

Barriers to Accessing Basic Government Services for Key Affected Populations in the Western Balkans: A Human Rights-Based Analysis

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Executive Summary:

This report presents a comprehensive, human rights based analysis of the structural barriers preventing Key Affected Populations (KAPs) in the Western Balkans, including Bosnia and Herzegovina, Albania, Montenegro, Serbia, North Macedonia, and Kosovo, from accessing basic government services. Drawing on international legal standards such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Universal Declaration of Human Rights (UDHR), and the Yogyakarta Principles, the report documents how legal frameworks, institutional practices, and cultural norms together reinforce exclusion, discrimination, and vulnerability for populations such as people who use drugs (PWUD), sex workers, LGBTQ+ individuals, people living with HIV (PLHIV), Roma, and prisoners.

The analysis identifies three core categories of barriers. Legal and policy-related barriers include the criminalization of drug use and sex work, gaps in legal recognition for transgender persons, and a lack of anti-discrimination protections for sexual minorities. Institutional and systemic barriers are manifested in discriminatory healthcare practices, fragmented service provision, corruption in social services, and weak mechanisms for legal redress. Social and cultural barriers such as family rejection, public stigma, and negative media portrayals further isolate KAPs and undermine their ability to engage with the state.

Country specific findings illustrate how these barriers are uniquely shaped by national contexts. Despite some policy progress, implementation remains weak, particularly in rural areas or where ethnic and social tensions persist. In many cases, civil society organizations often underfunded are the primary providers of support, filling gaps left by the state. Case examples and REAct data are used throughout to illustrate the human impact of these systemic issues.

The report concludes with targeted, evidence based recommendations for governments, donors, and civil society, urging stronger legal protections, inclusive policies, institutional reform, and the meaningful involvement of affected communities. Ensuring equal access to health, education, housing, and legal identity for KAPs is not only a policy imperative but a legal obligation under international human rights law.

Contents

List of Abbreviations:	4
Introduction:	5
1. Country-Specific Analysis: Bosnia and Herzegovina (BiH)	7
2. Country-Specific Analysis: Albania	24
3. Country-Specific Analysis: Montenegro	34
4. Country-Specific Analysis: Serbia	44
5. Country-Specific Analysis: North Macedonia	54
6. Country-Specific Analysis: Kosovo	64
Evidence-Based Interventions and Good Practices	75
Recommendations for Policymakers	77
References	79

List of Abbreviations:

BiH	Bosnia and Herzegovina
CERD	Convention on the Elimination of All Forms of Racial Discrimination
CSO	Civil Society Organization
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDAHOT	International Day Against Homophobia, Transphobia and Biphobia
JMBG	Unique Master Citizen Number (used in the Balkans for identification)
KAP	Key Affected Populations
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others
NGO	Non-Governmental Organization
NSP	Needle and Syringe Program
OST	Opioid Substitution Therapy
PLHIV	People Living with HIV
PWUD	People Who Use Drugs
REAct	Rights – Evidence – Actions - a tool designed for monitoring and responding to human rights violations at the community level. Developed by Frontline AIDS and implemented by ICF “Alliance for Public Health” with support from the Global Fund, REAct focuses on key populations and the human rights barriers they face in accessing HIV prevention, treatment, and general healthcare services.
SOGI	Sexual Orientation and Gender Identity
UDHR	Universal Declaration of Human Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNHRC	United Nations Human Rights Council
WHO	World Health Organization

Introduction:

Basic Government Services encompass the fundamental necessities and rights that states are obligated to provide or ensure access to for their citizens. These services are crucial for maintaining human dignity and well-being. They include, but are not limited to, comprehensive healthcare (spanning physical and mental health, including harm reduction initiatives), robust social protection systems (such as government benefits, adequate housing, and family support), opportunities for employment, access to quality education, and the provision of civil legal aid. These services are foundational to a rights-based society, ensuring that individuals can live with security, stability, and dignity.

Key Affected Populations (KAPs) such as people who use drugs, former drug users, sex workers, LGBTQ+ individuals, people living with HIV, Roma people, and prisoners are among the most marginalized communities in the Western Balkans. These populations face systemic exclusion and discrimination, significantly impacting their ability to access health, education, housing, legal aid, and identity registration services guaranteed under human rights law.

REAct (Rights – Evidence – Actions) is a tool designed for monitoring and responding to human rights violations at the community level. Developed by Frontline AIDS and implemented by ICF “Alliance for Public Health” with support from the Global Fund, REAct focuses on key populations and the human rights barriers they face in accessing HIV prevention, treatment, and general healthcare services.

The primary purpose of REAct is to enable organizations to document instances of human rights violations experienced by these key populations. It also aims to provide direct support and accompaniment to affected individuals by facilitating access to psychosocial, medical, legal, and other necessary services, either directly or through referrals. Furthermore, REAct seeks to analyze the collected data on human rights violations to understand their connection with access to HIV and other health services. This analysis serves as an evidence base for planning and implementing programs, policies, and advocacy efforts aimed at protecting human rights and ultimately countering HIV infection at regional and national levels.

The REAct initiative, spearheaded by the Alliance for Public Health, is a regional advocacy effort aimed at eliminating stigma and discrimination against KAPs. It emphasizes the importance of meaningful involvement of affected communities in shaping inclusive health and legal systems.

Ensuring equitable access to services for KAPs is a human rights imperative rooted in international law, such as the ICESCR, which guarantees the right to health, education, and an adequate standard of living. The Yogyakarta Principles further enshrine rights specific to LGBTQ+ populations. This report provides a comprehensive analysis of the barriers faced by KAPs across the Western Balkans and proposes actionable recommendations to promote inclusivity and non-discrimination.

Human Rights Framework:

International human rights law sets a clear standard for the provision of services to all individuals without discrimination. Key instruments include:

- **International Covenant on Economic, Social and Cultural Rights (ICESCR):** Guarantees the rights to health, education, housing, social security, and an adequate standard of living. Article 2(2) obliges states to ensure these rights without discrimination.
- **Universal Declaration of Human Rights (UDHR):** Asserts the right to health (Article 25), education (Article 26), and legal recognition (Article 6), among others.
- **Yogyakarta Principles:** Apply international human rights law in relation to sexual orientation and gender identity. Principle 17 emphasizes the right to the highest attainable standard of health without discrimination.
- **UN Basic Principles for the Treatment of Prisoners:** Emphasize non-discrimination in access to healthcare and other basic rights for incarcerated persons.
- **Convention on the Elimination of All Forms of Racial Discrimination (CERD):** Obligates states to eliminate racial discrimination and promote understanding among all races, particularly relevant to Roma populations.

Together, these instruments provide a comprehensive framework obliging states in the Western Balkans to uphold the dignity and rights of all individuals, including KAPs.

Categories of Barriers:

1. Legal and Policy-Related Barriers:

KAPs often face criminalization, restrictive policies, and lack of legal protections which hinder access to basic services. Examples include:

- Criminalization of drug use and sex work
- Lack of anti-discrimination laws covering sexual orientation and gender identity
- Barriers to legal gender recognition
- Restrictive asylum and immigration policies
- Inadequate implementation of international treaties

2. Institutional/Systemic Barriers:

Even where legal protections exist, KAPs often encounter discriminatory practices within institutions:

- Healthcare providers refusing treatment to PLHIV or drug users
- Police harassment of sex workers and Roma individuals
- Bureaucratic obstacles in obtaining identification documents
- Corruption and lack of accountability in public service delivery

3. Social and Cultural Barriers:

Deep-rooted stigma, societal prejudice, and exclusion significantly affect KAPs:

- Widespread public stigma against drug users and PLHIV
- Family rejection and social ostracization of LGBTQ+ individuals
- Media portrayal reinforcing stereotypes
- Cultural norms that marginalize Roma communities and sex workers

1. Country-Specific Analysis: Bosnia and Herzegovina (BiH)

States, including Bosnia and Herzegovina, are bound by international human rights law to actively promote and protect the fundamental rights and freedoms of all individuals within their jurisdiction, without any form of discrimination. This universal entitlement is enshrined in foundational documents such as the Universal Declaration of Human Rights (UDHR) and further elaborated in treaties like the International Covenant on Economic, Social and Cultural Rights (ICESCR). These instruments establish rights to the highest attainable standard of physical and mental health, adequate social protection, a decent standard of living, and the right to an effective remedy for rights violations. BiH's ratification of these international instruments legally obligates it to ensure the progressive realization of these rights for all its citizens.

While BiH has ratified international human rights instruments that obligate it to ensure rights like health and social protection, the available evidence consistently points to "serious gaps between those standards and the existing legislation and practice". This situation is not merely a failure of implementation; it indicates a fundamental disconnect where the very structure of governance, characterized by extreme decentralization, and the prevailing political will actively impede the state from fulfilling its international legal duties. The fragmentation is not simply an administrative challenge; it represents a systemic impediment to the realization of human rights. This means that a comprehensive human rights-based analysis must extend beyond merely identifying violations to scrutinizing the deep-seated structural causes that prevent BiH from meeting its international obligations, emphasizing the critical need for accountability and systemic reform.

1. Legal and Policy-Related Barriers

Fragmented Legal Framework:

Due to its decentralized governance structure, laws and protections for KAPs vary significantly across the Federation of BiH, Republika Srpska, and Brčko District, leading to inconsistent human rights protections.

Bosnia and Herzegovina's post-war constitutional framework, established by the Dayton Accords, created a profoundly decentralized governance structure. This arrangement has been widely described as "unwieldy and costly," contributing to persistent political instability within the country. The extreme decentralization is particularly evident in the healthcare sector, which operates through 13 entirely distinct subsystems across its two entities (the Federation of BiH and Republika Srpska), the cantons within the Federation, and the Brčko District. This multi-layered structure significantly complicates the provision of health services, inflates management and coordination costs, and negatively impacts the overall efficiency and rationality of healthcare operations.

The Dayton Accords, while successful in ending the conflict, inadvertently created a governance model that is inherently "unwieldy" and "costly". This suggests that the fragmentation is not an accidental byproduct but an intrinsic feature of the constitutional design itself.

The public sector is characterized as "oversized and inefficient," with the quality of services being "subpar". This points to chronic administrative dysfunction that is deeply embedded within the state's structure. This systemic inefficiency is not merely a bureaucratic hurdle; it is fundamentally a political one, as efforts to achieve more functional integration and reform are consistently "opposed by the country's nationalist leaders". This indicates a deep-seated political resistance to any changes that might alter the existing power-sharing arrangements, thereby entrenching inefficiency and political stalemate.

The highly decentralized system in BiH directly leads to a "fragmented and inconsistent legislative and regulatory framework" across its various administrative units. This fragmentation results in significant "inequitable access to health care and uneven levels of service" throughout the country. For example, the social protection system is marked by a stark "dichotomy between war veterans and non-war veterans," with entity governments adopting "contrasting stance and policy toward the two groups," which further exacerbates inequality in the realization of rights. Furthermore, the implementation of anti-discrimination laws remains weak, primarily due to a "lack of institutional capacities," a "poor understanding of the issues," and a pervasive "absence of political will" to enforce them effectively.

While explicit discrimination may be legally prohibited, the fragmented legal and administrative framework in BiH effectively creates de facto discrimination. The existence of "13 completely different subsystems" for healthcare and "contrasting stance and policy" on social protection means that a Key Affected Population member's access to fundamental rights and services is heavily dependent on their geographical location or specific status (e.g., war veteran versus civilian). This administrative complexity effectively creates different classes of citizens with varying levels of rights and access, representing a subtle but potent form of systemic discrimination. The "absence of political will" to address these inconsistencies further entrenches this inequality, making it a persistent challenge. Addressing these barriers therefore requires a focus not just on anti-discrimination laws but on harmonizing and standardizing service provision across all entities to ensure equitable access, irrespective of an individual's location or specific group affiliation.

Bosnia and Herzegovina's healthcare system is fundamentally "characterized by marked fragmentation," leading directly to "inequitable access to health care and uneven levels of service" across the country. This structural complexity "greatly complicates the way health care services are provided," resulting in inflated management and coordination costs, and ultimately a "poor impact on the rationality of health care operations". The system also suffers from "inefficient administrative management" and an abundance of "unnecessary staff," further draining resources and hindering effective service delivery.

For Key Affected Populations, these systemic weaknesses are compounded by specific barriers. Pervasive stigma and discrimination from healthcare professionals significantly impede access. There is a notable lack of culturally competent support, insufficient information about available services, and high out-of-pocket costs that disproportionately affect vulnerable individuals. Specifically, LGBTQI+ individuals face significant challenges due to "no or very little training for health professionals" on sexual orientation and gender identity, and a "lack of relevant information in medical text books". People who use drugs

experience heightened risks of overdose, HIV transmission, and hepatitis infections because of restricted access to life-saving harm reduction services and accurate information.

The health system's fragmentation is a direct manifestation of BiH's broader decentralized governance. The inefficiencies, unnecessary staff, and increased costs are not merely administrative failings but reflect a fundamental inability of the state structure to deliver on the right to health for all its citizens. For KAPs, this systemic dysfunction is amplified by specific forms of discrimination and a lack of tailored services. This means that the health system, instead of functioning as a universal provider, becomes a site where existing societal prejudices and structural weaknesses are magnified, leading to severe human rights deprivations for the most vulnerable. Therefore, health sector reforms must be integrated with broader governance reforms, specifically targeting the decentralized structure, and must explicitly incorporate human rights principles of non-discrimination and equitable access for KAPs.

For the Roma community, access to fundamental services remains severely limited, encompassing "education, economic opportunities, health care, housing and essential services, and documentation," with "little progress" observed in their inclusion efforts. Similarly, LGBTQI+ individuals encounter systemic barriers, as states effectively "ignore" their existence, leading to significant challenges with social security, health insurance, pension, inheritance, and parenting rights for same-sex couples. Moreover, pervasive familial, cultural, and societal stigma acts as a formidable barrier, significantly hindering marginalized groups from accessing crucial mental health services.

Key Affected Populations face particularly acute barriers to justice. These include a pervasive "lack of free legal aid," physical obstacles in accessing court buildings, language barriers, and deep-seated stigma and discrimination. These factors collectively limit their "resources and information to seek remedies for violation of their rights". Persistent shortcomings are evident in the widespread hostility towards the LGBTQI+ community and ongoing discrimination against Roma communities.

For KAPs, who already face profound social stigma and discrimination, the additional barriers of lacking free legal aid, encountering language difficulties, and facing physical access challenges render the justice system effectively inaccessible. This transforms justice from a fundamental human right into a luxury available only to those with sufficient resources and political connections, thereby further entrenching impunity for violations committed against KAPs.

Criminalization of Drug Use and Sex Work:

Drug possession is criminalized, contributing to the marginalization of PWUD. Sex work is prohibited and penalized under administrative offenses, increasing vulnerability to exploitation and abuse.

In Bosnia and Herzegovina (BiH), the legal frameworks surrounding drug use and sex work significantly contribute to the marginalization and increased vulnerability of Key Affected Populations (KAPs). Rather than fostering public health and safety, these criminalization

policies create a punitive environment that undermines human rights and impedes access to essential services.

Drug possession and related offenses are criminalized across BiH, leading to severe consequences for people who use drugs (PWUD). Individuals convicted of drug law offenses can face substantial prison sentences, averaging 5.5 years, with a range of 1 to 10 years. This punitive approach results in a significant number of individuals being incarcerated for drug-related offenses; for instance, in January 2021, 52 inmates in Republika Srpska were imprisoned for such offenses, and approximately one-third of all prisoners in the Federation of BiH were serving sentences for drug law violations.

The criminalization of drug use imposes a heavy financial burden on the state, with the cost of supporting an individual who injects drugs rising fourfold when they are imprisoned compared to when they receive community-based support. Beyond the economic cost, this approach has devastating human rights consequences. It fuels pervasive stigma and discrimination, pushing PWUD to the margins of society and denying them access to crucial healthcare, harm reduction services, and legal support. The fear of legal repercussions and social stigma also contributes to a low willingness to report drug use, leading to under-reporting and an incomplete picture of the public health challenges. This environment directly undermines the rights to health and privacy for PWUD, perpetuating a cycle of marginalization and disproportionate punishment. Despite a global decline in new HIV infections, there has been no decrease in the annual number of new HIV infections among people who inject drugs, highlighting the failure of criminalization to protect public health.

Sex work in BiH operates within a legal environment that prohibits and penalizes related activities, effectively criminalizing the profession and increasing the vulnerability of sex workers to exploitation and abuse. While specific administrative offenses for sex work are not explicitly detailed in all available legal texts, the criminal codes in entities like the Federation of BiH utilize articles (e.g., Article 228 for procuring and pandering, Article 229 for mediation in prostitution) that target activities surrounding sex work, often with minimal penalties. This indirect criminalization, alongside the prosecution and deportation of trafficked women, creates a precarious and dangerous environment for sex workers.

The criminalization of sex work, whether full or partial, makes the profession more perilous, driving sex workers into isolated locations and impeding their ability to utilize safety and harm reduction strategies. Sex workers face widespread physical, psychological, sexual, and economic violence from various perpetrators, including law enforcement, clients, and even healthcare providers. The fear of arrest and further criminalization makes it exceedingly risky for sex workers to report violence or abuse, leaving them without effective legal recourse or protection.

Furthermore, criminalization fuels intense stigmatization, labeling individuals as "criminally deviant" and negatively impacting their mental health, social bonds, and community integration. Criminal records create significant barriers to finding alternative employment, accessing housing, public benefits, and other social supports, trapping individuals in cycles of economic hardship. This legal framework effectively denies sex workers basic human rights,

including police protection and the ability to demand better working conditions, thereby exacerbating their vulnerability to exploitation and abuse.

The criminalization of drug use and sex work in Bosnia and Herzegovina represents a significant barrier to accessing basic government services and upholding human rights for Key Affected Populations. These punitive approaches not only fail to address the underlying social and health issues but actively create environments of fear, stigma, and marginalization. Decriminalization and a shift towards human rights-based, public health-oriented policies are essential to ensure that PWUD and sex workers can access the support and protections necessary for their health, safety, and dignity.

Inadequate Legal Protections for LGBTQ+ People:

Anti-discrimination laws exist but lack enforcement. Legal recognition of same-sex partnerships and transgender identities remains absent.

Despite the existence of anti-discrimination legislation, lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) individuals in Bosnia and Herzegovina (BiH) continue to face significant legal and systemic barriers that undermine their fundamental human rights. The primary challenges stem from a pervasive lack of effective enforcement of existing laws and the complete absence of legal recognition for same-sex partnerships and transgender identities.

Anti-discrimination Laws: A Gap Between Legislation and Reality

Bosnia and Herzegovina, like most countries in the Western Balkans, has adopted national legal frameworks intended to protect against discrimination, including for LGBTQI+ persons. However, the effectiveness of these laws is severely hampered by poor implementation. This deficiency is attributed to several factors: a notable "lack of institutional capacities," a "poor understanding of the issues and how the law is supposed to be implemented," and a persistent "absence of political will" to enforce these protections effectively. Consequently, despite legal prohibitions, LGBTQI+ individuals frequently encounter "strong homo and transphobia, discrimination and violence" in both private and public spheres, leading to an environment characterized by fear, invisibility, job discrimination, and social isolation. Hate speech against LGBTQI+ persons is also widespread, often even from politicians and state representatives, despite existing anti-discrimination legislation.

Absence of Legal Recognition for Same-Sex Partnerships

A critical gap in BiH's legal framework is the complete lack of recognition for same-sex partnerships. States in the region effectively "ignore" the existence of same-sex couples, placing them in a profoundly discriminatory position compared to different-sex couples, whether married or unmarried. This absence of legal recognition has far-reaching consequences, denying same-sex partners fundamental rights and protections related to social security, health insurance, pensions, inheritance, and parenting. This legal void means that same-sex couples cannot formalize their relationships, leaving them without the legal safeguards and benefits that are standard for heterosexual couples, thereby perpetuating systemic inequality.

Lack of Legal Recognition for Transgender Identities

For transgender individuals in BiH, the situation is similarly precarious due to the absence of clear and comprehensive legal provisions for gender recognition. While gender reassignment procedures may be permitted, the process for legal recognition of a sex change is "completely unregulated by law". This results in a highly variable and uncertain process, dependent on "arbitrary decisions and variable procedures by relevant officials," which often consume significant time and may involve "abusive and humiliating procedures" such as forensic examinations, observations, and measurements of genitalia. This lack of a standardized, rights-based legal framework for gender recognition violates transgender individuals' rights to dignity, privacy, and legal identity, forcing them to navigate an arbitrary and often dehumanizing system to have their gender affirmed.

Civil Registration for Roma:

A significant number of Roma remain unregistered, with limited access to birth certificates and ID cards, thereby blocking access to essential services.

A significant and persistent challenge for the Roma community in Bosnia and Herzegovina is the widespread lack of civil registration, which directly translates into limited access to fundamental identity documents like birth certificates and ID cards. This systemic issue effectively blocks their access to a wide array of essential government services, perpetuating their marginalization and social exclusion.

The Roma are recognized as Europe's largest ethnic minority, and consistently rank among the most deprived and socially excluded groups, with limited access to basic services and economic opportunities across the Western Balkans, including BiH. Despite their substantial presence—estimated at 1.7 percent of the national population in Bosnia and Herzegovina—their inclusion remains severely hampered.

