.
2. There are **4 (four) thematic sections** in each form, according to the main blocks of the CHECKLIST:
 - I. HIV prevalence and incidence and behavioural information
 - II. Legal and political factors
 - III. Women's needs in HIV policies and programmes
 - The overall HIV response
 - Meaningful participation of women's communities
 - Coordination of gender equality within the HIV response
 - IV. A comprehensive HIV response
 - HIV prevention
 - HIV treatment
 - HIV care and support
 - Violence against women
 - Sexual and reproductive health and rights
 - Mental health
 - Community development and women's leadership
3. Please do not make any alterations in the CHECKLIST.
4. Fill up only the cells highlighted in colour. **Orange cells are mandatory, green cells are optional.**
5. References should be provided in the following way:
 - Title of the document in Russian or English (even if the source is only available in the national language)
 - Page number where the provided information is located
 - In the case of media publication provide title of the article in Russian or English
 - If you don't have a link to a document, but you do have it in Word, PDF, etc., list it in the "Appendix" column, give it a unique number (for example – Attachment 5) and upload it to your personal folder
 - The original language of the document should be indicated in the "Comments" column.



6. Questions starting or containing words “percentage”, “share”, “quantity” should be **answered in NUMBERS**, for example, 57%
7. If you are certain that the requested statistics are not tracked in your country, you should answer **“statistics are not available”**.
8. If you could not obtain the requested information from open sources, you should answer **“information is not available”**.
9. The information used for the gender assessment should be **dated by 2020-2021**. Otherwise, it should be communicated with the research team during coordination calls.
10. During the process of data collection, at least **3 (three) coordination calls** will be organised with you. Please, prepare questions and challenges so that the researchers can provide you with technical assistance effectively.
11. Some of the questions require examples. There are two ways to provide references:
 - Link to the source
 - Attachment (a file that summarizes the content of the example).
12. At the end of data collection, please identify and briefly describe 1-2 gender-sensitive or gender-transformative interventions/services for women living with HIV or women who use drugs or sex workers in your country as the best practice (no more than 1 page), indicating:
 - Name and description of the intervention service
 - The organisation that implements/implemented it
 - Who funded the provided service
 - How did it tackle gender barriers?
13. During the data collection, collaborate with country offices of UN agencies, especially UNAIDS, UNFPA, UN Women and UNDP.
14. Make a list of questions that need to be filed with a formal request to government agencies. Please, consider the time frame for a response. Official responses to your requests are also considered a data source.



Annex Q. Research tool (Checklist)

CHECKLIST

for community-led assessment on identification of gender barriers to accessing HIV services for women living with HIV, sex workers, women who use drugs

Data Collection Questions

HIV prevalence and incidence and behavioural information

In all answers, please indicate the data source

Question 1. What is the share of women among the general population of people living with HIV in your country?

Question 1.1. How many of them:

- use drugs?
- are involved in sex work?

Question 2. What is the prevalence of HIV in:

- Sex workers
- Women who use drugs?

Question 3. Does your country have laws requiring parental consent for adolescent girls to access HIV testing?

- Yes, for adolescents younger than 18 years
- Yes, for adolescents younger than 16 years
- Yes, for adolescents younger than 14 years
- No

Legal and political factors

In all answers, please indicate the data source

Question 1. Does your country have any laws or policies that may directly affect women and girls? Add others, as relevant.

- Criminalization of drugs
- Criminalization of HIV transmission, exposure (including mother-to-child transmission) or non-disclosure
- Criminalization of sex work
- Restriction of parental rights, restriction to adoption, guardianship

Question 2. Is there a law, regulation or policy specifying that HIV testing:

- Must be solely performed based on voluntary and informed consent
- Is mandatory before marriage

Question 3. Does your country have any of the following legal protections for sex workers?

- Sex work recognized as work



Question 4. Does your country have any laws or other provisions specifying protections of people with drug addiction?

- Laws ensuring access to harm reduction programmes
- Laws ensuring access to opioid substitution therapy
- Drug use is decriminalised
- Drug possession for personal use is decriminalised
- Applying for drug treatment does not entail a restriction in civil rights
- It is unacceptable to deprive or restrict parental rights only on the basis of drug addiction.

Women's needs in HIV policies and programmes

In all answers, please indicate the data source

The overall HIV response

Question 1. Does the national HIV response include women living with HIV, women who use drugs, sex workers? Please provide information for the last three years.

Question 2. Does the country have and implement a national programme for the prevention of mother-to-child transmission of HIV?

Question 3. Does the national HIV response include menopausal women?

Question 3.1. If yes, are there programmes to address their needs? Please describe.

Question 4. Does the national HIV response include adolescent girls?

Question 4.1. If yes, are there programmes to address their needs? Please describe.

