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HIV and Migration

in Central Asian countries and the Russian Federation



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Technical Workshop Report



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Acronyms

AFEW	Aids Foundation East-West
AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral treatment
ARV	Antiretroviral
CIS	Commonwealth of Independent States
EAEC	Eurasian Economic Community
EECAC	Eastern Europe and Central Asia AIDS Conference
EEU	Eurasian Economic Union (replaced EEAC in 2014)
EHRA	Eurasian harm reduction association
ECOM	Eurasian coalition on male health
ECUO	East Europe and Central Asia Union of People Living with HIV
EWNA	Eurasian Women's network on AIDS
HIV	Human immunodeficiency virus
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration – United Nations Migration Agency
IPA	Inter-Parliamentary Assembly
MSM	Men who have sex with men
MP	Member of Parliament
MTCT	Mother to child transmission
NGO	Non-government organization
OST	Opioid substitution treatment
PEP	Post-exposure prevention
PLWHIV	People living with HIV
PWID	People who inject drugs
SRH	Sexual and reproductive health
STI	Sexually transmitted infections
SWAN	Sex workers advocacy network
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization
WHO/Europe	World Health Organization Regional Office for Europe

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1. Executive summary

Central Asia and the Russian Federation are characterized by significant intra-regional migration flows, becoming one of the largest labor migration corridors in the world, with hundreds of thousands of migrant workers moving from Central Asian countries to the Russian Federation and to Kazakhstan each year. There are both opportunities and risks related to this migration. One area of particular concern is the increased HIV and TB risk and vulnerability faced by migrants and lack of access to prevention, treatment and care in host countries. HIV and TB rates continue to increase in the region affecting specific populations: ninety-six percent (96%) of all new HIV infections occur among key populations and their sexual partners, which includes migrant and mobile men. The migration flow is of concern given migrants' increased vulnerability and poor access to HIV and TB prevention and care in host countries. Two important Conferences related to HIV and AIDS are taking place in 2018, in April in Moscow and in July in The Netherlands. The theme of 'AIDS 2018' in the Netherlands will be "Breaking Barriers, Building Bridges", drawing attention to the need of rights-based approaches to more effectively reach key populations, including in Eastern Europe and Central Asia and the North-African/Middle Eastern regions where epidemics are growing.

In order to support efforts in Central Asia and Russia to discuss these issues and prepare for both meetings, a sub-regional technical workshop on HIV and migration in Central Asian countries and the Russian Federation was held on 19-20 February in Astana, Kazakhstan. Organized by UNFPA in collaboration with UNAIDS, the meeting was hosted by the Government of Kazakhstan and supported by the Government of the Kingdom of the Netherlands. The main aim was to make an important contribution to: a) The internal preparation of the countries concerned on issues related to HIV and migration towards the two above-mentioned conferences; b) improve the knowledge of the current situation and trends of "migration and HIV" in the region; c) facilitate exchange of experience and good practices and; d) look for joint efforts to respond to the HIV epidemic. It was designed as a platform for dialogue between rights holders and duty bearers on how to bring the countries' policies, legislation and regulations in accordance with international standards and good practices.

The meeting was attended by experts from governmental and non-governmental sectors from Kazakhstan and Russia (which receive most labor migrants from the region) as well as Kyrgyz Republic, Tajikistan, Turkmenistan and Uzbekistan. Information and updates on these were shared by experts from international development and technical agencies (WHO/Europe, IOM, UNICEF, UNAIDS and UNFPA), international NGOs (AFEW and IFRC) a bilateral project (Project Hope) and a human rights network (Regional network for legal aid to people affected by HIV/AIDS). Representatives of regional networks of people living with HIV and key populations with higher risk of exposure to HIV: ECOM, ECUO, EHRA, EWNA and SWAN and an expert from the Armenian AIDS Centre also attended the workshop and shared knowledge on the needs of priority communities. Fact sheets on the HIV situation in the different countries were developed prior to the workshop and they were reviewed and finalized during the course of the workshop. They are appended as annexes to this report, while the presentations shared during the workshop can be accessed through the following web link: <https://goo.gl/J8NZ4X>

The workshop produced the following outputs:

- Recommendations to governments, NGOs, donors and international organizations;
- Countries' fact sheets, as basis for the presentations to the Regional EECAAC (Moscow, April 2018) and the International AIDS Conference and;
- This report.

Key findings from the fact sheets:

Migrants are facing vulnerabilities, which are enabled by socio-cultural, environmental, political and health determinants:

- Lack of decent work (two thirds of migrants are working in the informal sector)
- Undocumented status; no registration (residence permits);
- Homelessness, poor living standards;
- Vulnerability to trafficking, violence, criminality;
- Family separation;
- Lack of social protection systems;
- Cultural diversity, language barriers;
- Lack of access to prevention and health services;
- Stress;
- Xenophobia based on ethnical differences; stigma and discrimination against mobile PLWHIV, MSM, and sex workers, which make them particularly vulnerable and left behind.

The HIV situation in all countries is becoming increasingly complex

The prevalence of HIV reported among the 15-49 age group in the countries concerned is 1.1% in Russia and less than 0.2% in Kazakhstan, Kyrgyz Republic, Tajikistan and Uzbekistan. For the last 15 years Turkmenistan did not report of any HIV cases. However, 123 HIV cases among citizens of Turkmenistan were diagnosed among citizens of Turkmenistan in Russia and in Kazakhstan, despite low level of Turkmenistan population migration to these countries. In the period 2010 -2017 there was up to 10% annual increase in new HIV infections in the sub-region on average. Most HIV cases are now occurring due to sexual transmission. Women are becoming more and more affected (for detailed information please refer to the fact sheets). HIV is predominantly spread among key populations. In accordance with data from the most recent sentinel serological surveillances conducted in 2015-2017 HIV prevalence among PWID varied from 6% (in Uzbekistan) to 64% (in several sites of Russia); among MSM from 3% (in Tajikistan) to 23% (in several sites of Russia);

and among sex workers from 2% (in Kazakhstan) to 15% (in several sites of Russia). The rate of HIV spread among MSM is growing up particularly rapidly. Whilst currently the main route of HIV transmission is sexual, PWID contribute to more than a half of PLWHIV.

Serological surveillances for HIV among migrants in Tajikistan and Uzbekistan showed 0.4% and 0.8% HIV prevalence in the samples accordingly. Behavioral surveillances among migrants in Kazakhstan, Kyrgyz Republic, Tajikistan and Uzbekistan showed that a large part of migrants practice unsafe sex, have sex with multiple and occasional partners, do not refer to health settings if getting symptoms of STI; significant percentages of migrants were never tested for HIV. About 1% of male immigrants and 10% of female immigrants in Kazakhstan responded that they were subjected to sexual violence while migrating.

High levels of migration in the region remain a long-term trend

Economic drivers: (lower incomes, wages, work force surplus in Kyrgyz Republic, Tajikistan and Uzbekistan in comparison with Russia and Kazakhstan); social drivers (e.g. family re-unification, education, new opportunities), and political drivers (like stigma and discrimination against certain populations e.g. criminal prosecution of MSM in Turkmenistan and Uzbekistan, very high level of hostilities against key populations in conservative rural communities) contribute to determining the size of migration processes.

In accordance with assessments, up to 2.5 million migrants from Uzbekistan and up to 1 million from Kyrgyz Republic and Tajikistan respectively are working abroad, most of them in Russia and a significant part in Kazakhstan. Labor migrants from Turkmenistan are mainly working in Turkey. There are also high level of internal migration of young people clustering in cities, where there are more employment opportunities and higher living standards.

To different extent in all countries migrants are facing lack of access to:

- Information;
- Condoms and lubricants;
- HIV testing (including community-based rapid tests, self-testing, HIV tests as a part of antenatal care);
- STI diagnosis and treatment;
- ARV drugs for ART, PEP and pre-exposure prevention;
- Treatment of opportunistic infections;
- Clean syringes and needles and OST (PWID);
- Social and rights protection systems.

HIV testing is a prerequisite in Russia to obtain a work permit for legal employment. However, anyone found to be HIV positive is deported. These practices push migrants living with HIV towards irregular migration and make them vulnerable to labor exploitation and human trafficking. In Russia and in Kazakhstan immigrants with HIV are not eligible to receive free of charge ARTs.

A lot of the data needed for programming and monitoring of the HIV response among migrants is not available.

There is no data of HIV and prevalence disaggregated by groups of migrants including regular and irregular migrants. Information on migration is collected by different authority bodies, it is not integrated and some data is not available and not disaggregated by sex or age groups. None of the countries concerned collect data to monitor implementation of the UNAIDS 90-90-90 strategy to end HIV as a public health problem. Such data include: percentage of migrants with HIV who are aware of their HIV positive status; percentage of mobile PLWHIV diagnosed at a late stage of infection (with CD4 cells < 350 per mm³); percentage of mobile PLWHIV who receive lifesaving ART and; percentage of mobile PLWHIV on ART whose virus is suppressed.

Key consensus-based recommendations from experts:

- Ensure access of all migrants from CIS member countries to expanded free HIV testing, and those with diagnosed HIV infection - to ART (including PEP);
- Establish an inter-country advisory body on HIV and migration possibly under a CIS secretariat in Moscow;
- Share information of available preventative services including supply with preventive commodities and products and STI treatment accessible to migrants through the development of mobile applications and increasing the appropriate internet links and web resources of local AIDS and STI centers;
- Strengthen provision of HIV-related information and HIV testing at pre-migration and return phases in countries of migrants' origin in order to ensure that people migrating to countries of destination (Russia and Kazakhstan) are aware of their HIV status;
- Ensure that in the countries of destination migrants are informed on HIV and STI prevention and treatment opportunities in their native language through using Internet, circulating information and education materials to recruiting agencies in migrants sending countries and partner agencies in the countries of destination;
- Improving data collection among migrants with a special focus on mobile PWID, MSM, sex workers and PLWHIV for effective programming and monitoring of the response;
- Empowering NGOs and CBOs, in particular those led by people with HIV and members of key populations, to implement expanded outreach activities linked to essential healthcare services for relevant mobile individuals and groups;
- Call upon service providers to urgently address discrepancies between the detection of HIV cases among citizens of Turkmenistan in Kazakhstan and Russia and the denial of the HIV epidemic in Turkmenistan;
- Link efforts of HIV, SRH and TB services in response to HIV among migrants;
- Decriminalize behaviors of key populations (voluntary sexual contacts between adult men, selling sex and using drugs) in all countries of the region. This will help to end ostracism and discrimination.

2. Background information

Eastern Europe and Central Asia are the only regions in the world where the HIV epidemic continues to rise rapidly, with a 57% increase in annual new HIV infections between 2010 and 2017. The epidemic is concentrated predominantly among key populations – in particular, people who inject drugs (PWID), men who have sex with men (MSM) and sex workers. Women are also becoming increasingly affected. During the last five years, sexual transmission of HIV has become the predominant means of transmission.