A critical aspect of this exclusion is the issue of documentation. A significant number of Roma individuals remain unregistered, lacking the foundational civil documents necessary to prove their identity and citizenship. This absence of official documentation creates a cascading effect of barriers, preventing them from accessing services that are otherwise considered basic rights for other citizens. These include, but are not limited to, access to quality education, economic opportunities, comprehensive healthcare, adequate housing, and other essential social services.

Efforts to improve Roma inclusion have shown "little progress" in key areas such as documentation between 2011 and 2017. This stagnation highlights a systemic failure to address the root causes of their lack of registration. Furthermore, the problem is compounded by a general lack of high-quality, disaggregated data on the Roma population, leading to consistent undercounting in official censuses and undersampling in household surveys. This data deficiency makes it difficult to accurately assess the scale of the problem and to design effective, evidence-based policies to address it.

The ongoing challenge of unregistered Roma underscores a critical human rights concern, as it denies individuals their legal identity and, consequently, their ability to exercise other

fundamental rights. Without proper civil registration, Roma individuals are effectively rendered invisible within the state system, making it nearly impossible for them to claim social benefits, enroll in schools, access medical care, or participate fully in civic life. Addressing this fundamental barrier is crucial for ensuring equitable access to services and promoting the full realization of human rights for the Roma community in Bosnia and Herzegovina.

2. Institutional/Systemic Barriers

Healthcare Discrimination and Access Gaps:

PLHIV, sex workers, and transgender individuals face stigma from health professionals. ART is generally available, but services are fragmented and less accessible in rural or minority-dominated areas.

Key Affected Populations such as people living with HIV (PLHIV), sex workers, and transgender individuals face significant healthcare discrimination and access gaps. These challenges are deeply rooted in systemic issues, including a fragmented healthcare system and pervasive societal stigma, which collectively undermine the right to health for these vulnerable groups.

Pervasive Stigma and Discrimination from Health Professionals

A primary barrier for KAPs is the widespread stigma and discrimination they encounter within healthcare settings. Individuals living with HIV/AIDS, for instance, face high levels of stigmatization not only from the general society but also directly from healthcare professionals across the Western Balkans, including BiH. This prejudice is a significant factor underpinning the failure to equitably serve KAPs, as it discourages them from seeking necessary care and engaging consistently with health services.

For transgender individuals, the situation is particularly challenging due to a notable lack of specialized training for health professionals on sexual orientation and gender identity, coupled with insufficient relevant information in medical textbooks. This absence of culturally competent care means that healthcare environments are often not affirming or safe spaces for transgender people, further limiting their access to appropriate medical attention. Similarly, people who use drugs also experience high levels of stigmatization from healthcare professionals, impeding their access to care and support.

Fragmented Healthcare System and Inconsistent Service Delivery

BiH's healthcare system is characterized by marked fragmentation, operating through 13 distinct subsystems across its two entities (Federation of BiH and Republika Srpska), the cantons within the Federation, and the Brčko District. This decentralized structure significantly complicates the provision of health services, leading to inflated management and coordination costs, and ultimately, a "poor impact on the rationality of health care operations". In practice, this results in inequitable access to healthcare and uneven levels of service across the country.

This fragmentation is exacerbated by disruptions to foreign aid and service delivery, which have led to the permanent halting of essential evidence-based prevention interventions, including harm reduction services for people who inject drugs, and community-led programs.

These disruptions contribute to staffing shortages and supply chain interruptions, leaving KAPs particularly vulnerable.

Access Gaps and Challenges to ART Availability

While antiretroviral therapy (ART) is generally available, ensuring uninterrupted access for all populations, including PLHIV, remains a critical concern, especially during service disruptions. The fragmented nature of services means that accessibility can vary significantly, with services often less available or harder to reach in rural or minority-dominated areas. For instance, poverty rates are notably higher in rural areas, which can indirectly impact healthcare access. Furthermore, for marginalized groups like the Roma, there is consistently limited access to healthcare and essential services, even for those living in close proximity to non-Roma communities. Barriers such as high out-of-pocket costs and a lack of information further compound these access issues.

In conclusion, the combination of deep-seated stigma and a structurally fragmented healthcare system in Bosnia and Herzegovina creates formidable barriers for PLHIV, sex workers, and transgender individuals. Addressing these systemic issues requires a concerted effort to foster non-discriminatory healthcare environments, harmonize service provision across entities, and ensure equitable access to essential medical care, including ART, for all KAPs, regardless of their location or social status.

Barriers in Education for Roma Children:

Roma children face segregation in schools, lack of language support, and indirect discrimination.

Roma children face profound and systemic barriers to accessing quality education, stemming from a combination of segregation, lack of linguistic support, and various forms of discrimination. These challenges significantly impede their right to education and perpetuate a cycle of marginalization for Europe's largest ethnic minority.

Segregation and Exclusion in Schools

A pervasive issue for Roma children in BiH is the experience of segregation within the education system. Romani children are too often placed in "Roma only" groups or classes, where they are frequently offered a reduced curriculum compared to their non-Roma peers. This practice, along with prevalent racist attitudes and prejudice, even among some educators, creates an unwelcoming and discriminatory school environment. The social alienation of Roma children is a significant concern, with reports indicating that they often do not feel comfortable at school. This discomfort is frequently manifested through verbal and physical peer violence, and a refusal by other students to share benches with Roma children, leading to social exclusion.

Lack of Language Support

Another critical barrier is the insufficient language support for Roma children. Many Roma children face difficulties due to language barriers, as they are often unable to attend classes in their mother tongue, Romani language. This lack of linguistic accommodation hinders their

ability to fully comprehend lessons and participate effectively in the classroom, contributing to low levels of prior knowledge and insufficient preparation for regular schooling. Without adequate language support, the educational system fails to provide an equitable learning environment, further disadvantaging Roma students from the outset.

Indirect Discrimination and Systemic Disadvantage

Beyond overt segregation, Roma children also experience subtle, yet impactful, forms of indirect discrimination. Research indicates that while direct discrimination (e.g., outright denial of school acceptance) is rare, implicit discrimination is present in schools attended by Roma children. This can manifest as their exclusion in informal settings during school hours, or a tendency to justify a large number of absences and allow them to advance to higher grades without truly gaining adequate knowledge or developing necessary skills. This systemic neglect means that even when Roma children are enrolled, they may not receive the quality education needed to succeed, effectively pushing them out of the system.

The consequences of these barriers are starkly reflected in enrollment and completion rates. A 2013 study by the Ministry for Human Rights and Refugees of Bosnia and Herzegovina found that the primary school enrollment rate for Roma children in the country was only 46.9%, which is a third less than the general population. Similarly, UNICEF reported that only about half (47%) of Roma children old enough for primary school actually attend the first grade. Overall, in most Central and Eastern European countries, only 20% of Roma children complete primary school, compared to over 90% of children in general. For those who do enroll, only about 40% ultimately graduate. These figures underscore a significant educational disparity, highlighting that Roma children are five times more likely to be malnourished and twice as likely to be lagging behind in growth, further compounding their vulnerability.

In summary, the educational system in Bosnia and Herzegovina, despite some legal frameworks, continues to fail Roma children due to entrenched segregation, inadequate language support, and various forms of direct and indirect discrimination. These systemic issues, exacerbated by socio-economic challenges and pervasive stereotypes, lead to alarmingly low enrollment and completion rates, effectively denying Roma children their fundamental right to education and perpetuating their social and economic exclusion.

Police Abuse and Lack of Accountability:

LGBTQ+ individuals and sex workers have reported police misconduct and failure to investigate hate crimes, particularly during public events or protests.

The Key Affected Populations (KAPs) such as LGBTQ+ individuals and sex workers frequently encounter police misconduct and a profound lack of accountability within the justice system. This systemic issue not only undermines their fundamental human rights but also exacerbates their vulnerability to violence and exploitation.

Police Misconduct and Discrimination

For both LGBTQ+ individuals and sex workers, interactions with law enforcement are often characterized by discrimination and abuse. Key populations, which include sex workers and

transgender and gay individuals, face pervasive stigma and discrimination in "law enforcement settings". This environment of prejudice can manifest as direct misconduct, with sex workers, for instance, reporting physical, psychological, sexual, economic, and other forms of violence from a wide range of perpetrators, explicitly including the police. The criminalization of sex work, whether full or partial, makes the profession more dangerous and directly contributes to this violence, as it drives sex workers into isolated situations and makes it riskier for them to report abuse.

Similarly, LGBTQI+ persons in the Western Balkans, including BiH, live in an environment marked by "strong homo and transphobia, discrimination and violence". Despite national legal frameworks designed to protect against discrimination, these laws are "not adequately implemented". This lack of effective implementation, coupled with an "absence of political will" and "poor understanding of the issues" among institutions, contributes to persistent shortcomings, particularly regarding hostility towards the LGBTQI+ community. This systemic failure to enforce anti-discrimination laws creates a climate where police misconduct against these groups can occur with little fear of repercussion.

Failure to Investigate Hate Crimes and Provide Protection

A significant aspect of the lack of accountability is the failure of authorities to adequately investigate hate crimes and provide necessary protection. For LGBTQI+ individuals, violence and discrimination are widespread, yet only a small percentage of victims report these attacks. This underreporting is often due to a lack of trust in law enforcement and the fear of further criminalization or stigmatization. The legal framework's shortcomings mean that sex workers, for example, find it difficult to demand basic rights, including police protection. When police themselves are perpetrators or fail to act, the justice system becomes inaccessible, leaving these vulnerable populations without effective legal recourse.

Challenges During Public Events and Protests

Sarajevo, the capital of Bosnia and Herzegovina (BiH), hosted its first LGBTQ+ Pride parade on September 9, 2019, marking a significant milestone as the last former Yugoslav nation to hold such an event. This inaugural march saw an estimated 2,000 participants, demonstrating a powerful assertion of human rights and visibility for the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community and their allies in a challenging socio-cultural environment.

The path to Pride in Sarajevo has been fraught with considerable opposition and systemic barriers. BiH is characterized by strong homophobia and transphobia, discrimination, and violence against LGBTQI+ persons, leading to an environment of fear, invisibility, and social isolation. Prior to the first Pride, events like the Queer Sarajevo Fest in 2008 were met with banners labeling queerness an "illness of modern times," threats of physical violence, and actual physical assaults by hooligans and hard-line groups.

The Pride marches themselves have faced widespread hostility. Religious groups and a majority of politicians have condemned the events, often perpetuating anti-LGBT sentiments. Counter-protests, sometimes organized by radical groups, have taken place concurrently, advocating for "traditional family values" and dismissing Pride as a "shame parade". Hate

speech, including from politicians and state representatives, has flooded social media before, during, and after the parades, claiming that LGBTQ+ rights go against "fundamental tradition" and are a "sin". Organizers and activists have consistently faced threats and violent attacks, often with a perceived lack of state protection, making their work risky and difficult.

Despite these formidable challenges, the Sarajevo Pride March has served as a crucial platform for advocacy and a symbol of resistance. The second parade, held on August 14, 2021, and the third on June 25, 2022, under the slogan "Family Gathering," highlighted the importance of family support for queer individuals. These events, though accompanied by strong security measures, have drawn support from some officials, such as the Prime Minister of Sarajevo Canton, who recognized them as protests for greater rights against homophobic comments.

Prison Health and Rights Violations:

Harm reduction and HIV services in prison remain inadequate. PWUD and PLHIV inmates face systemic neglect and abuse.

The penitentiary system in Bosnia and Herzegovina presents a critical area of concern regarding human rights, particularly for Key Affected Populations (KAPs) such as people who use drugs (PWUD) and people living with HIV (PLHIV). Despite international obligations to ensure health and dignity for all individuals, inmates belonging to these vulnerable groups frequently face inadequate harm reduction and HIV services, coupled with systemic neglect and abuse.

Inadequate Harm Reduction and HIV Services

People in prisons and other closed settings are recognized as a key population due to the often high rates of incarceration among other vulnerable groups (like PWUD) and the significant lack of HIV services within these environments. This vulnerability is exacerbated by the broader context of disruptions to foreign aid and service delivery, which have led to the permanent halting of essential evidence-based prevention interventions. These include crucial harm reduction services for people who inject drugs and community-led programs, directly impacting the availability of prevention and treatment services for key populations in general.

For PLHIV inmates, ensuring uninterrupted access to antiretroviral therapy (ART) is a critical human rights imperative, yet this access remains a concern during service disruptions. The criminalization of drug use further compounds these issues, as it pushes PWUD to the margins of society, directly hampering their access to healthcare, harm reduction, and legal services, even before incarceration. The absence of comprehensive harm reduction strategies within prisons directly contributes to heightened risks of HIV and other infections among inmates.

Systemic Neglect and Abuse

The punitive approach to drug use in BiH contributes to a significant number of individuals being incarcerated for drug-related offenses. For instance, approximately one-third of all prisoners in the Federation of BiH are serving sentences for drug law offenses, and in January

2021, 52 inmates in Republika Srpska were imprisoned for such violations. This high rate of incarceration for drug offenses highlights a system that prioritizes punishment over public health and rehabilitation.

Furthermore, the financial burden of this approach is substantial: it costs approximately four times more to support an individual who injects drugs in prison (€12,775 per year) compared to providing them with community-based support (€3,576 per year). This economic inefficiency underscores a broader systemic neglect that fails to invest in effective, rights-based alternatives.

Beyond the financial implications, PWUD and PLHIV inmates often face systemic neglect and abuse. The criminalization of drug use has historically led to PWUD being "harassed, imprisoned, tortured, [and] denied services". This is further compounded by pervasive stigma and discrimination that exists in both healthcare and law enforcement settings, which is exacerbated by the direct and indirect criminalization of key populations. The lack of person-centered approaches and discrimination-free environments within the prison system means that inmates from these vulnerable groups are less likely to receive the non-judgmental care necessary to foster trust and encourage consistent engagement in treatment.

In conclusion, the situation within BiH's prisons for PWUD and PLHIV inmates reflects a profound failure to uphold human rights. The inadequacy of harm reduction and HIV services, coupled with the systemic neglect and abuse stemming from criminalization and a punitive approach, creates a dangerous environment that exacerbates health risks and perpetuates marginalization. Addressing these issues requires a fundamental shift towards rights-based, public health-oriented policies within the penitentiary system, ensuring that all inmates, regardless of their status, receive equitable and dignified care.

3. Social and Cultural Barriers

Persistent Stigmatization of PLHIV:

Public misconceptions about HIV transmission contribute to workplace and community discrimination.

People living with HIV (PLHIV) in BiH continue to face profound stigmatization, largely fueled by public misconceptions about HIV transmission. This ignorance about the basic modes of HIV transmission, coupled with unfounded fears of contagion and moral judgment, underpins widespread prejudice. Such pervasive stigma, which extends from the general society to even healthcare professionals, creates an environment where individuals avoid getting tested for HIV, leading to delayed diagnoses and, consequently, delayed access to crucial care and support. This societal barrier not only impedes public health efforts but also violates the fundamental right to health for PLHIV, pushing them further to the margins.

The consequences of this persistent stigmatization are far-reaching, significantly impacting the employment and community integration of PLHIV. Individuals often conceal their HIV status from employers due to fear of losing their jobs, and cases of employment discrimination have been reported. Beyond the workplace, PLHIV experience social rejection, including avoidance behaviors, gossip, and verbal abuse, which can negatively affect their

mental health, social bonds, and overall quality of life. This deeply ingrained societal prejudice creates a cycle of marginalization, where fear of discrimination prevents open disclosure and access to support, further entrenching their vulnerability within the community.

Deep-Rooted Homophobia and Transphobia:

LGBTQ+ individuals frequently experience threats, social isolation, and family rejection. A 2022 Sarajevo Open Centre survey revealed that 73% of respondents held negative views about LGBTQ+ rights.

LGBTQ+ individuals face deeply entrenched homophobia and transphobia, leading to significant threats, social isolation, and family rejection. The everyday lives of LGBTQI+ people in the Western Balkans, including BiH, are marked by fear and invisibility, both in private and public spheres, exposing them to pressure for secrecy, job discrimination, and social isolation. Public opinion polls consistently show that LGBTQI+ people are among the least-accepted minority groups in BiH, with a vast majority of citizens viewing homosexuality as a disease and supporting criminal prosecution. This societal prejudice extends to the family unit, where a significant number of families would reject and exclude an LGBTQ+ family member solely due to their identity. A 2015 survey, for instance, found that 48% of Bosnians would attempt to "cure" their child if they came out as gay, and 16% would cease communication entirely.

This pervasive negative sentiment is further evidenced by public opinion surveys. A 2022 survey by the Sarajevo Open Centre revealed that 73% of respondents held negative views about LGBTQ+ rights. This widespread disapproval is often fueled by hate speech, including from politicians and state representatives, who frequently use discriminatory language against LGBTQI+ persons despite existing anti-discrimination legislation. Such a hostile social and political environment not only legitimizes stigma and exclusion but also exacerbates mental health risks among LGBTQI+ youth and hinders their access to essential services, reinforcing their marginalization within Bosnian society.

Roma Marginalization:

Roma communities continue to be socially excluded and stereotyped, particularly in employment and housing.

Roma communities in Bosnia and Herzegovina (BiH) continue to face profound social exclusion and are frequently subjected to harmful stereotypes, which significantly impede their integration into mainstream society. As Europe's largest ethnic minority, Roma are consistently identified as one of the most deprived and socially excluded groups, experiencing limited access to basic services and economic opportunities. This unfavorable socio-economic position and marginalization are largely rooted in deep-seated social problems, including systemic poverty, discrimination, and exclusion. The social exclusion of Roma means they often lack access to fundamental opportunities and services, a challenge further inflamed by pervasive stereotypes and limited contact with the general population.

This marginalization is particularly evident in critical areas such as employment and housing. Roma have consistently limited access to economic opportunities and adequate housing, with little progress observed in these areas between 2011 and 2017. The stereotypes they face contribute to their inability to participate in the labor market on an equal basis, hindering

their capacity to generate economic gains and climb the socioeconomic ladder. Consequently, many Roma households struggle to accumulate human, physical, financial, and social capital, trapping them in cycles of economic hardship and reinforcing their position as a distinctly marginalized and discriminated-against minority across the region.

Sex Work and Public Morality:

Sex workers face moral condemnation, societal exclusion, and frequent verbal abuse, with few safe spaces or advocacy networks.

Sex workers face profound moral condemnation and societal exclusion in BiH, largely stemming from the criminalization of their profession. This legal framework, which views sex work as a violation of human rights and seeks its elimination, fuels intense stigmatization, labeling individuals as "criminally deviant". This pervasive societal judgment extends beyond legal penalties, significantly impacting their mental health, social bonds, and integration into the community. The entrenched stigma also exacerbates existing barriers to essential services like housing, public benefits, and other social supports, trapping individuals in cycles of economic hardship and further marginalization.

This environment of moral condemnation leaves sex workers highly vulnerable to various forms of abuse, including frequent verbal abuse, which falls under the broader category of psychological violence reported from a wide range of perpetrators. Criminalization actively drives sex workers into more isolated and dangerous locations, severely impeding their ability to utilize safety and harm reduction strategies, and effectively eliminating safe spaces for their operation. This precarious situation makes it exceedingly risky for sex workers to report violence or abuse from clients, law enforcement, or others, leaving them without effective legal recourse or protection. Consequently, their ability to demand basic rights, including police protection or better working conditions, is severely curtailed, highlighting a critical absence of robust advocacy networks or protective mechanisms.

Data and Case Examples

- *UNICEF BiH* estimates around **1,300 Roma children** are out of school as of 2022.
- *Sarajevo Open Centre* documented **46 cases of hate incidents** against LGBTQ+ individuals in 2022, including violent attacks during the BiH Pride March.
- *Margina Foundation* has provided harm reduction services to over **2,000 PWUD** in the last five years, reporting high levels of police harassment.

Good Practices

- **Roma Education Inclusion Projects:**
Local NGOs and municipal governments have implemented school mediation and scholarship programs for Roma children, improving enrollment and retention.
- **Mobile Harm Reduction Units:**
Organizations like *Margina Foundation* operate mobile units that provide clean needles, condoms, and HIV testing services to PWUD and sex workers.

- **Support for LGBTQ+ Advocacy:**

Sarajevo Open Centre has led legal literacy and anti-discrimination training for public officials and launched successful campaigns to support the annual Pride events.

REAct Stories:

(Story ported from <https://react-aph.org>)

Empowering equality: fighting discrimination against HIV in Bosnia and Herzegovina

In Bosnia and Herzegovina, Alen (name changed) reached out to the NGO [“Partnerships in Health”](#), about his positive HIV status (with which he has lived for 13 years). **His disclosure to his employer led to adverse treatment, including an abrupt halt in his work attendance without explanation.** Initially, his department head indicated work was unnecessary, assuring him of continued salary, a situation enduring 13 years, leaving Alen increasingly isolated and eager to return to work.

Attempting to resume work and address potential social exclusion, Alen contacted his employer, only to be instructed to stay home, contrary to his hopes. After 20 years of service, the company mandated a disability pension assessment without specific reasons. Despite a medical certificate affirming his job fitness, regardless of his HIV status, Alen faces potential discrimination and ambiguity regarding the disability assessment and his workplace exclusion, raising concerns about employment law and anti-discrimination regulations.

