INTRODUCTION

CIVIL SOCIETY HAS an essential role to play in ending the AIDS epidemic, making sure people receive life-changing treatment, HIV prevention and vital sexual and reproductive health and rights services, improving governance and accountability around HIV and AIDS, and advocating for progressive policies and laws that protect and advance human rights.

But the odds are stacked against these organisations, with shrinking space for civil society and unfriendly, often hostile, environments increasingly preventing them from fulfilling this critical role. The task is tough and relentless.

Organisations are being vilified publicly and online, their activities disrupted and their employees and offices violently attacked. Peaceful protests have been illegally blocked or forcefully broken up, and marchers intimidated and set upon. Coverage of important HIV and AIDS issues is scarce, with media refusing to publish content about the lives and plights of key populations. Administrative obstacles are also frequently used to hinder civil society organisations (CSOs) working in this area.

Looking in depth at four countries, this new report reveals how men who have sex with men, trans people, other lesbian, gay, bisexual, queer, intersex (LGBTQI+) people, sex workers and

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1. UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people, people who use and inject drugs and prisoners and other incarcerated people as the main key population groups. These populations often suffer from punitive laws or stigmatising policies and are among the most likely to be exposed to HIV/AIDS.
people who use drugs – and the organisations that work for them and represent them – face severe restrictions on the right to association, the right to peaceful assembly and the right to freedom of expression in carrying out their work on HIV and AIDS and sexual and reproductive health and rights.

In all four countries – Zimbabwe, Ukraine, Indonesia, Vietnam – there is criminalisation of key populations. But the challenges they face extend far beyond the law.

Driven by prevailing attitudes based on politics and religious intolerance, traditional values and cultural beliefs, discrimination and the violations of rights are perpetrated and perpetuated by the state, law enforcement agents, militarised radical groups affiliated to right-wing political actors, religious groups and by the public at large.

The LGBTQI+ community bears the brunt of these violations, making them a particularly vulnerable group, alongside transgender people, men who have sex with men and sex workers, as well as the organisations working with these groups.

Governments rarely take steps to address or respond to these abuses, and where the state has intervened, action has been weak and ineffective.

This report shows how such conditions undermine and dilute the efforts of CSOs to effectively carry out their work on HIV.
“URGENT ACTION IS REQUIRED TO REMOVE LEGAL, POLITICAL, SOCIAL, AND CULTURAL RESTRICTIONS TO THE RIGHTS TO ASSOCIATION, PEACEFUL ASSEMBLY AND FREEDOM OF EXPRESSION FACED BY CIVIL SOCIETY ACTORS WORKING ON HIV AND AIDS.”

and AIDS and further jeopardise the achievement of the UNAIDS 90-90-90 target to end the AIDS epidemic.²

It also highlights findings about other challenges faced by key populations and CSOs in using international mechanisms for advocacy, leading to key populations issues being inadequately represented and addressed in regional and international fora.

Urgent action is required to remove legal, political, social, and cultural restrictions to the rights to association, peaceful assembly and freedom of expression faced by civil society actors working on HIV and AIDS and sexual and reproductive health and rights, particularly those representing key populations.

At international level, barriers to the meaningful involvement and participation of CSOs in relevant governance and decision-making processes also need to be overhauled as a matter of priority.

This report makes recommendations for governments, international bodies and CSOs on creating space for civil society, focused on enabling key populations and their organisations to actively and fully contribute to an effective global AIDS response, meet the Sustainable Development Goals commitments to achieve universal health coverage and, ultimately, eradicate AIDS.

² The UNAIDS 90-90-90 target adopted in 2014 calls on countries to reach the following goals: 90% of people living with HIV diagnosed by 2020, 90% of diagnosed people on antiretroviral treatment by 2020, 90% of people in treatment with fully suppressed viral load by 2020.
KEY POPULATIONS AND THE LAW

ALL FOUR COUNTRIES demonstrate criminalisation of key populations, only in varying degrees.

In Zimbabwe, sex workers, people who use drugs and men who have sex with men are all criminalised by law.

While homosexuality is not criminalised in Ukraine, drug possession for personal use is outlawed. Selling sex is illegal and punishable by a fine.

