

17 May 2019

Special Rapporteur on Violence Against Women
Office of the High Commissioner for Human Rights
United Nations
8-14 Avenue de la Paix
1211 Geneva 10
Switzerland

Dear Special Rapporteur Šimonovic:

Please accept this formal response to the call for submission on ***Mistreatment and violence against women during reproductive health care with a focus on childbirth***. Respectful maternity care is a human right and is an integral component of the State's obligation to realize the right to health for all. *HealthRight International* and its local entity *Ukrainian Foundation for Public Health* implement a range of projects on violence against women response and providing vulnerable women and girls with access to psychological, social and medical services, including reproductive health services in Ukraine. In response to the questions presented by the Special Rapporteur, please find our summarized concerns below:

Background

As of January 1, 2019, Ukraine's reported population reached slightly more than 42 million. The trend indicates decreases in birth rate and a prevalence of death rate over birthrate. In 2018, approximately 588,000 deaths were documented, including an infant mortality rate of 7.7 per 1000 live births.¹ In 2015, the maternal mortality rate was 24 per 100,000 live births.² Ukraine remains among the top 30 countries with the highest net migration rates in 2018, with low fertility and birth rates.³ Birth rates decreased from 9,3% in 2016 to 8,6% in 2017.⁴ The most affected by the falling birth rate are vulnerable populations in Ukraine: internally displaced persons, people with disabilities, women who use drugs, patients on substitution therapy, HIV-positive women and incarcerated persons.

In 2016, the Government of Ukraine adopted the State Program "Reproductive Health of the Nation"⁵, which indicates that the main reproductive health issues are maternity and infant mortality, high abortion rates, significant rates of obstetric complications, male and female infertility, and prevalence of sexually transmitted infections (STIs), including HIV/AIDS. For young

¹ <https://www.cia.gov/library/publications/the-world-factbook/geos/up.html>– CIA World Fact Book

• ² https://www.who.int/gho/maternal_health/countries/ukr.pdf?ua=1 –Trends in Maternal Mortality. WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division, 2015.

³ <https://www.cia.gov/library/publications/the-world-factbook/geos/up.html>– CIA World Fact Book

⁴ <http://www.uiph.kiev.ua/download/Vidavnictvo/Shchorichna%20dopovid/Shchorichna%20dopovid%202018.pdf> - Public health, sanitary-epidemic situation and health care system activities annual report, Ministry of Health of Ukraine State Agency "Ukrainian institute of strategic research for Ministry of Health of Ukraine

⁵ <https://zakon.rada.gov.ua/laws/show/1849-2006-%D0%BF> – State Program "Reproductive Health of the Nation" adopted by the Cabinet of Ministers of Ukraine on December 27, 2006.

women in 2011, 20% of adolescent pregnancies in Ukraine ended in abortion.⁶ The adolescent abortion index in 2013-2016 for girls under 14 years old was (at .05 – .06 per 1000) higher in comparison to European developed countries' zero statistic over the last 10 years. STIs, which have become more common among adolescents over the years, may cause infertility, premature delivery, oncogynecological pathology, as well as intrauterine infection of the fetus. In 2017, it was registered following morbidity indexes for adolescent girls, aged 15-17: syphilis 4.0; chlamydia – 11.05, trichomonas; 65.9; gonococcal infection – 3.81 per 100,000⁷. Neglect of information, treatment, and care to adolescents have future consequences. Direct reproductive losses from premature delivery total up to 40,000 fetal deaths in 2018.⁸

In connection with the high rates of HIV, provision of adequate care for HIV-positive pregnant women is of crucial importance. According to data from State Agency “Public health center of Ministry of Health of Ukraine”, during 1987 – 2017 it was registered 315,618 cases of HIV among Ukrainian citizens, including 102,205 cases of AIDS and 45,074 deaths caused by AIDS.⁹ Among the several factors negatively influencing reproductive health of the Ukrainians, the social situation of the population and the lack of social and legal protection available for women at work are the most challenging barriers.

The Program made provisions for measures to address these problems; however, it has never been implemented to its full capacity due to insufficient financing, lack of practical mechanisms of monitoring and tools of periodic review of the Program's activities. Since 2015, no similar program has been in developed in Ukraine. There is a need to improve healthcare delivery to these vulnerable women and adolescents during their childbearing years.

1. Please indicate whether in your country there are cases of mistreatment and violence against women during reproductive health care, particularly facility-based childbirth. If so, please specify what kind of cases and describe your country's response and any good practices, including protection of human rights.