Question 5. Is cervical cancer screening and treatment recommended for women living with HIV under:

- National strategy, policy, plan or guidance to eliminate cancer, cervical cancer or the broader response to noncommunicable diseases
- The HIV National Strategic Plan
- National HIV treatment guidelines.

Question 6. Does the programme address the stigma, discrimination and human rights of women living with HIV, women who use drugs, sex workers?

Question 7. If the country has a national strategy or policy that guides the HIV response, does it include:

- gender-transformative interventions, including those that address the intersections of gender-based violence and sexual and reproductive health and rights
- human papillomavirus vaccination, preventing and controlling cervical cancer.

Question 8. Does the national strategy or policy guiding the HIV response include a dedicated budget for implementing gender-sensitive and gender-transformative interventions? Please provide examples

Question 9. Does a formal system of accountability for the HIV response exist that enables community representatives and civil society to monitor the priority-setting process and spending on gender equality within the HIV response?

Question 9.1. If yes, how does this work?



Meaningful participation of women's communities

In all answers, please indicate the data source

Question 1.1. Do women living with HIV, sex workers, women who use drugs participate in developing policies, guidelines and strategies relating to their health and rights? Please provide examples

Question 1.2. Do women living with HIV in your country participate in developing policies, guidelines and strategies relating to preventing the mother-to-child transmission of HIV? Please provide examples

Question 2. Are there formal mechanisms (such as partnership forums, joint HIV theme groups, national AIDS councils or commissions and country coordinating mechanisms) ensuring that decision-making processes in the HIV response consider the views, needs and rights of women?

Question 2.1. If so, please describe how this is ensured, provide examples.

Question 3. Do any of the following safeguards in laws, regulations or policies provide for the operation of civil society organisations or community-based organisations in your country?

- HIV civil society organisations can be registered
- Sex worker organisations can be registered
- Organisations of women who use drugs can be registered

Question 4. Do any laws, policies or regulations enable civil society organisations and community-based organisations to access funding? Please provide examples.

- From domestic funding (social contracting or other mechanisms allowing service delivery by communities to be funded)
- From international donors.

Question 5. Is any key population of women excluded — by laws, regulations or policies — from engaging in the national HIV response? Please provide examples.

Coordination of gender equality within the HIV response

In all answers, please indicate the data source

Question 1. Does the national HIV coordination mechanism include a dedicated working group or other mechanism focusing on gender equality? If yes, please describe.

Question 2. Are the organisations of women living with HIV, sex workers, women who use drugs officially included in any of the above coordination mechanisms?

Question 3. Do civil society coordination mechanisms address HIV and gender? Please provide examples

A comprehensive HIV response

In all answers, please indicate the data source

HIV prevention

Question 1. What is the trend over the past 5–10 years in access to prevention options?

- Percentage of women receiving pre-exposure prophylaxis (PrEP)
- Proportion of women living with HIV 30–49 years old screened for cervical cancer



Question 2. What is the proportion of children (0–14 years old) newly infected with HIV?

Question 3. Are there case management protocols to eliminate mother-to-child transmission of HIV, including the peer-to-peer principle?

Question 3.1. Do they take into account the needs of:

- sex workers
- women who use drugs?

Question 3.2. Are there protocols for medical and social support for women living with HIV who have made the decision to breastfeed?

Question 3.3. Are women living with HIV persecuted for deciding to breastfeed?

Question 3.4. Who is not being reached by the national programme for preventing the mother-to-child transmission of HIV. Please provide examples and/or quote relevant sources (for example, migrants).

Question 4. Assess access to breast-milk substitutes for women living with HIV:

- at the level of normative and legal acts
- opinions/research/monitoring of the community/mothers with HIV.

HIV treatment

Question 1. Does your country have laws requiring parental consent for adolescent girls to access HIV treatment?

- Yes, for adolescents younger than 18 years
- Yes, for adolescents younger than 16 years
- Yes, for adolescents younger than 14 years
- No

Question 2. If HIV is diagnosed during pregnancy, do pregnant HIV-positive women continue taking ART after delivery?

HIV care and support

Question 1. Does your country support girls living with HIV?

Question 2. Indicate the average age at which girls living with HIV learn about their diagnosis.

Question 3. Is there access to the following professional services?

- Adult counselling about disclosing HIV status to a child
- Counselling children about how to disclose their HIV status.

Question 4. How would you rate access to comprehensive sexuality education for adolescent girls living with HIV?

Violence against women

Question 1. Are the issues of violence in relation to the following populations addressed at the state level (health committees, social policy committees, human rights and gender policy ombudsmen, country coordinating mechanisms for HIV/AIDS)

- Women living with HIV,
- Sex workers,
- Women who use drugs?



Question 1.1. Are community members involved? Please provide examples.