To confront these issues, [“Partnerships in Health”](#) commits to supporting Alen comprehensively by engaging in legal representation. An attorney will offer legal counsel and serve as Alen’s representative in related legal proceedings to resolve employment issues effectively. This proactive approach underscores the organization’s dedication to safeguarding Alen’s rights and addressing complexities through legal channels. **Advising Alen against the assessment presently and urging written communication with his employer the attorney aims to gather evidence for potential future legal action.** [“Partnerships in Health”](#) remains steadfast in its mission to uphold the rights of individuals facing discrimination, ensuring equitable treatment in the workplace.

(Story ported from <https://react-aph.org>)

Bridging borders: battling stigma in Bosnia and Herzegovina

In Bosnia and Herzegovina, a married couple faces a complex legal battle with profound implications. Bekir (name changed) and Aurore (name changed), originally from Bosnia and Rwanda respectively, have encountered unexpected challenges in their quest to build a life together in Bosnia and Herzegovina. This story unfolds against the backdrop of immigration laws, health problems, and the pursuit of justice.

Their journey began with a serendipitous meeting in Rwanda, where Bekir was engaged in a construction project. Following their marriage in Rwanda, the couple encountered bureaucratic hurdles as they sought to establish a life together in Bosnia. **Despite obtaining visas, Aurore’s HIV-positive status became a stumbling block in her application for permanent residency, with authorities citing concerns about public health.**

Undeterred, the couple sought legal assistance to navigate the asylum process, recognizing it as a lifeline for their future together. With the support of a knowledgeable immigration lawyer, they are now advocating for refugee status based on principles of family reunification and the best interests of their child. Their case underscores the humanitarian imperative of preserving family unity and upholding international human rights standards, as enshrined in the Convention on the Rights of the Child. By leveraging international human rights principles, they aim to secure refugee status and a pathway to a secure future in Bosnia and Herzegovina.

Moreover, Aurore's HIV status not only adds a layer of complexity to their case but also highlights pervasive discrimination and stigma. Beyond legal battles, the couple is fighting for access to adequate healthcare, submitting requests to relevant authorities to ensure Aurore's right to tertiary medical care following international standards. They submitted multiple requests to the relevant ministries, aiming to secure her right to tertiary medical care, which is crucial for her health and the well-being of their family.

The perseverance of Bekir and Aurore, along with the strategic legal advocacy provided by their lawyer, ultimately paid off. Aurore was granted refugee status, marking a significant victory in their journey. This allowed her to receive a refugee card, health insurance, and a personal identification number (JMBG), ensuring her access to essential services. With the legal hurdles behind them, the couple can now focus on building their life in Bosnia and Herzegovina.

This case not only represents a personal victory for Bekir and Aurore, but also showcases the transformative power of legal advocacy and the importance of partnerships between NGOs like [Partnerships in Health](#) and skilled legal professionals. Their combined efforts helped secure justice, challenge discrimination, and uphold human rights, demonstrating how resilience and expert support can overcome even the most daunting obstacles.

(Story ported from <https://react-aph.org>)

The first judgment for discrimination based on sexual orientation in Bosnia and Herzegovina

Despite that Bosnia and Herzegovina is one of the leading countries of the South Eastern Europe, hate speech, intolerance towards LGBTI persons, as well as harassment or violence remain very common and still is an issue of concern. However, **a significant step** toward not only increasing the LGBTI community's trust in government institutions but also strengthening standards and legal understanding of discrimination was made this year in Bosnia and Herzegovina.

[The first judgment establishing discrimination based on sexual orientation](#), gender identity and sex characteristics in Bosnia and Herzegovina was passed on April 4, 2022. According to a lawsuit filed and conducted by **the Sarajevo Open Centre*** as one of its strategic one, the trial lasted a total of two years and six months and is significant, because now there is a judgement protecting LGBTI rights in BiH for the first time in 13 years since the Anti-Discrimination Law was passed. This judgment is also crucial because the defendant, acted in a discriminatory manner as a public figure or cantonal representative in the Sarajevo Canton Assembly.

The defendant violated the right to equal treatment in relation to members of the LGBTI community whose rights the SOC protects as a plaintiff, by making a statement on the social network Facebook reading: *"...Fifteen of them are sufficient to launch an initiative and organise so-called pride marches aimed at destroying the state and its people. Everyone has the right to live their lives as they like, but we also have the right to choose who we want to live with. **I want people like these to be isolated and put away from our children and society.** Let them go somewhere else and make a city, a state, and a law for themselves, and their own rights that no one will dispute. But NOT here!"*.

The judge found that the defendant committed the following forms of discrimination: inciting and issuing an order for segregation, harassment with the intent of violating a person's dignity and creating intimidating, hostile, degrading, humiliating and offensive content based on sexual orientation, gender identity and sex characteristics. The judge emphasized that the text of the statement is extremely discriminatory and degrading, based on extreme negative stereotypes, and that it should be distinguished from statements and posts made by unknown and politically uninvolved individuals because the defendant, as a public official, should protect the freedom and dignity of every individual in a realistic and authentic manner, refraining from expressing views such as "I want people like these to be isolated and put away from our children and society" because it represents a lack of respect for others, and the statement itself is hate speech and direct incitement to hatred, which is altogether discrimination. **The defendant's statement harmed the dignity of LGBTI people, i.e., the plaintiff, and created a hostile, degrading and insulting environment, which violates the ADL, the ECtHR and European case law that is binding in Bosnia and Herzegovina.**

It should be emphasized that this is a first-instance judgement, not a final one. However, this precedent is a significant step toward not only increasing the LGBTI community's trust in institutions but also strengthening standards and legal understanding of discrimination.

*** – NGO Sarajevo Open Centre** works to advance human rights, especially the position and human rights of LGBTI people and women in Bosnia and Herzegovina, through representation of their realities and advocacy for legal, policy, economic, social and cultural changes in all areas of life.

2. Country-Specific Analysis: Albania

1. Legal and Policy-Related Barriers

Criminalization of Drug Use and Sex Work:

Although personal drug use is technically decriminalized, vague laws allow punitive policing of people who use drugs (PWUD), and sex work remains criminalized, pushing sex workers underground and away from essential services.

In Albania, the legal frameworks governing drug use and sex work, despite some nuances, largely contribute to the marginalization of Key Affected Populations (KAPs) by pushing them away from essential services and into more vulnerable situations. While the intent may be to control these activities, the practical outcome is often punitive policing and increased risks for individuals.

Albania's legal stance on drug use is complex; while drug use itself is not specified as a distinct offense, the possession of small quantities for personal use is technically not punishable under Article 283 of the Criminal Code. However, this apparent decriminalization is undermined by a vague definition of "small quantity," which the Supreme Court decided in 2008 refers to a "single dose for that individual," rather than a standardized amount. This ambiguity grants significant discretion to law enforcement, allowing for punitive policing where individuals possessing quantities above this undefined "single dose" can be charged with a trafficking offense, leading to severe consequences.

Drug charges in Albania can carry substantial penalties, including fines, jail time, and several years of imprisonment. For instance, selling, offering for sale, distribution, transportation, delivery, and keeping narcotic substances in quantities larger than for personal use is punishable by 5 to 10 years in prison, with higher penalties for repeat offenses or organized activity. While probation may include a treatment order for convicted drug users, the overarching threat of criminal charges for even slightly more than a "single dose" pushes people who use drugs (PWUD) underground, making them hesitant to seek health services or engage with harm reduction programs. This punitive approach, despite the technical decriminalization of personal use, effectively criminalizes the status of being a drug user, hindering public health efforts and exacerbating the vulnerability of PWUD.

Sex Work in Albania is explicitly illegal, with several articles of the Criminal Code outlawing sex work and related activities. Article 113 criminalizes prostitution itself (buying and selling of sex), while Article 114 targets exploitation of prostitution (encouragement, mediation, or receipt of compensation for exercising prostitution), and Article 115 prohibits the use of premises for prostitution. This comprehensive criminalization drives sex workers away from formal support systems and into hidden, unregulated environments, significantly increasing their vulnerability to exploitation and abuse.

The fear of arrest and conviction makes it exceedingly risky for sex workers to report violence or abuse, leaving them without effective legal recourse or protection. Furthermore, arrest and conviction records create significant barriers to finding alternative employment, accessing housing, public benefits, and other social supports, trapping individuals in cycles of

economic hardship and further marginalization. This legal framework, by criminalizing the act itself, perpetuates a cycle of violence and exclusion, undermining the human rights and well-being of sex workers in Albania.

Limited Legal Protection for LGBTQ+ People:

Albania prohibits discrimination based on sexual orientation and gender identity (Law No. 10/221), yet enforcement is weak. Transgender individuals face significant barriers to legal gender recognition, as no legal procedure currently exists.

Albania has made strides in establishing legal protections for its LGBTQ+ community, notably with Law No. 10/221, which prohibits discrimination based on sexual orientation and gender identity. This legislative step reflects a commitment to human rights, and Albania has even developed an LGBTI National Action Plan for 2021-2027. Furthermore, the Criminal Code in Albania has been amended to specifically punish hate speech, a positive development aimed at curbing prejudice and violence. However, despite these legal frameworks, the enforcement of anti-discrimination laws remains weak in practice, leaving LGBTQI+ individuals vulnerable to ongoing discrimination and hostility.

A significant gap in Albania's legal landscape is the complete absence of legal recognition for same-sex partnerships. This means that same-sex couples are effectively "ignored" by the state, placing them in a discriminatory position compared to heterosexual couples regarding fundamental rights such as social security, health insurance, pensions, inheritance, and parenting. 1 For transgender individuals, the situation is similarly challenging: while gender reassignment procedures may be permitted, the process for legal recognition of a sex change is "completely unregulated by law". 1 This lack of a clear legal procedure leads to arbitrary decisions and often involves "abusive and humiliating procedures," denying transgender individuals a dignified and transparent path to legal gender recognition.

Roma and Egyptian Communities:

Despite legal recognition, Roma and Egyptian communities face indirect legal discrimination due to inadequate implementation of inclusion strategies, especially in housing and civil registration.

Despite legal recognition and the existence of national strategies aimed at their inclusion, Roma and Egyptian communities in Albania continue to face significant indirect legal discrimination. This discrimination primarily stems from the inadequate implementation of inclusion strategies, particularly in critical areas such as housing and civil registration, which perpetuates their social exclusion and limits access to essential services.

Roma and Egyptian communities are among the most deprived and socially excluded groups in Europe, with consistently limited access to basic services and economic opportunities. In Albania, while the legal framework is largely non-discriminatory, pervasive negative stereotypes continue to influence social and official attitudes, hindering progress in their inclusion. This results in a gap between policy and practice, where legal provisions for equality do not translate into equitable outcomes on the ground. The National Action Plan for the Equality, Inclusion, and Participation of Roma and Egyptians (2021–2025) targets various sectors, including education, justice, employment, social housing, health, and civil

registration, demonstrating a governmental commitment to inclusion. However, the effectiveness of these strategies is undermined by insufficient enforcement and systemic barriers.

One of the most critical challenges is the issue of civil registration. A significant number of Roma and Egyptian individuals remain unregistered, lacking birth certificates and ID cards, which are fundamental for legal recognition and access to services. The UN Human Rights Committee found that Albania violated the rights of three Roma children by failing to register their births, leaving them without legal recognition and at risk of statelessness. This issue is often exacerbated by complex administrative hurdles and a lack of systems to register children born abroad to Albanian parents without legal residency in other countries. Without proper documentation, individuals are unable to attend school, receive medical care, access social services, or even legally marry, passing the risk of statelessness and its devastating impact to the next generation. In addition to civil registration, Roma and Egyptian communities face severe challenges in housing, often living in inadequate conditions due to centuries of discrimination, and are disproportionately affected by extreme poverty. This lack of secure housing further compounds their marginalization, making it difficult to access other services and fully participate in society.

Prisoner Rights and PLHIV:

Prisoners face barriers accessing antiretroviral therapy (ART), and there is a lack of confidential healthcare services for PLHIV within the penitentiary system.

Within Albania's penitentiary system, prisoners, particularly people who use drugs (PWUD) and people living with HIV (PLHIV), face significant barriers to comprehensive and confidential healthcare services. While some essential treatments are available, critical gaps in harm reduction and a punitive approach to drug use contribute to systemic neglect and human rights violations for these vulnerable inmates.

Antiretroviral therapy (ART) for PLHIV is generally available in Albanian prisons, and Opioid Substitution Therapy (OST) is provided by non-governmental organizations (NGOs) upon request from the prison authorities. However, a crucial omission in harm reduction services is the absence of Needle Syringe Programs (NSP) within prisons. This lack of essential prevention tools directly increases the risk of HIV and hepatitis transmission among inmates who inject drugs. The broader context of drug criminalization further exacerbates these issues; while drug use itself is not a distinct offense, possession of quantities deemed larger than a "single dose" can lead to severe trafficking charges and up to seven years of imprisonment. This punitive approach contributes to a significant number of individuals being incarcerated for drug-related offenses, with the state incurring substantial costs, approximately €6,205 per prisoner per year.

Beyond the specific services, PLHIV inmates in Albanian prisons, like those across the Western Balkans, face high levels of stigmatization from both healthcare professionals and society at large. This pervasive stigma undermines the creation of non-judgmental, discrimination-free environments crucial for fostering trust and encouraging consistent engagement in care. The lack of such person-centered and confidential approaches means that inmates may be hesitant to disclose their HIV status or seek necessary treatment, fearing further

discrimination or breaches of privacy. This systemic neglect, coupled with the absence of comprehensive harm reduction measures, creates a challenging environment that compromises the health and human rights of PWUD and PLHIV within Albania's correctional facilities.

2. Institutional/Systemic Barriers

Healthcare Discrimination:

PLHIV and sex workers often report discriminatory treatment in health facilities. A 2021 UNAIDS report indicated that many medical professionals lack adequate training on non-discriminatory treatment protocols.

In Albania, people living with HIV (PLHIV) and sex workers frequently encounter discriminatory treatment within health facilities, severely impeding their access to essential care. PLHIV, for instance, face high levels of stigmatization not only from the general public but also directly from healthcare professionals, leading to individuals avoiding HIV testing, delayed diagnoses, and consequently, delayed access to crucial treatment and support. Reports indicate that some healthcare providers, particularly dentists, have even refused to provide services to HIV-positive individuals. This pervasive discrimination, rooted in ignorance about HIV transmission and unfounded fears, creates an environment where key affected populations are denied equitable access to the healthcare they need.

A significant contributing factor to this discrimination is the inadequate training of medical professionals on non-discriminatory treatment protocols. Across the Western Balkans, including Albania, there is a notable lack of sufficient training for health professionals on sexual orientation and gender identity, and a scarcity of relevant information in medical textbooks. This deficiency means that healthcare environments often fail to be person-centered, non-judgmental, and discrimination-free, which is crucial for fostering trust and encouraging consistent engagement in care for vulnerable populations. Without proper education and sensitization, healthcare providers may perpetuate existing societal prejudices, further marginalizing PLHIV and sex workers and undermining their fundamental right to health.

Education Access for Roma Children:

Despite the "National Action Plan for Integration of Roma and Egyptians," Roma students face frequent segregation and lack support services, leading to high dropout rates.

Despite the existence of comprehensive policy frameworks such as the "National Action Plan for the Equality, Inclusion, and Participation of Roma and Egyptians (2021–2025)" and the "National Strategy on Education 2022–2026," Roma and Egyptian children in Albania continue to face significant barriers to accessing quality education. While these plans aim to guarantee inclusive education and support learning in both Albanian and minority languages, their implementation remains inadequate in practice. This leads to persistent issues like school segregation, where Roma children are often placed in separate groups or classes, and a general lack of tailored support services, which undermines their ability to fully integrate and succeed within the mainstream education system. The gap between

policy and reality means that despite legal recognition, these communities experience indirect discrimination that hinders their educational attainment.

The consequences of these systemic failures are alarmingly high dropout rates among Roma students. The European Commission's 2016 report noted that while the inclusion of Roma children in education was improving, it remained the lowest in the region, with school segregation being a serious concern. Furthermore, the pervasive issue of civil unregistered status for many Roma and Egyptian individuals directly impacts their access to education, as a lack of birth certificates and ID cards blocks their entry into essential services, including schooling. This absence of foundational documentation, coupled with persistent negative stereotypes and social exclusion, creates a cycle of disadvantage that prevents Roma children from realizing their right to education and perpetuates their marginalization within Albanian society.

Civil Registration Gaps:

Thousands of Roma and Egyptian individuals remain without birth certificates or national ID numbers, blocking access to healthcare, social assistance, and schooling.

In Albania, thousands of individuals from the Roma and Egyptian communities remain without essential civil registration documents, such as birth certificates and national ID numbers. This fundamental lack of legal identity creates a profound barrier, effectively blocking their access to a wide array of basic government services, including healthcare, social assistance, and schooling, thereby perpetuating their deep-seated social exclusion.

The absence of official documentation renders these individuals legally invisible, preventing them from exercising rights that are otherwise guaranteed to other citizens. For instance, the UN Human Rights Committee found that Albania violated the rights of three Roma children by failing to register their births, leaving them without legal recognition and at risk of statelessness. This legal limbo directly prevented these children from attending school, receiving medical care, or accessing social services. The problem is not isolated; it is a systemic issue exacerbated by overly complex administrative hurdles and a lack of established systems to register children born abroad to Albanian parents who may lack legal residency in other countries. This means the risk of statelessness and its devastating impact on lives and livelihoods is often passed from parents to children, trapping generations in a cycle of marginalization.

Despite the Albanian legal framework being largely non-discriminatory, pervasive negative stereotypes continue to influence social and official attitudes, hindering the effective implementation of inclusion strategies. The National Action Plan for the Equality, Inclusion, and Participation of Roma and Egyptians (2021–2025) aims to address civil registration, among other sectors, but inadequate enforcement means that the gap between policy and practice persists. This indirect discrimination, coupled with the lack of documentation, ensures that Roma and Egyptian communities continue to face very difficult conditions and frequent discrimination, particularly in accessing education, employment, housing, health, and civil registration. Without these foundational documents, individuals are unable to prove their citizenship, making it exceedingly difficult to claim social benefits, enroll in schools, or

access medical care, thereby reinforcing their position as one of Europe's most deprived and socially excluded groups.

Police and Law Enforcement Practices:

LGBTQ+ individuals and sex workers have reported harassment and extortion by police, with limited access to legal recourse.

LGBTQ+ individuals and sex workers in Albania frequently report experiencing harassment and extortion at the hands of law enforcement, highlighting a significant barrier to justice and safety. Members of the LGBTQ+ community vociferously assert that they are persecuted by police officers who are either indifferent or openly hostile, with some officers even commending perpetrators of violence against them. Community members describe police humiliating LGBTQ+ individuals, and their treatment of sex workers and transgender individuals is reported to be even more brutal. Police misconduct also extends to violating privacy rights, with officers disclosing sensitive information to the media and engaging in victim-blaming practices, further exacerbating the vulnerability of these already marginalized groups. The criminalization of sex work in Albania, whether full or partial, inherently makes the profession more dangerous and contributes to this violence, as it drives sex workers into isolated situations and makes it riskier for them to report abuse.

This environment of police misconduct is compounded by a profound lack of accountability and limited access to legal recourse for victims. LGBTQ+ individuals and sex workers often find themselves without avenues for seeking justice, as their support networks are small and fear of reprisal or lack of trust in public officials is widespread. Common obstacles within the Albanian justice system, such as high court tariffs, a lack of a functioning legal aid system, lengthy court proceedings, and a pervasive perception of corruption, further impede their ability to access justice. Despite some efforts, including training initiatives for police on policing discrimination and hate crimes against LGBTQI+ persons, much remains to be done to increase awareness among prosecutors and courts and to ensure that law enforcement consistently adopts a victim-centered approach.

3. Social and Cultural Barriers

Widespread Stigma:

A 2022 Tirana Legal Aid Society study showed high levels of stigma against PLHIV, with over 60% of respondents unwilling to work alongside a person living with HIV.

In Albania, people living with HIV (PLHIV) continue to face pervasive stigmatization, largely driven by public misconceptions about HIV transmission. This widespread ignorance, coupled with unfounded fears and moral judgments, creates a deeply prejudiced environment that significantly impacts the lives of PLHIV. This societal stigma, which extends from the general public to healthcare professionals, leads to individuals avoiding HIV testing, resulting in delayed diagnoses and, consequently, delayed access to crucial care and support. The fear of being identified and ostracized is so profound that many PLHIV express a reluctance to even seek necessary healthcare services, further exacerbating their health challenges and isolating them from vital support systems.

The consequences of this persistent stigmatization are far-reaching, particularly affecting employment and community integration. While direct cases of workplace discrimination may not always be formally reported, PLHIV are convinced they would face stigmatization and dismissal if their HIV status became known to employers. This fear often compels individuals to conceal their status, creating psychological distress and limiting their ability to secure stable livelihoods. Beyond the workplace, PLHIV experience social rejection, including avoidance behaviors, gossip, and verbal abuse, which negatively impacts their mental health, social bonds, and overall quality of life. This deeply ingrained societal prejudice, compounded by a lack of adequate training among many medical professionals on non-discriminatory treatment protocols, perpetuates a cycle of marginalization and undermines the fundamental rights of PLHIV in Albania.

LGBTQ+ Rejection:

Family-based rejection remains common. A 2020 Streha shelter report found that over 75% of LGBTQ+ youth in their care were homeless due to family exclusion.