Among HealthRight's projects is the UFPH Halfway House (shelter) and Women & Girls Service Center in Kyiv. In the course of working with clients, these facilities conduct risks and needs evaluation and conduct intake interviews with clients. The most commonly reported human rights-related issues among our clients related to childbirth are:

⁶ Sedgh, et al. Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends

J Adolesc Health. 2015 Feb; 56(2): 223–230. doi: [10.1016/j.jadohealth.2014.09.007](https://doi.org/10.1016/j.jadohealth.2014.09.007)

⁷ <http://www.uiph.kiev.ua/download/Vidavnictvo/Shchorichna%20dopovid/Щорічна%20доповідь.2018.pdf> - Public health, sanitary-epidemic situation and health care system activities annual report, Ministry of Health of Ukraine State Agency “Ukrainian institute of strategic research for Ministry of Health of Ukraine

⁸ <http://www.uiph.kiev.ua/download/Vidavnictvo/Shchorichna%20dopovid/Щорічна%20доповідь.2018.pdf> - Public health, sanitary-epidemic situation and health care system activities annual report, Ministry of Health of Ukraine State Agency “Ukrainian institute of strategic research for Ministry of Health of Ukraine

⁹ <http://www.uiph.kiev.ua/download/Vidavnictvo/Shchorichna%20dopovid/Щорічна%20доповідь.2018.pdf> - Public health, sanitary-epidemic situation and health care system activities annual report, Ministry of Health of Ukraine State Agency “Ukrainian institute of strategic research for Ministry of Health of Ukraine

- ***Identification documentation***

If a woman has no passport, residence permit or parental record, she can only be referred to the observation unit of a maternity clinic. In smaller cities and towns of Ukraine, the conditions and services in such units are sub-standard. This makes access to appropriate care difficult for vulnerable women.

- ***Treatment of women in difficult life circumstances***

In maternity clinics, women in difficult life circumstances are often stigmatized and underserved. Among our clients, we have learned of cases when women were coerced to terminate their pregnancy, due to their vulnerable status by health facility staff. This situation is especially acute for vulnerable women above the age of 35 (only anecdotal evidence of this is available). This situation appears because of significant gaps in staff knowledge and skills about how to counsel clients, and therefore they misguide clients. The right to information, freedom from discrimination and informed consent are not being observed consistently by the State.

- ***Mental health problems and substance abuse***

Women with mental health problems and drug addiction face significant problems in maternity care, such as ill treatment and neglect by health care providers. Basic dignity and respect has not been afforded to these vulnerable women so that they can exercise their autonomy and right to health.

- ***Education of OB/GYNs***

Ukrainian obstetrician-gynecologists have received inadequate training on the provision of medical services for pregnant women who use drugs or are on substitution therapy (ST). Specific knowledge required for work with pregnant women who use drugs or are on substitution therapy is not part of their pre-service training. Acceptability of ST service is an integral part of quality obstetric care and a crucial challenge for pregnant ST women clients. Solving of this challenge must be sought on a national level.

- ***Education of family doctors***

Family doctors have little to no knowledge on the provision of medical care for pregnant HIV-positive women and young mothers. Young HIV-positive mothers, in their turn, demonstrate a complete lack of knowledge on reproductive health issues (contraception, protection against sexually transmitted diseases). The right to information, choice, and freedom from discrimination has been absent in care for these vulnerable women.

- ***Availability of essential supplies in hospitals***

Essential supplies for proper maternity care is an obligation of the State in providing quality health care. In Ukrainian maternity hospitals, women are often asked to provide themselves with essential supplies and medications during their stay at the hospital, and to make a donation to the hospital's fund. If a woman fails to purchase the necessary goods and medications, these will usually not be furnished by the state.

Further, in March 2019, a research group from the College of New York University's Global Public Health conducted a qualitative study in Kyiv to document the barriers and opportunities to enhance access to essential medical and psychosocial services for women who inject drugs in Ukraine with a particular focus on medication-assisted treatment and sexual and reproductive health services. The preliminary study findings revealed that women on substitution therapy (ST) have lack access to ST in maternity clinics during pregnancy and after childbirth.

- ***Abortions for rape survivors***

Ukrainian legislation allows late-term abortions (from the 12th to the 22nd week)¹⁰ only for specific indications. Decisions on such pregnancy terminations are made by a Committee chaired by Regional Chief Doctor subject to a statement issued by the police for rape survivors. There are significant bureaucratic impediments for receiving such statements, especially if a rape survivor's town of residence is different from the town where the rape was committed. The right to choice, autonomy and self-determination is restricted in these circumstances.

2. Please specify if full and informed consent is administered for any type of reproductive health care and if these include childbirth care.

Informed consent, autonomy, and choice in maternity care is missing in the healthcare system. The only consent form a patient receiving reproductive health care services signs is for HIV testing¹¹. If a client has an insurance policy, a respective form is filled in accordance with the insurance company's procedures. Anecdotally, we have learned of cases of coercion in maternity care for vulnerable populations which is compounded by the lack of health information available shared with women.