Question 2. Are there mechanisms to document and respond to cases of gender-based violence in relation to:

- Women living with HIV,
- Sex workers,
- Women, who use drugs?

Please provide examples.

Question 3. Are there partnerships between government and United Nations agencies, NGOs, human rights and women's/feminist organizations, networks or organizations representing women's rights, women living with HIV, sex workers, women who use drugs, to develop and implement programmes and initiatives that address gender-based violence and violence against women? in the national HIV response?

Question 4. During the last 5 years, in its final recommendations, has the UN CEDAW Committee made recommendations on taking measures to eliminate violence in relation to:

- Women living with HIV
- Sex workers
- Women who use drugs?

Sexual and reproductive health and rights

Question 1. Does your country have laws requiring parental consent for adolescent girls to access sexual and reproductive health services?

- Yes, for adolescents younger than 18 years
- Yes, for adolescents younger than 16 years
- Yes, for adolescents younger than 14 years

Question 2. Please indicate the percentage of girls living with HIV who were vaccinated against human papillomavirus (9-14 years old).

Mental health

Question 1. What services are available in the national HIV response?

	Women living with HIV	Sex workers	Women who use drugs
Peer support groups			
Individual therapy			
Group therapy			
Psychotherapy			
Psychiatric care			
Screening for depression			
Retreats for community representative			



Community development and women's leadership

Question 1. In your country, are registered local organisations of:

- women living with HIV
- sex workers
- women who use drugs

Question 2. In your country, are registered national organisations of:

- women living with HIV
- sex workers
- women who use drugs

Question 3. If you answered yes, who finances these organisations?

	Women living with HIV	Sex workers	Women who use drugs
International funds / organisations			
State / Municipalities			
UN agencies			
Private donations / Private foundations			
Pharmaceutical companies			
Self-financed			

Question 4. What activities of these organisations are supported?

	Women living with HIV	Sex workers	Women who use drugs
HIV prevention			
Prevention of vertical HIV transmission			
HIV care and support			
Protection against violence and assistance to the victims			
Protection of rights			
Advocacy			
Community capacity building			

Question 5. Does your country conduct

	Women living with HIV	Sex workers	Women who use drugs
training in tools for community-led service quality monitoring			
community-led service quality monitoring			



Question 6. Does your country conduct community-led research?

	Women living with HIV	Sex workers	Women who use drugs
PLHIV Stigma Index			
Access to SRHR			
Violence/ Types of violence			
Budget allocations in response to HIV			
Access to ART / Interruptions			
Other (specify)			

Question 7. Have the representatives of organisations of women who use drugs been trained in the use of the Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT)⁹? Please indicate the number of trainings, the number of participants.

Question 8. Have the representatives of sex worker organizations been trained in the use of the Sex Worker Implementation Tool (SWIT)¹⁰? Please indicate the number of trainings, the number of participants.

Question 9.1. Over the past 5 years, have the organisations of:

- women living with HIV
- sex workers
- women who use drugs

participated in the preparation and submission of alternative reports to the UN Committee on the Elimination of Discrimination against Women (CEDAW)?

Question 9.2. Has the UN CEDAW Committee made recommendations regarding:

- women living with HIV
- sex workers
- women who use drugs?

If you answered yes, please provide examples.

Question 10.1. Do community representatives in your country participate in international movements and/or networks:

- women living with HIV
- sex workers
- women who use drugs?

If you answered yes, please provide examples.

Question 10.2. Do community representatives in your country participate in international or national movements and/or networks and/or hubs on access to treatment (ART, TB, OST):

- women living with HIV
- sex workers
- women who use drugs?

If you answered yes, please provide examples.

Thank you for participation!

9 Implementing Comprehensive HIV and HCV Programmes with People who Inject Drugs: Practical Guidance for Collaborative Interventions (IDUIT) https://www.unaids.org/sites/default/files/media_asset/2017_HIV-HCV-programmes-people-who-inject-drugs_en.pdf

10 Sex Worker Implementation Tool (SWIT) <https://www.who.int/publications/i/item/9789241506182>



Annex R. Overview of basic concepts

CHECKLIST

for Community-led Assessment on identification of gender barriers to accessing HIV services for women living with HIV, sex workers, women who use drugs

BASIC CONCEPTS

Gender integration continuum¹¹

Type of intervention	Impact	Example
Gender- negative or gender-blind¹	Fails to acknowledge the different needs or realities of women and men and transgender people; aggravates or reinforces existing gender inequalities and norms.	Lack of disaggregated data because of a failure to acknowledge that programmes and policies have different effects on women, men and transgender people.
Gender- sensitive or gender-responsive	Recognizes the distinct roles and contributions of different people based on their gender; takes these differences into account and attempts to ensure that women, men and transgender people equitably benefit from the intervention.	Clinic operational hours are changed to early mornings and late evenings to reflect the needs of men and women who work.
Gender- transformative	Explicitly seeks to redefine and transform gender norms and relationships to redress existing inequalities.	Challenges and changes both sexuality norms and uneven access to resources in order to strengthen men and women's ability to insist on condom use by their sexual partners.