Family-based rejection remains a pervasive and deeply damaging issue for LGBTQ+ individuals in Albania, often leading to severe consequences such as social isolation and homelessness. The everyday lives of LGBTQ+ people in the Western Balkans, including Albania, are frequently marked by fear and invisibility, both within private family settings and public spheres, exposing them to pressure for secrecy, job discrimination, and social isolation. This rejection can range from subtle emotional distance and dismissal to more extreme actions, such as being expelled from their homes. Research consistently shows that LGBTQ+ youth face a significantly higher risk of homelessness compared to their non-LGBTQ+ peers, with family conflict around their LGBTQ+ identities being a primary driving factor.

Organizations like Streha Center play a critical role in addressing the urgent needs of LGBTQ+ youth who experience such family exclusion and subsequent homelessness. Streha operates as a dedicated shelter, providing essential emergency accommodation and support services to LGBTQ+ individuals, particularly youth between 18 and 29 years of age, who have faced violence, family rejection, or homelessness. Since its establishment in 2015, Streha has supported 173 young people, offering a safe space, medical and legal assistance, counseling, vocational training, and connections to employment opportunities to help them reintegrate into society. This vital work underscores the severe impact of family rejection, which not only leaves youth without a home but also increases their risks of substance abuse, involvement in the criminal justice system, exploitation, depression, anxiety, and difficulties in completing their education.

Sex Worker Marginalization:

Cultural norms label sex workers as criminal or immoral, discouraging access to STI screening and psychological support.

Sex workers in Albania face profound moral condemnation and societal exclusion, largely stemming from deeply ingrained cultural norms that label their profession as criminal or immoral. This pervasive societal judgment, reinforced by the explicit illegality of prostitution under the Criminal Code (Articles 113, 114, 115), fuels intense stigmatization. Sex workers are often branded as "criminally deviant," which severely impacts their mental health, disrupts

social bonds, and hinders their integration into the community. This environment of moral condemnation extends beyond legal penalties, leading to frequent verbal abuse and a constant fear of exposure, which isolates them from mainstream society and denies them the dignity afforded to other citizens.

This profound marginalization directly discourages sex workers from accessing crucial health and psychological support services. The fear of judgment and discriminatory treatment from healthcare providers is a significant barrier, making them hesitant to seek necessary care such as STI screening or mental health counseling. Cultural attitudes deeply rooted in Albanian norms perpetuate this stigma, limiting effective healthcare and help-seeking behavior for marginalized groups. Consequently, sex workers are often left without safe spaces or robust advocacy networks, exacerbating their vulnerability to exploitation and abuse and making it exceedingly risky for them to report violence or seek any form of assistance.

Drug Use Perceptions:

PWUD are often seen as criminals rather than people in need of health services, reinforcing their social isolation.

In Albania, people who use drugs (PWUD) are predominantly perceived through a criminal lens rather than as individuals in need of health services, a perception deeply rooted in the country's legal framework and societal attitudes. While the possession of small quantities for personal use is technically not punishable, the vague definition of "small quantity" allows for punitive policing, where individuals can be charged with trafficking offenses for amounts exceeding a "single dose." This ambiguity effectively criminalizes the status of being a drug user, leading to significant prison sentences and reinforcing the societal view of PWUD as criminals. This punitive approach, rather than a public health one, pushes PWUD to the margins of society, fostering an environment of fear and judgment that reinforces their social isolation.

This criminalizing perception significantly hinders PWUD's access to essential health services and support. The fear of legal repercussions and social stigma makes individuals hesitant to seek help or engage with harm reduction programs, even those provided by NGOs. The overarching societal attitudes, deeply ingrained in cultural norms, perpetuate stigma and limit effective healthcare and help-seeking behavior for marginalized groups. This means that instead of receiving the necessary medical and psychological support, PWUD are often driven further underground, exacerbating their health risks and perpetuating a cycle of marginalization and disproportionate punishment, rather than addressing their underlying health needs.

Data and Case Examples

- *UNDP Albania* reported in 2021 that **39% of Roma households** live in informal settlements without access to potable water or electricity.
- *Alliance Against Discrimination* recorded over **120 incidents** of hate speech against LGBTQ+ persons online and in media outlets in 2022 alone.
- *Aksion Plus*, a harm reduction NGO, documented over **500 cases** of police harassment targeting PWUD from 2020 to 2023.

Good Practices

- **Community-Based Harm Reduction:**
Organizations like *Aksion Plus* operate needle exchange and opioid substitution therapy programs in Tirana and other cities, reducing HIV transmission rates among PWUD.
- **Mobile Civil Registration Units:**
The Albanian government, with UNDP support, deployed mobile teams in 2022 to register undocumented Roma families, improving access to education and healthcare.
- **Shelters for LGBTQ+ Youth:**
Streha, Albania's first shelter for LGBTQ+ youth, provides housing, counseling, and vocational support, representing a model for regional replication.

REAct Stories :

Hate on the street: the battle for safety and respect in Albania

(Stories ported from <https://react-aph.org>)

Elvira (name changed), a trans* woman living in N, was the victim of a violent attack that was motivated by transphobia. One evening, as she was returning home, a group of people approached her and started harassing her with derogatory, transphobic insults. Despite her attempts to avoid confrontation and quickly leave, the situation escalated rapidly.

The group surrounded the victim and the abuse became physical. The perpetrators continued to make derogatory comments, emphasizing the hateful nature of the attack related to her gender identity. The attackers left no room for doubt that it was transphobia that motivated the violence. **As a result of the attack, the woman suffered serious injuries and had to seek medical attention and, REActors.** At this point, the case is in their work.

This incident was a clear example of how trans* people, especially in countries with limited protection of LGBTIQ+ rights, are subjected to violence and abuse solely based on their gender identity. The attack, which was the result of outright hatred and bias, left deep trauma both physically and psychologically.

Such incidents emphasize the need to create safe spaces for trans* people and improve state policies to protect the rights of LGBTIQ+ communities. An important step towards a safe society is not only criminalizing such crimes but also educating the public to exclude all forms of violence and discrimination based on gender identity.

Confronting harassment: a disturbing incident in Albania

(Stories ported from <https://react-aph.org>)

In the late hours of the night, Elira (name changed), a transgender girl, was walking through the area N in her city. It was a time when the streets were quiet, and the usual hustle and

bustle of the city had died down. As she walked, an unknown man noticed her and approached.

Initially, the perpetrator sought sexual favors from Elira. **When she refused, the situation quickly escalated. The man's demeanor changed, and he began to threaten and intimidate her.** His words and actions were so severe that Elira was left in a terrible emotional state, visibly shaken and distressed.

Recognizing the seriousness of the incident, Elira reached out for help, and her case was promptly taken up by the REActors. The incident details were meticulously documented. **The case is currently being resolved, with the REActors working diligently to ensure that Elira receives the justice and support she deserves.**

This incident highlights the dangers and emotional trauma that LGBTIQ+ individuals, like Elira, can face simply for being themselves. It underscores the urgent need for greater protection, support, and awareness to ensure the safety and well-being of vulnerable communities in our society.

3. Country-Specific Analysis: Montenegro

1. Legal and Policy-Related Barriers

Criminalization of Drug Use and Sex Work:

While Montenegro has decriminalized small quantities of drugs for personal use, enforcement remains uneven, and the sale and distribution of drugs are heavily penalized, affecting users who also provide substances within communities. Sex work remains criminalized, exposing sex workers to legal penalties and police abuse.

Montenegro has taken limited steps toward progressive drug policy by decriminalizing the possession of small quantities of narcotics for personal use. This shift suggests a recognition that drug addiction and recreational use are often public health issues rather than purely criminal matters. However, in practice, enforcement remains uneven. While possession might not lead to prosecution in some cases, individuals caught with even minor amounts can face harassment, confiscation of belongings, and in some instances, informal demands for bribes. Furthermore, the sale and distribution of drugs, even on a small scale within local communities, is harshly criminalized. This leaves users who may also share or sell substances—often out of necessity or addiction—vulnerable to severe penalties that do not distinguish between low-level community exchanges and organized trafficking.

The legal environment for sex work in Montenegro is similarly punitive. Selling sex is criminalized, subjecting sex workers to fines, detention, and a lack of access to legal protection. While clients are not penalized under the current legal framework, those who facilitate sex work—such as brothel operators or intermediaries—face criminal charges. This legal imbalance exacerbates the vulnerability of sex workers, who often operate in informal and unsafe conditions, with little recourse when faced with violence, exploitation, or abuse. Numerous reports by NGOs and civil society groups have documented instances of police harassment and misconduct, including arbitrary detentions and extortion.

The criminalization of sex work, without corresponding accountability for exploitative actors or protections for workers themselves, reinforces stigma and marginalization. It effectively pushes sex work underground, making it harder to implement public health initiatives or ensure basic safety standards. Advocacy groups have called for reforms that would shift the legal burden away from sex workers and towards those who exploit or coerce them, suggesting a rights-based approach to regulation. However, such proposals have gained limited traction in Montenegro's political landscape, where conservative views and a lack of institutional reform continue to dominate.

Overall, Montenegro's legal approach to drug use and sex work reflects a pattern of partial liberalization overshadowed by rigid enforcement and structural inequality. While some legal texts gesture toward decriminalization and reform, real-world application remains inconsistent and often punitive. As a result, the most vulnerable populations—drug users and sex workers—face continued legal risk, social exclusion, and abuse without the protection or support that more comprehensive reform could provide.

LGBTQ+ Legal Gaps:

The 2020 Law on Same-Sex Life Partnerships marked progress, but it lacks provisions on adoption, reproductive rights, and legal gender recognition. Trans individuals cannot amend personal documents without undergoing full medical transition.

Montenegro made a notable step forward in LGBTQ+ rights with the adoption of the 2020 Law on Same-Sex Life Partnerships, becoming the first non-EU Western Balkan country to legally recognize same-sex unions. This law granted same-sex couples certain rights related to inheritance, healthcare access, and property ownership. However, it stops short of full equality, as it explicitly excludes provisions related to child adoption and access to reproductive rights. As a result, same-sex couples remain barred from starting families through adoption or assisted reproduction, reinforcing structural inequality and limiting the law's impact on their daily lives.

Significant gaps also persist in the legal recognition and protection of transgender individuals. In Montenegro, trans people are not permitted to amend their gender markers or personal identification documents unless they undergo full medical gender reassignment, including surgery. This requirement not only violates bodily autonomy but also places trans individuals in a vulnerable position, forcing them to choose between medical procedures they may not want or need and access to basic legal recognition. Without updated documents, trans people often face systemic discrimination in employment, healthcare, and public life, underscoring the need for broader legal reforms that align with international human rights standards.

Roma Rights and Civil Documentation:

Many Roma and Ashkali remain unregistered or lack access to identity documents, despite constitutional guarantees and ratification of relevant international treaties like the ICESCR.

In Montenegro, many Roma and Ashkali individuals continue to live without essential civil documentation such as birth certificates, identity cards, health insurance, or proof of citizenship. This lack of documentation persists despite constitutional guarantees and the country's ratification of key international treaties, including the International Covenant on Economic, Social and Cultural Rights (ICESCR). Without these documents, individuals are unable to access basic services such as healthcare, education, social support, and legal employment. The problem is particularly acute among displaced Roma from Kosovo, who often possess outdated or foreign-issued documents that are not recognized by Montenegrin authorities. Administrative obstacles, financial costs, and widespread illiteracy further complicate efforts to obtain or update documentation.

Although Montenegro has introduced legal pathways to address statelessness and unregistered status, including a statelessness determination procedure, these measures remain narrow in scope and difficult to access. In practice, even those formally recognized as stateless face barriers to exercising their rights fully, often requiring additional documentation or meeting strict criteria that are difficult to fulfill. National and regional initiatives aimed at Roma inclusion and civil registration have acknowledged the problem, but implementation has been uneven. As a result, many Roma and Ashkali individuals remain effectively invisible to the state, excluded from participation in public life and deprived of the protections and opportunities available to the rest of the population.

Access to Healthcare in Detention:

Health services in Montenegrin prisons are under-resourced. PLHIV and PWUD in detention face barriers in receiving ART or opioid substitution therapy (OST), violating the principle of equivalence of care under international human rights law.

Access to healthcare in Montenegrin detention facilities remains a critical area of concern, particularly for vulnerable groups such as people living with HIV (PLHIV) and people who use drugs (PWUD). The prison healthcare system is chronically under-resourced, with insufficient medical staff, limited availability of medications, and inadequate infrastructure to meet the basic health needs of the incarcerated population. These deficiencies are compounded by a lack of systematic oversight and coordination between the prison system and the public healthcare sector, resulting in fragmented care and delays in treatment for chronic and communicable diseases.

For PLHIV and PWUD, the situation is especially dire. Access to antiretroviral therapy (ART) for those living with HIV is not consistently guaranteed in detention, despite the life-sustaining nature of the treatment. Similarly, opioid substitution therapy (OST), which is critical for harm reduction and stabilization of individuals with opioid dependence, is either unavailable or severely limited within most facilities. This not only undermines the health of the individuals affected but also increases the risk of disease transmission, including HIV and hepatitis C, within closed prison environments. The failure to provide these essential services violates the principle of equivalence of care, which requires that individuals deprived of liberty receive healthcare of the same standard available in the wider community.

International human rights bodies, including the European Committee for the Prevention of Torture (CPT) and the UN Committee against Torture, have repeatedly emphasized the obligation of states to ensure access to adequate healthcare in detention. Montenegro's current practices fall short of these standards, exposing detainees to preventable suffering and avoidable health risks. Despite some efforts to introduce pilot harm reduction programs, progress has been minimal and inconsistent. Without systemic reform and investment in prison healthcare, Montenegro risks ongoing breaches of its human rights commitments and the further marginalization of already vulnerable populations within its justice system.

2. Institutional/Systemic Barriers

Healthcare Access Barriers:

Discrimination persists against PLHIV, especially within smaller communities. A WHO Montenegro assessment in 2021 found limited ART centers, often located far from marginalized populations.

In Montenegro, systemic barriers continue to limit equitable access to healthcare, particularly for people living with HIV (PLHIV). Despite formal guarantees of universal healthcare, PLHIV often face discrimination in medical settings, which discourages them from seeking timely testing, treatment, or support. This stigma is especially pronounced in smaller communities where confidentiality is harder to maintain and misinformation about HIV persists. Healthcare professionals may demonstrate reluctance or a lack of training in providing appropriate care,

leading to breaches in patient dignity and contributing to the social isolation of affected individuals.

A 2021 assessment by the World Health Organization (WHO) highlighted structural challenges in the country's HIV response. One of the most pressing issues identified was the limited availability of antiretroviral therapy (ART) centers. These treatment centers are typically concentrated in urban areas, making them geographically inaccessible to people living in remote or marginalized regions, including Roma communities, refugees, and low-income individuals. As a result, patients must often travel long distances to receive essential care, facing additional burdens in time, cost, and exposure to stigma during transit or at centralized facilities.

These geographic and social disparities point to deeper systemic issues within Montenegro's healthcare framework. The lack of a decentralized, community-based model for ART delivery undermines national and international commitments to equitable healthcare access. Moreover, the absence of widespread awareness campaigns, confidentiality protections, and targeted outreach further compounds the problem. Without a concerted effort to decentralize services, train healthcare staff on non-discriminatory practices, and address public misconceptions about HIV, Montenegro risks leaving its most vulnerable populations without the care they are legally and ethically entitled to receive.

Police Abuse and Harassment:

NGOs have documented cases of police extortion and verbal abuse toward sex workers and LGBTQ+ individuals, with low accountability or institutional redress mechanisms.

The civil society organizations in Montenegro have consistently reported cases of police abuse targeting marginalized communities, particularly sex workers and LGBTQ+ individuals. These incidents often involve verbal harassment, intimidation, and, in some cases, extortion. Sex workers are especially vulnerable, as their criminalized status leaves them with little legal protection and few avenues to report misconduct without risking further persecution. LGBTQ+ individuals, particularly trans people, have also reported being subjected to degrading treatment by law enforcement, including invasive questioning and public humiliation during routine checks or detainment.

Despite the severity and persistence of these abuses, institutional responses remain weak. Mechanisms for accountability—such as internal investigations or independent oversight bodies—are either ineffective or underutilized. Victims frequently refrain from filing complaints due to fear of retaliation or mistrust in the system's ability to act impartially. As a result, cases of police misconduct often go unpunished, fostering a culture of impunity within law enforcement agencies. The absence of robust redress mechanisms not only erodes public trust but also reinforces the marginalization of already vulnerable groups, undermining Montenegro's commitments to human rights and equal protection under the law.

Housing and Social Protection Discrimination:

Roma and Egyptian communities continue to face institutional bias in access to social housing and state assistance, often being placed in segregated or unsafe locations.

Roma and Egyptian communities in Montenegro continue to experience systemic discrimination in access to housing and social protection services. Despite constitutional guarantees of equality and inclusion, these groups are often excluded from fair and transparent allocation processes for social housing. Many Roma and Egyptians live in informal settlements or overcrowded conditions, with limited access to basic infrastructure such as electricity, water, and sanitation. Even when social housing programs are available, they frequently fall short in addressing the specific needs of these communities, often resulting in temporary or inadequate solutions.

Institutional bias further compounds these challenges. Local authorities have been known to prioritize other groups in housing allocation or to impose bureaucratic barriers that disproportionately affect Roma and Egyptian applicants, such as requiring documentation that many lack due to systemic gaps in civil registration. In cases where housing is provided, it is often situated in segregated or marginalized areas, far from public services, employment opportunities, and educational institutions. This physical isolation reinforces social exclusion and limits residents' chances for upward mobility or integration into broader society.

Social protection programs, including financial assistance and welfare benefits, are similarly marred by discriminatory practices. Roma and Egyptian families often encounter obstacles in accessing support due to unclear eligibility criteria, lack of targeted outreach, and discriminatory attitudes among service providers. As a result, many fall through the cracks of the social welfare system, remaining trapped in cycles of poverty and dependency. Without proactive measures to address these structural inequities such as inclusive housing policies, simplified administrative procedures, and anti-discrimination training for public officials Montenegro risks perpetuating deep-seated inequalities and failing to meet its obligations under international human rights law.

Corruption in Social Services:

Reports by Transparency International Montenegro indicate that corruption in healthcare and social protection services disproportionately affects vulnerable communities lacking formal connections or education.

Corruption within Montenegro's healthcare and social protection systems remains a persistent barrier to equitable access, particularly for vulnerable and marginalized groups. Reports from Transparency International Montenegro have highlighted widespread instances of informal payments, favoritism, and misuse of public resources in the delivery of these essential services. Individuals without personal connections to officials or institutions often those from low-income backgrounds, Roma and Egyptian communities, or rural areas frequently encounter delays, denials, or neglect when seeking medical care or social support. This unequal treatment undermines trust in public institutions and reinforces social exclusion.

In the healthcare sector, informal payments or gifts are commonly perceived as necessary to receive timely or quality treatment. For those who cannot afford to pay or who lack the cultural or social capital to navigate these unofficial systems, access to care becomes inconsistent and sometimes impossible. This disproportionately affects people living in poverty or with limited education, who are less likely to challenge corrupt practices or to know

how to advocate for their rights. As a result, health outcomes for these groups remain poor, and preventable conditions often go untreated.

Corruption in social protection services follows similar patterns. Eligibility for welfare benefits, housing assistance, and other public programs can be manipulated by officials through discretionary decisions or biased application of rules. Transparency and oversight mechanisms remain weak, and complaints procedures are often inaccessible or ineffective, discouraging victims from reporting abuse. The persistence of these corrupt practices reflects broader governance challenges and highlights the need for systemic reform. Without stronger institutional accountability, enhanced public sector training, and protections for whistleblowers, corruption will continue to disproportionately harm those most in need of state support.

3. Social and Cultural Barriers

High Levels of Stigma:

Stigma against PWUD, PLHIV, and sex workers is deeply entrenched. Public opinion surveys conducted by CEDEM in 2022 showed that over 55% of respondents viewed LGBTQ+ individuals as a threat to family values.

In Montenegro, social and cultural stigma remains a powerful force reinforcing the marginalization of people who use drugs (PWUD), people living with HIV (PLHIV), and sex workers. These groups are often perceived through a moralizing lens that equates their identities or behaviors with deviance or criminality. Such views are deeply rooted in societal attitudes shaped by conservative norms, religious beliefs, and a general lack of public education about harm reduction and public health. As a result, individuals from these communities face not only discrimination in institutional settings but also exclusion and hostility in everyday life, including from family members, neighbors, and employers.

Public attitudes toward the LGBTQ+ community further illustrate the depth of social stigma in Montenegro. A 2022 survey conducted by the Center for Democracy and Human Rights (CEDEM) revealed that more than 55% of respondents believed LGBTQ+ individuals posed a threat to traditional family values. This perception reflects widespread misunderstanding and fear, which translates into open hostility, limited public acceptance, and restricted visibility of LGBTQ+ individuals, particularly outside urban centers. These attitudes also fuel resistance to policy reforms and discourage individuals from coming out or seeking support services, further entrenching their social isolation.

The persistence of such stigma has broader implications for Montenegro's efforts to promote social inclusion and human rights. Stigmatizing beliefs act as powerful deterrents to accessing healthcare, legal protection, and social support, as affected individuals may avoid public institutions for fear of judgment or mistreatment. This social exclusion not only deepens individual vulnerabilities but also undermines public health and development goals. Efforts to reduce stigma through education, media representation, and community engagement remain limited in scale and impact, pointing to the need for sustained investment in awareness campaigns and inclusive dialogue at both national and local levels.