In Indonesia, while homosexuality is not criminalised (except in some parts of the country, such as Aceh in northern Sumatra), drug possession for personal use and selling sex are criminalised, while some provincial and local governments have laws against all forms of sex work.

In Vietnam, while homosexuality is not criminalised, same-sex marriages are not protected by law. Drug possession and selling sex are considered administrative offences and sex workers are fined if caught by the authorities. Buying sex is also criminalised, and clients can be fined.

Common violations to freedom of association include restrictions on registration, including naming of organisations (Indonesia, Vietnam and Zimbabwe), attacks on employees (Ukraine), disruption of activities (Indonesia and Ukraine) and public vilification of CSOs working with key populations (Zimbabwe).

VIOLATIONS OF CIVIL SOCIETY RIGHTS

VIOLATIONS AND RESTRICTIONS of rights across the four countries are largely similar but differ in their severity and frequency.
Common violations to the freedom of peaceful assembly include the dispersion of peaceful protests, sometimes even before they begin (Indonesia and Zimbabwe), restriction of protests to specific routes by authorities (Ukraine, Indonesia and Zimbabwe), as well as counter-protests and attacks on protesters by members of the public (Ukraine and Indonesia).

Common violations to the freedom of expression include refusals to publish or accept content on key populations issues (Zimbabwe, Indonesia and Ukraine), and online attacks by members of the public (Zimbabwe and Indonesia).

But the majority of perpetrators named in this report are non-state actors. Religious groups are key offenders in Zimbabwe and Ukraine, where they have broken up peaceful marches.

In Zimbabwe, members of the public are the most common and frequent perpetrators, after law enforcement agents. In Vietnam, members of the public are also one of the main perpetrators.

In Ukraine, the presence of radical groups makes for a slightly different dynamic. Violations by these groups are frequently mentioned and form a high percentage of the national total.

**NOTABLE PERPETRATORS**

**OUR RESEARCH SHOWS** the notable perpetrators across the four countries also broadly overlap, driven by attitudes based on religious intolerance, political extremism or cultural beliefs. The violators are both state and non-state actors.

Law enforcement agents are the most notable perpetrators among state actors in all four countries, forcefully dispersing protests, confining peaceful assemblies to a particular route, arresting activists and key populations, and acting violently.

In Ukraine, militarised radical groups, often affiliated to right-wing political actors, commonly intrude into and undermine the civic space of key populations. The backing these groups receive from political actors weakens efforts by law enforcement agencies to counter their attacks. Similarly, law enforcement agencies affiliated with political forces and/or local authorities in some cases are also identified as primary perpetrators.
DRIVING FORCES
ACROSS THE FOUR countries, two main driving forces stand out: traditional values and religious intolerance. These two drivers influence both the legal and social contexts for key populations, translating into stigma and discrimination, and leading eventually to violations. In Ukraine, right-wing political values are an additional driving force.

CROSS-CUTTING TRENDS
A COMMON TREND across the four countries is the targeting of the LGBTQI+ community, who bears the brunt of violations and is a particularly vulnerable group within key populations. In Ukraine, Indonesia and Vietnam, transgender people are the most vulnerable group, while in Zimbabwe, men who have sex with men are the most vulnerable. Sex workers are the second most vulnerable group in Zimbabwe and Indonesia.

In most cases where there are violations, governments seldom take steps to address or respond to these, and where the state has intervened, the actions have been weak and ineffective. In Ukraine, for example, efforts by law enforcement agencies to counter attacks by radical groups have been severely undermined because some of these groups were affiliated to right-wing political parties.

IMPACT OF CIVIL SOCIETY RESTRICTIONS ON HIV AND AIDS RESPONSE
THIS REPORT SHOWS how these restrictions are adversely affecting CSOs’ and key populations’ work on HIV and AIDS. It recounts occasions where organisations have been forced to close down their offices due to attacks. One Ukrainian CSO, which provides medical services for people who use drugs in Kharkiv, was forced to close the site when local residents threatened staff and clients and set fire to the office doors. Eventually, members of the National Corps far-right political party demolished the office.