Gender based violence (GBV) – GBV is violence directed against a person because of that person's gender, or violence that affects persons of a particular gender disproportionately.

Violence against women is a violation of human rights and a form of discrimination against women. Gender-based violence causes or is likely to cause physical, sexual or psychological harm or suffering, including threatening, forced deprivation of liberty, whether in public or private setting. Violence against women includes child sexual abuse, rape, intimate partner violence, sexual violence and harassment, human trafficking and harmful practices, including female genital mutilation.

Forms of gender-based violence are:

- **Domestic violence** includes all acts of physical, sexual, psychological and economic violence that occur within the family, domestic setting or between intimate partners. These can be ex- or current spouses even if they don't reside together.
- **Sexual harassment** includes unwanted verbal, physical or other non-verbal conduct of a sexual nature with the purpose of violating the dignity of a person.
- **Intimate partner violence** is an act or threat of physical or sexual abuse or psychological or emotional abuse directed at a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former partner. Intimate partner violence includes spanking, kicking, burning, strangulation (physical); forced sex, threats, intimidation, etc. (sexual); isolation, verbal aggression, humiliation, harassment, control of a woman's access to medical care (psychological) or employment, financial means (economic abuse).
- **Violence against women living with HIV/women who use drugs/sex workers** – any act, structure or process whenever an effort is made in a way to cause physical, sexual, psychological, financial or legal harm to women living with HIV/women who use drugs/sex workers.

¹¹ <https://www.undp.org/publications/undp-annual-report-2014>



Forms of violence against women living with HIV/women who use drugs/sex workers, more details:

- **Intimate partner or spouse violence** may include: hitting, kicking; threats of physical violence; emotional abuse (for example, threats to leave you); coercion to have sex; coercion to have sex without a condom; accusations, name-calling; restriction to meet friends, work, leave the house, restricting to access medical help for you or your children.
- **Violence by my family member/neighbours** may include: refusal to share food, utensils; name-calling; accusations; hate; physical abuse (hitting, kicking, or pulling hair); sexual harassment and coercion.
- **Violence in society** may include: gossip, name-calling, hate, unwillingness to communicate, children are stigmatized or shunned; being attacked or beaten by strangers; touching or forcing you to have sex with someone who is not your partner when you do not want to; rape because of your sexual orientation or gender identity ("corrective rape"); hate-motivated violence against trans women; any form of violence against sex workers by clients or strangers.
- **Violence in health care settings** may include: rude or judgmental attitudes from healthcare workers; refusal to provide medical care; questions about how you became infected with HIV; breaching patient's confidentiality; forced or involuntary HIV testing without informing and/or without consent; refusal to provide you with information about available services; forced abortion or sterilization; refusal to doctors consultation until other patients are taken care; refusal to provide a certain type of contraceptive, even if they are available; placement in special/isolated wards or solitary confinement.
- **Police/military/prison or colony violence** may include: police harassment; being arrested for no reason or because you carry condoms, lubricants, or clean syringes; threat or actual sexual violence; rape by a police man, a guard of a colony, a prison, a military personal; failure to provide medical care in prison or during detention; disclosure of HIV status; denial of service.

Sexual health includes healthy sexual development, equitable and responsible relationships and sexual fulfilment, freedom from illness, disease, disability, violence and other harmful practices related to sexuality.

Sexual rights are the universal rights of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual health, be free from discrimination, coercion or violence in their sexual lives and in all sexual decisions, expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships, and the right to say "no" to sex if we don't want it.

Reproductive health is a state of the complete physical, mental and social well-being in all matters related to the reproductive system including a satisfying and safe sex life, capacity to have children and, freedom to decide if, when and how often to do so.

Reproductive rights is the right of couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information, education and means to do so, attain the highest standards of sexual and reproductive health and, make decisions about reproduction free of discrimination, coercion and violence.

Reproductive care includes, at a minimum family planning services, counselling and information, antenatal, postnatal and delivery care, health care for infants, treatment for reproductive tract infections and sexually transmitted diseases, safe abortion services and management of abortion-related complications, prevention and appropriate treatment for infertility, information, education and counselling on human sexuality, reproductive health and responsible parenting and discouragement of harmful practices.

Reproductive coercion and abuse are a hidden form of violence against women. They include behaviours intended to control or dictate a woman's reproductive autonomy, for the purpose of either preventing or promoting pregnancy.