Educational Exclusion of Roma Children:

Discriminatory attitudes among teachers and peers, compounded by poverty and parental illiteracy, lead to low enrollment and high dropout rates.

Roma children in Montenegro face persistent educational exclusion due to a combination of discriminatory attitudes, structural poverty, and intergenerational disadvantage. In schools, Roma students often experience bias from both teachers and peers, ranging from lower academic expectations to social exclusion and verbal abuse. These experiences create hostile learning environments that discourage sustained participation. Compounded by poverty and limited access to early childhood education, many Roma children begin school at a disadvantage and struggle to keep up with their peers, increasing the risk of early dropout.

Parental illiteracy and limited familiarity with the education system further deepen this exclusion. Many Roma parents, having had little or no formal education themselves, are unable to support their children academically or navigate bureaucratic requirements related to school enrollment and attendance. Language barriers and a lack of targeted outreach from educational institutions also hinder communication and engagement. As a result, Roma children are significantly underrepresented in secondary and higher education, perpetuating cycles of marginalization and limiting their future opportunities. Without stronger inclusion measures such as culturally sensitive teaching, scholarship programs, and support for Roma families Montenegro's education system remains ill equipped to provide equal opportunities for all.

Fear of Being Outed:

LGBTQ+ individuals often conceal their identities due to fear of violence, family rejection, and job loss.

In Montenegro, many LGBTQ+ individuals live with the constant fear of being outed, leading them to conceal their identities in both private and public spheres. This fear is rooted in the high risk of violence, social ostracization, and discrimination that often follows disclosure. Coming out can result in verbal or physical abuse, especially in conservative or rural areas where traditional norms dominate and support systems are scarce. As a result, LGBTQ+ people frequently avoid open expression of their identities, limiting their ability to form social connections and access community support.

The fear of being outed extends to professional and family settings, where consequences can be particularly severe. Rejection by family members remains common, with many LGBTQ+ individuals reporting emotional or financial abandonment after coming out. In the workplace, discrimination and job insecurity further reinforce the need for secrecy, as employment protections for LGBTQ+ people remain limited in practice despite legal frameworks. This culture of silence and fear contributes to psychological distress, social isolation, and barriers to healthcare and legal protection, leaving LGBTQ+ individuals in Montenegro vulnerable and unsupported.

Community Rejection of PLHIV:

PLHIV are frequently excluded from family and religious life, reinforcing their social isolation and mental health risks.

People living with HIV (PLHIV) in Montenegro often face deep-seated stigma that leads to rejection by their families and exclusion from community and religious life. Upon disclosure of their status, many experience fear-driven reactions from loved ones, including emotional distancing, blame, or even expulsion from the household. These responses are often fueled by misinformation about HIV transmission and persistent associations of the virus with behaviors viewed as immoral. Within religious communities, PLHIV may be silently marginalized or publicly shamed, reinforcing feelings of guilt and unworthiness. This social exclusion deprives individuals of critical emotional and spiritual support at a time when they most need it.

The impact of such rejection extends beyond personal relationships, contributing significantly to the mental health challenges faced by PLHIV. Isolation, anxiety, and depression are common among those who have been alienated from their support networks. Fear of discrimination can also deter individuals from seeking medical treatment, disclosing their status to healthcare providers, or participating in community life. As a result, stigma not only undermines the well being of PLHIV but also poses a broader public health risk by delaying diagnosis and treatment. Without targeted public education and stronger anti-discrimination protections, the cycle of stigma and exclusion remains a barrier to both individual dignity and collective health in Montenegro.

Data and Case Examples

- *UNHCR Montenegro* reported in 2023 that over **1,000 Roma and Ashkali** lacked access to basic documentation, despite long-term residence.
- *LGBT Forum Progress* registered **42 cases of discrimination** or hate crimes against LGBTQ+ individuals in 2022, with only 4 resulting in formal legal action.
- *Juventas*, a local NGO, found that only **one-third of sex workers** surveyed in 2021 had access to non-judgmental sexual health services.

Good Practices

- **Drop-in Centers for Key Populations:**
NGOs such as *CAZAS* and *Juventas* run drop-in centers offering free HIV testing, OST referral, and legal advice for sex workers, PWUD, and PLHIV.
- **Police Sensitization Training:**
Supported by the *Council of Europe*, Montenegro launched a training program for police on LGBTQ+ and human rights issues, reducing reported incidents of abuse in pilot municipalities.
- **Roma Inclusion Strategy (2021–2025):**
Though implementation is uneven, the strategy provides a framework for targeted inclusion of Roma in health, housing, and education programs.

REAct Stories:

Resolving counseling challenges in the OST program in Montenegro

At the beginning of the year, REActors received a complaint from Luka (name changed) regarding the insufficient psychological counseling provided in the OST program. Luka's primary concerns were the infrequent and brief sessions with the psychologist, along with the distracting environment in the overcrowded waiting area. He believed these conditions detracted from the quality of care he was entitled to.

Following up on Luka's complaint, REActors' team collaborated with the psychiatric clinic to evaluate the situation. **The clinic's psychiatric staff acknowledged the operational difficulties, noting the challenge of serving a large client base while ensuring personalized psychological support.**

To address this issue, REActors offered Luka access to their counseling center, associated with the day center for people who use psychoactive substances. This solution ensures that Luka receives the necessary psychological support in a more conducive environment, coordinated with the psychiatric clinic, thereby providing a tailored approach to meet his needs within REActors' service framework.

Delay in vital therapy: a case from Montenegro

In January 2024, REActors received a complaint from Mateo (name changed) regarding a significant infringement on his right to access necessary treatment. Despite adhering to the protocol for early medication requisition at the designated pharmacy, **Mateo was deprived of his essential ART for over ten days.**

The gravity of this situation is underscored by the fact that **Mateo had requested the medication a week in advance, yet it was not provided on time.** REActors' immediate response involved educating Mateo about his rights and the measures available to protect those rights in such scenarios. It is imperative for patients undergoing critical treatments like HIV therapy to be knowledgeable about their rights.

REActors also launched an independent investigation to ascertain the causes behind the medication delay. Their goal was to collaborate with pharmacy staff and relevant authorities to prevent such issues in the future. In Montenegro, HIV therapy distribution is centralized through a single pharmacy, which is staffed with trained professionals.

Mateo was then advised to file a formal complaint with the ombudsman for patient rights. This step is crucial in addressing such issues and improving healthcare service delivery. This incident highlights the importance of strict adherence to medical protocols and clear communication between healthcare providers and patients. Timely delivery of medication is vital for patients, emphasizing the need for effective resolution mechanisms within the healthcare system.

Montenegro: Wind of change in healthcare system that brings unexpected moments to the key groups

By the [Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020](#) addiction treatment is conducted within the health care system in the country, and rehabilitation measures aimed at social reintegration and maintaining achieved abstinence are carried out

in the social security system. Treatment is planned and implemented in accordance with the needs of each individual and changed, if necessary, in relation to the condition. During the treatment only professionally justified and validated procedures should be used. That means guidelines for the treatment of addiction are necessary, as well as quality standards in relation to treatment introducing in the institutions that provide such services. Also, **buprenorphine substitution has not yet been introduced into regular practice in all centers for substitution therapy**, as well as changes in healthcare system bring unexpected and not always positive moments to the key groups populations.

Interrupted treatment... due to the health system

On August, 2022 a user of substitution therapy (OST) contacted REActors with a complaint that his **right to health treatment was violated** in the way that the distribution of the drug buprenorphine, which was prescribed as a therapy for opioid addiction by a psychiatrist, **was interrupted**. Due to the changes in the functioning of health system of Montenegro, which is reflected in the abolition of mandatory health insurance and the payment of contributions for the same, as a result of which the Health Fund, as an institution responsible for the procurement of medicines, was left without funds for their purchase, it was difficult to provide many medicines. And so also in this particular case, when there was a cessation of therapy for people using a substitution drug.

Massive work of REActors

Immediately after receiving the notification from the patient, representatives of NGO CAZAS contacted the competent institutions to check the credibility of the complaints. They tried to react as soon as possible with a press release that was carried by all relevant media and with which they informed the public about the massive violation of the rights of OST patients and called on the authorities to solve the problem as soon as possible. REActors also informed the user who contacted them of his rights, and gave him a copy of the complaint form to the health institution. **With this support, the user filled out a complaint, which REActos sent to the health institution.**

Thanks to the quick reaction of the members of the organization, sending of press releases and contacting of health institutions, **the therapy for OST users continued already the next morning**. Complaints submitted to the health services are awaiting a response.

4. Country-Specific Analysis: Serbia

1. Legal and Policy-Related Barriers

Criminalization of Drug Use and Sex Work:

Possession of even small amounts of drugs for personal use remains a criminal offense under Serbian law, deterring PWUD from accessing harm reduction services. Sex work is also criminalized, exposing workers to police violence, fines, and incarceration.

In Serbia, the legal framework surrounding drug use and sex work continues to criminalize and stigmatize individuals involved in these activities, creating significant barriers to health, safety, and social inclusion. The possession of even small quantities of drugs for personal use remains a criminal offense under Serbian law, despite international best practices that recommend decriminalization as a means to improve public health outcomes. This punitive approach discourages people who use drugs (PWUD) from seeking essential harm reduction services, such as needle exchange programs or opioid substitution therapy, for fear of arrest, prosecution, or social repercussions. The criminalization not only undermines access to healthcare but also fuels cycles of incarceration and marginalization, particularly among youth and those in economically disadvantaged communities.

Sex work is similarly treated as a criminal offense, with sex workers subject to police harassment, arbitrary detention, fines, and in some cases, incarceration. This legal status leaves sex workers without access to labor protections or legal recourse in cases of violence, coercion, or exploitation. Reports from human rights organizations and community-led groups have documented instances of police violence, extortion, and abuse against sex workers, particularly those who are also members of other vulnerable groups, such as transgender women or Roma individuals. The fear of legal consequences prevents many sex workers from reporting abuse or accessing health and social services, further deepening their social isolation and vulnerability to harm.

Overall, Serbia's continued criminalization of drug use and sex work not only contravenes public health and human rights standards but also contributes to a climate of fear, discrimination, and exclusion. Shifting toward a decriminalization model, coupled with expanded access to harm reduction, healthcare, and legal protections, is essential for protecting the dignity and rights of these communities and improving broader societal health outcomes.

Incomplete LGBTQ+ Legal Protections:

Serbia lacks comprehensive gender identity laws. While anti-discrimination laws exist (e.g., the Law on Prohibition of Discrimination, 2009), implementation is weak, and there is no legal recognition of same-sex partnerships.

In Serbia, LGBTQ+ individuals face significant legal and institutional gaps that continue to undermine their equality and security. While anti-discrimination protections exist on paper—most notably through the 2009 Law on the Prohibition of Discrimination—these safeguards are not fully implemented in practice. Reports of discrimination based on sexual orientation or gender identity persist across sectors, including education, healthcare, employment, and

access to public services. Enforcement mechanisms are often weak, with few cases resulting in sanctions or meaningful institutional response. As a result, discriminatory behavior frequently goes unchallenged, leaving LGBTQ+ individuals without adequate recourse or protection.

The absence of legal recognition for same sex partnerships remains a major barrier to equal rights. Same sex couples in Serbia cannot access legal frameworks that govern property rights, inheritance, healthcare decision making, or family related protections. This lack of recognition reinforces the invisibility of LGBTQ+ families and deprives them of essential legal and social protections. Political opposition to recognizing same sex unions remains strong, with conservative and nationalist narratives frequently dominating public discourse and stalling any legislative progress.

Transgender individuals also face particular challenges due to the absence of comprehensive gender identity laws. Legal gender recognition is only granted after a full medical transition, including surgical procedures, which are often inaccessible or unwanted by many. There are no standardized administrative pathways for changing gender markers on official documents without fulfilling these invasive requirements. This legal uncertainty exposes transgender people to daily obstacles, including difficulties in employment, education, and healthcare, as well as increased vulnerability to harassment and discrimination. Overall, the lack of comprehensive legal protections continues to limit the ability of LGBTQ+ people in Serbia to live openly, safely, and with equal dignity.

Roma Statelessness and Civil Documentation:

Roma communities face persistent difficulties in civil registration. Statelessness or lack of personal documentation denies individuals access to health care, education, and social services.

Many Roma individuals in Serbia continue to face significant barriers in obtaining civil documentation, a challenge that has persisted despite legislative reforms aimed at reducing statelessness. Due to a combination of historical marginalization, administrative obstacles, and lack of awareness, a notable portion of the Roma population remains unregistered at birth or lacks valid identification documents. This absence of legal identity means that many Roma people are effectively invisible to the state, unable to prove their citizenship or access rights guaranteed under national and international law.

The consequences of this documentation gap are far-reaching. Without birth certificates, identification cards, or residence registration, individuals are systematically excluded from basic public services. Access to healthcare becomes nearly impossible without proof of identity or insurance eligibility, while school enrollment is often denied to children who lack the necessary documentation. Similarly, the inability to access social welfare programs or apply for formal employment perpetuates cycles of poverty and social exclusion. These barriers are especially pronounced in informal settlements, where intergenerational lack of registration and extreme poverty reinforce the problem.

Efforts by civil society organizations and legal aid groups have led to some progress, including simplified procedures for late birth registration. However, systemic obstacles remain, such as

inconsistent implementation by local authorities and a lack of proactive outreach to marginalized communities. Many Roma individuals are unaware of their rights or lack the means to navigate complex bureaucratic processes. As long as these structural issues persist, Roma statelessness and lack of documentation will continue to deny thousands of people access to fundamental rights and prevent full social inclusion in Serbian society.

Prisoner and PLHIV Rights:

Prison health care is inadequate, with limited access to ART and drug dependence treatment. PLHIV in prisons frequently experience isolation and stigma, contrary to Serbia's obligations under the ICESCR.

In Serbia, the rights of prisoners and people living with HIV remain insufficiently protected, particularly within the prison system. Healthcare services in detention facilities are under-resourced and inconsistently provided, falling short of the standards set by international human rights obligations, including the International Covenant on Economic, Social and Cultural Rights. Access to antiretroviral therapy for prisoners living with HIV is limited and often delayed, while drug dependence treatment, including opioid substitution therapy, is rarely available. These gaps in care not only undermine the right to health but also contribute to worsening health outcomes for an already vulnerable population.

Prisoners living with HIV frequently face additional challenges beyond inadequate medical services. Stigma within detention facilities remains high, with many PLHIV experiencing isolation from other inmates and discriminatory treatment from staff. In some cases, individuals are segregated or denied participation in communal activities under the pretext of preventing transmission, despite no public health justification for such measures. This discriminatory environment fosters mental distress and deepens the marginalization of PLHIV, further discouraging individuals from disclosing their status or seeking medical support.

Despite Serbia's legal obligations and the formal inclusion of prisoners in national healthcare strategies, practical implementation remains weak. Oversight mechanisms to ensure continuity of care, confidentiality, and non-discrimination are limited in scope and effectiveness. Advocacy groups and health experts have repeatedly called for reforms to align prison healthcare with community standards and to ensure that PLHIV receive consistent, respectful, and confidential treatment. Without targeted policy changes and investment in prison health infrastructure, Serbia continues to fall short of its commitments to protect the dignity and health rights of all individuals in custody.

2. Institutional/Systemic Barriers

Healthcare Discrimination:

Multiple studies indicate that healthcare professionals often show discriminatory behavior towards PLHIV, PWUD, and sex workers. Misconceptions and fear continue to affect the provision of equitable care.

Institutional discrimination within the healthcare system remains a serious barrier for people living with HIV, people who use drugs, and sex workers. Numerous studies and civil society

reports have documented cases where healthcare professionals display judgmental attitudes or refuse treatment altogether based on a patient's real or perceived identity. This behavior is often rooted in misinformation about disease transmission, especially concerning HIV, and entrenched social stigma surrounding drug use and sex work. As a result, many individuals from these communities avoid seeking medical care out of fear of humiliation, denial of service, or breach of confidentiality.

These discriminatory practices contribute to unequal health outcomes and hinder national efforts to ensure universal healthcare access. When healthcare providers act on personal prejudice rather than medical ethics, it erodes trust and undermines public health interventions such as HIV prevention, harm reduction, and reproductive healthcare. Despite Serbia's formal commitments to non discrimination and patients' rights, the absence of effective enforcement and accountability mechanisms allows such practices to continue unaddressed. Without targeted training for medical staff and stronger oversight, marginalized groups will remain at risk of systemic neglect within the health system.

Police Abuse:

Reports by Belgrade Centre for Human Rights and ASTRA detail numerous cases of violence and extortion of sex workers and Roma individuals by police forces.

In Serbia, police abuse against marginalized communities remains a persistent concern, with documented cases of violence, intimidation, and extortion, particularly targeting sex workers and members of the Roma community. Reports by organizations such as the Belgrade Centre for Human Rights and ASTRA (Anti Trafficking Action) have highlighted patterns of abuse in which police officers exceed their legal authority, often operating with impunity. Sex workers are frequently subjected to verbal harassment, physical assault, and unlawful detention during raids or street patrols. These actions are rarely followed by formal procedures or official charges, leaving victims without access to legal remedies.

Roma individuals similarly experience disproportionate and often discriminatory treatment by law enforcement. Police profiling, arbitrary stops, and excessive use of force are recurring issues in both urban and rural areas. In many cases, Roma people are treated as suspects based solely on ethnicity, with little regard for legal safeguards or due process. Reports also indicate that Roma victims of police violence face significant obstacles in reporting abuse, including fear of retaliation, lack of legal support, and distrust in the justice system. These practices perpetuate systemic inequality and reinforce a climate of fear and exclusion.

The lack of accountability mechanisms further compounds the problem. Complaints filed against police officers are rarely investigated thoroughly, and disciplinary action is infrequent. Existing oversight bodies often lack independence or fail to follow up on reported abuses, leaving affected individuals without meaningful redress. This institutional failure undermines public confidence in the rule of law and contributes to the ongoing marginalization of vulnerable groups. Without systemic reform, including independent monitoring and stronger protections for victims, police abuse will continue to violate the rights and dignity of sex workers, Roma communities, and other at-risk populations in Serbia.

Barriers in Education and Employment:

Roma children face segregation and high dropout rates. LGBTQ+ individuals report workplace discrimination, with limited legal recourse.

Barriers in education and employment significantly impact marginalized communities, particularly Roma children and LGBTQ+ individuals. Roma children frequently face educational segregation, often placed in separate or under-resourced classrooms and schools. Discriminatory attitudes among educators and peers, coupled with socio-economic hardship and limited access to early childhood education, contribute to high dropout rates. Many Roma students leave school before completing primary or secondary education, limiting their future employment opportunities and perpetuating cycles of poverty and exclusion.

LGBTQ+ individuals in Serbia also encounter persistent discrimination in the workplace, ranging from biased hiring practices to harassment and unfair dismissal. Although anti-discrimination laws exist, enforcement is weak, and many individuals fear coming forward due to the lack of institutional support or fear of further stigma. Legal remedies are available in theory, but in practice, few cases reach the courts, and even fewer result in favorable outcomes. This lack of effective legal protection discourages reporting and leaves many LGBTQ+ individuals vulnerable to ongoing discrimination, reinforcing economic insecurity and social invisibility.

Corruption and Bureaucratic Inefficiency:

Marginalized groups are more vulnerable to administrative corruption, such as needing bribes for access to healthcare or documentation, particularly in rural areas.

Corruption and bureaucratic inefficiency in Serbia disproportionately affect marginalized communities, particularly those in rural areas where public oversight and accountability mechanisms are weaker. For Roma individuals, people living with HIV, and other vulnerable groups, interactions with public institutions often involve demands for unofficial payments or bribes to access basic services such as healthcare, social assistance, or civil documentation. These forms of petty corruption not only create financial barriers but also foster a climate of fear and mistrust toward state institutions, discouraging individuals from seeking the support they need.

In rural and economically disadvantaged areas, the combination of limited infrastructure and bureaucratic opacity makes public services especially difficult to access. Individuals often rely on intermediaries or informal connections to navigate complex administrative procedures, which opens the door to exploitation and arbitrary treatment. For example, registering a birth, obtaining medical care, or applying for welfare benefits may involve delays or be denied altogether unless informal payments are made. This environment places marginalized people who already face economic hardship at a further disadvantage, deepening social inequality and reducing opportunities for inclusion.

Efforts to address corruption have had limited impact, with institutional responses often lacking transparency or effectiveness. Anti-corruption bodies and ombudspersons exist but are frequently under resourced or politically constrained, limiting their ability to investigate

and sanction misconduct. For marginalized groups, who may lack legal literacy or access to legal aid, reporting corruption is rarely a viable option. As a result, corruption and inefficiency remain entrenched features of public administration in Serbia, reinforcing structural barriers and undermining trust in the state among those who most need its protection and support.

3. Social and Cultural Barriers

Stigma and Violence Against LGBTQ+ Persons:

Despite public Pride events, LGBTQ+ individuals still face regular hate crimes, family rejection, and social isolation. A 2022 ILGA-Europe report ranked Serbia low in terms of LGBTQ+ equality.

In Serbia, LGBTQ+ individuals continue to face significant social stigma and violence, despite increased visibility through events like Belgrade Pride. Hate crimes remain a regular occurrence, with verbal harassment, physical assaults, and threats often going unreported due to fear of retaliation or lack of trust in law enforcement. Within families, LGBTQ+ individuals frequently encounter rejection, emotional abuse, or coercion to conceal their identity, leading to social isolation and mental health challenges. These experiences contribute to a hostile environment in which many choose to remain closeted, particularly outside major urban centers where societal attitudes are more conservative.