Given uneven economic and social development conditions of countries which were once part of the Soviet Union millions of citizens from Tajikistan, Kyrgyz Republic and Uzbekistan – having lower level incomes - migrate in search of work and higher earnings to more prosperous Kazakhstan and especially Russia, the country with an extensive labor market. Labor migration from these countries is facilitated by the absence of a visa regime for crossing the borders of Russia and Kazakhstan. Citizens of Turkmenistan, who need visas to enter Kazakhstan and Russia, migrate primarily to Turkey, using a visa-free regime between the two countries.

Whilst in Central Asian countries the prevalence of HIV infection is relatively low, the Russian Federation is facing the largest HIV epidemic in Europe. According to the Federal Center for AIDS Prevention and Control, the number of people with HIV in Russia is estimated at 1.2-1.3 million, approaching 1% of the total population. Meanwhile, labor migrants are predominantly a sexually active population, mostly consisting of men who live far from their families and who are likely to engage into sexual relations at the places of their temporary residences.

In addition to labor migration, many of the people from the countries of the former Soviet Union are traveling extensively to reunite families, visit relatives, and receive an education. Besides international migration therefore, all countries are facing a significant internal rural to urban migration, where the prevalence of HIV infection is significantly higher than in rural areas. Representatives of key populations and people with HIV extensively migrate within the region along with other populations. The infection of migrants with HIV is thus an important determinant of the further spread of the epidemic.

Cultural, social, policy and legal factors contribute to HIV vulnerability among migrant populations. These include language problems, marginalization, social exclusion, legal obstacles, cultural attitudes, fear of discrimination, xenophobia, poverty etc. In order to avoid HIV acquisition and transmission by and to migrants, there is a need to ensure unlimited access of all migrants to expanded voluntary HIV testing (including provider-initiated testing as a part of antenatal care) and effective antiretroviral treatment within the framework of the UNAIDS 90-90-90 strategy implementation, as well as to provide relevant information, education, sexual and reproductive health including condoms and lubricants, family planning for prevention of HIV vertical transmission, STI treatment and post-exposure prevention of HIV infection.

3. Aim and Scope

In anticipation of two major international conferences on HIV and AIDS during 2018, namely the VI International AIDS Conference for Eastern Europe and Central Asia (EECAC, 18-20 April 2018, Moscow, Russian Federation) and the 22nd International AIDS Conference (July 2018, Amsterdam, the Netherlands) UNFPA organized a technical workshop on HIV and migration for Central Asian countries and the Russian Federation in collaboration with UNAIDS. The main aim was to prepare a situation analysis and recommendations to address challenges and opportunities related to HIV and migration. The event was conducted in Astana, Kazakhstan on 19-20 February 2018. The meeting involved national experts from Kazakhstan, Kyrgyz Republic, Russian Federation, Tajikistan, Turkmenistan and Uzbekistan. In addition, an expert from Armenia was invited to share experience in resolving the HIV and migration challenge in his country. The workshop was hosted by the Government of Kazakhstan and supported by the Government of the Kingdom of the Netherlands.

The workshop produced the following outputs:

- Recommendations to governments, NGOs, donors and international organizations;
- Countries' facts sheets and;
- This report.

The workshop was designed as a platform for dialogue with engagement from governments and national NGOs representatives as well as regional-level stakeholders, including NGO networks, multilateral and inter-government organizations. Along with national experts from government and non-governmental organizations of the six countries, workshop participants included representatives from regional networks of key populations: International Charitable Organization East Europe and Central Asian Union of People Living with HIV (EECUO), Eurasian Women Network on AIDS (EWNA), Eurasian Coalition on Male Health (ECOM), Sex Workers Rights Advocacy Network (SWAN), Eurasian Harm Reduction Association (EHRA); human rights network: Regional Network of legal aid for people affected by HIV and AIDS: international NGOs: AIDS Foundation East-West and International Federation of Red Cross and Red Crescent, bilateral projects: the Project Hope and UN entities: IOM, UNICEF, UNAIDS, UNFPA and WHO.

The workshop agenda and the list of participants are attached as annexes. The presentations shared during the workshop are accessible at the following link: <https://goo.gl/J8NZ4X>

4. Workshop Proceedings

4.1 Opening session (Day 1, 19 February 2018)

H.E. Dr. (Ms.) L. Aktayeva, Deputy Minister of Health Care of the Republic of Kazakhstan chaired the opening session in her capacity of the host country official. H.E. Ms. L. Aktayeva, H.E. Mr. Y. Ashikbayev, Deputy Minister of Foreign Affairs of Kazakhstan, H.E. Mr. Dirk Jan Kop, Ambassador Extraordinary and Plenipotentiary of the Kingdom of the Netherlands to Kazakhstan, Kyrgyz Republic and Tajikistan, and Ms. Alanna Armitage, UNFPA EECARO Director delivered opening speeches.

All speakers noted that Eastern Europe and Central Asia are the only regions in the world where the HIV epidemic continues to increase rapidly. Dr. L. Aktayeva and Mr. Y. Ashikbayev stated that Kazakhstan is committed to the implementation of the Sustainable Development Goals and, in particular, the strategy to end the HIV epidemic as a public health challenge by 2030. Dr. L. Aktayeva pointed out that an effective response to the HIV epidemic in Kazakhstan, which receives millions of international migrants from Central Asian countries each year, requires close coordination with governments of Central Asian countries sending migrants to Kazakhstan. The aim would be to strengthen prevention and ensure that all people know their HIV status and receive antiretroviral treatment, thereby reducing the viral load in the populations. H.E. Mr. Dirk Jan Kop emphasized that the world is anxious about the growing HIV epidemic in Central Asia and that recommendations from the workshop will be considered at the VI International AIDS Conference for Eastern Europe and Central Asia (April 2018, Moscow, Russia, and the 22nd International AIDS Conference (July 2018, Amsterdam, Netherlands). Ms. A. Armitage specifically emphasized that internal and international migrant workers from Central Asian countries face serious challenges to access necessary information and acceptable services for the prevention, care, and treatment of HIV infection.

The opening session was also attended by representatives of several diplomatic missions and international organizations, as per the list of participants available in Annex 1.

4.2 Morning plenary session (Day 1, 19 February 2018)

Key international experts updated participants on policies, commitments and international standards of HIV prevention, diagnosis, treatment and care. Presentations were delivered by Mr. V. P. Saldanha, UNAIDS Regional Support Team Director, Dr. (Ms.) E. Vovc, Technical Officer for HIV, STIs and Viral Hepatitis programme of WHO Regional Office for Europe, Mr. Ian McFarlane, Deputy Regional Director, UNFPA Regional Office for Eastern Europe and Central Asia, Dr. Jamie Calderon, Senior Regional Migration and Health Specialist of IOM Regional Office for South-Eastern Europe, Eastern Europe and Central Asia of IOM - UN Migration Agency. One more presentation reflecting the view of civil society was delivered by Mr. P. Aksyonov, Panel Member of EECUO.

4.2.1 *International treaties and commitments to address HIV among migrants as presented by specialists from four international organizations (UNAIDS, IOM, WHO and UNFPA)*

- Universal Declaration of Human Rights, 1948;
- International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966/1976 (with focus on rights to highest attainable standards of health);
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979 (with focus on reproductive rights);
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 1990 (not signed by Kazakhstan, Russia, Turkmenistan and Uzbekistan);
- Convention on the Rights of the Child, 1990;
- 71-th UN General Assembly Declaration for Refugees and Migrants (19 September 2016);
- Global Health Sector Strategies on HIV, viral hepatitis, and STIs for 2016-2021;
- European Strategy and Action Plan for Refugees and Migrants health (2016);
- Global Framework on Refugees and Migrants (2017), – Resolution WHA;
- European action plans for HIV & VH (Call for fast-track actions to end AIDS as public health threats by 2030: define and deliver an essential package of interventions; promote combination prevention and a “treat all” approach¹; sustainable finance);
- UNAIDS strategy for 2016-2021 “On the Fast-track to end AIDS”.
- Conclusions and recommendations from the Regional Thematic Workshop: “Migrants’ right to Health and Access to Services”, conducted on 4-5 September 2017 in Almaty, Kazakhstan. The need to apply the IOM approach on addressing HIV risks and vulnerabilities at all phases of the migration process, including at pre-departure, transit, destination and return or resettlement was emphasized).

4.2.2 *Priority directions for the work with migrants in countries of Central Asia*

This includes the need to:

- Eliminate barriers that restrict access to services for internal and external migrants;
- Provide HIV prevention, diagnosis and treatment for migrants, including chemoprophylaxis for pregnant women with subsequent continuation of treatment after childbirth;
- Link SRH and HIV in national systems with the aim to be aware of one’s HIV status and access health services;
- Optimize the linkages between HIV and STI services;

¹ Reference was made to the Fast Track Strategy to end AIDS by 2030, which identifies migrants as a key population.

- Provide basic SRH services (including information on protection, counseling and access to condoms and lubricants);
- Implement a package of HIV services in STI programmes, routinely offering HIV testing and counseling in STI services;
- Promote safer sex;
- Broaden SRH services to reach key populations;
- Integrate HIV and AIDS issues with maternal and infant health
- Strengthen maternal health services for women living with HIV
- Integrate EMTCT and syphilis screening and treatment with antenatal services;
- Empower women and girls to negotiate safer sex and access SRH and HIV services;
- Strengthen community involvement, the role of civil society and NGOs in order to provide assistance in combating TB among internal and external migrants;
- Remove all restrictions on the movement (entry, stay and residence) of people living with HIV (which still exist in Russia², Turkmenistan and Uzbekistan).

4.2.3 Key facts from the region requiring revision of the countries' policies on HIV and migration

Key highlights (the presentations can be accessed at the following link: <https://goo.gl/J8NZ4X>)

- The region is facing a concentrated epidemic with up to 10% increase in new HIV infections each year on average during the period of 2010-2017:
- HIV prevalence among the 15-49 age group: Russia 1.1%; Kazakhstan, Kyrgyz Republic, Uzbekistan and Tajikistan <0.2%;
- Most cases are currently occurring due to sexual transmission, although PWID contribute to more than half of PLWHIV;
- Women are increasingly affected;
- The reported HIV prevalence among PWID varies from 6% in Uzbekistan to 64% in several sites of Russia; MSM from 3% in Tajikistan to 23% in several sites of Russia and sex workers from 2% in Kazakhstan to 15% in several sites of Russia. The rate of HIV spread among MSM is particularly rapid.
- In Russia in 2015 HIV prevalence among the tested migrants in general was about 0.2 percent. However, the number of migrants' HIV positive results still increases proportionally to the number of tests performed. In Kazakhstan, during the first 6 months of 2017 HIV prevalence among the tested migrants from vulnerable populations was 5.9%, while among other migrants it was 0.17% (Mr. Vinay P. Saldanha).