Reproductive violence is common and comprises a spectrum of behaviours such as pressure, manipulation, emotional blackmail, trickery, threats and the use of physical violence.



Annex S. Informed consent with Country Informants

Informed consent to participate in the Community-led Assessment on identification of gender barriers to accessing HIV services of women living with HIV, sex workers, women who use drugs

Information about Assessment

Goal, subject and format of the Assessment

The Assessment is held by the Eurasian Women's Network on AIDS (EWNA) within the Project "Women's empowerment in reducing HIV-related gender discrimination" under the Regional Program "Sustainability of services for key populations in EECA region" (#SoS_project 2.0) implemented by a consortium of organisations from EECA countries led by the ICF Alliance for Public Health in partnership with the CO "100% Life" and with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Assessment goal: Identify gender-related barriers to accessing HIV services in targeted 15 countries with focus on women living with HIV, women who use drugs and sex workers.

Objectives:

1. Identify the intersections of HIV and gender equality problems that affect women living with HIV, sex workers and women who use drugs.
2. Overview the laws, regulations, policies, partnerships, participation, institutional and human resource capacities.
3. Build capacity of women's communities in addressing gender-related barriers for HIV services.
4. Develop key findings to inform and provide recommendations for gender-responsive policy and programming.

The Assessment covers fifteen (15) countries of the South-Eastern Europe, Eastern Europe and Central Asia: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine, Uzbekistan.

Approaches:

- The Assessment places women at the centre of the design and implementation of peer-led gender analyses of access to HIV-services.
- The Assessment aims to improve understanding of the experiences, realities, needs, visions and priorities of women in accessing HIV services.
- The Assessment explores social and structural drivers of the HIV epidemic through lens of gender equality and women's empowerment.

The Assessment uses an extensive, multiphase methodology and the meaningful participation of women living with HIV, sex workers and women who use drugs.

The Assessment is of a qualitative nature. The main instrument of the Assessment is the Checklist, which is filled in by in-country informants who have the necessary expertise. Data collection by in-country informants is carried out in May – June 2022.



Security and Privacy

EWNA's priority is to ensure the safety of the in-country informants of the Assessment. The list and contact information of the experts who participated in the research will be available only to the Research Team and donor organisations. In the final report of the Assessment, the names of Country Informants or other information about them will be indicated only after the approval and written consent of the expert. If an expert feels that requesting data from official sources poses a threat to her security, the Research Team will look for solutions to avoid the risks.

Preparation to data collection

The Research Team conducts special training (seminar) with detailed instructions on how to complete the Checklist and how to collect data. During data collection, Country Informants are provided with technical assistance during coordination meetings with representatives of the Research Team (at least three meetings within 2 months).

Additional information

For additional information about the Assessment, its intermediate and final results, please contact the representatives of the Research Team:

- Project Coordinator, Nataliia Gerasymchuk gerasymchuk.nataliia@gmail.com
- Lead Researcher, Svitlana Moroz svetamorozgen@gmail.com
- Research Assistant, Gvantsa Kvinikadze gvantsakvinikadze@gmail.com
- Community Coordinator, Olena Stryzhak elenas@ukr.net
- Community Advisor, Lyubov Vorontsova vorontsova.kz13@gmail.com

Informed consent

- I have read and understood the information in this *Informed consent*.
- I had the opportunity to ask questions, and all my questions were fully answered.
- I voluntarily agree to participate in this research.
- I understand that my personal information will not be used in or outside of this research without my approval and written consent.

Name

Date

Signature



Annex T. Training agenda for Country Informants

WORKSHOP

for Country Informants of the Community-led Assessment on identification of gender barriers to accessing HIV services of women living with HIV, sex workers, women who use drugs

Date: June 10, 2022

Time: 11.00-13.00 (GMT+3)

Main goals:

1. To learn the goals and objectives of the Community-led Assessment on identification of gender barriers to accessing HIV services of women living with HIV, sex workers, women who use drugs.
2. To conduct the briefing on how to fill out the main toolkit – the Checklist.

Participants: Country Informants, Project Team

AGENDA

Time	Session	Speaker
11.00-11.02	Welcome speech of the Lead Researcher	Svitlana Moroz
11.02-11.10	Presentation of goals, objectives, approaches and methodology of the Community-led Assessment on identification of gender barriers to accessing HIV services of women living with HIV, sex workers, women who use drugs	Olena Stryzhak
11.10-11.30	Familiarization with the main blocks of the Checklist. Discussion.	Gvantsa Kvinikadze
11.30-11.40	Entering data into an electronic form	Gvantsa Kvinikadze
11.40-11.50	Communication and coordination calls schedule	Olena Stryzhak
11.50-12.00	(Coffee)-break	
12.00-12.15	Data sources. Partnership with UN Agencies	Svitlana Moroz
12.15-12.25	Administrative issues	Nataliia Gerasymchuk
12.25-12.40	Q&A session	Svitlana Moroz



