Protection Monitoring Brief

Refugees at Heightened Risk – Key Affected Populations

Republic of Moldova

December 2025

UNHCR The UN Refugee Agency UNAIDS

Introduction

Moldova and Ukraine face one of the highest HIV burden in Eastern Europe and Central Asia, as well as among the world's highest rates of multidrug-resistant tuberculosis. Prior to the full-scale invasion, an estimated 260,000 people were living with HIV in Ukraine—with 152,000 receiving antiretroviral therapy—alongside approximately 30,000 new tuberculosis (TB) cases registered annually. The conflict has disrupted diagnostic and treatment services, increased transmission risks, and compromised health outcomes for people living with HIV and TB.

The crisis triggered the largest forced displacement in Europe since the Second World War. The Republic of Moldova received one of the highest numbers of Ukrainian refugees per capita, including people living with HIV, TB patients, and members of Key Affected Populations (KAP) requiring immediate continuity of life-saving prevention, treatment, and care services.

The Government of Moldova responded by extending its National HIV Programme to refugees, ensuring access to antiretroviral therapy, TB treatment, counselling, testing, opioid agonist therapy (OAT), and harm-reduction services without insurance requirements or administrative barriers. Since 2022, Moldovan civil society organizations—with support from UNAIDS, UNHCR and the EJAF—have implemented a comprehensive, community-based programme expanding prevention, referral to medical care, screening, harm reduction, and protection services.

Among the vulnerable groups, KAP require a prioritized approach. Globally, these groups account for more than 70% of new HIV infections outside sub-Saharan Africa and face heightened risks of stigma, discrimination, and protection violations. KAP include people who inject drugs, people engaged in sex work, people in prison and other closed settings, gay men and men who have sex with men, and transgender persons.

This protection monitoring brief, developed by UNHCR, UNAIDS, and civil society partners, assesses the protection situation of Ukrainian refugees from KAP and people living with HIV (PLWH). It examines barriers to accessing services and rights, compares protection indicators with the general refugee population, and evaluates how targeted interventions address specific vulnerabilities

Methodology

This brief compiles results from three complementary data sources:

- Protection monitoring interviews with refugee KAPs conducted by UNAIDS and UNHCR partners (n=108, May–September 2025)
- General protection monitoring with Ukrainian refugees (n=129, February–May 2025)
- Assessment of barriers to access the health services faced by refugees from key affected groups from Ukraine in Moldova (n=300, 2024)[1]

Purposive sampling through specialized partners enabled analysis of risks affecting populations with compounded vulnerabilities. Respondents were identified through organizations providing HIV, TB, OAT and harm-reduction

[1] *http://www.ccm.md/node/2594*

services[2], as well as through peer networks. This approach carries selection bias, as respondents were more likely to be connected to services. However, comparisons between KAPs and the general population remain relevant as the same sampling approach was used for both groups.

Findings are indicative and cannot be generalized to the broader Ukrainian refugee population in Moldova.

Key Trends & Figures

71%	38%	32%	55%
Have Temporary Protection	of those moving out of their accommodation were asked to do so	Report discrimination as employment barrier (unemployed)	Identify material assistance need

Overall Context

Understanding protection outcomes for KAPs requires situating findings within the broader social environment. The Moldova Social Cohesion and Reconciliation Index (2022) identified LGBTQI+ people, sex workers and people who use drugs as among the least accepted groups in society, with tolerance scores of 1.8–1.9 on a 0–10 scale. Only 18% of respondents reported willingness to interact with people living with HIV—the lowest acceptance rate among all surveyed groups.

At the same time, Moldova has introduced practical measures to maintain access to HIV, TB and harm-reduction services for refugees. The National HIV Programme allows refugees to receive ART (antiretroviral therapy), TB treatment, counselling, and testing without insurance or complex administrative procedures. Moldova is recognized as one of the more accessible service environments in the region.