² It was mentioned that the abolition of the patent system for migrants from the EAEC member countries (Armenia, Belarus, Kazakhstan and Kyrgyz Republic) 'de facto' removed the requirement for mandatory HIV and TB testing

- Half of the people with HIV in the WHO Euro region are diagnosed late. In the European region the number of HIV diagnoses among foreign born men who has sex with men is comparable with the number of HIV diagnoses among foreign born heterosexual people (Dr. E. Vovc)

4.2.4 *Scale of migration, its significance for development and forecast of its size for the future*

- Labor migration from Kyrgyz Republic, Tajikistan and Uzbekistan to Russia and Kazakhstan is a long-term trend due to predominantly economical, political and social drivers. In Tajikistan, Kyrgyz Republic and Uzbekistan international migrants' remittances contribute to 40, 31 and 3.5% percent of GDP respectively.
- The total number of international migrants in Eastern Europe and Central Asia is approximately 25.7 million (>15% of the global number). Immigrants comprise 7.5% of the population and emigrants comprise 9.7% of the population. Female migration is increasing.
- Globally internal migration and urbanization is exceeding international migration.

4.2.5 *International Charitable Organization East Europe and Central Asian Union of People Living with HIV (EECUO) addressed vulnerabilities of people with HIV and coping strategies in Eastern Europe and Central Asia*

Presentation by Mr. Vladimir Mayanovsky, Member of the ECUO Panel

Mr. Mayanovsky pointed out that certain policies and practices implemented in the countries of the region are not fully consistent with international human rights standards on equality, non-discrimination, universal access to the highest attainable quality of health care and legal protection. Discriminatory legislation (for example requiring deportation of people with HIV), ineligibility of international migrants with HIV to free of charge ART in migrant recipient countries, mandatory HIV testing as a pre-condition to obtain registration (resident permit) or work patent, restricted importation of ARV drugs by some EECA countries, fear to disclose one's HIV status because of stigma and discrimination, hostile public attitudes towards key populations (MSM, sex workers and PWID), social exclusion, bad living and working conditions, absence of health insurances covering the costs of basic health services including STI treatment, antenatal care and safe abortion, low wages, lack of information about available services were identified as main barriers to tackle the spread of HIV among migrants.

In countries implementing proposals to the Global Fund to Fight AIDS, TB and Malaria (GFATM) migrants can receive certain health care services on an equal basis with the citizens of the country. However, such practice is not sustainable due to lack of commitments from governments to continue funding many of the established services. Thus once GFATM-funded activities phase out, sustainability of the interventions is a serious concern.

4.3 Presentations of the HIV situation and response to HIV among migrants from countries: morning and afternoon panel sessions (Day 1, 19 February 2018)

The discussion centered around challenges with respect to HIV and migration in countries sending migrants and in countries receiving migrants. Some of the relevant information had been shared previously through fact sheets developed by independent national experts, as well as through presentations by government services on the situation and response to HIV among migrants. The discussion was complemented with human stories shared by civil society organizations in each country followed by discussion.

4.3.1 Introductory remarks

Dr. Alexandr Kossukhin, independent consultant hired by UNFPA to facilitate the workshop, provided introductory remarks to clarify the aims and scope of the countries' fact sheets on HIV and Migration, Draft fact sheets had been developed in each country prior to the workshop by independent experts. During the workshop, each country team (government and non-governmental experts) was asked to share their points of view and available information in order to reach a common understanding and consensus on the HIV situation among migrants and the required response. One of the expected workshop output was to finalize the fact sheets (these have been included as annexes at the end of this report).

The fact sheets include a brief description on migration as well as the response to the HIV epidemic in each country. They also outline specific issues related to internal and international migrants with regular and irregular labor migrants, and illegal migrants (i.e. smuggling migrants and victims of human trafficking) among them at pre-migration, transit, destination and return phases of migration if applicable, as well as key issues related to the HIV situation. Crucial issues of the response include political, socio-cultural, health and behavioral determinants, linkage of HIV transmission and acquisition among migrants and members of their families to sexual and reproductive health and rights and gender-based violence, sexual violence, and sexual exploitation.

Country-specific situations, challenges as well as communalities among countries

4.3.2 Kyrgyz Republic

Government expert Dr. A. Bekbolov, Deputy Director of the Republican AIDS Centre under the Ministry of Health delivered a presentation. In addition to information available in the draft fact sheet, he outlined that 1,516 PLWHIV (i.e. 20 percent of their reportedly registered number) in the country have histories of migrating abroad to earn a living, mostly to Russia, Kazakhstan, and Turkey. 139 international migrants with HIV in Kyrgyz Republic receive ART; however, providing them ART is affordable insofar as the procurement of ARV drugs is financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). It was also pointed out that 60% of international migrants from Kyrgyz Republic do not have access to quality medical services and prevention programs; the

practice of self-treatment including STI self-treatment and applying incorrect protocols is widespread among them. Migrants from Kyrgyz Republic are facing unfavorable working and living conditions leading to a number of illnesses including TB and HIV infections. Although Kyrgyz Republic offers ARV drugs for up to six months to PLWHIV who migrate abroad migrants commonly do not receive treatment of HIV infection. Given the fear of refusal by the border guards of a work permit while crossing the border with Russia by a migrant suspected to be HIV-positive, many mobile PLWHIV do not take ARV drugs with them while migrating.

The country largely relies on international assistance to prevent HIV transmission and provide HIV testing to migrants at pre-migration and return stages. Russia supplied four mobile clinical stations to four oblasts (provinces) of the Kyrgyz Republic to provide information and HIV testing as well as provision of medical services (including STI diagnosis and treatment) in response to the considerable flow of international migration from among the population of remote rural districts.

Mr. D. Orsekov, Director of the NGO Kyrgyz Indigo presented human stories illustrating the hardships faced by migrants from Kyrgyz Republic. He told a story of a young migrant from the MSM community, who was legally living and working in Russia and paying taxes for ten years. However, having acquired HIV he lost the rights to live and work in the country and was not eligible to receive ART. Another story related to a female sex worker, who acquired HIV and had an unintended pregnancy in Turkey largely due to unavailability of relevant information and inaccessibility of health services to irregular migrants including safe abortion. As an alternative to condom use, the sex work manager had injected antibiotics to sex workers and assured them that these injections would protect them against HIV and STI acquisition. The third story was about the wife of a labor migrant, who accompanied him while migrating to Russia. The migrant acquired HIV through injections of drugs and transmitted the virus to his wife, who got pregnant and possibly transmitted the HIV to her child as she could not afford antenatal care. Internal migrants from among key populations have some access to health services thanks to GFATM-funded programmes. However, as these programmes are being reduced most internal migrants will lose access to health services. Receiving affordable health care services in medical settings requires proof of registration, while many internal migrants, especially those who inject drugs, sell sex or were released from prisons often have no national identity cards.

The team of experts from Kyrgyz Republic demonstrated consensus in understanding the situation on HIV and migration and the response to HIV among international and internal migrants. There were a few questions from the audience mainly aimed at clarifying some of the points made.

4.3.3 Tajikistan

Government expert Dr. J. Murodov, Deputy Director of the Republican AIDS Centre under the Ministry of Health of the Republic of Tajikistan made a presentation. He referred to a large package of documents developed in the country and approved by the government and line ministries to ensure that HIV and AIDS policies and practices are updated in accordance with international standards. He also shared information on the HIV epidemic

in the country. The analysis of new HIV cases showed a clear trend of reduction in the share of PWID (from 21% in 2012 to 13% in 2017) and an increase in the share of international migrants (from 8% in 2012 to 15% in 2017). However, data related to variables, which could have an impact on increasing the share of migrants among newly detected HIV cases was not available (for example number of key populations among international migrants with newly diagnosed HIV infection, size of migration, structure of international migration by country and coverage of migrants by HIV testing). Russia supplied mobile clinical stations mounted on chassis of Russian heavy truck vehicles KAMAZ in order to increase coverage of migrant workers living in remote rural areas with HIV prevention, improve availability of HIV, syphilis, viral hepatitis and TB counseling and testing at pre-migration and return phases. Tajikistan is facing high vertical HIV transmission, as many pregnant women including migrants and wives of migrants are reluctant to receive (or cannot afford while being abroad) antenatal and even prenatal health services.

Similarly to the expert from the NGO sector from the Kyrgyz Republic, Ms. P. Giyasova, Director of NGO “Apeiron” told stories about hardships which migrants are facing especially amongst key populations. She drew attention to the lack of legal assistance to migrants in Tajikistan and countries of their destination, first of all in Russia. Many migrants do not know Russian sufficiently well to request support or services. The presenter also focused on the need to eradicate ill-treatment stigma and discrimination against mobile women and girls including sex workers.

The team of experts from Tajikistan demonstrated consensus in understanding the situation on HIV and migration and the response to the HIV infection among migrants. There were questions from the audience primarily of a clarificatory nature.

4.3.4 Turkmenistan

A presentation on the role of governmental migration bodies in the prevention of HIV transmission was made by governmental expert Mr. D. Topov, Deputy Head of Migration Service of Ashgabat International Airport. The state migration service has data on the numbers of migrants who left the country, who had not returned upon expiration of their visas, who were deported from foreign countries, and those who entered Turkmenistan. Those, who were deported, should be tested for HIV. The contributor assured the audience that all citizens of the country enjoy comprehensive legal protection by Turkmenistan consulates while being abroad.

NGO expert Ms. T. Annamuradova from the NGO “Yenme” (translated from Turkmen language as “overcoming”) also made a presentation. She informed the audience about the activities implemented by her organization, which is dealing with shelter provision and implementing rehabilitation and reintegration programs for victims of human trafficking. The contributor recognized that during recent years international and internal migration of Turkmen people has increased. She acknowledged that MSM and sex workers exist in the country and that they are most vulnerable to HIV acquisition and extensively migrating. Hundreds of migrants from Turkmenistan are working in Turkish households. Turkmen men and women are subjected to forced labor after migrating abroad for employment. Turkmen women are also subjected to sex trafficking abroad. Residents of rural areas in Turkmenistan are most at risk of becoming trafficking victims.

At the same time the contributor claimed that there are almost no PWID in Turkmenistan due to strict measures undertaken by the government against drug traffic. The contributor reminded the audience that the country did not report any HIV cases, although the possibility of acquiring HIV by citizens of Turkmenistan should not be ignored. She ascertained that the coverage of key populations by HIV testing and counseling is not provided on a regular basis. The last survey among MSMs and FSWs was carried out in 2011.

The audience did not fully agree with the statement of zero HIV prevalence among the Turkmen population referring to the more than one hundred HIV cases reportedly registered among Turkmen citizens in foreign countries including Russia, which deports foreigners with HIV to their native lands. It was noted that Turkmenistan is one of very few countries of the world, where ART is not available. As such PLWHIV are facing a dilemma to having either to leave the country, which is very difficult, or die of AIDS. The issue of the need to abolish punishment of adult men who have voluntary sex with other men, which pushes MSM to migrate and realize their sexual orientation with strangers under the pressure of local communities recognizing the “bare back” sex, was also raised.