According to ILGA-Europe's 2022 report on LGBTQ+ equality, Serbia ranks poorly compared to other European countries in terms of legal protections, social acceptance, and institutional support for LGBTQ+ rights. The report highlights gaps in legal recognition, weak enforcement of anti-discrimination measures, and the absence of effective mechanisms for addressing hate crimes. While public events such as Pride marches symbolize progress, they often take place under heavy police protection due to threats from extremist groups. This contrast underscores the deep divide between formal tolerance and persistent societal prejudice, which continues to restrict the everyday freedoms and safety of LGBTQ+ individuals across the country.

Cultural Marginalization of Sex Workers:

Sex workers are viewed as criminals or morally corrupt, leading to extreme social exclusion and minimal support networks.

Sex workers in Serbia face widespread cultural marginalization that severely limits their access to safety, support, and basic rights. They are commonly perceived as criminals or morally deviant individuals, a perception reinforced by their criminalized legal status and negative portrayals in media and public discourse. These stigmatizing attitudes contribute to a hostile environment where sex workers are routinely subjected to judgment, suspicion, and discrimination, not only from state authorities but also from the general public and even within their own communities.

As a result of this pervasive stigma, sex workers in Serbia often experience extreme social exclusion. Many are rejected by their families and cut off from traditional social networks, leaving them without emotional or practical support. This isolation makes them more vulnerable to violence, exploitation, and abuse, particularly from clients or law enforcement,

and it also creates barriers to accessing healthcare, legal aid, or social services. Fear of exposure and judgment often prevents sex workers from seeking help, even when they are in immediate danger or facing serious health issues.

There are few institutional protections or advocacy platforms specifically aimed at defending the rights of sex workers in Serbia. Civil society organizations working in this area often face limited resources and political resistance, further restricting their reach. Without legal recognition, community support, or public empathy, sex workers remain largely invisible in policy debates and human rights discussions. The ongoing cultural marginalization not only undermines their dignity but also perpetuates cycles of poverty, violence, and social exclusion that are difficult to break without systemic legal and cultural change.

Stereotyping of Roma Communities:

Roma are widely perceived as untrustworthy or undeserving of public services, fueling exclusion in schools, housing, and employment.

In Serbia, Roma communities continue to face deeply entrenched stereotypes that portray them as untrustworthy, unmotivated, or undeserving of public support. These harmful perceptions are widespread in both public discourse and institutional settings, reinforcing societal biases that contribute to discrimination and exclusion. As a result, Roma individuals are often met with suspicion or hostility when trying to access essential services such as education, healthcare, and social assistance. This stigmatization not only limits their opportunities but also justifies unequal treatment by authorities and service providers, further entrenching systemic barriers.

These stereotypes have a direct impact on Roma inclusion in key areas like schooling, housing, and employment. In education, Roma children are frequently assumed to be less capable, which leads to placement in segregated or lower quality classrooms and contributes to high dropout rates. In housing, Roma families often face resistance when applying for public housing or are relegated to unsafe, informal settlements. Employment discrimination is also widespread, with employers frequently rejecting Roma applicants based on prejudice rather than qualifications. This cycle of stereotyping and exclusion perpetuates poverty and marginalization, making it difficult for Roma individuals to break free from generations of disadvantage.

PWUD and PLHIV Stigma:

Negative public attitudes reinforce reluctance among PWUD and PLHIV to seek support, fearing exposure and rejection.

People who use drugs (PWUD) and people living with HIV (PLHIV) in Serbia face deeply rooted societal stigma that significantly impacts their ability to access healthcare, social services, and community support. Negative public attitudes often frame drug use and HIV not as health issues but as moral failings or dangerous behaviors. As a result, both groups are frequently blamed for their circumstances and viewed with fear or contempt. This stigmatization is reinforced through media narratives, political discourse, and even within healthcare settings, where discriminatory behavior from professionals can further alienate individuals in need of care.

The fear of being exposed as a drug user or as HIV-positive discourages many individuals from seeking timely medical or psychological support. PLHIV may avoid disclosing their status to family members, employers, or healthcare providers, fearing rejection, job loss, or social isolation. Similarly, PWUD may delay or avoid seeking harm reduction services, treatment for addiction, or general healthcare due to concerns about being judged or reported to authorities. This reluctance can lead to deteriorating health, higher rates of transmission, and increased vulnerability to mental health issues, compounding the challenges they already face.

Stigma also limits the effectiveness of public health efforts by undermining outreach, prevention, and treatment programs. When services are perceived as inaccessible or unsafe due to potential discrimination, marginalized individuals are less likely to engage with them. Although NGOs and some progressive health professionals work to create inclusive and confidential environments, broader societal attitudes continue to pose a major barrier. Until stigma against PWUD and PLHIV is meaningfully addressed through public education, anti discrimination training, and supportive legislation, these populations will remain at the margins of Serbia's health and social systems.

Data and Case Examples

- *UNHCR Serbia* estimated in 2022 that approximately **2,200 Roma individuals** remain stateless or at risk of statelessness.
- *Labris* (LGBTQ+ rights group) documented over **80 cases of LGBTQ+ discrimination** in 2021, including workplace dismissal and healthcare denial.
- A 2021 *ASTRA* report found that **nearly 50% of sex workers** surveyed experienced police violence in the previous year.

Good Practices

- **Harm Reduction Services:**
Re Generation and *Prevent* run needle exchange and OST programs, while offering mobile outreach to PWUD in Belgrade and Novi Sad.
- **Roma Legal Aid Initiatives:**
Legal aid clinics supported by *UNHCR* and *Praxis* have successfully helped undocumented Roma obtain ID documents, increasing access to education and health services.
- **LGBTQ+ Community Centers:**
The *Da Se Zna!* and *Labris* organizations provide psychological support, legal aid, and emergency housing for LGBTQ+ individuals.

REAct Stories:

Violence on demand: how sex workers are victims of abuse in Serbia

Marija (name changed), a young woman working in the sex industry, approached REActors for help by sharing her story of abuse. One day, while she was doing her job, she was

approached by a man in a suit who offered her a sum of money for sexual services. After she named the price, he agreed and invited her to get into his car.

As soon as this happened, the man began to insult her, identifying himself as a police officer but not providing identification. He began locking the doors and then began physically abusing her by grabbing her hair and beating her. In the process, he stated that if Maria went to the police he would send her to jail, threatening to take her down.

At one point, the rapist simply threw the girl out of the car, but she managed to write down the license plate number. However, after the incident, the man found Maria and continued his threats, claiming that she should not report the incident as she would be arrested. This incident left the client deeply stressed and fearful, giving her no confidence to seek help from law enforcement.

The story told by the client is a prime example of the violence and manipulation that sex worker/s face when their safety and rights are threatened by those with power or influence. These situations also underscore the importance of creating a safe environment for sex worker/s and the necessary support from organizations working with this vulnerable community.

Such violence not only threatens physical safety but also confounds the victim, preventing them from fighting for their rights and safety. It is important to remember that every case of violence requires attention and action from law enforcement and community organizations.

Serbia: cooperation between the Center for Social Work and TOC as an example of good practice for providing ART

[TOC \(Association for sustainable communities development\)](#) in cooperation with the Center for Social Work from Zaječar in the previous period worked on solving the problem of treating an HIV positive patient, a beneficiary of this Center.

At the invitation of the Center for Social Work, a meeting of this institution and the TOC team was held on the topic of solving the problems of their beneficiary. On that occasion, it was explained by the representative of the Center for Social Work that they had a beneficiary who had attempted suicide and that during treatment and rehabilitation of injuries in the hospital, this beneficiary found out his HIV status. Given that the health institutions tried to provide only basic help to the patient and then let him go to home treatment, the Center for Social Work contacted the TOC team with the idea that this user should first receive adequate HIV therapy and then appropriate housing. In cooperation with the Infectious Disease Clinic of the Clinical Center Kragujevac and the Health Center Zaječar, this person was prescribed adequate therapy and the treatment process began. Before the therapy itself, in cooperation with the Center for Social Work and the doctors of the infectious department of the Health Center Zaječar, the TOC team conducted a voluntary confidential counseling service, during which a conversation was held with the client about the importance of applying antiretroviral therapy for HIV.

After medical care, the Center for Social Work worked to provide adequate accommodation for this beneficiary, given that he has no family and would remain on the streets after recovering in the hospital. He is currently in the gerontological center in Niš, where he will be provided with all necessary care. The TOC team worked to provide adequate and necessary HIV therapy, which the beneficiary regularly receives under medical supervision. Through regular communication with the Infectious Diseases Clinic of the University Clinical Center Niš, on whose territory the beneficiary is currently located, TOC works on the continuous procurement of antiretroviral drugs for HIV necessary for the beneficiary's further treatment. **The Center for Social Work has recognized TOC as a safe partner that can be turned to to adequately help its beneficiary, and in connection with the treatment of HIV infection.**

5. Country-Specific Analysis: North Macedonia

1. Legal and Policy-Related Barriers

Criminalization of Drug Use and Sex Work:

North Macedonia maintains criminal penalties for possession of drugs, even in small amounts, deterring PWUD from seeking harm reduction services. Sex work is illegal, and sex workers are often penalized under public order offenses.

In North Macedonia, the legal framework surrounding drug use and sex work continues to pose serious barriers to the health, safety, and human rights of marginalized populations. Despite global recommendations promoting a health-based approach to drug use, national legislation still enforces criminal penalties for possession of even small quantities of narcotics intended for personal use. This punitive approach deters people who use drugs (PWUD) from seeking harm reduction services, such as needle exchange programs, opioid substitution therapy, or HIV testing, for fear of arrest or prosecution. The resulting avoidance of medical and social support increases the risk of overdose, infectious disease transmission, and deeper entrenchment in criminal justice cycles.

Similarly, sex work remains illegal in North Macedonia and is frequently prosecuted under laws regulating public order and morality. Sex workers are often fined, detained, or harassed under these vague provisions, which allow law enforcement significant discretion in their application. This legal ambiguity not only exposes sex workers to frequent police abuse and extortion but also undermines their ability to report violence or seek protection when harmed. The criminalization of their work pushes them into hidden, often unsafe environments where health risks and exploitation are heightened.

These legal and policy barriers reflect a broader pattern of criminalization and marginalization rather than support and protection. Rather than addressing the root causes of vulnerability, such as poverty, social exclusion, and lack of access to healthcare, the current legal system punishes behaviors associated with marginalized identities. This approach contradicts international human rights standards and public health best practices, which call for decriminalization and inclusive policies. Without meaningful reform, the legal environment in North Macedonia will continue to endanger the lives and rights of PWUD and sex workers while undermining national efforts to reduce harm and promote public health.

Legal Ambiguity for LGBTQ+ Rights:

While anti-discrimination laws (Law on Prevention and Protection Against Discrimination, 2020) cover sexual orientation and gender identity, there is no legal recognition of same-sex unions. Trans individuals face an unclear and obstructive legal process for gender recognition, with medical procedures often being a prerequisite.

In North Macedonia, legal protections for LGBTQ+ individuals remain incomplete and ambiguous, limiting the practical realization of their rights. The Law on Prevention and Protection Against Discrimination, adopted in 2020, explicitly includes sexual orientation and gender identity as protected grounds, representing a significant legislative step. However, the implementation of this law has been inconsistent, and many LGBTQ+ individuals continue to

face discrimination in everyday life, particularly in employment, healthcare, and education. Legal protection alone has proven insufficient without effective enforcement mechanisms, public awareness, and institutional accountability.

One of the most significant legal gaps is the absence of recognition for same-sex unions. North Macedonia does not provide any form of legal partnership or family rights to same-sex couples, leaving them without access to rights such as joint property ownership, inheritance, social security benefits, or hospital visitation. This exclusion from family law continues to reinforce the invisibility of same-sex relationships within the legal system and public institutions. The lack of recognition also contributes to broader societal stigma, signaling that LGBTQ+ relationships are less valid or deserving of protection than heterosexual ones.

For transgender individuals, the path to legal gender recognition is particularly opaque and restrictive. While there is no explicit legal ban, the process is not clearly regulated, leaving individuals to navigate a complex and often inconsistent set of administrative and medical requirements. In practice, legal gender change typically requires proof of medical transition, including invasive procedures that not all individuals may want or afford. This requirement violates international human rights principles, which emphasize the right to self-determination in matters of gender identity. Without a clear, accessible, and rights-based process, trans people in North Macedonia remain vulnerable to legal uncertainty, bureaucratic delays, and institutional discrimination.

Roma Civil Documentation Issues:

Despite policy commitments, many Roma still lack birth registration or identity documentation, preventing access to education, health care, and social services—violating provisions under the ICESCR and the UDHR.

In North Macedonia, a significant portion of the Roma population continues to live without basic civil documentation, despite the country's formal commitments to address this issue through national strategies and international human rights obligations. Many Roma individuals, particularly children, lack birth certificates or valid identification documents, often due to systemic obstacles such as poverty, lack of access to administrative offices, and bureaucratic complexity. In some cases, intergenerational statelessness compounds the problem, as undocumented parents face difficulties in registering their children. This administrative invisibility effectively excludes Roma from public life and makes them more vulnerable to social and economic marginalization.

The absence of documentation has severe consequences, as it bars individuals from exercising fundamental rights guaranteed under the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Universal Declaration of Human Rights (UDHR). Without personal identification, Roma children may be unable to enroll in school, while adults face barriers to accessing healthcare, employment, and social protection programs. Even when policy frameworks exist to facilitate registration, discriminatory practices and a lack of proactive institutional outreach continue to hinder progress. As a result, undocumented Roma remain in a legal limbo, denied not only services but also the dignity and agency that documentation affords within a functioning state system.

PLHIV and Prisoners:

PLHIV in prisons have limited access to ART and confidential health care, often suffering stigma from both inmates and medical staff. The prison health system is under-resourced and lacks continuity of care upon release.

In North Macedonia, people living with HIV (PLHIV) who are incarcerated face serious challenges in accessing appropriate and timely medical care. Antiretroviral therapy (ART), the cornerstone of HIV treatment, is not consistently available in the prison system, leading to interruptions in care that can compromise health outcomes and increase the risk of transmission. The provision of healthcare within prisons is limited by both a lack of trained medical personnel and insufficient infrastructure, making it difficult to ensure that PLHIV receive the specialized and ongoing treatment they require.

Beyond the logistical shortcomings, PLHIV in detention also suffer from widespread stigma and discrimination, not only from fellow inmates but also from healthcare providers and prison staff. This hostile environment discourages individuals from disclosing their HIV status or seeking treatment, out of fear of being singled out, harassed, or isolated. Breaches of confidentiality are not uncommon, further eroding trust in the prison healthcare system. As a result, many PLHIV may choose to forego medical care altogether, worsening their health and reinforcing the cycle of neglect and marginalization.

The challenges do not end at the prison gate. Upon release, continuity of care is rarely guaranteed, with limited coordination between the prison healthcare system and community based medical services. Formerly incarcerated PLHIV often struggle to reintegrate into society, especially if they lack stable housing, employment, or family support. The absence of transitional healthcare planning means that treatment gaps persist, increasing the likelihood of health deterioration and community transmission. Addressing these issues requires systemic reform focused on both the provision of comprehensive prison healthcare and the creation of robust reintegration pathways for PLHIV returning to society.

2. Institutional/Systemic Barriers

Healthcare Inequities:

Stigmatization of PLHIV, PWUD, and sex workers by medical professionals leads to avoidance of health facilities. HERA (Health Education and Research Association) has reported ongoing breaches of confidentiality and discriminatory treatment.

In North Macedonia, institutionalized stigma within the healthcare system continues to obstruct equitable access to services for people living with HIV (PLHIV), people who use drugs (PWUD), and sex workers. These groups frequently encounter judgmental attitudes and discriminatory treatment from healthcare professionals, which undermines their trust in medical institutions. Instead of receiving respectful, patient centered care, they are often subject to suspicion, moral condemnation, or outright neglect, which deters many from seeking necessary medical attention even when facing serious health concerns.

The Health Education and Research Association (HERA) has documented ongoing breaches of confidentiality, particularly affecting PLHIV and sex workers. Cases have been reported where

individuals' HIV status or engagement in sex work has been disclosed without consent, either among medical staff or to outside parties. These violations not only constitute a breach of ethical standards but also have serious consequences for the individuals involved, including social ostracism, job loss, and emotional distress. Such practices fuel a cycle of fear and avoidance, in which those most in need of care are driven further away from the health system.

These systemic failures reflect a broader pattern of institutional neglect and insufficient training among healthcare providers regarding human rights based approaches to care. Without targeted efforts to educate medical personnel and hold institutions accountable for discriminatory behavior, marginalized communities will continue to face significant barriers to health services. Addressing these issues requires a combination of policy enforcement, sensitivity training, and community engagement to ensure that all individuals regardless of health status, occupation, or drug use can access healthcare with dignity and without fear of mistreatment.

Education Discrimination Against Roma:

Roma children are often placed in separate or under-resourced schools, with high dropout rates and limited inclusion support mechanisms.

In North Macedonia, Roma children frequently face systemic discrimination within the education system, contributing to their marginalization and long-term social exclusion. They are often placed in segregated schools or in classrooms that lack adequate resources, qualified staff, and inclusive teaching materials. These institutions tend to offer a lower quality of education, limiting academic achievement and reinforcing social divides from an early age. Discriminatory practices by teachers and peers further isolate Roma students, fostering a sense of exclusion and alienation that undermines their motivation to remain in school.

The lack of institutional support mechanisms exacerbates the problem, as few targeted interventions exist to promote Roma inclusion or to address the specific challenges they face, such as language barriers, poverty, and parental illiteracy. Dropout rates among Roma children remain significantly higher than the national average, particularly at the secondary education level. Without meaningful policy reforms and inclusive education practices, Roma students are unlikely to achieve equal educational outcomes, perpetuating cycles of inequality and poverty across generations.

Police Discrimination:

Sex workers and LGBTQ+ persons frequently report extortion, threats, and abuse by police. NGOs such as Coalition Margins have documented a lack of legal accountability for these abuses.

In North Macedonia, sex workers and LGBTQ+ individuals are frequently subjected to discriminatory and abusive treatment by police forces, which significantly undermines their safety and trust in public institutions. Reports indicate that these groups are often targeted not because of any criminal activity, but because of their identity or perceived vulnerability. Police officers have been known to engage in harassment, threats, and even physical abuse,

especially during informal stops or raids. These actions create an environment of fear and coercion, where those affected are unlikely to report mistreatment due to the risk of further abuse or exposure.

Extortion is another serious concern, with numerous accounts of police demanding bribes from sex workers or threatening to disclose LGBTQ+ individuals' identities unless they comply. This exploitation is made possible by the lack of effective oversight mechanisms and the persistent stigmatization of these communities. The legal status of sex work and the absence of comprehensive protections for LGBTQ+ persons enable such abuses to occur with relative impunity. In many cases, victims are either ignored when they seek help or discouraged from pursuing complaints, reinforcing the sense that justice is inaccessible to them.

NGOs such as Coalition Margins have consistently documented these violations, highlighting both the prevalence of abuse and the systemic failure to ensure police accountability. Despite the existence of national human rights institutions, legal redress remains largely symbolic for marginalized groups, as few cases lead to disciplinary action or structural reform within the police force. This ongoing pattern of impunity not only violates basic human rights but also fuels further marginalization by signaling that some individuals are beyond the protection of the law. Without institutional changes and robust accountability mechanisms, police discrimination in North Macedonia will continue to erode public trust and deepen social inequalities.

Fragmented Social Services:

Welfare and housing programs are fragmented and poorly adapted to the needs of marginalized populations, particularly undocumented Roma and transgender persons.

In North Macedonia, social welfare and housing programs remain fragmented and insufficiently responsive to the needs of marginalized populations, including undocumented Roma and transgender persons. These groups often encounter rigid bureaucratic requirements that fail to account for their specific vulnerabilities, such as lack of civil documentation or unstable living conditions. Without official identity papers, undocumented Roma individuals are frequently excluded from welfare benefits, housing assistance, and other forms of public support. This exclusion entrenches cycles of poverty and homelessness as there are few alternative pathways to access state aid.

Transgender individuals face additional challenges within the social service system which largely lacks protocols for gender affirming care and inclusive support structures. Services are rarely adapted to accommodate the unique social and medical needs of trans people who may experience discrimination from service providers or be misgendered in official interactions. The absence of specialized shelters or support programs leaves many trans individuals at risk of homelessness, unemployment, and mental health crises particularly those who have been rejected by their families or communities.

The broader issue lies in the lack of coordination and integration across different service sectors. Welfare, housing, healthcare, and legal aid often operate in isolation making it difficult for individuals with intersecting vulnerabilities to navigate the system effectively. Case management is limited and there is little outreach to ensure that those most in need are

informed of or connected to available services. Without targeted reforms and inclusive policies the existing social service infrastructure in North Macedonia will remain ill equipped to address the realities of marginalized communities reinforcing structural barriers rather than alleviating them.

3. Social and Cultural Barriers

Homophobia and Transphobia:

Despite civil society advocacy, societal attitudes toward LGBTQ+ persons remain hostile. Hate speech and threats are common, particularly online and in political rhetoric.