This dual context—service availability alongside pervasive stigma and discrimination—shapes the protection environment for refugee KAP. Despite the existence of relevant services, certain groups continue to face significant barriers to accessing them. While refugees overall tend to be accepted within communities, KAP remain subject to marginalization.

Key Affected Populations—defined as gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and and people in prison and other closed settings—face elevated HIV risks compounded by systemic stigma and legal barriers. In displacement contexts, UNHCR prioritizes these groups because humanitarian emergencies frequently disrupt their access to life-saving health services while simultaneously increasing their exposure to violence and discrimination. Ensuring their specific inclusion in protection and health responses is therefore essential to uphold human rights, maintain continuity of care, and prevent new infections during crises.

[2] *HIV refers to the Human Immunodeficiency Virus. TB refers to Tuberculosis. OAT (Opioid Agonist Therapy) is a medical treatment for opioid dependence, typically using medications such as methadone or buprenorphine to prevent withdrawal and reduce the risk of overdose. Harm-reduction services, in the context of Key Affected Populations, include interventions that aim to reduce health-related risks associated with drug use and sexual exposure — for example, needle/syringe programmes, safer-sex counselling, condom distribution, naloxone provision, HIV testing, and community outreach.*

Key findings[3]

Demographic Profile and Displacement Patterns

The composition of the refugee households from the KAP sample showed greater gender balance than the general refugee sample: women constituted 51%, men 46% and around 1% self-identified as non-binary (general sample: 63% women, 37% men). The group was younger (average 37 years) than the general sample (average 46 years), with a higher share of working-age adults (93% versus 78%).

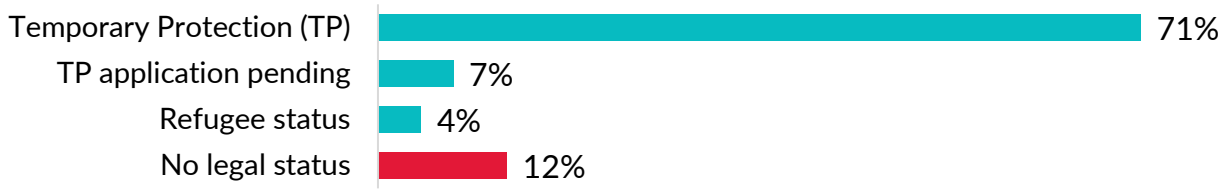
In terms of arrivals to Moldova, most of them are clustered in the earlier period, with 39.8% entering Moldova in 2022 compared to 18.6% in the general refugee population. Earlier entry likely reflects the severe disruption of HIV and OAT services in Ukraine during the first months of the full-scale invasion, when many patients sought continuity of treatment outside the country.

Refugees from KAP originated predominantly from Odesa region (45%), with notable concentrations from Dnipro (11%), Kharkiv (8%) regions, Kyiv city (6%) and southern region including Kherson, Mykolaiv, and Donetsk.

Legal Status and Documentation

Temporary Protection (TP) coverage was higher among refugees from KAP (71%) than in the general refugee sample (51%), yet the proportion without any legal status was also higher (12% compared to 3%). These findings point to two distinct sub-groups: individuals effectively supported through specialized assistance, and others who experience difficulties with accessing formal mechanisms.

Current status in Moldova:



Higher TP coverage reflects the positive impact of targeted support. As highlighted in the Assessment on Barriers, refugees from KAP who are connected to specialized partners benefit from accompanied registration, legal counselling, and assistance with documentation. These measures help mitigate barriers linked to stigma, fear of disclosure during registration, and administrative hurdles. They also enhance access to information on rights and services across the refugee population and improve referral pathways. Nonetheless, not all beneficiaries are aware of these specialized services; information gaps remain significant, particularly among newly arrived refugees and those in Moldova for short-term stays.