4.3.5 Uzbekistan

No experts from the NGO sector of Uzbekistan could attend the workshop. As such, there were only presentations by government representatives. Dr. Q. Abbasov, Epidemiologist of the Republican AIDS Center under the Ministry of Health presented the HIV situation and the response to HIV in Uzbekistan. The contributor stressed that all people who are absent from the country for 3 months or more, are subjected to mandatory HIV testing. In 2017 HIV prevalence in that category of migrants was 0.15% (in 2016, 2015 and 2014 – 0.17%, 0.17% and 0.10% accordingly). In total in 2017, 2016 and 2015 around 400,000 migrants were tested for HIV on that basis and in 2014 around 600,000. Simultaneously the results of sample surveys of migrants at pre-migration and return phases showed 0.8%, 1.0% and 0.8% HIV prevalence in 2015, 2013 and 2011 respectively, i.e. much higher figures. In Uzbekistan HIV among migrants is transmitted mainly through sexual route due to unsafe sexual behaviors (low rate of condom use and a high percentage of those migrants who have multiple and (or) occasional sexual partners). Migrants’ awareness of HIV and its prevention is insufficient.

Mr. A. Fayziev, another governmental expert supervising the International Relations Department of the Agency for External Migration under the Ministry of Labor made a presentation on ensuring the rights of internal and international migrants including the right to health. The contributor emphasized that a portion of labor migrants from Uzbekistan is working abroad within the framework of bilateral agreements between Uzbekistan and other parties on the engagement of foreign labor force, which are coordinated by his Agency. During the period 2003-2017, about 26,000 migrants were working abroad based on such agreements. These migrants were covered by training and adaptation centers and HIV prevention activities. In turn, Uzbekistan issued around 10,000 permits for foreign workers to work in Uzbekistan.

There was a discussion on both presentations, where an emphasis was made that in reality stigma and discrimination against key populations is a barrier to their participation in

prevention programmes. Uzbekistan is one of two countries of the region (another one being Turkmenistan), where consensual sexual contacts between adult men is subject to prosecution. People are also subjected to punishment for selling sex. Uzbekistan does not implement methadone programmes for opiate dependent people, whose effectiveness is evident. Opiate-dependent people have no access to legal opiate drugs, while procurement and custody of illicit opiates are punishable. Given stigma and discrimination against key population it is hardly possible to speak about tolerance and ensuring access to people with high risk of exposure to HIV to relevant information, education and services. Participants noted the discrepancy between survey results - showing rather high HIV prevalence among migrants - and the results of migrant testing who were absent from the country three months or more. It was suggested that many migrants with a high risk of exposure to HIV remain untested as a result of inadequate HIV testing policies and that they are unaware of their HIV status given the lack of 'incentives' or motivation to know about it.

4.3.6 Russian Federation

Expert from the Russian Federation Dr. Natalia Ladnaya, Principal Specialist of Specialized Research Laboratory for Epidemiology and Prevention of AIDS of the Central Research Institute for Epidemiology under the Federal Service on Surveillance for Consumer Rights Protection (Rosпотребнадзор), reported on the situation with HIV and migration in the country. She outlined that Russia is among the four world top countries with outgoing migrants' remittances. About 30 million people are entering Russia every year; half of them are registered by the migration police (i.e. obtain a resident permit for a certain period of time). These migrants can further work legally but require certain additional procedures including medical inspection with HIV testing and purchasing work patents for migrants from countries, which do not hold Eurasian Economic Community (EAEC) membership. About half of the people arriving in Russia are citizens of CIS countries and about half of them are citizens of four Central Asian countries; the number of migrants arriving from Turkmenistan is rather low (56,000 in 2016). HIV infection in Russia was diagnosed among migrants from all countries including Turkmenistan, which does not report any HIV cases in the country.

Whereas the share of migrants coming from Turkmenistan among all migrants from Central Asian countries in Russia in 2017 was 0.7%, the share of migrants with ever detected HIV from Central Asian countries was 1.1%. HIV infections were diagnosed mainly among citizens from Uzbekistan – 5,950 cases, i.e. about one-sixth of HIV cases ever registered in that country. HIV infections were also detected among 2,330 citizens of Tajikistan; that number comprises almost one-fifth of HIV cases ever registered in the country. The shares of HIV cases among citizens of Kazakhstan and Kyrgyz Republic detected in Russia among the HIV cases ever registered in Kazakhstan and Kyrgyz Republic was much lower: 8% and 2% respectively.

The presenter referred to the distribution of HIV-1 sub-types in Russia and Uzbekistan. The distribution of HIV-1 subtypes in the regions of Russia bordering Kazakhstan is quite different from that in the regions of Central Russia and resembles the HIV sub-types detected in Uzbekistan. This proves that the vector of the epidemic is bi-directional. In addition, it is obvious that many migrants are acquiring HIV within their communities from people from the same country or from the same region of the country.

The contributor agreed that migrants are particularly vulnerable to HIV due to numerous social, economic, health and behavioral factors. She believed that migrants must be included as part of key populations. She specifically emphasized the need to strengthen prevention and also outlined that the response to HIV among migrants in Russia has improved. Citizens of EAEC member countries (Armenia, Belarus, Kazakhstan, and Kyrgyz Republic) no more need to obtain permits and procure patents to work in Russia meaning that mandatory HIV testing is no more a pre-condition of getting legal employment for them. Migrants with detected HIV infection, who have relatives in Russia, are no longer deported.

In some regions, migrants can enjoy free access to clean syringes, needles, condoms, lubricants and STI treatment. However, more efforts are required to make migrants aware of such opportunities. Special mobile applications are being developed. Dr. N. Ladnaya also said that medical tourism of PLWHIV to Russia has increased. People with neglected HIV disease manifested by severe opportunistic infections threatening their lives are coming from Central Asian countries to Russia with requests for healthcare.

This was followed by a presentation by Mr. P. Aksyonov, non-governmental expert, who shared a different view from the NGO sector. He emphasized that in Russia free of charge antiretroviral treatment is not available to migrants. Moreover, Russian legislation requires that migrants with detected HIV, except those having close relatives who live in Russia must be deported, while the vast majority of migrants have no relatives (parents, children, grandparents or siblings) among Russian citizens. This includes migrant gay men with HIV arriving from countries where homosexual orientation is persecuted by law. As a result, migrants often don't want to know their HIV status; people with HIV and migrants from amongst key populations obtain employment often as irregular labor migrants. This allows avoiding mandatory testing for HIV as a precondition to obtain legal employment for migrants. However, illegal status means lower wages, worse working and living conditions and level of life. Migrants with HIV can live and work in Russia for many years not being aware of their HIV status and thus not having access to treatment. HIV infection in migrants is commonly diagnosed at a late stage.

Most migrants working in Russia are citizens of Uzbekistan and Tajikistan, and they cannot enjoy privileges granted to labor migrants from EAEC member countries. Migrants are facing lack of access to healthcare including STI treatment and prevention of HIV vertical transmission within the framework of antenatal care. Even most health insurance programmes available to regular migrants do not include those items. The contributor also focused on the need to strengthen and empower civil society organizations, which have access to key populations with high risk of exposure to HIV from amongst migrants. Whereas funding of NGOs by the Russian government is limited, NGOs are pressed to refuse funding by international donors under the threat of being classified as foreign agents.

There were a few questions primarily of a clarificatory nature.

4.3.7 Kazakhstan

Dr. B. Baiserkin, Director General of the Republican AIDS center based in Almaty provided details of the HIV situation in Kazakhstan. He outlined that HIV prevalence among the general population of Kazakhstan is 0.12%. This varies between 0.05% in the Western oblasts (provinces) of the country to 0.43% in Pavlodar Oblast, which borders three regions of Russia with remarkably high HIV incidence (i.e. Altai Territory and Omsk and Novosibirsk Oblasts). In 2017 HIV was detected in 0.3% of approximately 52,000 foreign citizens who were tested. One-third of 153 foreign citizens with newly detected HIV cases were members of key populations (i.e. PWID, MSM, sex workers and prisoners).

Citizens of Uzbekistan comprise the biggest number of foreigners with HIV ever detected in Kazakhstan (784 cases) followed by Russia (729 cases). Although the number of migrants from Turkmenistan in Kazakhstan is small 10 HIV cases were detected among citizens of Turkmenistan. A 'typical' foreign citizen with HIV is 32 years of age, single or divorced, national of Uzbekistan or Russia with an experience of injecting drugs and having occasional sexual partners.

Kazakhstan government funds all HIV programmes including promotion of condoms and lubricants, providing clean syringes and needles, friendly STI treatment, anonymous HIV testing and ART. International migrants can use prevention services. However, foreign citizens are not eligible to free of charge ART as well as periodic medical inspection and laboratory testing including CD4 cells count and viral load detection.

Ms. Ye. Bilokon, Executive Director of NGO "My Home" and also Deputy Chair of the Eurasian Women's Network on AIDS spoke about the assistance that her NGO provides to international and internal migrants with HIV as well as migrants from among key populations. Her local government funded NGO provides migrant women along with other women in need with temporary shelter, helps internal migrants to obtain necessary identification documents and international migrants to come back to their native lands.

She expressed concern that internal migrants are required to be registered (receive a permit to reside) in the settlement of temporary residence as a pre-condition to receive free of charge health services including ARTs. In practice, home owners who lease their premises refuse to register their residents in order to keep 'free reign' and be able to kick lessees out in case they do not pay on a timely basis. Another reason of refusal to register residents is tax evasion, otherwise residents must pay more for renting premises in order to cover the cost of owners' taxes. Thus many internal migrants, especially from among key populations, who even often do not have IDs, are facing lack of access to statutory free medical assistance including in cases of HIV acquisition.

There were no specific comments from the audience. Several questions were asked to clarify some of the points.

It was noted that none of the countries collect data on:

- Numbers of international migrants from among key populations with high risk of exposure to HIV, who need integration in targeted HIV prevention programmes both in countries of origin and in countries of destination;
- Percentage of migrants with HIV who are aware of their HIV positive status;

- Percentages of mobile PLWHIV diagnosed at a late stage of infection (with CD4 cells < 350 per mm³)
- Percentage of mobile PLWHIV who receive lifesaving ART and;
- Percentage of mobile PLWHIV on ARTs, whose virus is suppressed

Such data is required among other reasons to monitor implementation of the UNAIDS 90-90-90 strategy among migrants.

4.4 Evening plenary session: challenges of international and internal migrants from among key populations and people living with HIV (Day 1, 19 February)

The session was chaired by Dr. Alexander Goliusov, UNAIDS Country Director for Kazakhstan. The views from regional networks of key populations were shared.

The session was devoted to critical enablers, which would help overcome major barriers to service uptake, including social exclusion and marginalization, criminalization, stigma and inequity. Such barriers undermine the provision of HIV services, especially for key populations. The critical enablers include (1) policies, laws and practices, which must be conducive to prevention of HIV transmission and uptake of HIV testing and treatment of HIV infection; (2) decreasing stigma and discrimination; (3) eradicating violence and (4) ensuring empowerment of communities, which serve to improve accessibility, acceptability, uptake, equitable coverage, quality, effectiveness and efficiency of HIV interventions and services for all migrants including members of key populations.