Annex U. Template of request for information to governmental authorities

Organisation's Letterhead

Date Minister of Health of

..... Name

Dear

With this letter, Name of the organisation presents its compliments to the Ministry of Health of and has the honor to refer to the following. Our organisation was established in order to (The mission of our Organisation is to)

Within the framework of the project "Women's Empowerment in Reducing HIV-Related Gender Discrimination", which is part of the regional project "Sustainability of Services for Key Populations in Eastern Europe and Central Asia (EECA)", the Eurasian Women's Network on AIDS (EWNA) conducts a Community-led Assessment on identification of gender barriers to accessing HIV services in 15 countries (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine, Uzbekistan). The activity is supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Although women, girls and other key populations, in all their diversity, are disproportionately affected by HIV, they are underserved by current policies and programmes related to HIV and sexual and reproductive health and rights in many countries. Examining the response entails identifying gaps; the progress and outcomes of laws, regulations, policies, budget allocations, partnerships, participation, institutional and human resource capacities; and the intersections of HIV and other gender equality problems, such as sexual and reproductive health and rights and gender-based violence.

To prepare an analytical review of existing policies on gender issues and assess gender approaches in the national response to HIV in relation to women living with HIV, women who use drugs, sex workers, please provide information as of January 01, 2022:

(PLEASE CHOOSE THE NECESSARY BLOCKS AND QUESTIONS FROM THE CHECKLIST)

I. HIV prevalence and incidence and behavioural information

.....

II. Social, cultural and economic factors

.....

III. Legal and political factors

.....

IV. Women's needs in HIV policies and programmes

.....

V. A comprehensive HIV response

.....

Please provide information to this e-mail address e-mail

Contact Name: Full Name, Phone No.

Best regards,

Full Name

Position



Annex V. Evaluation

Reflections from Country Informants

Women-led gender assessment: How countries address barriers to HIV services for women living with HIV, sex workers and women who use drugs

All Country Informants who engaged in the process completed the evaluation.

1. When asked about the usefulness of the process to conduct the gender assessments (very useful; useful; not useful; It is difficult to answer) twelve said it was very useful and three said it was useful.
2. See below respondents thoughts on how well the team meet the objectives of the gender assessment.

	Fully met	Partly met	Not yet met
Objective 1: Identify intersections of HIV and gender inequality	13	1	
Objective 2: Provide an overview of the laws, policies, partnerships, participation, institutional and human resource capacities	13	1	
Objective 3: Build capacity of communities of women to address gender-related barriers in access to HIV services	7	6	1

3. Country Informants answered the following when asked how they felt about the following statements

	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree
I have learnt much through the overall process and sessions with the Research team and the information provided will benefit my community/organisation	12	1	1		
I have gained new skills in working with information	10	2	2		
The sessions with the Research team and the collected information have built my confidence to advocate for gender equality and human rights for my community in my country	12	1	1		
The process was inclusive and I felt meaningfully engaged	13	1			



4. Country Informants answered the following when asked how they felt about the following statements

	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree
I am satisfied with the support that was provided to me before the work began	13	1			
The checklist instructions were clear and well written and presented to me clearly	11	3			
The research tools were easy to use and understandable – I did not have many questions once I started with the work	5	8	1		
The overview of basic concepts was very helpful, clear and well written and presented to me clearly	10	4			
The informed consent was clear and presented to me clearly	13	1			
The workshop training was valuable, well organised and useful	13	1			
I felt supported when I was working on collecting the data for the Checklist	13	1			
The scorecard was helpful in the analysis	9	5			

5. Country Informants made the following statements to these questions:

Why this work matters to you?

- *There have been cross cutting issues emerging that needs advocacy, for which now we have reference.*
- *The analysis gathered a lot of information that can be very important for my country. Key populations are very important and this analysis is very important for further guidance.*
- *For me as long time HIV activist this work was meaningful as I am aware of specific needs that women living with HIV have and obstacles they face in their everyday lives. I hope that with this assessment and future action we will be able to improve their lives and well-being.*
- *Gender equality matters to me as a woman a lot and I am glad I was able to participate in such an important assessment among of the most vulnerable group of women.*
- *My engagement at the EWNA Checklist, on assessment gendered approaches within Albania HIV responses related to women living with HIV, women who use drugs, sex workers, for me has been a unique experience based on the way this Checklist was constructed and composed.*
- *I am working with women living with HIV, I am also a woman living with HIV, so it is very important to be aware of the laws and regulations that make life difficult for women, to work to improve them.*
- *This strengthened my knowledge on the protection of the rights of women, especially vulnerable women (HIV infected, sex workers, drug users) revealed the existing shortcomings in the country, allowed me to analyse the situation with legislation, identify discriminatory laws that infringe on the rights of women.*
- *Through this research work I have seen how little has been done regarding women as vulnerable to HIV, and with a low prevalence among this population, little is invested in conducting research on their needs and problems.*