Documentation gaps further heighten vulnerability. Among refugees from KAP, 15% reported missing or expired identity documents, compared to 4% in the general sample. Many had left Ukraine irregularly or under martial law restrictions that impeded access to valid documents—a pattern that aligns with the higher proportion of men in the KAP sample. Missing or expired documentation affects TP renewal and limits access to housing, formal employment, and primary healthcare registration. It also restricts the ability to travel for medical appointments and constrains access to specialized protection services, including those for survivors of gender-based violence (GBV).

3 All figures presented in the graphics throughout this brief are based on data collected through the protection monitoring and profiling exercise with KAPs.

Protection Risks

Barriers to Life-Saving Healthcare and Treatment Continuity

Overall, 47% of respondents in the **Assessment on Barriers** reported encountering at least one obstacle to accessing healthcare. The most common barriers were distance to facilities (27%), long waiting times for specialists (24%), long waiting times for family doctors (20%), and services provided only for a fee (18%).

Barriers varied substantially across groups. **People who use drugs (65%)** and **people living with HIV (61%)** reported the highest levels of difficulty accessing care. These challenges stem from persistent stigma in healthcare settings, limited entry points for OAT and ART, lower registration rates with family doctors, and treatment regimens that require specialist oversight.

Distance to facilities remains a major concern. According to the Assessment, 27% of refugees from KAP groups faced distance-related barriers, travelling an average of **40 km** (range: 4–120 km) to reach services. Specialized treatment is heavily concentrated in Chișinău, with limited mobility options across the country, creating particular hardship for those in rural areas or smaller towns. Regional disparities were pronounced: **48%** of respondents in the South reported distance barriers, compared with **22%** in the Centre and **14%** in the North.

Waiting times further reduce access. Delays for specialist appointments were reported most frequently by people who use drugs (35%) and people living with HIV (32%). Delays in accessing family doctors were highest among people engaged in sex work (44%) and people who use drugs (32%).

Treatment access and cost barriers persist despite policies guaranteeing free healthcare. Fourteen per cent of respondents cited challenges related to medication availability, higher prices than in Ukraine, gaps in TP coverage, and delays or refusals in obtaining prescriptions. Additionally, 18% reported out-of-pocket payments for services that should be free of charge.

Cross-border healthcare seeking remains a coping strategy despite associated risks. Protection monitoring data indicate that 40% of KAP respondents had visited Ukraine at least once, with 14% of those citing healthcare as the primary reason—substantially higher than among the general refugee population (7%). These healthcare returnees were predominantly female (83%) and older (average age 50), with 83% having returned multiple times, signalling ongoing and unmet healthcare needs.

New arrivals face acute challenges. Those without TP cannot access immediate healthcare—particularly specialist treatment—and some must pay out-of-pocket, creating a longer window for health complications and increased transmission risks. Individuals who crossed irregularly face heightened vulnerabilities; some reported having to sleep on the streets initially, generating cascading needs linked to legal status, housing insecurity, and limited health access.

Transgender persons and LGBTQI+ refugees face compounded barriers. Opportunities to access gender-affirming healthcare are extremely limited, and gaps remain in the implementation of anti-discrimination legislation. Fear of disclosure and breaches of confidentiality in medical settings further deter many from seeking care.