In particular, Mr. V. Dzhumagaliyev, Executive Director of ECOM, presented case studies of how homophobia is driving the internal and international migration of gay men, which makes them even more vulnerable to HIV acquisition. MSM with many young people among them are running away from environments of persecution and ostracism in patriarchal communities, especially in conservative rural areas of Central Asian countries and some parts from the Russian Federation. They are often facing distress, hardships, and homelessness in their new places of residence and this pushes them to sell sex. Some young gay men are becoming subjects of sexual exploitation. Other young gay men have no life skills; they are unable to counteract pressure from the new environment pushing them to practice unsafe sex.

Ms. N. Zholnerova, Chairperson of NGO Amalia, SWAN member, gave examples of arbitrary actions of government services including police and medical workers against sex workers coming from rural areas. She told a typical story of a sex worker, who had come to a woman-gynecologist. The doctor deliberately inflicted pain on her through barbaric manipulations in the course of the medical inspection and advised the patient to stop spreading diseases and to get back to her home in the village after she knew that the patient was a migrant sex worker.

Ms. Ye. Bilokon, Deputy Chairperson of EWNA, shared a video interview with a migrant woman from Uzbekistan who lives with HIV and has been residing in Almaty, Kazakhstan for 2.5 years. She has a job in Almaty which provides her and her dependent children with basic means of subsistence. She cannot go back to Uzbekistan due to lack of resources.

Being an international migrant she has no access to ARV treatment in Kazakhstan, while her health is worsening.

Mr. Daniel Kashnitsky, consultant of EHRA, referred to the high level of incarceration of the population in many countries of the region especially in Turkmenistan and Russia (583 and 445 prisoners per 100,000 population respectively, which is 4 and 3 times higher than the world average), a large portion of whom are PWID. The problems of mobile opiate-dependent people include:

- Lack of access to opioid substitution therapy (OST): methadone programmes are not implemented in Russia, Turkmenistan and Uzbekistan; in Tajikistan and especially in Kazakhstan the coverage of PWID with OST is symbolic, and mobile PWID, are not covered by these programmes. PWID from Kyrgyz Republic covered by OST, who migrate abroad to earn a living, have to start injecting street drugs.
- In Russia, mobile PWID from Central Asian countries, who had access to needles and syringes programmes in their countries (except Turkmenistan) are lacking such access, as in most areas such programmes are not in place.
- Lack of access to Naloxone: PWID are very often experiencing overdose, with migrant PWID even more so. Since they face severe hardships, they agree to become subjects to the first “experimental” dose of a street drug with an unknown quantity of an active substance.

4.5 Morning plenary session (Day 2, 20 February, 2017)

Dr. Natalia Ladnaya of Russian Federation summarized the results of day 1. She further indicated that the second day consisted of presentations and discussions aimed at elaborating concrete recommendations.

Dr. Eduard Hovhannisyan, epidemiologist from the HIV Republican AIDS Center Surveillance Department in Armenia, presented an example of the study of HIV and migration. More than half of HIV cases ever registered in Armenia were detected among migrants; more than 52% of them were diagnosed at a late stage of infection. Dr. E. Hovhannisyan indicated that more than half of the migrants with HIV acquired the virus while being abroad. However, this did not appear to be fully consistent with factual data of the structure of HIV-1 subtypes identified in Armenia, which the contributor presented, and the similar structure in Russia, which Dr. N. Ladnaya had presented the day before.

In accordance with assessments, 80,000-100,000 residents of Armenia have been involved in labor migration with 90 percent of them in Russia. About 50,000 migrants were tested for HIV in 2017 on a voluntary basis and 64 reactive cases were identified. About 100,000 migrant workers, their sexual partners, and community representatives are engaged in prevention programmes in the country, which serve to improve social acceptability of taking the HIV test. Some migrants cannot commence treatment because they live abroad; those who leave Armenia for seasonal work are supplied with ARV drugs by the AIDS Centre; and the others refuse to get treatment so that nobody in Russia will know that they are living with HIV. No data to monitor implementation of the 90-90-90 strategy among migrants with HIV was presented.

The contributor also presented some sentinel surveillance results among key populations. In accordance with his data HIV prevalence over 4 years among PWID in Armenia decreased by 15 times (from 7.6% in 2014 to 0.5% in 2016), For the same period HIV prevalence among sex workers decreased 15 times and for MSM 4 times.

These results raised a lot of questions in the audience. There was much doubt in the reliability of the numbers presented, as a drastic decrease of HIV prevalence could happen either if people with HIV disappear or if the number of the group increases drastically.

The experience of strengthening cross-border control of TB was shared by Dr. B. Babamuratov, Director of Project Hope in Kazakhstan. Bilateral agreements on cross-border control and treatment of tuberculosis between the Republic of Kazakhstan and the Kyrgyz Republic, the Republic of Kazakhstan and the Republic of Tajikistan have been drafted. The work on bilateral agreements on cross-border control and treatment of tuberculosis is included in the work plan of the Ministry of Foreign Affairs of the Republic of Kazakhstan for 2018. The drafting of the agreements between Kazakhstan and Kyrgyz Republic as well as Kazakhstan and Tajikistan are coordinated by concerned government authorities. The experience related to cross-border control and treatment of TB could be applied to HIV and AIDS.

Alexander Mordovin, Health Programme Manager of the International Federation of Red Cross and Red Crescent Societies (IFRC) mission in Moscow, Russia made a presentation on the efforts to improve HIV legislation through the Inter-Parliament Assembly (IPA) of the CIS. He further spoke about a joint initiative between the IFRC and the Russian NGO AIDS Info Share to develop and adopt a comprehensive model law “On Counteracting HIV and AIDS in the CIS Member States” with the aim to ensure better access of migrants from CIS countries to prevention and treatment. The Inter-Parliamentarian Assembly of the CIS member states formed a working group which includes MPs from CIS member states, members of Expert Council on Health under the IPA CIS, representatives of executive authority bodies of CIS member states, AIDS Info Share, IFRC and CIS Executive Committee. The CIS countries model law on HIV and migration has been developed and the report handed over to to IPA Committees.

Ms. Saodat Oripova, AIDS Foundation East-West (AFEW) Office Coordinator in Khatlon region, Tajikistan spoke about a study carried out on migration of PWID in Kyrgyz Republic and Tajikistan. Forty-two percent of respondents had experience of international labor migration and 63 percent of respondents claimed that they were planning to migrate to earn a living. At the pre-migration phase, most respondents are facing difficulties to get a legal job through migration agencies in their native lands due to absence of certain required certificates including those confirming their education and skills as well as a medical certificate confirming that the potential migrant is not recorded in any local clinic for drug dependent people. During the migration phase respondents are facing hardships related to getting residence permits, searching employment and residence premises, accessing HIV prevention programmes and healthcare services. Upon return, mobile PWID are also facing stigma and discrimination, lack of money and low wages.

Ms. Lyubov Moseeva, Panel Member of the Regional Network for legal aid to people affected by HIV/AIDS shared the experience of human rights protection of people with

HIV and key populations in courts including the European Court of Human Rights. She specifically focused on cases of protecting the rights of foreign prisoners, which were violated. The contributor claimed that in Russia information about human rights, freedom and legitimate interests became more restricted, while access to the migration police has diminished and the number of prosecutions against foreign citizens and stateless persons has grown. 160 NGOs in Russia, which receive funding from abroad, are considered to be “foreign agents”. In accordance with Russian legislation the activities of “foreign agents” are subject to restrictions.

Dr. R. Malyuta, HIV/AIDS and Adolescents Health Specialist from the UNICEF Regional Office, informed participants that most countries in Europe achieved less than 2% HIV MTCT rates even when a significant number of pregnant women are migrants from African countries with very high HIV prevalence. This occurred thanks to the high rate of enrolment of such women in ARV prophylaxis.

Dr. R. Malyuta also focused on good practices of working with mobile adolescents and young people. All youth, including immigrant youth, want to be seen and understood as individuals, not just as members of a particular racial/ethnic or cultural group. The contributor called to be sensitive to such issues as acculturation, integration (involvement in the larger society); absorption (to the larger society); separation (i.e. avoiding interactions outside of their cultures) and marginalization.

Ms. Gulnara Kadyrkulova, UNFPA Eastern Europe and Central Asia Programme Specialist on Population and Development substantiated the need to have better migration statistics so as to prioritize the groups of migrants with higher risks of exposure to HIV (not “classic” key populations only). There is a need to have disaggregated data so as to plan interventions based on evidence rather than on conventional wisdom. The statistics collected in the country of destination and sending countries should be exchanged, compared, combined and actively used.

4.6 Small group discussions aimed to prepare final version of the fact sheets and recommendations (Day 2, 20 February)

During the course of the workshop the fact sheets were reviewed and subsequently finalized. They are available at the end of this report.

4.7 Evening plenary session. Recommendations of the workshop (Day 2, 2017)

Mr. Ian McFarlane, Deputy Regional Director of UNFPA Regional Office for Eastern Europe and Central Asia chaired the session. The recommendations reflect the consensus reached among the country-based teams consisting of experts from governments and civil society on priority actions to be carried out to strengthen the response to HIV among migrants. The recommendations from experts from all of the six countries were to a large extent the same.

4.7.1 Common recommendations, relevant to all countries including for possible sub-regional programming

- Establish an advisory secretariat on HIV and migration possibly based in Moscow, Russia;
- Achieve consensus to ensure the rights of migrant workers from CIS member states or at least EEU to remain in the country of destination and access HIV prevention, treatment, care, and support services.
- Consider mechanisms to supply ARV drugs to emigrants from countries of their origin; establish an inter-governmental fund that would provide support to ART treatment of migrants possibly under the CIS Secretariat; ensure mutual settlements among countries to cover the costs of comprehensive HIV infection case management among mobile populations; allocate resources by migrant-receiving countries to cover the costs of HIV infection case management among migrants who are holding residence permits and permits for temporary stay, and ART coverage by health insurance programmes.
- International and internal migrants from amongst key populations should also have full access to HIV prevention commodities (condoms, lubricants, sterile syringes and needles) as well as to health services (including diagnostics and treatment of STIs, antenatal care that includes prevention of vertical HIV transmission, post-exposure prevention and expanded HIV testing), similarly to representatives of key populations of citizens in the country.
- Assess the impact of migration on the spread of HIV in countries including among key populations. Use these data to develop and strengthen preventative programs.
- Make adjustments to the statistics on HIV cases related to migration including collecting disaggregated data to monitor implementation of the UNAIDS 90-90-90 strategy;
- Provide necessary training and information in native languages to young people from migrant-sending countries before they go abroad. This will require revision of curricula in schools, vocational schools and other educational organizations. Use modern communication tools (Internet, social media, mobile applications) to raise awareness of internal and international migrants in their native languages. Use the capacity of ethnic expatriate communities in the host country to teach about safer behavior in relation to HIV infection and other STIs.
- Strengthen NGOs empowerment including NGOs of key populations to deliver HIV-related services to migrants through outreach work and other kinds of activities, which must be appropriately funded.
- Engage religious and public leaders in the countries sending and migrants receiving migrants to support gender equality and safer behavior during migration.
- Consider the development of sub-regional/regional HIV communication strategies for prevention among migrants to ensure that migrants have a clear understanding of health risks, benefits of safe behaviors and consequences of refusing uptake of safer behaviors.