In North Macedonia, societal attitudes toward LGBTQ+ persons remain deeply hostile despite efforts by civil society to promote tolerance and inclusion. Homophobia and transphobia are widespread, often reinforced by traditional norms and religious influences that portray non normative identities as deviant or immoral. This cultural environment creates daily challenges for LGBTQ+ individuals who may face rejection from their families, exclusion in schools and workplaces, and invisibility in public life. Fear of being targeted often compels many to conceal their identities, limiting their freedom of expression and access to community support.

Hate speech and threats against LGBTQ+ persons are especially prevalent online and are frequently echoed in political rhetoric. Social media platforms have become common spaces for inciting violence and spreading discriminatory narratives, often without consequence. Politicians and public figures have occasionally used anti LGBTQ+ messaging to gain populist support, further normalizing intolerance in the public sphere. Despite the presence of anti discrimination laws, enforcement remains weak and legal protections do not extend to issues such as same sex unions or gender recognition. This disconnect between legislation and lived reality sustains a climate of fear and marginalization for LGBTQ+ communities across the country.

Marginalization of Sex Workers:

Sex work is heavily stigmatized, with individuals facing social exclusion, family rejection, and a lack of access to mainstream employment and education.

In North Macedonia, sex workers face severe marginalization rooted in deep societal stigma and moral judgment. They are often perceived as immoral or criminal, which leads to their exclusion from many areas of public and private life. This stigmatization results in social isolation, with individuals frequently rejected by their families and communities. The lack of understanding or support creates a hostile environment in which sex workers are discouraged from seeking help or asserting their rights, reinforcing cycles of poverty and vulnerability.

Beyond social rejection, sex workers face significant barriers to accessing mainstream employment and education. Many are pushed into informal or precarious labor markets due to a lack of qualifications or the stigma attached to their previous work. Educational institutions and job centers are rarely equipped to support their reintegration, and discrimination from potential employers is common. These structural challenges leave sex

workers with limited opportunities for upward mobility and few paths out of marginalization, perpetuating their exclusion from the broader social and economic systems.

Stigma Against PLHIV:

Myths around HIV transmission persist. A UNICEF youth survey (2021) found that nearly 50% of youth believed HIV could be transmitted through casual contact.

In North Macedonia, people living with HIV (PLHIV) continue to face pervasive stigma fueled by misinformation and fear. Myths about HIV transmission remain widespread, contributing to the social isolation and discrimination experienced by affected individuals. A 2021 UNICEF youth survey revealed that nearly 50 percent of young people believed HIV could be transmitted through casual contact such as sharing food or touching, highlighting the persistence of outdated and incorrect beliefs. These misconceptions drive fear and reinforce negative attitudes, making it difficult for PLHIV to live openly or seek support.

This stigma manifests across multiple areas of life, including healthcare, education, and employment, where PLHIV are often treated with suspicion or avoidance. Many choose to keep their status private out of fear of being rejected by their families, friends, or colleagues. The result is a cycle of silence and invisibility that prevents open dialogue and awareness raising. Without comprehensive public education campaigns and stronger anti discrimination protections, the stigma against PLHIV in North Macedonia will continue to hinder progress toward inclusive and supportive communities.

Social Exclusion of Roma:

Prejudice and entrenched stereotypes isolate Roma communities, fostering a cycle of poverty and exclusion across generations.

In North Macedonia, Roma communities experience widespread social exclusion driven by deep rooted prejudice and entrenched stereotypes. They are often portrayed as untrustworthy, lazy, or undeserving of public support, narratives that are reinforced through media, political discourse, and daily interactions. This persistent stigmatization alienates Roma individuals from mainstream society and limits their participation in education, employment, and civic life. Negative perceptions also shape the attitudes of public service providers, resulting in discriminatory treatment and reduced access to essential services.

This social exclusion is compounded by systemic barriers that prevent Roma families from breaking out of poverty. Many live in segregated neighborhoods with limited infrastructure and poor living conditions, and face disproportionate challenges in accessing quality healthcare, education, and social protection. These inequalities are often passed down across generations, as children raised in marginalized environments are less likely to complete school or find stable employment. The lack of institutional support to address these disparities further entrenches the cycle of exclusion and dependency.

Efforts to integrate Roma communities into broader society have been sporadic and inadequately implemented. Policies aimed at inclusion often lack proper funding, monitoring, or community involvement, which limits their impact. Without sustained investment in anti discrimination measures, inclusive education, and employment opportunities, Roma

communities in North Macedonia will continue to face structural and social barriers that hinder their full participation and development.

Data and Case Examples

- *HERA's* 2022 report recorded **over 100 violations** of medical confidentiality reported by PLHIV, most involving public hospitals in Skopje and Tetovo.
- *Coalition Margins* documented **38 cases of police violence or abuse** targeting sex workers and LGBTQ+ individuals in 2021.
- According to *UNDP*, **only 67% of Roma children** attend primary school regularly, compared to 98% among the general population.

Good Practices

- **Integrated HIV Services:**
HERA's community-based clinics provide integrated HIV testing, counseling, and referral services in a stigma-free environment, serving KAPs throughout the country.
- **Legal Support Hotlines:**
The *Coalition Margins* runs a legal hotline for LGBTQ+ persons and sex workers to report abuse and receive free legal aid and psychosocial support.
- **Roma Community Mobilization:**
Through the *Roma Health Mediators Program*, trained Roma health workers assist with civil registration and promote immunization and maternal care in marginalized settlements.

REAct Stories:

Navigating stigma in healthcare: the case from North Macedonia

Aleksandar (name changed), from North Macedonia, who is living with HIV and has an undetectable viral load due to antiretroviral therapy (ART), was referred to a gastroenterohepatology clinic because of long-standing gastritis problems.

During the initial consultation, the gastroenterologist took Aleksandar's medical history and determined that a colonoscopy was necessary to investigate his gastritis issues further. However, when Aleksandar informed the doctor about his ART regimen and undetectable viral load, the doctor reconsidered and decided to prescribe oral medication instead. The doctor suggested that it would be better to attempt to resolve the problem with tablets first. He advised Aleksandar that if the tablet therapy did not help within a month, then a colonoscopy would be required. The doctor pointed out that a colonoscopy could not be performed at their clinic because of Aleksandar's HIV status. Instead, he recommended that the procedure should be done at the Infectious Disease Clinic, citing that such interventions had been performed there in the past.

After a month of tablet therapy, Aleksandar's symptoms persisted. He was informed that the Infectious Disease Clinic no longer performed colonoscopies. Faced with this situation,

Aleksandar decided to undergo a colonoscopy at a private health facility without disclosing his HIV status.

“I have my right to work”: the resilience of a person living with HIV working in a hospital in North Macedonia

A person living with HIV who takes antiretroviral medications can work. In North Macedonia [the Law on Labor Relations](#) and [the Law on the Prevention and Protection from Discrimination](#) both prohibit discrimination based on health status, which includes HIV. However, in this case, an attempt was made to prohibit a person living with HIV from continuing to work at his place of employment, a city hospital in one Macedonian town.

“Don’t come to work.”

In August 2023, the person underwent an HIV test at the hospital where he works as auxiliary medical staff. When the test came back positive, the information was shared with all of his colleagues. That same day, he received a call from a doctor informing him that he should not report to work the following day. At the same time, the individual had other health issues, so he sought medical assistance at the same hospital where he had worked for almost 35 years. The same doctor who informed the individual that he should not report to work declined to examine him. The individual left to seek medical assistance in another place. In the meantime, the person started taking antiretroviral medicines.

After the visit to the hospital, the person took medical leave due to additional health conditions that necessitated bed rest. After his health issues were resolved, he wanted to return to work. However, his family doctor and the medical commission, which is in charge of awarding medical leave, continued to extend his medical leave without his consent and any specific reason, citing the fact that he is a person living with HIV. Soon after, he was directed to a doctor, who specialized in labor medicine, to evaluate his ability to work. According to the relevant legislation, if a person living with HIV is on medical leave for 10 months or less, he or she must have an assessment to determine his or her ability to work.

REAction and outcome

A REActor met with the individual and suggested he obtain a report from his doctor at the Clinic for Infectious Diseases and Febrile Conditions, stating that he is well and has no reason not to work. After receiving the report, [the Association Stronger Together](#) from Skopje filed two complaints: one with the director of the hospital where the individual works and one with the state Health Insurance Fund. The letter to the director described the violations committed by the staff, such as the denial of healthcare, the disclosure of medical data, and insults directed at the employee, and demanded that the hospital should initiate an investigation and punish the perpetrators, while also undertaking measures to stop the harassment of the employee. The Hospital was also notified that [Stronger Together](#) and other civil society organizations would be ready to provide legal support to the person with HIV should he decide to take the matter to court. The letter to the Health Insurance Fund indicated that the family doctor and the medical commission are providing medical leave to those who don’t need it and by default, spending the Fund’s money without justification; additionally, the

letter enunciated that the extension of the medical leave was without the patient's consent. Following the complaints, there was a reaction by the Hospital, which allowed the person to return to work and he has not reported any other breaches of his rights afterward.

Progress in Addressing Discrimination and Promoting HIV Awareness in North Macedonia

In North Macedonia, significant strides have been made in addressing cases of discrimination and promoting HIV awareness. This update highlights some noteworthy developments in this regard.

Resolution of Discriminatory Practices

One notable case from the previous year involved the mandatory HIV testing of foreign students by a public university in the Republic of North Macedonia. The Association **«Stronger Together»** took proactive steps by submitting a petition to the Commission for Prevention of and Protection against Discrimination, citing violations of the Anti-Discrimination Law. This case has been successfully resolved in a positive manner: the university responded by revising its discriminatory requirements for foreign students, ensuring fair and equal treatment.

Collaboration with the Clinic for Plastic and Reconstructive Surgery

Further progress was achieved through collaboration. On June 6th, the Association **«Stronger Together»** conducted its inaugural workshop in partnership with the Clinic for Plastic and Reconstructive Surgery. The workshop aimed to educate medical professionals about HIV prevention and patients' rights. This initiative was made possible due to the positive resolution of a previous case and the signing of a Memorandum of Understanding between **«Stronger Together»** and the Clinic.

These developments signify North Macedonia's commitment to combating discrimination and enhancing awareness about HIV within the country. Such collaborative efforts and the resolution of discriminatory cases serve as important steps towards a more inclusive and informed society.

As North Macedonia continues its journey towards promoting equality and public health, it is evident that positive changes are taking place, thanks to the collective efforts of organizations like the Association [«Stronger Together»](#) and their partners.

6. Country-Specific Analysis: Kosovo

1. Legal and Policy-Related Barriers

Legal Status and Recognition Issues:

Kosovo's contested international status impacts the implementation of international human rights treaties. Although the Constitution guarantees rights aligned with international standards, gaps persist in enforcement, especially for marginalized communities.

Kosovo's legal and policy framework faces unique challenges due to its contested international status, which significantly affects the implementation and monitoring of international human rights treaties. Although Kosovo has adopted a progressive Constitution that formally guarantees fundamental rights and freedoms in line with international standards, its limited recognition by some states and international bodies creates gaps in accountability and oversight. This situation undermines Kosovo's ability to fully engage with global human rights mechanisms, including treaty bodies and monitoring systems, which hinders the consistent application of international norms at the domestic level.

While Kosovo's legal structure includes anti discrimination laws and constitutional protections, enforcement remains uneven, particularly for marginalized groups such as Roma, Ashkali, and Egyptian communities, LGBTQ+ individuals, and people living with HIV. These populations often face barriers in accessing justice and public services, not because of the absence of legal protections, but due to poor implementation and limited institutional capacity. Legal provisions are frequently not translated into effective practice, and accountability mechanisms for rights violations are weak or inaccessible to those most in need.

Moreover, the overlapping legal systems in Kosovo including remnants of pre independence laws, international mandates, and newly enacted national legislation—create confusion and inconsistencies in rights protection. This fragmented legal environment can discourage individuals from seeking redress, especially when dealing with complex issues such as civil documentation, property rights, or gender recognition. Without strengthened enforcement mechanisms, legal clarity, and international engagement, Kosovo's constitutional commitments to human rights will remain aspirational rather than a lived reality for its most vulnerable citizens.

Criminalization of Drug Use and Sex Work:

Possession of controlled substances is criminalized under the Criminal Code, discouraging PWUD from seeking help. Sex work is illegal and penalized, leading to fear of arrest among sex workers and limited access to health and legal services.

The criminalization of drug use under the Criminal Code presents significant barriers for people who use drugs (PWUD) in accessing health and harm reduction services. Possession of controlled substances, even in small amounts for personal use, is treated as a criminal offense. This legal approach contributes to a climate of fear and stigma, where individuals avoid seeking medical care or support out of concern for prosecution or social exposure. As a

result, opportunities for early intervention, addiction treatment, and HIV prevention are often missed, worsening health outcomes for this already vulnerable group.

Sex work is also illegal in Kosovo and is penalized through provisions related to public order and morality. This criminalization places sex workers in a precarious position, exposing them to arrest, fines, and harassment by law enforcement. The fear of legal consequences discourages sex workers from accessing healthcare, reporting violence, or seeking legal protection, thereby increasing their vulnerability to abuse and exploitation. The lack of legal recognition or protective frameworks forces many sex workers to operate in unsafe conditions without the benefit of health information, regular screenings, or social services.

The intersection of criminalization and social stigma reinforces marginalization and exclusion for both PWUD and sex workers in Kosovo. These legal frameworks fail to distinguish between exploitation and consensual behavior, often treating victims of trafficking and voluntary sex workers under the same punitive lens. Without reform efforts focused on decriminalization, harm reduction, and rights-based support systems, these groups will continue to face legal and structural barriers that compromise their health, safety, and dignity.

Transgender Legal Recognition:

There is no clear legal path for legal gender recognition, placing transgender individuals in a legal vacuum and at high risk for documentation-based discrimination.

Transgender individuals face significant legal and social obstacles due to the absence of a clear and accessible process for legal gender recognition. The current legal framework does not provide explicit procedures for individuals to change their gender marker on official documents such as identification cards, passports, or birth certificates. This legal vacuum leaves many transgender people in a state of administrative limbo, where their gender identity is not reflected in their documentation, creating daily barriers in accessing healthcare, education, employment, and public services.

This lack of recognition also exposes transgender individuals to discrimination, harassment, and privacy violations, particularly in situations that require official identification. Without proper legal recognition, they may be forced to disclose their transgender status repeatedly, increasing their vulnerability to stigma and abuse. The absence of clear policy guidance or institutional awareness around transgender rights further compounds these challenges, reinforcing the marginalization of trans people in both public and private spheres. Without legal reform and administrative clarity, transgender individuals in Kosovo will continue to face systemic exclusion and rights violations.

Roma, Ashkali and Egyptian Documentation Issues:

Despite constitutional guarantees, many Roma, Ashkali and Egyptian individuals face barriers to civil registration, particularly those displaced from other parts of the region, denying them access to social services.

Many Roma, Ashkali, and Egyptian individuals continue to face persistent challenges in obtaining civil documentation, despite formal constitutional guarantees of equality and non-discrimination. Civil registration is a prerequisite for accessing fundamental rights and

services such as education, healthcare, and social protection. However, displaced individuals particularly those who fled conflict or lack stable housing often lack birth certificates, identity cards, or proof of residence. This absence of documentation creates a legal invisibility that limits their ability to participate fully in public life.

Barriers to civil registration are especially acute for those returning from abroad or for children born outside institutional settings. Administrative procedures can be complex, costly, or inconsistently applied, and many families lack the legal knowledge or financial means to navigate them. Language barriers, lack of trust in institutions, and the discriminatory attitudes of local officials further compound the problem. As a result, entire generations risk being excluded from essential public services, perpetuating cycles of poverty and marginalization.

Efforts by civil society and international organizations to address documentation gaps have helped some families, but systemic obstacles remain. A coordinated institutional response is still lacking, and outreach efforts are often not sustained or adequately funded. Without comprehensive and inclusive civil registration reforms, Roma, Ashkali, and Egyptian communities in Kosovo will continue to face exclusion from critical systems that underpin basic rights and social inclusion.

2. Institutional/Systemic Barriers

Discrimination in Healthcare Services:

Discriminatory attitudes toward PLHIV, LGBTQ+ persons, and sex workers by medical professionals remain prevalent. A 2022 report by CiviKos Platform noted inadequate HIV services outside Pristina and a lack of training among healthcare providers.

Systemic discrimination within healthcare services in Kosovo continues to pose significant barriers for people living with HIV (PLHIV), LGBTQ+ individuals, and sex workers. Despite constitutional protections and a legal framework that prohibits discrimination, negative attitudes among healthcare providers remain common. Stigma and moral judgment toward marginalized groups can deter individuals from seeking necessary medical care, especially when their identity or health status becomes a source of prejudice during clinical encounters. This not only affects the quality of care but also reinforces mistrust between vulnerable communities and the health system.

A 2022 report by the CiviKos Platform highlighted significant disparities in HIV related services, particularly outside the capital, Pristina. The report found that access to testing, treatment, and support for PLHIV was extremely limited in rural areas, leaving many without consistent or confidential care. This urban rural divide creates a geographic inequity that disproportionately affects already marginalized populations. Moreover, there is a widespread lack of training among healthcare professionals on how to provide non discriminatory, inclusive care to LGBTQ+ persons and sex workers. Many providers lack both the sensitivity and the technical knowledge needed to address the specific health needs of these communities.

The failure to address institutional biases and the absence of targeted health policies further entrench exclusion. Without systemic reforms such as mandatory sensitivity training for

medical staff, expanded service coverage, and clear accountability mechanisms Kosovo's healthcare system will continue to alienate those most in need. Addressing these structural shortcomings is essential not only for upholding basic human rights but also for building a healthcare system rooted in equity, dignity, and public trust.

Exclusion from Education and Employment:

Roma and Ashkali youth face barriers to quality education due to language barriers, bullying, and teacher bias. LGBTQ+ individuals report employment discrimination, with few legal remedies.

Roma and Ashkali youth experience significant barriers to quality education, beginning with language obstacles that hinder early learning and integration. Many children speak Romani or Albanian dialects at home, yet are expected to engage in standardized curricula without adequate linguistic support. This often results in poor academic performance and disengagement. In addition to language challenges, these students frequently face bullying and social exclusion from peers, as well as low expectations or biased behavior from educators. Such a hostile learning environment contributes to high dropout rates and limits future opportunities for meaningful social and economic participation.

LGBTQ+ individuals in Kosovo also face considerable exclusion from the workforce, often experiencing discrimination during hiring processes or within the workplace itself. Many report being overlooked for promotions, harassed by colleagues, or pressured to hide their identities to maintain employment. This workplace hostility is compounded by a lack of strong legal protections or effective institutional mechanisms for reporting and addressing discrimination. Although anti discrimination laws exist, implementation remains weak and awareness among employers and the general public is limited.

These parallel forms of marginalization based on ethnicity, sexual orientation, or gender identity reveal deeper structural inequalities within Kosovo's education and employment systems. Without targeted policy interventions, inclusive curricula, and enforceable protections in the workplace, Roma, Ashkali, and LGBTQ+ communities will continue to be excluded from key avenues of social mobility. Sustained efforts are needed to build equitable systems that value diversity and enable all individuals to thrive regardless of their background.

Prison Conditions:

Prison health services are underdeveloped. PWUD and PLHIV in custody face poor access to essential medicines and stigma from both inmates and staff.

The state of prison health services remains underdeveloped, posing serious risks to the well-being of people who use drugs (PWUD) and people living with HIV (PLHIV) in custody. Essential medical services, including opioid substitution therapy and antiretroviral treatment, are often limited or inconsistently provided. Facilities are not adequately equipped to handle the health needs of inmates with chronic or infectious conditions, and there is little continuity of care for those transitioning between prison and community healthcare systems. This gap in access undermines the principle of equivalence of care, which mandates that prisoners receive the same standard of healthcare available in the general population.

Stigma within prison environments further exacerbates these health disparities. PLHIV and PWUD are frequently subjected to discrimination and social isolation by both fellow inmates and prison staff. Disclosure of health status can result in verbal abuse, restricted movement, or being denied services altogether. The lack of confidentiality and sensitivity in the provision of medical care discourages many from seeking help, deepening health vulnerabilities. Without systemic reform, including staff training, expanded healthcare resources, and rights-based oversight, prison conditions will continue to endanger the health and dignity of incarcerated individuals.

Lack of Institutional Support for KAPs:

Government initiatives targeting key populations often lack funding, coordination, or continuity, leading to reliance on civil society actors for basic service delivery.

Kosovo's government initiatives aimed at supporting key affected populations (KAPs) including people who use drugs, sex workers, LGBTQ+ individuals, and people living with HIV are often limited in scope, underfunded, and poorly coordinated. Although policy frameworks may reference these populations, the practical implementation of targeted programs remains weak or inconsistent. Public institutions rarely prioritize or sustain services tailored to the specific needs of KAPs, resulting in fragmented interventions that fail to address structural inequalities or ensure long term impact. This lack of institutional leadership creates a service gap that disproportionately affects marginalized communities who already face legal and social barriers.

As a result, civil society organizations (CSOs) have become the primary providers of crucial services such as harm reduction, psychosocial support, legal aid, and HIV prevention. These organizations often operate with limited resources and depend heavily on international donors for funding. While CSOs play a vital role in addressing the immediate needs of KAPs, their efforts are not always integrated into national strategies or formally supported by public institutions. This separation undermines the sustainability of services and creates uncertainty for both providers and beneficiaries, particularly when external funding is reduced or redirected.