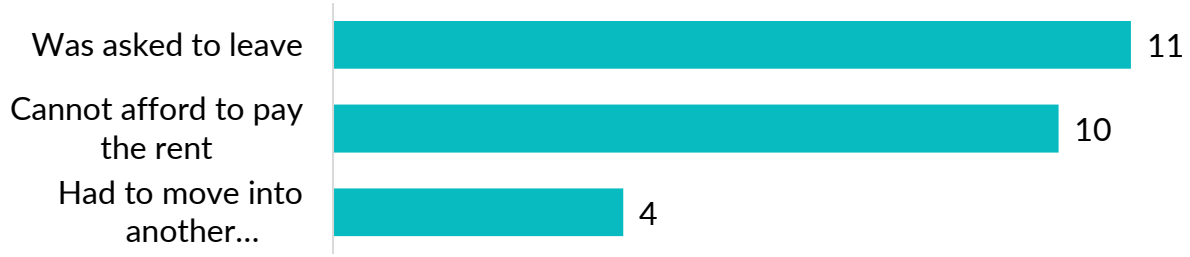
Housing Insecurity and Risk of Eviction

Housing stability is closely linked to protection outcomes and to continuity of treatment for refugees with chronic health needs. Among refugees from KAP groups, **25%** were hosted by relatives and **53%** rented private accommodation, compared with **39%** and **37%** respectively in the general refugee population.

Rental arrangements are notably insecure for refugees from KAP: only **44%** of those renting accommodation reported having a written contract with their landlord, compared with **64%** among the general sample. Of those without contracts, **37%** stated that their landlord had refused to provide one.

The absence of a written rental agreement undermines security of tenure in cases of eviction, complicates the proof of residence required to access services and employment, and leaves renewal terms unclear. For refugees from KAP, informal rental arrangements may further heighten exposure to exploitation, violence, or discrimination if personal circumstances become known.

Why did you have to leave your accommodation? N=27



Eviction pressures were significantly higher for refugees from KAP. Among those who anticipated needing to leave their accommodation within the next three months, 38% reported having been asked to leave, compared with 2% in the general refugee sample. In addition, 31% of refugees from KAP who expected to move cited inability to afford rent as the primary reason. This caseload also includes men from Ukraine who crossed the border irregularly and are therefore ineligible for Temporary Protection; lacking legal status and facing low levels of trust from potential landlords, they are frequently unable to secure rental accommodation.

Due to heightened vulnerabilities and experiences of discrimination, many persons from KAP do not access collective accommodation, as not all Refugee Accommodation Centres (RACs) can host individuals with certain needs. Stigma related to HIV status, unclear protocols and confidentiality safeguards, and discrimination linked to sexual orientation or gender identity create unwelcoming or unsafe environments, pushing individuals to seek—often unsuccessfully—private alternatives.

Discrimination and Barriers to Livelihoods

Displacement caused a substantial disruption in employment for KAPs, marking a shift from formal employment to more precarious circumstances. According to the Assessment on Barriers, the proportion of refugees working as formal employees dropped sharply from 61% in Ukraine to 15% in Moldova, while unemployment surged from 10% to 58%.

Protection Monitoring data, which captures all forms of work (including informal and self-employment), indicates that 34% of KAP respondents are currently earning an income, compared with 18% of the general refugee population. Despite higher engagement in work, 40% of KAP respondents remain unemployed (versus 30% generally). A main driver of this unemployment is structural exclusion: 32% of KAP respondents cited discrimination as a barrier to employment, compared to only 3% among the general refugee population. This comparatively higher employment rate among KAPs appears linked to targeted support through specialised programmes rather than improved access to the broader labour market.