- Engage law enforcement authorities and the Ombudsman institute to reduce pressure on sex workers in order to prevent men and women trafficking for sexual exploitation abroad.
- Enhance counteracting xenophobia, discrimination, and stigma through advocacy, public awareness campaigns and strengthening unavoidability of punishments for violation of rights to equality and non-discrimination. Enhance legal protection of migrants.

4.7.2 *Country-specific recommendations*

Kazakhstan

- Expand OST programmes and ensure that participation in the programme does not restrict the mobility of PWID at least inside the country;
- Create a national register of HIV cases in the framework of “Digital Kazakhstan” programme will allow that any person with HIV might request ARV drugs, take lab tests and follow up care in the appropriate healthcare facility at the place of residence. These can be achieved through mutual settlements among health institutions.

Kyrgyz Republic

- Engage law enforcement authorities and the Ombudsman institute to reduce pressure on sex workers in order to prevent men and women trafficking for sexual exploitation abroad;
- Developing and using a database on HIV and migration.

Russia

- Consider abolition of legislation on restricted entry, and deportation of migrants with HIV, as well as cancellation of work patents and permits which keep migrants away from prevention, support and protection of rights, and push them to an irregular status.
- Within the framework of a short-term response, consider adopting regulations on cancellation of decisions by the executive authority body (Federal Service on Surveillance for Consumer Rights Protection) related to undesirability for staying foreigners in the Russian Federation due to their HIV-positive status so that migrants were able to avoid applications to courts for reviews the decisions taken by the executive authority body on that matter.
- Reinforce prevention of HIV infection. Develop and implement low-threshold programs for HIV prevention, care and access to treatment for migrants

Tajikistan

- Elaborate mechanisms to ensure that each Tajik woman of reproductive age receives voluntary counselling on SRH at least once a year, including HIV and STIs and family planning as well as medical examination and treatment if applicable. Each pregnant woman should get a HIV testing, and if found positive, get the entire package of services to prevent HIV transmission from mother to child and commence ARTs. Provide maximum support to women, migrant wives, and, in the first instance, women living with HIV to mitigate the impact of migration on their economic, social and physical state.
- Revise the management of the HIV and STI prophylaxis integrated into the Action Plan for the implementation of the National Program for Action against the HIV Epidemic in the Republic of Tajikistan, 2017-2020, in order to ensure preventive measures at each stage of the migratory process, such as before departure, on the way to the country of destination, upon arrival and during migration and return to the home country.
- Include questions related to migration into the standard questionnaires for behavioral surveillance among key populations.
- Integrate provider-initiated testing for HIV to everyday activities of friendly cabinets for STI treatment; promote HIV rapid tests among migrants.
- Review specific needs of various groups of migrating populations, including key population on HIV and STI prevention at each stage of the migratory process, and provide prevention commodities and services with due consideration of cultural, gender and social specificities of each group, making information in the native language available to Tajik emigrants in migrant-receiving countries.

Turkmenistan

- Encourage experts and leaders to address inconsistencies between the detection of HIV cases among migrants from Turkmenistan in various countries and the absence of HIV detection in Turkmenistan. Create an enabling environment and a methodology for establishing community support groups for PLWHIV and provide continuous counseling during treatment;
- Work out an advocacy strategy for the decriminalization of MSM and sex workers. Consider cancellation or at least abatement of sanctions against key populations in order to encourage them to engage in preventative programs,
- Provide full access of key populations including migrants to information, condoms, lubricants, decentralized HIV testing, including rapid tests. HIV diagnosis should be immediately followed by ART administration.
- Ensure 100% coverage of all pregnant women, including migrants, with HIV testing as a part of antenatal and perinatal care, which must be linked to immediate availability of ART to all mothers with HIV and infants.

- Ensure full coverage of all migrants in need, starting from representatives of key population, with affordable acceptable and high-quality STIs management in accordance with WHO standards.
- Conduct surveys on sexual behaviors among key populations on a regular basis and using their results for programming of the response;
- Develop and disseminate e-applications (web-pages) in Turkmenistan (or a regional portal on migration and HIV); it is important to develop it in several languages (Turkmen, Russian, Uzbek, etc.). Ensure dissemination of high-quality information about HIV through NGOs, social media, and hotlines;
- Establish cooperation between sex workers from Turkmenistan in Turkey and the Turkish association for PLWHIV;
- Seek resource mobilization opportunities for the outreach work with key population and migrants;
- Consider initiating intergovernmental agreements on exchange of information and human resources;
- Initiate harmonization of national legislations in the field of migration management and HIV with WHA 61.17, as well as WHO resolution considering the needs of migrants.
- Consider accession of Turkmenistan to key international legal instruments directly related to the position of migrants from Turkmenistan in other countries.

Uzbekistan

- Provide full information about HIV infection in the native language to the communities of key population groups, including through Internet;
- Expand access to HIV testing within migrant communities, starting from amongst key population groups, and provide them with rapid tests and access to HIV self-testing;
- Consider provision of free of charge HIV diagnostics and treatment, including ART, STI diagnostics and treatment, TB diagnostics and treatment, antenatal care including HIV testing to all internal migrants at the place of stay irrespective of registration.
- Draw attention of migration authorities and other organizations, including mahalla, especially in rural areas, to HIV in migrants, including exposure of migrants to labor and sexual exploitation. Provide migrants with appropriate information and education materials.

4.7.3 Priority recommendations from the team of regional networks of key populations

- Decriminalize key populations. Along with other negative effects, their criminalization is an important enabler of restricted access to services for mobile key populations (both international and internal) and forced migration of MSM, which increases vulnerability of people to HIV;

- Recognize migrants as a target group for implementation of regional and national HIV strategies and programmes, taking into account the diversity of migrants;
- Empower NGOs to assess the number of key populations among migrants, their HIV-related behavioral risks and needs and use the data to design comprehensive fully budgeted programmes, which should be implemented jointly with relevant community-based organizations and NGOs. Include representatives of key groups into all advisory bodies for programmes dealing with HIV and migration;
- Provide ART and access to a range of continuous HIV services for migrants with HIV (including those who have no IDs and who are incarcerated and kept in other closed settings). Ensure access of all migrants with neglected HIV infections to treatment of TB and other opportunistic infections in accordance with their needs. Provide access of migrants to SRH services and antenatal and perinatal care, which includes ARV prevention of MTCT;
- Both internal and international migrants from among drug dependent people should be provided with full and permanent access to drug use harm reduction programmes including OST and clean syringes and needles;
- Migrants should be provided with full information, which they need to prevent HIV transmission
- Reinforce legal assistance to migrants in the matters related to HIV including stigma, discrimination and gender-based violence

Russia

- Abolish legislation that limits the entry and requires deportation of foreigners with HIV;

Russia and Kazakhstan

- Ensure unconditional access of internal migrants to continuous ARTs as well as SRH services including STI treatment in any entity of the country

Turkmenistan

- Decriminalize voluntary sexual acts between adult men;
- Recognize the presence of HIV epidemic in the country and ensure access of migrants to proper HIV-related services including ARTs.

Uzbekistan

- Decriminalize voluntary sexual acts between adult men.

4.7.4 Recommendations on priority activities by international partners in support to countries

The priority course of action is advocating with all the countries on the adoption of the essential HIV, SRH, TB service package to be provided to migrants (minimum package).

Advocacy

UN and other partners should mobilize its convening power using evidence based approaches in support of HIV, SRH, TB prevention/treatment services for migrants and highlight positive aspects of migration for countries development.

Building evidence

Establish common framework on HIV and migration data collection, exchange and application for policy making; Support a migrants' health information system;

Youth Development and Participation

Promote and support youth entrepreneurship (job creation)

Make migration safe: Use new connectivity technologies to inform migrants in the country of destination and in the country of origin on legal aspects of migration, rights of migrants, access to social and health care services-HIV, SRH, TB (mobile applications, social media, etc.)

All activities must:

- Promote and ensure a gender-sensitive approach,
- Promote and ensure a rights based approach,
- Engage all parties including civil society, government and the private sector;

Platforms

- CIS Health Cooperation Council
- CIS IPA
- Shanghai cooperation platform
- Almaty process (Regional discussion platform on migration)
- Opportunity and experience of Project Hope

Other considerations.

UN shall work with other development partners to create a conducive environment for youth (countries of origin and destination) ensuring that young people can exercise their social and development skills to realize their full potential and expectations.

Annex 1

List of participants

HIV and Migration Workshop

<i>Republic of Kazakhstan</i>			
1	Yerzhan Ashikbayev	-	Deputy Minister of Foreign Affairs of the Republic of Kazakhstan
2	Lyazzat Aktayeva	-	Vice Minister of Healthcare of the Republic of Kazakhstan
3	Murat Kabdenov	-	Chair of the Committee for Migration Service of Ministry of Internal Affairs of the Republic of Kazakhstan
4	Laura Akhmetniyazova	-	Director, Department for Healthcare Management of Ministry of Healthcare of the Republic of Kazakhstan
5	Aizhan Yesmagambetova	-	Director, Department for Public Health Policy of Ministry of Healthcare of the Republic of Kazakhstan
6	Gulzhikhan Aigozina	-	Chief Expert, Directorate for Social and Demographic Statistics under the Committee for Statistics of Ministry of National Economy of the Republic of Kazakhstan
7	Meirkul Baizhanova	-	Chief expert, Directorate for management of labor migration policies of Committee for Labor, Social Protection and Migration of Ministry of Labor and Social Protection of the Republic of Kazakhstan
8	Aigul Katrenova	-	Chief Expert, Directorate for Epidemiological Surveillance under Committee for Public Health Protection of Ministry of Healthcare of the Republic of Kazakhstan
9	Baurzhan Baiserkin	-	General Director of the Republican AIDS center
10	Anna Ryl	-	Director of Private Fund “Korgau Astana”
11	Marina Maksimova	-	Press secretary of Republican AIDS Centre
12	Alexander Kossukhin	-	Independent Consultant
<i>Kyrgyz Republic</i>			
13	Bekten Alymkulov	-	Department’s Chief Specialist State Department for Migration under the Government of Kyrgyz Republic
14	Aibek Bekbolotov	-	Deputy Director of the National AIDS Centre of the Ministry of Healthcare of Kyrgyz Republic
15	Daniyar Orsekov	-	Director, NGO Kyrgyz Indigo
16	Baikozi Ermatov	-	Director, NGO Tais Plus 2
17	Larisa Bashmakova	-	Independent consultant on HIV and Migration

