Ukraine

Community, Rights and Gender Country Profile

Working Document
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Quick Facts

43.73 million people (2021)

High MDR/RR-TB Burden Country

Eastern Europe and Central Asia
UNHLM Targets

Resource Needs (2022)
44.63 million (USD)

Available TB Funding 2020 (USD)
Domestic: 99.1 million
International (Excluding Global Fund): 4.8 million
Global Fund: 24.1 million
Funding Needs: 147.7 million

Diagnosis and Treatment Targets (2020)
TB Target: 27,100
% Target Achieved: 72

Prevention Therapy (2022)
Total PT Targets: 56,000

*Please note that this will be updated in October after 2023 UNHLM on TB
Source: Stop TB Partnership Dashboard
National Strategic Plan and Funding Opportunities

- Next National Strategic Plan Development: **2030**
- Next Global Fund funding request proposal development: **2023**
TB Situation

Epidemiological Data (2021)

Major Gaps in TB Prevention and Care
- 12,693 Missing people with TB (737 were children)
- 5,600 people died because of TB
- 3,031 Laboratory confirm MDR/RR TB (WHO Data, 2021)

Community, Rights and Gender Data

The 2018 CRG assessment conducted identified the following:

**Accessibility Barriers** included limited access to counseling and social support. Certain groups, such as women from ethnic minorities, survivors of gender-based violence, elderly women, those in armed conflict situations, female refugees, individuals at high risk of HIV, and the rural poor, also experienced limited access to healthcare. Women's financial dependence on men further hindered their access to services, while individuals from key populations faced stigma and discrimination in healthcare settings. Additionally, the lack of a national identification system posed a barrier to services for internally displaced persons.

**Quality barriers** such as unnecessary long-term hospitalization for tuberculosis (TB), stigmatizing treatment in clinics, the shortage of tuberculosis-trained healthcare workers in primary healthcare centers, and insufficient use of fixed-dose combination.

**Availability Barriers**: women from key populations experience stigma & discrimination in healthcare, unnecessary long-term hospitalization for TB; stigmatizing treatment in clinics towards trans people and PWID

**Discrimination issues**: laws and policies contain stigmatizing & discriminatory terminology. Discrimination leads to delays in seeking healthcare. The Law does not protect labor rights of people with TB, they usually lose their jobs during treatment eg workers who refuse or fail to take TB test in stipulated time shall be dismissed under law. Similarly, the Law does not prohibit TB discrimination in education; students who refuse TB test, contacts of people with TB, or those who aren't vaccinated may be banned from school. There is no legal prohibition of TB discrimination.

**Freedoms**: TB transmission criminalized by law, people with TB can be prosecuted and subject to isolation. Also, there is no legal protection for right to privacy or confidentiality for people with TB.

**Gender**: Women from ethnic minorities, women survivors of GBV, elderly women, women in armed conflict situations, female refugees and women at high risk of HIV have limited access to healthcare. Also, women's financial dependence on men hinders access to services. Roma women were found to be vulnerable and cannot seek healthcare without husband’s consent. Similarly, women from rural areas lack access to social protection and health services.

**Key and Vulnerable population prioritized**: PLHIV, prisoners & detainees, PWID, people with alcohol dependency, homeless, urban & rural poor and IDPs. They experience access barriers to counseling and social support. Also undocumented foreigners, people with prison history, PWID lack access to integrated OST/HIV/TB services.

**Participation**: Networks and CSOs are invited to decision-making processes at various levels of the TB & HIV responses. There are representatives of people affected by TB on the National Council to Fight TB and HIV/AIDS in Cabinet. TB program includes indicator for number of regions where CSOs collaborate with TB clinics to improve access to vulnerable groups.

**Remedies and Accountability**: Free State legal aid is not provided by law except for people with low income. But people with TB lack information about this and their rights. Also, key populations are deterred from legal services by stigmatizing lawyers. PWID do not seek legal services or remedies for fear of law enforcement.

Community Engagement and Representation

Active National Stop TB Partnership
- Yes

National Network of People Affected by TB
- TB People Ukraine

TB Network represented on CCM
- Yes

High-Level Engagement with Parliamentarians
- Yes

Celebrities’ Engagement in TB response
- Yes

Challenge Facility for Civil Society Round 10 Regional Partners
- TB Europe Coalition (TBEC)
- Center for Health Policies and Studies

CFCS Round 11 Regional Level Partners
- Center for Health Policies and Studies

Global Network
- Lean On Me Foundation
Community, Rights and Gender

- CRG Assessment Completed

- Costed CRG Action Plan Available
  - Planned for 2023 (under CFCS regional EECA R11 and APH UKR R10 grants)

- TB Stigma Assessment Conducted

- TB Stigma Elimination Plan Available
  - In progress

- Community-led Monitoring Mechanism in place

- Legal and Human Rights Scorecard Assessment
  - Planned under CFCS Rd 11
COUNTRY PROFILE UKRAINE

CFCS Round 10Grantees

Alliance for Public Health

Global Fund Principal Recipient

**Project Location:** National Level, Poltavska, Zhytomyrska, Cherkaska, Chernihivska, Zaporizka, Odeska, Khersonska, Rivenska oblasts

**Timeline:** January 2022 - January 2023

**Objectives**

- To integrate gender sensitivity into national TB statistics
- To integrate CRG approaches into the national TB response
- To build awareness on human rights issues related to TB among TB stakeholders, including people affected by TB
- To ensure the involvement of TB key populations in TB planning processes and ensure the provision of human-centered services.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.
CFCS Round 10 Grantees

TBPeople Ukraine

- **Project Location:** National level
- **Timeline:** January 2022 - January 2023
- **Objectives:**
  - To advance, scale-up and integrate OneImpact community-led monitoring in the TB response in Ukraine.
  - To develop, test, and monitor a community support model that systematically responds to the expressed and comprehensive needs of people affected by TB in Ukraine.
  - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.
CFCS Round 11 Grantees

CHARITABLE ORGANIZATION TB PEOPLE UKRAINE

**Proposal location:** Poltava and Cherkasy regions.

**Timeline:** March 2023 – March 2024

**Aim:**
- To improve access to diagnosis and treatment of TB in the conditions of war in Ukraine by leveraging CLM digital technologies.

**Objectives:**
- To scale-up the functionality of the CLM OneImpact system according to the technical needs of OneImpact informants installed in hospitals.
- To support the mechanism of response to barriers and urgent needs of people with TB to secure and TB institutions in government-controlled regions.
- To ensure community-based active case finding with portable X-ray machines to reduce the gap in finding missing people in the conditions of a military conflict in the country in at least two regions (TDB).
- To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels with particular focus on UNHLM TB and NFM4.
Country Level Platform Partnership

Convictus Ukraine

- **Proposal location**: Ukraine
- **Timeline**: Nov 2022-May 2024
- **Overall aim**:
  - To position the visibility of TB interventions and the need to address TB during the war context.
- **Proposal Objectives**:
  - To advocate for funding TB services.
  - To strengthen the voice and influence of the Stop TB Partnership Ukraine at the national level in cooperation with the PRs of the GF grant, Ministries, and state institutions.
  - To adapt the Global Plan to Ukrainian realities. Adaptation and alignment of goals.
  - To promote the issue of TB through mass media, social networks, and other channels.
Questions?
Contact us.
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