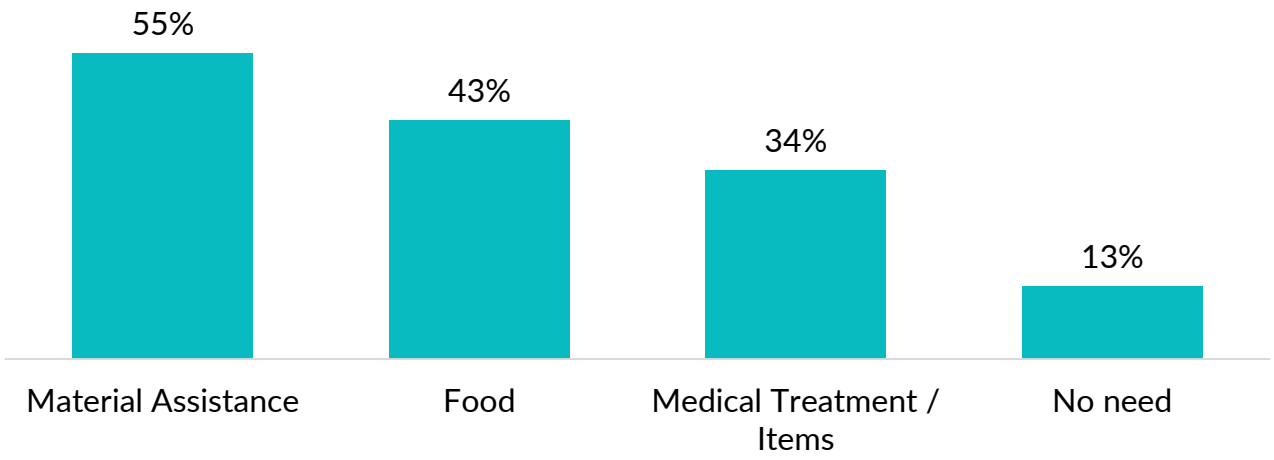
Structural exclusion remains a primary driver of these figures. Discrimination is a significant obstacle across the employment continuum, cited by 32% of KAP respondents as a barrier to employment, compared to only 3% of the general refugee population. Furthermore, underemployment was markedly higher: approximately 58% of employed KAPs worked below their qualification level, compared with 36% of the general population.

Given that 65% of KAPs hold specialised or higher education credentials, this gap reflects structural barriers rooted in stigma rather than skills deficits.

For people who use drugs, basic needs are tightly interlinked with employment. Unemployment generates financial insecurity that heightens exposure to exploitation, unsafe substance use, and health complications. Without access to stable employment, cycles of poverty, housing instability, and limited access to treatment and harm-reduction services are reinforced.

Unmet Basic Needs and Dependency on Humanitarian Asssitance

Refugees from KAP reported significantly higher levels of immediate needs than the general refugee population: 55% identified material assistance needs, 43% food assistance needs, and 34% medical needs, compared with 36%, 19%, and 10% respectively in the general sample.



Findings from the Assessment on Barriers indicate strong engagement with existing support systems among KAP. Overall, 82% of respondents reported receiving general financial assistance for refugees, while 38% received additional targeted financial support from civil society organizations for medical services. Protection monitoring data reinforces this pattern: refugees from KAP displayed markedly higher rates of cash assistance receipt than the general refugee population. This reflects partners' proactive efforts to identify individuals at heightened risk and connect them to support, suggesting that current outreach and targeting mechanisms are effectively reaching those with compounded vulnerabilities.

However, the high level of assistance coverage must be understood in context: refugees from KAP access more support because they face substantially greater needs. Elevated assistance levels are not indicators of over-provision, but necessary responses to the intersecting vulnerabilities documented throughout this brief—including stigma, chronic health conditions requiring continuous treatment, precarious housing, systemic labour-market discrimination, and significant out-of-pocket healthcare costs. Notably, nearly 40% of respondents in the Assessment required separate, targeted financial assistance specifically for medical expenses beyond general refugee support.

The critical vulnerability of this population becomes most evident when considering the consequences of programme discontinuation. Organizations providing specialised services report that current support packages—including cash transfers, vouchers, and mental health and psychosocial support—help buffer needs and enable treatment adherence for individuals managing HIV, TB, and harm-reduction programmes. However, as the Assessment on Barriers notes, if programmes or funding are reduced or discontinued, these needs and associated risks will intensify sharply.

CALLS TO ACTION

Sustain Funding for Specialized Support Programmes

Refugees can generally access government-run services, including the national HIV programme. However, specialized support programmes operated by community-based organizations remain essential to bridge practical, legal, linguistic and social barriers, and to ensure that key affected populations can effectively use public systems. These programmes have proven effective in reaching KAP with legal assistance, primary and specialized health services, case management, basic needs, as well as housing and employment support, while also promoting access and referral pathways to national systems.