<i>Russian Federation</i>			
18	Marina Grigoryeva	-	Deputy Head of the Organization for Supervision HIV / AIDS of the Office of Epidemiological Surveillance
19	Natalia Ladnaya	-	Principal Specialist of Specialized Research Laboratory for Epidemiology and Prevention of AIDS of the Central Research Institute for Epidemiology under the Federal Service on Surveillance for Consumer Rights Protection (Rosпотrebnadzor),
20	Pavel Aksenov	-	Member of the Steering Committee, Eurasian Health Network of key groups
21	Elena Romanyak	-	Independent consultant
<i>Republic of Tajikistan</i>			
22	Jaloliddin Murodov	-	Deputy Director, Republican AIDS Center of the Republic of Tajikistan
23	Dilyafrooz Abdujaborova	-	Leading specialist, Ministry of Labor of the Republic of Tajikistan
24	Parvina Giyasova	-	Director of NGO “Apiron”
25	Nargis Saidova	-	Director of NGO “Gender and development”
26	Maria Boltayeva	-	Independent consultant
<i>Turkmenistan</i>			
27	Durdy Topov	-	Deputy Head of Migration services at the International airport in Ashgabat, Turkmenistan
28	Tachnabat Annamuradova	-	Outreach and Public relations specialist, NGO “Enme”
29	Gulshat Amandurdyeva	-	Independent Consultant
<i>Republic of Uzbekistan</i>			
30	Azamat Fayziev	-	Head of International Relations Department, Agency for External Labor Migration of the Republic of Uzbekistan
31	Jasur Valiev	-	Leading Specialist of Migration Department, Agency for External Labor Migration of the Republic of Uzbekistan
32	Qodirjon Abbasov	-	Epidemiologist of the Republican AIDS Center
33	Jamshid Umarov	-	Leading Specialist, Migration Department, Agency for External Labor Migration
34	Guzal Giyasova	-	Independent consultant
<i>Embassy / Ministry of Foreign Affairs of the Kingdom of the Netherlands</i>			
35	Dirk Jan Kop	-	Ambassador Extraordinary and Plenipotentiary of the Kingdom of the Netherlands to Kazakhstan, Kyrgyz Republic and Tajikistan
36	Nora Dessing	-	Deputy Head of Mission, Embassy of the Kingdom of the Netherlands in the Republic of Kazakhstan

37	Yvonne Euverman	-	Policy Officer, Health and AIDS Division of the Social Development Department, Ministry of Foreign Affairs
38	Irina Buchinskaya	-	Political Officer, Embassy of the Kingdom of the Netherlands in the Republic of Kazakhstan
39	Anastasia Shpakova	-	Press Officer, Embassy of the Kingdom of the Netherlands in the Republic of Kazakhstan
40	Aira Ijsenbrand		Attaché, Embassy of the Kingdom of the Netherlands in the Republic of Kazakhstan
<i>Embassy of the Russian Federation in the Republic of Kazakhstan</i>			
41	Igor Kiikov	-	Advisor, Embassy of the Russian Federation in the Republic of Kazakhstan
42	Andrey Gir	-	Advisor, Embassy of the Russian Federation in the Republic of Kazakhstan
43	Vitaliy Orekhov	-	3rd Secretary of the Embassy of the Russian Federation in the Republic of Kazakhstan
<i>Embassy of Turkmenistan in the Republic of Kazakhstan</i>			
44	Taganov Nurmyrat	-	Adviser to the Embassy of Turkmenistan in the Republic of Kazakhstan
<i>Delegation of the European Union to the Republic of Kazakhstan</i>			
45	Traian Hristea	-	Head of the Delegation of the European Union to the Republic of Kazakhstan
<i>International and regional networks of key populations</i>			
46	Elena Bilokon	-	Head of Eurasian Women's network on AIDS in Kazakhstan
47	Natalia Zholnerova	-	Director of PA "Amelia"
48	Vitaliy Dzhumagaliyev	-	Executive Director of Eurasian Coalition on Male Health
49	Daniel Kashnitsky	-	Consultant, Eurasian Harm Reduction Association
50	Alexander Mordovin	-	Health Programme Manager of International Federation of Red Cross and Red Crescent Societies
51	Vladimir Maianovskiy	-	Chair of Eastern Europe and Central Asian Union of People Living with HIV
<i>Experts</i>			
52	Bakhtiyar Babamuradov	-	Project Hope Coordinator
53	Lyubov Moseeva	-	Member of HIV Legal AID
54	Saodat Oripova	-	Coordinator of AFEW Regional Office in Khatlon region of the Republic of Tajikistan
55	Eduard Hovhannisyan	-	MD Epidemiologist, HIV Surveillance Office of the National AIDS Center of the Minister of Healthcare of the Republic of Armenia

<i>International organizations</i>			
56	Norimasa Shimomura	-	UN Resident Coordinator, UNDP Resident Representative in the Republic of Kazakhstan
57	Svetlana Bekmambetova	-	Programme Officer, International Organization for Migration
58	Elena Vovc	-	Technical officer, HIV Programme, WHO Regional Office for Europe
59	Anke Van Dam	-	Executive Director, AFEW International
60	Leila Duysssekova	-	Programme Officer, United Nations High Commissioner for Human Rights
61	Jamie Calderon	-	Senior Regional Migration and Health Specialist of IOM Regional Office for South-Eastern Europe, Eastern Europe and Central Asia – International Organization for Migration
62	Ruslan Malyuta	-	HIV/AIDS and Adolescents Health Specialist, UNICEF
63	Soorej Jose Puthoopparambil		Consultant, Migration and Health Programme, WHO Regional Office for Europe
64	Mariam Sianozova	-	Project HOPE’s Senior Regional Director for Europe/Eurasia
65	Naila Toktarova	-	Panel physician, International Organization for Migration
66	Oleg Chestnov	-	WHO representative for Kazakhstan
<i>The Joint United Nations Programme on HIV/AIDS (UNAIDS)</i>			
67	Vinay Patrick Saldanha	-	Director of the Regional Support Team for EECA
68	Alexander Goliusov	-	Country Director of UNAIDS in Kazakhstan
<i>The United Nations Population Fund (UNFPA)</i>			
69	Alanna Armitage	-	Regional Director of UNFPA Regional Office EECA
70	Ian McFarlane	-	Deputy Director of UNFPA Regional Office EECA
71	Giulia Vallese	-	UNFPA Representative for Kazakhstan and Country Director for Kyrgyz Republic and Turkmenistan
72	Mieko Yabuta	-	UNFPA Representative in Uzbekistan, Country Director for Tajikistan
73	Raimbek Sissemaliyev	-	UNFPA Assistant Representative in Kazakhstan
74	Kemal Goshliiev	-	National Programme Officer, UNFPA Turkmenistan
75	Cholpona Egeshova	-	National Programme Officer, UNFPA Kyrgyzstan
76	Natalia Zakareishvili	-	Programme Analyst, UNFPA Georgia
77	Ulugbek Zaribbayev	-	National Programme Officer, UNFPA Uzbekistan
78	Gökhan Yıldırımkaya	-	Reproductive Health Program Coordinator, UNFPA Turkey
79	Gulnar Kadyrkulova	-	Programme Specialist on Population and Development, UNFPA Regional Office for Eastern Europe and Central Asia
80	Firuz Karimov	-	National Programme Officer, UNFPA Tajikistan
81	Andrey Poshtaruk	-	Programme Officer, UNFPA Ukraine

Annex 2

Annotated agenda

Monday, 19 February 2018

Day 1

09:00 – 09:30	Registration
09:30 – 10:00	Opening ceremony
	<p>Co-Chairs: H. E. Mr. Yerzhan Ashikbayev, Deputy Minister of Foreign Affairs of the Republic of Kazakhstan (host country); H.E. Ms. Lyazzat Aktayeva, Vice-Minister of Healthcare of the Republic of Kazakhstan (host country) H.E. Mr. Dirk Jan Kop, Ambassador, Extraordinary and Plenipotentiary of the Kingdom of the Netherlands to the Republic of Kazakhstan, Kyrgyz Republic and Tajikistan; Ms. Alanna Armitage, Director, UNFPA Regional Office for Eastern Europe and Central Asia; Mr. Vinay Patrick Saldanha, Director, UNAIDS Regional Support Team for Eastern Europe and Central Asia</p> <p><i>Opening remarks by H. E. Mr. Y. Ashikbayev, H.E. Ms. Lyazzat Aktayeva, H.E. Mr. Dirk Jan Kop and Ms. Alanna Armitage</i></p> <p><i>Moderator – Ms. Lyazzat Aktayeva</i>, Vice-Minister of Healthcare of the Republic of Kazakhstan (host country)</p>
10:00 – 11:00	<p>Plenary session: What is contemporary migration? Why should HIV and AIDS be considered in the context of migration? What are the key challenges from a global perspective?</p> <p>Speakers: Bridging HIV and migration in light of UNAIDS strategy with a special focus on the 90-90-90 strategy – 10 minutes Mr. Vinay Patrick Saldanha, Director, UNAIDS Regional Support Team for Eastern Europe and Central Asia, <i>UNAIDS will link migration with the HIV 90-90-90 strategy, in its capacity as the joint UN programme.</i></p> <p>Global and regional HIV perspective and global health sector strategy on HIV, STI, TB and viral hepatitis for 2016-2021 – 10 minutes Dr. Elena Vovc, technical officer, HIV program, WHO Regional Office for Europe, Dr. Soorej Jose Puthooppambal, Consultant, Migration and Health Programme, WHO Regional Office for Europe <i>WHO will focus on universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines in a broader perspective. WHO will also update the participants on progress in implementing the decisions of the 2017 Meeting of the National HIV Programme Managers of Eastern European, Central Asian and Non-EU/EEA Countries.</i></p>

<p>10:00 – 11:00</p>	<p>Addressing HIV and Sexual and Reproductive Health and Rights for Migrants – 10 minutes; Mr. Ian McFarlane, Deputy Regional Director, UNFPA Regional Office for Eastern Europe and Central Asia <i>UNFPA will emphasize on challenges faced by migrant women and girls and the need to invest in the protection of their human rights, including reproductive rights, the provision of sexual and reproductive health care, considering that sexual transmission of HIV is becoming predominant in the region.</i></p> <p>Global and regional migration perspective and challenges and opportunities to ensuring migrants’ right to health – 10 minutes Dr. Jaime Calderon, Senior Regional Migration and Health Specialist of IOM Regional Office for South-Eastern Europe, Eastern Europe and Central Asia – International Organization for Migration <i>IOM will refer to the challenges and opportunities of migrants’ right to health in Central Asia and share decisions and recommendations of the IOM-led meeting held in September 2017 in Almaty on policy gaps in addressing the health needs of migrants and members of their families applicable to HIV and AIDS and the need to improve regional cooperation and cross border collaboration.</i></p> <p>Hardships of mobile people with HIV and opportunities to overcome them in Eastern Europe and Central Asia – 10 minutes Mr. Vladimir Mayanovsky, Member of the Panel of International Charitable Organization East Europe and Central Asian Union of People Living with HIV (EECUO) <i>EECUO representative will focus on discrimination of international migrants with HIV in countries, where they are expelled from regular migration, because of legislation, which requires deporting the foreigners with HIV, whilst obtaining the job legally presumes mandatory HIV testing. EECUO representative will also focus on the lack of access of migrants with HIV to ARV treatment and basic health services.</i></p> <p><i>Discussion</i></p>
<p>11:00 – 11:30</p>	<p>Coffee break/ Press Conference</p>
<p>11:30 – 11:40</p>	<p>Introduction: overview of facts sheets on mobile populations and HIV Dr. Alexandr Kossukhin, HIV Expert <i>Clarification on how the fact sheets were designed and drafted to address challenges in the concentrated state of the HIV epidemic in participating countries. During the meeting, the fact sheets will form the basis for sharing key common findings.</i></p>
<p>11:40 – 13:00</p>	<p>Panel discussion</p> <p>Panelists:</p> <ul style="list-style-type: none"> • Country delegation of Kyrgyz Republic (11:40-12:20) • Country delegation of Tajikistan (12:20-13:00)