- *Programs that exist in the country that are designed to provide services to women from key populations do not all incorporate a gender-sensitive approach. More often than not, the majority of decision-makers are men or women who do not adopt a gender specific approach.*
- *Civil society has a need for capacity building, mechanisms for security and solidarity between different groups of women and improvement of favourable conditions for their freedom of expression.*
- *My goal is that no one from the community was left unattended and our joint work will be a tool to promote gender equality in the field of HIV in Tajikistan.*
- *In the process I learned a lot about laws, regulations, research, not just in the context of women living with HIV, but in the context of women from all key populations. It broadened my knowledge in different areas of life with HIV, in advocacy issues and understanding of gender assessment. A very convenient form (table) in which the gender assessment was filled in, it is easy to use and to enter further information.*
- *It's important for me to understand what legislative barriers to accessing services for women with HIV I need to work on.*
- *It's about engaging the community in important processes, and therefore increasing my role as part of the community.*
- *I am a woman living with HIV with the understanding that gender mainstreaming is important in the context of HIV because gender inequality is an important driver of the HIV epidemic. In addition, social and cultural norms often create barriers that prevent women from accessing HIV prevention, treatment, care and support services. By working to mainstream gender in the context of HIV, we can advance the response to HIV more effectively and equitably. Which will include addressing the individual needs and priorities of women and girls, as gender equality gives women and girls control over their health and well-being. Ultimately, seeing gender in the context of HIV can help reduce new HIV infections, improve access to treatment and care, and ensure gender equality and human rights in my country.*
- *The information collected will clearly demonstrate the level of inequality toward women that exists in the major areas of our lives, with a focus on public health and social protection.*

Why are these gender assessments important to women in your community?

- *Gender assessment is not mainstreamed, moreover no intersectionality is ensured if there is some elements, this that type of comprehensive approach was much needed.*
- *Assessments are very important because little attention is paid to all issues of women in the community and it is important to point out the shortcomings.*
- *This was the first time that such an assessment had been done and that all important information on women living with HIV were gathered together enabled to be used for further advocacy.*
- *Women living with HIV are one of the most vulnerable groups which were never before included in such an assessment which covered not just sexual and reproductive health but also violence and other issues.*
- *Like any study with a wide scope, with such specific target groups, and detailed data, the EWNA Checklist required a national database and a standardized evidence-based surveillance and reporting system. Being a country with a low prevalence of HIV, of course, the system of surveillance and reporting indicators is not at satisfactory levels, which makes it more difficult to fill in the required sections in detail. All the uncompleted part or identify during analysis marked as missing or weak Programme or interventions for target-groups indicated, which will serve like an action plan at national level.*
- *Until now, such a study had never been carried out by the community itself.*



- *It strengthened the knowledge of the community regarding women rights, and we learned about international standards, international instruments that are used to protect the rights of women, especially women from KPs. This gave us the knowledge in what directions to conduct advocacy activities and what method to be used in order to improve the situation This gave us the knowledge in what directions to conduct advocacy activities in order to improve the situation with the rights of women in Azerbaijan.*
- *Because many gaps have come to light that Macedonia's legislation is facing in relation to women.*
- *In recent years, women from key communities and activists in Kyrgyzstan have found it increasingly difficult and unsafe to voice concerns about their economic, social, political and cultural rights. Issues such as gender-based violence, the rights of women from vulnerable groups: women living with HIV, women affected by repressive drug policies, sex workers are becoming more and more acute. A gender assessment conducted by a regional, not national, network will provide new opportunities for advocacy.*
- *Because not one HIV program in Tajikistan is gender sensitive and we believe that this analysis will give us an opportunity to promote the interests of women and girls in Tajikistan.*
- *Gender equality is one of the most important human rights, and it has been proven that the inclusion of women in society ensures increased productivity, peace and harmony in society. Involvement of women will ensure equal opportunities and give women the right to vote.*
- *Each of us needs to understand exactly what is wrong with our laws and reality, to see the gaps in order to act accordingly.*
- *The assessment has improved understanding of the current situation, and may help guide efforts to address identified gaps, and improve the status of women in the community.*
- *To get indicators that signal what women's needs are not covered, to use them in advocacy and protection of rights.*

Was there anything unexpected that you gained from this process?