Programme discontinuation or phase-down would compromise treatment continuity, undermine adherence, and increase exposure to protection risks, including exploitation, negative coping mechanisms, and interruptions in chronic and HIV-related care. Sustained, multi-year funding for local organizations working with KAP is essential to maintain service delivery, uphold treatment adherence, and prevent protection deterioration for refugees facing stigma, discrimination, or who are managing chronic health conditions. Funding channeled through local organizations will support contextualized, rights-based and cross-sectoral approaches grounded in community expertise and resilience.

Recognize local civil society organizations as central to response delivery

Civil society organizations that deliver specialized programmes and advocate for the rights of key affected populations are uniquely positioned to lead and sustain responses across all areas of humanitarian action, including protection, shelter, food security, and livelihoods. Their deep community roots enable them to operate throughout displacement situations—from emergency response through to durable solutions—working holistically and intersectionally as natural development-humanitarian-peace nexus actors who bridge formal and informal systems. With trusted access to marginalized and key affected populations, they bring essential expertise in addressing protection risks. Beyond delivering urgent protection and assistance, they play a critical role in monitoring, advocacy, and advancing structural change to promote the rights and self-reliance of excluded groups and support sustainable, locally-led integration into host communities.

Strengthen Community-Based Protection and Peer Support Networks

Community-based approaches have demonstrated effectiveness in reaching individuals facing stigma-related barriers to formal systems. Continued investment in peer-led outreach, navigation services, and trusted intermediaries is essential to identify and support the most marginalized individuals, including those without legal status or facing discrimination. Peer networks provide critical functions including confidential accompaniment, early identification of protection risks, and linkages to services that formal systems cannot replicate.

Address Geographic Barriers Through Decentralized Service Delivery

Geographic concentration of specialized services creates access barriers that compromise treatment continuity. Support decentralization through integration of HIV and TB related services with other health services provided through mobile clinics, satellite service delivery points in secondary cities, and transportation assistance for specialist care. Strengthen capacity of primary healthcare providers outside Chisinau to manage stable cases, reducing reliance on travel while maintaining quality of care and protection outcomes.

Mitigate Housing Instability and Eviction Risks

Housing insecurity undermines treatment adherence and exposes individuals to heightened protection risks including homelessness, exploitation, and unsafe return. Strengthen rental assistance programmes targeting those at risk of eviction, support legal aid services for housing disputes, and develop safe accommodation alternatives for individuals unable to access standard facilities due to discrimination. Promote formal rental agreements and landlord engagement to prevent discriminatory practices.

Combat Labour Market Discrimination and Support Livelihood Integration

Persistent employment discrimination limits self-reliance and perpetuates dependency on humanitarian assistance while increasing vulnerability to exploitation. Scale up livelihood support including skills training, credential recognition, anti-discrimination advocacy with employers, and integrated case management addressing interconnected barriers. Support income generation opportunities that enable refugees to meet basic needs while maintaining treatment adherence and housing stability.

Acknowledgements

This protection monitoring brief was developed through the collaborative efforts of UNHCR, UNAIDS, NGO "Initiativa Pozitiva", NGO "Pas cu Pas", NGO "Union for Equity and Health", GENDERDOC-M Center, NGO "Alliance for Public Health" working with Key Affected Populations in Moldova. We extend our deepest gratitude to the Ukrainian refugees who generously shared their experiences, challenges, and insights. Their voices are central to this analysis and to our ongoing efforts to ensure protection and dignity for all displaced persons.

UNHCR and UNAIDS are grateful for the support provided by Switzerland who have contributed to this assessment.

For more information:
UNHCR Moldova
Email: mdach@unhcr.org
Web: https://www.unhcr.org/md/en

UNAIDS Moldova:
Web: www.unaids.org
Facebook: https://www.facebook.com/UNAIDSmd
Instagram: https://www.instagram.com/unaids.moldova/