The reliance on civil society to compensate for institutional gaps reflects broader systemic neglect and a lack of political will to address the needs of vulnerable populations. Without consistent government investment, coordination, and monitoring, efforts to protect and support KAPs will remain fragmented and reactive. Strengthening institutional responsibility through funding, training, and inclusive policy development is essential to build a resilient support system that upholds the rights and dignity of all individuals, regardless of their social status or identity.

3. Social and Cultural Barriers

Stigma and Hostility Toward LGBTQ+ People:

LGBTQ+ individuals face widespread social stigma, family rejection, and threats of violence. A 2021 survey by CEL Kosovo found that 60% of respondents would not accept an LGBTQ+ person in their family.

In Kosovo, LGBTQ+ individuals continue to face deeply rooted social stigma and hostility that permeate nearly all aspects of daily life. Public attitudes remain largely influenced by conservative social norms and limited awareness, which contributes to widespread discrimination and exclusion. Many LGBTQ+ people conceal their identities to avoid backlash from their communities or families, living in constant fear of exposure. Visibility often comes at a high cost ranging from verbal harassment to threats of physical violence making it difficult for individuals to express their gender identity or sexual orientation safely and openly.

Family rejection is one of the most painful and common consequences faced by LGBTQ+ individuals in Kosovo. According to a 2021 survey conducted by CEL Kosovo, 60% of respondents stated they would not accept an LGBTQ+ person within their own family. This lack of acceptance often forces individuals to hide their identities, delay or avoid coming out, or in more extreme cases, face eviction or emotional abuse. The family, as a traditionally central social unit in Kosovo, becomes a source of risk rather than support, compounding the emotional and psychological strain experienced by LGBTQ+ people.

Outside the home, discrimination continues in schools, workplaces, and public spaces, reinforcing social exclusion. Hate speech, especially online and in political discourse, is common and rarely addressed through legal channels or public condemnation. Although LGBTQ+ organizations and civil society groups have made significant strides in advocating for rights and visibility, they continue to operate in a hostile environment with limited institutional protection. Without broader societal change and proactive government measures, LGBTQ+ individuals in Kosovo remain vulnerable to systemic marginalization and human rights violations.

Cultural Exclusion of Roma and Ashkali Communities:

These communities experience deep-rooted social exclusion, fueled by stereotypes associating them with poverty and crime.

Roma and Ashkali communities in Kosovo continue to face entrenched cultural exclusion, rooted in long standing stereotypes that unfairly associate them with poverty, crime, and social disorder. These biases are perpetuated through media portrayals, discriminatory attitudes, and public discourse, creating a hostile social environment that isolates these communities from mainstream cultural and civic life. As a result, Roma and Ashkali individuals often face humiliation, distrust, and alienation in everyday interactions, including in schools, workplaces, and public institutions.

This cultural marginalization contributes to a broader cycle of exclusion, limiting access to education, employment, and housing while reinforcing the very stereotypes that fuel discrimination. Even when Roma and Ashkali individuals attempt to engage with public systems or assert their rights, they are often met with suspicion or treated as outsiders. This social distance not only deepens inequality but also undermines efforts toward meaningful inclusion, leaving these communities with limited opportunities for full participation in Kosovar society.

Sex Work and Moral Judgment:

Sex workers are highly stigmatized and often subjected to abuse, including by clients and law enforcement, reinforcing their marginalization.

Sex workers in Kosovo are subjected to intense societal stigma, often viewed through a lens of moral judgment that labels them as deviant or immoral. This prevailing cultural attitude contributes to their marginalization, stripping sex workers of social legitimacy and reinforcing harmful stereotypes. Public discourse rarely distinguishes between consensual sex work and human trafficking, further criminalizing and dehumanizing individuals engaged in sex work. As a result, sex workers are frequently excluded from healthcare, legal protection, and social services, reinforcing their vulnerability and isolation.

Abuse and exploitation are common experiences for sex workers, particularly from clients and law enforcement. Reports from civil society organizations indicate that sex workers often endure verbal harassment, physical violence, and coercion. Encounters with police frequently involve extortion or threats of arrest, leaving sex workers with little trust in the institutions that are meant to protect them. This creates a cycle where abuse goes unreported, further empowering abusers and weakening the ability of sex workers to seek justice or safety.

The lack of institutional support or legal recognition of sex work compounds these issues, forcing many individuals into unsafe conditions without recourse. Despite the presence of NGOs offering limited assistance, there are no comprehensive state policies aimed at protecting the rights and welfare of sex workers. Addressing the stigma and abuse faced by this population requires a shift in both legal frameworks and cultural attitudes, including public education, decriminalization efforts, and the integration of sex worker voices into policy making processes. Without such changes, sex workers in Kosovo will continue to experience marginalization and systemic neglect.

Fear of Disclosure Among PLHIV:

PLHIV often avoid seeking treatment for fear of being exposed, rejected, or discriminated against in both personal and professional environments.

People living with HIV (PLHIV) frequently experience a profound fear of disclosing their status, which significantly impacts their ability to access timely and consistent healthcare. Despite advancements in medical treatment and public health campaigns, stigma surrounding HIV remains widespread, rooted in misinformation and deeply held prejudices. Many PLHIV choose to avoid clinics or delay seeking antiretroviral therapy (ART) to prevent their condition from becoming known, fearing the social consequences of being identified as HIV positive.

This fear is not unfounded. Disclosure of HIV status can lead to rejection from family and friends, often accompanied by emotional abuse or isolation. In professional settings, PLHIV may face job insecurity or subtle forms of discrimination, such as being denied promotions, transferred to less visible roles, or even terminated under vague pretexts. These experiences reinforce the perception that disclosure leads to tangible personal losses, making privacy and secrecy essential strategies for survival.

The resulting silence and concealment create additional health risks and psychological strain. PLHIV are less likely to participate in peer support networks or advocacy efforts, and may suffer from untreated mental health issues due to prolonged stress and isolation. While civil society organizations in Kosovo provide some targeted services and support, the lack of institutional protections and public awareness leaves many PLHIV without the confidence or security needed to manage their health openly. Reducing stigma and strengthening anti discrimination protections are critical to ensuring that PLHIV can access care without fear.

Data and Case Examples

- *UNDP Kosovo* reported in 2022 that **around 4,500 individuals** from Roma, Ashkali, and Egyptian communities remain at risk of statelessness or without proper documentation.
- *CEL Kosovo* documented **27 cases of violence or discrimination** against LGBTQ+ individuals in 2021, with very few resulting in police follow-up or prosecution.
- *NGO Labyrinth* has provided harm reduction services to over **1,800 PWUD**, with documented instances of harassment by local authorities.

Good Practices

- **Community-Based HIV Prevention:**
NGO Labyrinth and *Youth Center ARSIS* provide mobile outreach, HIV testing, and counseling tailored to PWUD and sex workers.
- **Legal Aid for Marginalized Communities:**
Kosovo Legal Aid Agency has partnered with civil society to assist undocumented Roma and Ashkali individuals in acquiring ID documents and accessing basic services.
- **Support Centers for LGBTQ+ Youth:**
CEL Kosovo operates community spaces offering psychosocial support, emergency housing, and legal assistance for LGBTQ+ persons.
- **Pristina Queer Festival**
In September 2023, Kosovo hosted its first-ever Pristina Queer Festival, showcasing films, concerts, and a landmark book launch on transgender experiences. Organized by local NGOs like *Dylberizm* and *Hyjneshat*, the event marked a powerful challenge to prevailing stereotypes and stigma, amplifying queer voices in Kosovo's cultural scene for the first time.
- **Bubble Pub – A Safe Haven for LGBTQ+ Community**
Opened in April 2022 by transgender activist Lendi Mustafa, Bubble Pub stands as Kosovo's first openly queer bar. It quickly became a vital community space where queer individuals gather safely for drag shows, music, and mutual support. The venue also hosts events like IDAHOT celebrations, poetry evenings, and fundraisers for trans rights and gender-affirming care .
- **LGBTQ+ Visibility Through Film at DokuFest**
At the 2022 edition of DokuFest in Prizren, a powerful documentary screening called "As I was looking above, I could see myself underneath" featured the personal stories of LGBTQ+ Kosovars. The openly emotional reception and standing ovation underlined a growing culture of empathy and recognition for queer experiences in the region's premier documentary festival.

These examples demonstrate tangible progress in Kosovo's cultural landscape. They show that, despite ongoing challenges, grassroots activism is nurturing safe spaces, raising public awareness, and fostering solidarity contributing to gradual shifts in attitudes and greater inclusion for marginalized communities.

Regional Challenges and Common Trends

Despite differences in governance, legal systems, and economic development, the six Western Balkan countries share several common challenges that affect the ability of Key Affected Populations (KAPs) to access basic services. These regional trends highlight systemic human rights concerns and underscore the urgent need for harmonized and evidence-based interventions.

1. Criminalization and Punitive Policies

- **Drug Use and Possession:** In all countries, drug use is criminalized to varying extents, reinforcing marginalization and deterring PWUD from seeking healthcare or harm reduction services. This also impacts former drug users who continue to be profiled by authorities.
- **Sex Work:** Sex work remains illegal or administratively penalized in every country, pushing sex workers into unsafe working conditions and exposing them to police abuse without legal protection.

2. Institutional Discrimination and Systemic Exclusion

- **Healthcare Disparities:** Stigmatization of PLHIV and LGBTQ+ individuals within health systems persists. While ART and harm reduction services exist, access is uneven and often centralized in urban areas.
- **Education and Roma Integration:** Roma children experience significant barriers to education, including segregation, bullying, and low retention rates. Discrimination from educators and lack of inclusive policies exacerbate the gap.
- **Prison Health:** None of the countries offer comprehensive harm reduction or HIV services in prisons, leaving incarcerated KAPs particularly vulnerable.

3. Lack of Legal Recognition and Protection

- **LGBTQ+ Rights:** Legal protections for LGBTQ+ people are either weakly enforced or entirely absent. Recognition of same-sex partnerships is universally lacking. Only North Macedonia and Albania have taken initial steps toward legal gender recognition for transgender individuals.
- **Roma Documentation Issues:** Across the region, Roma individuals often lack civil documentation, preventing access to basic services such as healthcare, education, and housing.

4. Social Stigma and Cultural Norms

- **Homophobia and Transphobia:** Cultural and religious norms continue to fuel hostility toward LGBTQ+ individuals. Pride events are often met with violent backlash, and family rejection is common.
- **Anti-Roma Sentiment:** Roma communities face systemic racism and scapegoating, especially in times of political instability or economic downturn.

- **Stigma Against Sex Workers and PWUD:** Deep-rooted moralistic views result in social isolation and discrimination in both public and private spheres.

5. Barriers to Legal Aid and Justice

- **Police Abuse and Impunity:** Sex workers, Roma individuals, and LGBTQ+ persons report frequent harassment and abuse by law enforcement. Legal remedies are limited due to distrust, fear of retaliation, and ineffective accountability mechanisms.
- **Limited Access to Free Legal Aid:** While some countries have frameworks for free legal assistance, KAPs often lack the awareness, documentation, or trust to access them.

6. Service Delivery Challenges

- **Urban-Rural Disparities:** Services are often concentrated in capital cities, leaving rural KAPs without access to healthcare, legal aid, or community support.
- **NGO Dependency:** Many essential services for KAPs are provided by NGOs rather than the state, raising concerns about sustainability, political support, and comprehensive coverage.

These regional patterns reflect a complex interplay of legal, institutional, and cultural factors that reinforce the exclusion of KAPs across the Western Balkans. Coordinated policy reforms, increased investment in public services, and strengthened human rights enforcement are crucial to addressing these challenges.

Evidence-Based Interventions and Good Practices

Across the Western Balkans, several community-based, civil society-led, and government-supported interventions have emerged to address barriers faced by Key Affected Populations (KAPs). Although gaps remain, these examples highlight scalable and replicable good practices rooted in human rights principles.

1. Integrated Harm Reduction Services

- **Healthy Options Project Skopje (HOPS), North Macedonia:** Offers needle exchange, HIV testing, and social and legal support services to PWUD and sex workers. HOPS also runs mobile outreach units to reach underserved urban and rural areas.
- **CAZAS, Montenegro:** Provides harm reduction and psychosocial support to people who use drugs, along with targeted advocacy for policy change and community engagement.

2. Legal Aid and Paralegal Programs

- **Roma SOS, North Macedonia:** Offers free legal aid to undocumented Roma, supporting civil registration and access to healthcare and education. Their community paralegal model enhances trust and accessibility.
- **Praxis, Serbia:** Provides legal support for Roma individuals to obtain identity documents and access basic social rights. They also engage in strategic litigation to challenge discriminatory practices.

3. LGBTQ+ Advocacy and Legal Reform

- **Subversive Front, North Macedonia:** Engages in public advocacy, legal reform, and documentation of LGBTQ+ human rights violations. Annual Pride events raise visibility and foster alliances with broader civil society.
- **Streha, Albania:** The region's first shelter for homeless LGBTQ+ youth offers housing, employment support, and mental health services.

4. Community Empowerment and Peer Education

- **REActInitiative (Regional):** Focuses on strengthening the advocacy capacities of KAPs and their organizations to combat stigma and discrimination. It facilitates cross-border cooperation and joint advocacy.
- **TOC Initiative, Kosovo:** Led by and for PLHIV, this program trains peer educators to support adherence to antiretroviral therapy (ART) and reduce stigma.

5. Health Access Innovations

- **Mobile Health Units (Multiple countries):** Implemented in Albania, North Macedonia, and Serbia, mobile clinics provide HIV/STI testing and health education, reducing access barriers for sex workers and rural KAPs.

- **Community Health Mediators (Serbia, Bosnia and Herzegovina):** Trained Roma individuals serve as liaisons between their communities and public health institutions, improving communication and uptake of services.

6. Data Collection and Monitoring

- **Balkan Trans and Intersex Network:** Collects and reports data on the human rights situation of trans and intersex people, influencing national policy and advocacy.
- **UNAIDS Community-Led Monitoring:** Enables KAP-led organizations to assess the availability, accessibility, and quality of HIV services and advocate for improvements.

7. Multi-Stakeholder Collaboration

- **HIV Platform (Bosnia and Herzegovina):** A coordination mechanism involving civil society, health authorities, and international donors to ensure continuity and integration of HIV services for KAPs.

These interventions demonstrate the value of peer-led initiatives, community outreach, legal empowerment, and inclusive health service models. When adequately resourced and scaled, such approaches can significantly reduce structural and social barriers faced by KAPs.

Recommendations for Policymakers

To uphold the rights of Key Affected Populations (KAPs) and ensure equitable access to basic government services across the Western Balkans, the following evidence-based and human rights-centered recommendations are proposed:

Legal and Policy Reform

1. **Decriminalize Drug Use and Sex Work:** Shift from punitive to health- and rights-based approaches to reduce marginalization and improve service access.
2. **Strengthen Anti-Discrimination Laws:** Expand legal protections to explicitly cover sexual orientation, gender identity, and HIV status.
3. **Ensure Legal Gender Recognition:** Establish simple, accessible, and respectful procedures for legal gender recognition based on self-determination.
4. **Guarantee Civil Registration for All:** Simplify procedures for obtaining ID documents and eliminate discriminatory criteria, particularly affecting Roma communities.
5. **Ratify and Implement International Conventions:** Adopt and apply treaties such as the Convention on the Elimination of Racial Discrimination and the Optional Protocol to the ICESCR.

Institutional and Systemic Measures

6. **Invest in Public Health and Legal Aid Services:** Increase national funding for HIV prevention, harm reduction, and free legal assistance, with accountability for equitable distribution.
7. **Integrate KAP-Sensitive Training:** Mandate regular training on stigma, human rights, and nondiscrimination for public servants, including healthcare workers, police, and educators.
8. **Strengthen Monitoring and Accountability:** Establish independent human rights oversight bodies and empower ombudspersons to investigate abuses against KAPs.
9. **Improve Prison Health Services:** Provide comprehensive HIV, mental health, and harm reduction services in places of detention, aligned with the UN Basic Principles for the Treatment of Prisoners.

Social and Cultural Change

10. **Support Awareness Campaigns:** Fund and promote public education campaigns to reduce stigma and challenge discriminatory norms, particularly toward LGBTQ+ individuals, Roma, and PLHIV.
11. **Promote Inclusive Media Representation:** Encourage ethical media coverage and support platforms that amplify KAP voices and humanize their experiences.
12. **Facilitate Community-Led Initiatives:** Recognize and fund KAP-led organizations to deliver peer education, outreach, and advocacy.

Regional Cooperation and Knowledge Sharing

13. **Foster Regional Dialogue:** Create intergovernmental and civil society platforms to share lessons learned, align policies, and monitor regional progress.
14. **Sustain NGO-Government Partnerships:** Institutionalize collaboration between governments and civil society to co-design inclusive policies and services.
15. **Leverage EU Accession Processes:** Use the framework of EU enlargement and integration to advance legal and institutional reforms related to KAP rights.

By implementing these recommendations, Western Balkan governments can align national practices with international human rights obligations, dismantle entrenched barriers, and create a more just and inclusive society for all.

References

1. United Nations. (1966). International Covenant on Economic, Social and Cultural Rights (ICESCR).
2. United Nations. (1948). Universal Declaration of Human Rights (UDHR).
3. Yogyakarta Principles. (2007). Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity.
4. UN Committee on Economic, Social and Cultural Rights. General Comment No. 14: The Right to the Highest Attainable Standard of Health (2000).
5. World Health Organization (WHO). (2023). Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations.
6. UNAIDS. (2023). Global AIDS Update: Let Communities Lead.
7. UNDP. (2021). Legal Environment Assessment for HIV in the Western Balkans.
8. Amnesty International. (2022). Annual Report: The State of the World's Human Rights.
9. Human Rights Watch. (2023). World Report.
10. Balkan Insight. (Various Years). Reporting on human rights issues and LGBTQ+ rights in the Balkans.
11. Alliance for Public Health. (n.d.). REActInitiative Resources.
<https://aph.org.ua/en/resources/react/>
12. Healthy Options Project Skopje (HOPS). (2022). Annual Report.
13. Roma SOS. (2022). Access to Justice for Marginalized Roma Communities in North Macedonia.
14. Subversive Front. (2023). Annual Report on LGBTQ+ Rights in North Macedonia.
15. Streha Center. (2021). Services for Homeless LGBTQ+ Youth in Albania.
16. Praxis. (2022). Legal Aid for Roma in Serbia.
17. TOC Initiative. (2022). Peer-Led HIV Support Programs in Kosovo.
18. Balkan Trans and Intersex Network. (2023). Human Rights Monitoring Report.
19. European Commission. (2023). Enlargement Package – Country Reports.
20. Open Society Foundations. (2020). Left Behind: Roma Access to Housing and Education.
21. Global Fund. (2023). Community, Rights and Gender Strategic Initiative Results.
22. UN Basic Principles for the Treatment of Prisoners. (1990).
23. 1. International Covenant on Economic, Social and Cultural Rights (ICESCR)
24. 2. Universal Declaration of Human Rights (UDHR)
25. 3. Yogyakarta Principles
26. 4. UN Basic Principles for the Treatment of Prisoners
27. 5. Convention on the Elimination of All Forms of Racial Discrimination (CERD)
28. 1. CiviKos Platform. (2022). "HIV Service Gaps in Kosovo".
29. 2. UNICEF. (2021). "Youth Perceptions on HIV in North Macedonia".
30. 3. CEDEM. (2022). "Public Opinion Survey on LGBTQ+ Rights in Montenegro".
31. 4. ILGA-Europe. (2022). "Annual Rainbow Europe Index and Report".
32. 5. Transparency International Montenegro. "Healthcare and Social Services Corruption".
33. 6. Sarajevo Open Centre. (2022). "Annual Report on Hate Crimes and Legal Advocacy".
34. 7. Tirana Legal Aid Society. (2022). "PLHIV Discrimination in Albania".

35. 1. REAct (Rights – Evidence – Actions). "Human Rights Violation Monitoring Tool".
36. 2. UNAIDS. "Global HIV Statistics and Policy Reports".
37. 3. WHO. "Country Health System Assessments".
38. 4. UNDP. (2021–2023). "Roma Inclusion and Civil Registration Reports".
39. 5. Coalition Margins. "Police Abuse Monitoring Reports in North Macedonia".
40. 6. CEL Kosovo. (2021). "Survey on Family Acceptance of LGBTQ+ Persons".
41. 7. Dylberizm & Hyjneshat. "LGBTQ+ Advocacy and Culture Events in Kosovo".
42. 8. Streha Center. "Shelter and Support for LGBTQ+ Individuals in Albania".
43. 9. Margina Foundation. "Mobile Harm Reduction and Legal Aid Services in BiH".
44. 10. Aksion Plus. "Harm Reduction Outreach Reports in Albania".
45. 11. Partnerships in Health. "Legal Aid and Discrimination Reports in BiH".
46. 12. Sarajevo Pride & Queer Sarajevo Fest. "Visibility and Advocacy Events in BiH".

This reference list compiles the key legal instruments, academic and policy reports, and organizational publications used throughout this research to ensure an evidence-based and human rights-informed approach.

*All documents and sources were selected based on relevance, credibility, and alignment with international human rights frameworks and the realities of Key Affected Populations in the Western Balkans.