3. Please specify whether there are accountability mechanisms in place within the health facilities to ensure redress for victims of mistreatment and violence, including filing complaints, financial compensation, acknowledgement of wrongdoing and guarantees of non-repetition. Please indicate whether the ombudsperson is mandated to address such human rights violations.

No relevant comprehensive rights violation reaction mechanisms are provided by the state. Women who were mistreated during reproductive health care can address HealthRight hotline "Umbrella against Violence" or other hotlines run by a number of NGOs; other options include using the Ministry of Health (MoH) hotline (which is a general service not focusing on sexual or reproductive health) or filing a complaint with the MoH¹².

The accountability mechanisms in place within the health facilities to ensure redress for victims of mistreatment and violence are as follows. A woman can address the chief doctor of the maternity clinic where she was mistreated with a complaint on the violation of her rights. The chief doctor

¹⁰ <https://zakon3.rada.gov.ua/laws/show/144-2006-%D0%BF> – Resolution of the Cabinet of Ministers of Ukraine No 144 of February 15, 2006, On the Implementation of Article 281 of the Civil Code of Ukraine.

<https://zakon.rada.gov.ua/laws/show/435-15> - Article 281 of the Civil Code of Ukraine *The Right to Life*.

¹¹ <https://zakon.rada.gov.ua/laws/show/z0319-11> - Order of the Ministry of Health on the Procedures of HIV-testing.

¹² <http://moz.gov.ua/garjachi-linii> - Ministry of Health's hotlines.

convenes an ad-hoc committee, which conducts an independent medical investigation; these cases are discussed at regional health service colloquia. The maximum penalty for healthcare workers proved to have mistreated women or violated women's rights ever registered in Ukraine are reprimands, which can be put down to healthcare worker's solidarity.

Patients can choose to turn to court to seek redress. As it is common that patients find it difficult to prove their case, then they turn to human rights defenders. No separate ombudsmen for healthcare matters operates in Ukraine. There are gaps in the accountability process.

4. Does your health systems have policies that guide health responses to VAW and are these in line with WHO guidelines and standards on this issue?

There are only two documents regulate health responses to Violence Against Women in Ukraine: the Law of Ukraine on Combatting Domestic Violence #2229-VIII of 07.01.2018¹³ (Article 12 defines the mandate of healthcare bodies, organizations and institutions to combat and prevent domestic violence) and the Order of the Ministry of Health #278 of 01.02.2019 on Approval of the Order of conducting and documenting the results of medical examination of survivors of domestic violence and alleged survivors of domestic violence and providing medical care to them¹⁴.

However, the main problem in Ukraine is the absence of a comprehensive strategy in reproductive health. The biggest challenges in the sphere of reproductive health and respective maternity care are:

- lack of regulatory framework and a National Strategy on reproductive health since 2016.
- stigmatization by medical staff of women in difficult life circumstance, vulnerable groups (commercial sex workers, women who use drug, opioid substitution therapy session, IDP women, HIV-positive women, representatives of LGBT community, women with mental health disorders, women from low-income backgrounds, and survivors of GBV;
- placing pregnant women who do not have identity documents (e.g., homeless, IDPs or survivors of GBV) in separate units with very low quality conditions;
- the need to pay for STI diagnostics and treatment and reproductive health services, and state maternity clinic services;
- the lack of knowledge on the peculiarities of work with representatives of risk groups in the primary healthcare level specialists;
- lack of a model of providing services for pregnant women and new mothers with disabilities, mental health disorders, and drug-involved, especially from vulnerable groups;
- complete lack of possibility to receive substitution therapy in maternity clinics;
- lack of a network of shelters or similar institutions for IDPs, where women with young children may address in case of need;
- insufficient education of adolescents on family planning (i.e. contraception, STI prevention).

¹³ <https://zakon.rada.gov.ua/laws/main/2229-19> - Law of Ukraine on Combatting Domestic Violence

¹⁴ <https://zakon.rada.gov.ua/laws/show/z0262-19> - Order of the Ministry of Health on approval of the order of conducting and documenting the results of medical examination of survivors of domestic violence and alleged survivors of domestic violence and providing medical care to them

States are obligated to respect, protect and fulfill the right to health. Respectful maternity care is an integral part of that umbrella of health for all, affecting the health and well-being of women and their families. We appreciate this opportunity to share our concerns about mistreatment in reproductive health care and obstetric violence in Ukraine. Further, we urge you to investigate and to address the violations of the universal rights of childbearing women globally.

Sincerely,



Halyna Skipalska
Country Director, HealthRight Ukraine
Executive Director, Ukrainian Foundation for Public Health