“IN MOST CASES WHERE THERE ARE VIOLATIONS, GOVERNMENTS Seldom TAKE STEPS TO ADDRESS OR RESPOND, AND WHERE THE STATE HAS INTERVENED, THE ACTIONS HAVE BEEN WEAK AND INEFFECTIVE.”
To avoid mistreatment and discrimination in healthcare institutions, sex workers in Zimbabwe reveal they sometimes self-medicate or visit traditional healers when they fall sick. Men who have sex with men live in fear of disclosing their sexuality in healthcare facilities because of stigmatisation and discrimination.

Secrecy and criminalisation complicate the collection of reliable data essential for the development of effective targeted programmes and interventions for these groups, thwarting the efforts of CSOs in the HIV and AIDS response and further endangering the achievement of the 90-90-90 target.

The report also highlights findings about other specific challenges experienced by key populations in effectively using key regional and international mechanisms and institutions. Only a small number of community groups and national CSOs know and use international mechanisms for advocacy, due largely to a lack of both technical and financial capacity, so key population issues are inadequately represented and addressed in regional and international fora. Stigma, discrimination and bureaucratic barriers put up by state parties have also led to the blatant exclusion, discouragement and sometimes even bans on key population CSOs from effectively participating in these platforms.
RECOMMENDATIONS

RECOMMENDATION 1:
States, regional and international bodies and CSOs should work together to further strengthen collaboration and implement joint initiatives to develop a conducive operating environment for civil society, in particular for organisations working on key populations and SRHR.

Priority areas needing urgent action are:

- Repealing criminalising and punitive laws, regulatory frameworks and practices against homosexuality, gender non-conforming identity and expression, sex work, sex among adolescents and people who use drugs.

- Adopting, implementing and enforcing anti-discrimination laws by all state agencies, private institutions and the public, with a particular focus on ensuring adherence by principal violators such as law enforcers, fundamentalist religious organisations and other radical groups.

- In line with the United Nations’ Political Declaration on HIV and AIDS, 2016, ensuring at least 30% of all AIDS service delivery is community-led and targets key populations. In the context of donor transitions, focus should be put on developing government-funded financing mechanisms for local civil society, including granting and social contracting to ensure the sustainability of national responses.
RECOMMENDATION 2:
States, regional and international bodies and global CSOs should leverage the extensive knowledge and expertise within local civil society and communities for policy formulation and responsive programming grounded in human rights and evidence.

This includes addressing these priorities:

- Developing programmes to increase the capacity of government officials in relevant departments to address stigma, discrimination and violence towards key populations.

- Ensuring clear guidelines based on GIPA (Greater Involvement of People Living with HIV/AIDS) principles are adopted and implemented to ensure the meaningful involvement of key populations and community organisations in national, regional and international platforms, agencies and mechanisms. The international community should build on existing best practice and agree on fundamental principles to ensure the meaningful engagement of communities, particularly those marginalised, in the context of the SDGs and implementation of universal health coverage.

- Supporting initiatives aimed at increasing the advocacy and research capacity of CSOs and community-based organisations to evidence realities at country level, particularly in documenting and submitting cases of violations of key populations’ rights and engaging with policy fora and other relevant mechanisms at national, regional and international levels.
RECOMMENDATION 3:
States, regional and international bodies should support, fund, and recognise the benefits of, strong civil society and community-based organisations that can effectively advocate for social change and the needs of communities.

These priorities must be addressed to build enabling civic spaces:

• Developing and implementing joint strategies with national and international CSOs to understand and respond to the consequences of ultra-conservatism and rising populism on space for civil society and key populations at state, regional and global levels.

• Building progressive coalitions with national and international CSOs to advance a rights-based approach through multilateral mechanisms.

• Enforcing international treaties and agreements by supporting stronger accountability mechanisms and literacy of community-based and national CSOs to make effective use of those treaties and agreements. This means accreditation conditions to international fora must become more flexible and transparent. States discriminating against key populations should be publicly condemned and banned from hosting international events or functions.

• In line with the United Nations’ Political Declaration on HIV/AIDS, 2016, states, regional and international bodies must ensure 6% of global HIV and AIDS resources are allocated to social enablers, with a focus on advocacy, to ensure accountability and the protection and promotion of the rights of all, particularly key populations and marginalised groups.
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