- *The lack of the data regarding women living with HIV referral to some of ongoing SRHR state funded programs.*
- *I expected better data collection by institutions about women of all populations. Data are mostly incomplete or not kept.*
- *No. Communication in these consultation sessions has been fruitful and the spirit of cooperation from both sides has been evident.*
- *I learnt where and how I can find necessary information, how to combine it, how to use it, what gaps there are.*
- *Yes, I have learned a lot about international standards as the national HIV response include menopausal women, the national HIV response include adolescent girls, cervical cancer screening and treatment recommended for women living with HIV, the national strategy or policy guiding the HIV response include a dedicated budget for implementing gender-sensitive and gender-transformative interventions and etc.*
- *The structure of filling out the evaluation form, checkboxes, and the design of the final results. It was a new and interesting experience for me.*
- *Since this was my first job in the field of collecting information on gender analysis and I think that everything was unexpected for me)))*
- *I learned how to analyse documents, read correctly paying attention to the important points of research (to understand tables, charts, graphs), I learned many sources of information, improved communication with organisations.*
- *I had not previously studied gender documents so thoroughly. This is a new and important experience for me.*



- *I improved my skills in working with information and laws and learned how to find and read regulatory documents.*
- *The very process of collecting information and the checklist algorithm.*
- *There is a great deal of useful information freely available; however, there is so little disaggregation by gender in the data that it is difficult to analyse the resulting information in the context of women's rights.*
- *Two women answered "no".*

What would you do differently next time?

- *Take more time for statistics generation process.*
- *As far as data collection is concerned, she would work in the same way next time.*
- *Ask information first from the Ministry of Health. Just wishing to have possibility providing more data and evidence from my country.*
- *I would request more official letters, as it is easier to collect information, then to look for it for days.*
- *Next time it will be easier since there is already accumulated knowledge and experience in conducting such a study.*
- *The process seemed perfectly created to me, I have no idea to change it*
- *More time to work on this amount of information.*
- *This is a great experience for me and I would stick to this tool*
- *Would spend more time on this work.*
- *I didn't thoroughly interview NGOs that work with women with HIV about their achievements in the country. This affected the quality of the filling. Thanks to the country representative for filling in the gaps. Next time I will take into account that there are more competent NGOs on the issue of gender and I will be more detailed in answering questions.*
- *I would have planned a little more time, since the work turned out to be energy-intensive and there was not enough time.*
- *More time to gather information.*
- *Would allocate more time to collect information and a longer period to receive a response to official requests.*

What do you hope to achieve with the results?

- *To generate well referenced and sound evidence for data that will help integrated Gender sensitive and women oriented interventions in the national HIV/SRHR programming as the main step, but it can definitely be used more widely in Health, Education, Safety programming.*
- *I expect that it will be used in the creation of Strategies and other documents related to key populations in order to improve their position in the future.*
- *That women will be considered as a specific group in HIV programs.*
- *Engage more women in HIV activism and advocacy.*
- *The final results reflected in the final Checklist for country of Albania will show the problems and the deficiencies that exist in the system of reporting, surveillance and data collection for HIV responses related to women living with HIV, women who use drugs, sex workers at national level, as needs for improvement.*



- *I hope to have recommendations from international organizations, as well as interventions to make the legal environment better for women.*
- *I hope to apply the accumulated knowledge and methods in my advocacy work in defence of the rights of all women, especially women from KPs.*
- *To use the data to develop preventive programs for women, but even more to strengthen services for women living with HIV.*
- *Use the results to advocate for and protect the rights of women from key populations. Use gender assessment data to prepare alternative reports to CEDAW.*
- *Gender equality in the field of HIV in the Republic of Tajikistan*
- *We plan to use and are already using in the implementation of the event "Reducing legal barriers to access to services related to TB and HIV" planned within the framework of the project in the GF RB in the form of a gender audit.*
- *we need to substantiate the application to the GF with a gender component, I hope this work will help us in the process of protecting our interests.*
- *Positive changes in those issues that were identified as imperfect, since it is obvious where exactly the efforts of the community and civil society organisations should be directed.*
- *gender budgeting*
- *Draw the attention of decision makers to the needs of women for further coverage and realization of their rights.*

Any other comments or feedback to the Research team

- *Thank you, the process was really interesting and educative.*
- *Thank you for the support and cooperation of your team during the research process.*
- *Great work has been done.*
- *Thank you for the selection, and for making me part of the process on this unique and special experience.*
- *Time for collecting data was very limited, I would recommend foreseeing more time.*
- *Research team was great!*
- *Thanks for such an experience! It was a laborious but very interesting process.*
- *I thank the whole team for their support, understanding and advice.*
- *Many thanks to the whole team, it was a great experience for me and a good practice in this direction. thanks for the new experience!*
- *Thank you for the opportunity to participate in this important work!*
- *Thanks for the experience.*
- *Special thanks to the team for their high professionalism, technical support, patience and help in collecting information!*



Eurasian Women's Network on AIDS

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