	<p>Presentations from Kyrgyz Republic: situation analysis and what is being done to address the impact of population mobility on HIV and AIDS and challenges faced by the country</p> <ol style="list-style-type: none"> 1. Migration and HIV in the Kyrgyz Republic – 10 minutes Dr. Aibek Bekbolov, Deputy Director, National AIDS Centre, Ministry of Health of Kyrgyz Republic 2. Challenges in the response to HIV among migrant populations in the Kyrgyz Republic: Case study Mr. Daniyar Orsekov, Director, NGO Kyrgyz Indigo <p><i>Discussion – 20 minutes</i></p> <p>Presentations from Tajikistan: situation analysis and what is being done to address the impact of population mobility on HIV and AIDS and challenges faced by the country</p> <ol style="list-style-type: none"> 1. Addressing the issue of HIV and migration in Tajikistan – 10 minutes Dr. Murodov Jaloliddin, Deputy Director, Republican AIDS Center, Ministry of Health of the Republic of Tajikistan 2. Challenges in response to HIV among migrant population in Tajikistan: Case studies – 10 minutes Dr. Parvina Giyasova, Director, NGO «Apiron» <p><i>Discussion – 20 minutes</i></p>
13:00 – 14:00	Lunch
14:00 – 16:00	<p>Panel discussion (continued)</p> <p><i>Panelists:</i></p> <ul style="list-style-type: none"> • Country delegation from Turkmenistan (14:00-14:40) • Country delegation from the Republic of Uzbekistan (14:40-15:20) • Country delegation from the Russian Federation (15:20 – 16:00)
	<p>Presentations from Turkmenistan: situation analysis and what is being done to address the impact of population mobility on HIV and AIDS and challenges faced by the country</p> <ol style="list-style-type: none"> 1. Safe Migration Services and their role in preventing the HIV spread – 10 minutes Mr. Durdy Topov, Deputy head of the migration services of the International airport in Ashgabat 2. HIV and Migration: Case study – 10 minutes Ms. Annamuradova Tachnabat, outreach and public relations specialist, NGO Enme <p><i>Discussion-20 minutes</i></p>

	<p>Presentations from Uzbekistan: situation analysis and what is being done to address the impact of population mobility on HIV and AIDS and challenges faced by the country</p> <p>1. HIV situation in Uzbekistan and the response, focusing on decrease of internal and international migrants' vulnerabilities – 10 minutes Dr. Qodirjon Abbasov, <i>Epidemiologist of the Republican AIDS Center, Ministry of Health</i></p> <p>2. Ensuring the rights of internal and international migrants including the right to health in the legislation of Uzbekistan – 10 minutes Mr. Azamat Fayziev, <i>Head of International Relations Department, Agency for External Labor Migration of the Republic of Uzbekistan</i></p> <p><i>Discussion – 20 minutes</i></p> <p>Presentations from the Russian Federation: situation analysis and what is being done to address the impact of population mobility on HIV and AIDS and challenges faced by the migrant recipient country</p> <p>1. Addressing HIV and migration in Russia – 10 minutes Dr. Natalia Ladnaya, <i>Principal Specialist, Principal Specialist of Specialized Research Laboratory for Epidemiology and Prevention of AIDS of the Central Research Institute for Epidemiology under the Federal Service on Surveillance for Consumer Rights Protection (Rosпотребнадзор)</i>,</p> <p>2. Challenges in the response to HIV among migrant populations in Russia: Case studies – 10 minutes Mr. Pavel Aksenov, <i>Member of the Steering Committee, Eurasian Health Network of key groups</i></p> <p><i>Discussion</i></p>
16:00 – 16:30	Coffee break
16:30 – 17:10	<p>Panel discussion (continued)</p> <p>Panelists:</p> <ul style="list-style-type: none"> • Country delegation of Kazakhstan <p>Presentations from Kazakhstan: situation analysis and what is being done to address the impact of population mobility on HIV and AIDS and challenges faced by the country</p> <p>1. Addressing the issue of HIV and migration in Kazakhstan – 10 minutes Dr. Baurzhan Baiserkin, <i>Director General, Republican Centre for HIV Prevention and Control under the Ministry of Health</i></p> <p>2. Challenges in the response to HIV among migrant populations in Kazakhstan: Case studies – 10 minutes Ms. Elena Bilokon, <i>Head of Eurasian Women's network on AIDS in Kazakhstan</i></p> <p><i>Discussion – 20 minutes</i></p>

17:10 – 18:00	<p>Plenary session</p> <p>Chairperson: Dr. Alexander Goliusov, UNAIDS Country Director for Kazakhstan</p> <p>Challenges of international and internal migration among key populations and people living with HIV: views from regional networks of key populations (case studies)</p> <p><i>The final session of the day will be an information-sharing session. It aims to keep the focus on the needs of mobile populations, who are disproportionately affected by HIV in the region. Such populations need to be kept in special focus as they are often neglected and many countries prefer to speak of populations in general terms. Their special needs were recognized in 2016 through the Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations published by WHO. As a follow-up, UN agencies, with UNFPA among them, developed a series of manuals and recommendations to address the needs of sex workers, men who have sex with men, transgender people, people who use drugs, and prisoners in the context of the HIV epidemic including on joint implementation of HIV and STI prevention and treatment programmes with their communities. The voices of these populations as well as people with HIV will be heard at the meeting.</i></p>
	<p>Speakers:</p> <p>Vulnerabilities of mobile men who have sex with men and opportunities to overcome them in Eastern Europe and Central Asia Mr. Vitaly Dzhumagaliyev, Executive Director of Eurasian Coalition on Male Health;</p> <p>Vulnerabilities of mobile sex workers and opportunities to overcome them in Eastern Europe and Central Asia Ms. Natalia Zholnerova, Chairperson, NGO Amelia, Sex Workers Rights Advocacy Network Member</p> <p>Vulnerabilities of mobile women with HIV and opportunities to overcome them in Eastern Europe and Central Asia Ms. Yelena Bilokon, Head of Eurasian Women’s network on AIDS in Kazakhstan</p> <p>Vulnerabilities of people who inject drugs and opportunities to overcome them in Eastern Europe and Central Asia Mr. Daniel Kashnitsky, Consultant, Eurasian Harm Reduction Association</p> <p>Moderator: Dr. Alexander Goliusov, Country Director of UNAIDS in Kazakhstan</p>
18:00 onwards	Reception/dinner

Tuesday, 20 February 2018**Day 2**

9:00 – 9:30	<p>Reflections from previous day <i>Moderator: Dr. Natalia Ladnaya, Principal Specialist of Specialized Research Laboratory for Epidemiology and Prevention of AIDS of the Central Research Institute for Epidemiology under the Federal Service on Surveillance for Consumer Rights Protection (Rosпотребнадзор),</i></p>
9:30 – 11:00	<p>Plenary session Knowledge-sharing <i>During this session, a group of participants will share knowledge, experience, lessons learned, and good practices through ten-minute presentations. There will be 10-minute presentations each during a 90-minute session.</i> <i>Chairperson Dr. Baurzhan Baiserkin, Director General, Republican Centre for HIV Prevention and Control under MoH of Kazakhstan</i></p>
	<p>Study of HIV and Migration in Armenia <i>Dr. Eduard Hovhannisyán, Epidemiologist, HIV Surveillance Department, Republican AIDS Center of the Ministry of Healthcare of the Republic of Armenia</i> <i>The presentation will focus on the linkages between labor migration and the HIV epidemic in Armenia in accordance with the data of different biological, behavioral and other surveys, as well as on the measures undertaken to mitigate the effect of migration on the HIV epidemic.</i></p> <p>Cross-border collaboration among Central Asian countries to improve tuberculosis prevention and care overview <i>Dr. Bakhtiyar Babamuradov, Project Hope Representative in Kazakhstan;</i> <i>Experience of cross-border collaboration to reinforce a response to TB will be shared. Perspectives on how this can apply and be replicated for HIV infection will be discussed</i></p> <p>Access of migrants to HIV prevention and treatment: legal aspects and improvement of legislation <i>Mr. Alexander Mordovin, Health Programme Manager, the International Federation of Red Cross and Red Crescent Societies mission in Moscow, Russia</i> <i>Information of CIS Inter-parliamentary Assembly technical group meeting on perspective to improve the access of migrants from CIS countries to HIV prevention treatment and care and IFRC experience to address needs of migrants from Central Asia in HIV prevention and care in the current situation will be presented</i></p> <p>Studies of the labor migration of people who inject drugs in Uzbekistan and Tajikistan <i>Ms. Saodat Oripova, AFEW Office Coordinator in Khatlon region of the Republic of Tajikistan</i> <i>Key results from the support provided to mobile key populations in Central Asian countries by international NGO and tools to assess the situation and collect feedback from them will be presented and discussed</i></p>

	<p>Defending the rights of mobile key populations in Eastern Europe and Central Asia Ms. Lyubov Moseeva, Panel Member, Regional Network for Legal Support to People affected by HIV and AIDS <i>The report is dedicated to sharing experience on the provision of legal support to key populations</i></p> <p>Good practices to mitigate vulnerabilities of migrant's children to HIV transmission Dr. Ruslan Malyuta, HIV/AIDS Health Specialist, UNICEF <i>The presentation will address good practices to prevent and manage HIV infection among children of migrants, which could be replicated in the participating countries</i></p> <p>Migration statistics and regional aspects of international migration in the countries of Central Asia and the Russian Federation Ms. Gulnara Kadyrkulova, Programme Specialist on Population and Development, UNFPA Regional Office for Eastern Europe and Central Asia <i>The presentation will focus on basic concepts of migration statistics including reflections on regional migration processes. This will provide a better understanding on the scale of the phenomena and the need for migration statistics development for evidence based of HIV prevention policies</i></p> <p>Discussion</p>
11:00 – 11:30	Coffee break
11:30 – 13:00	<p>Small groups' discussions: What successes can we claim? What lessons can we learn? What are the gaps in the response? What regulations at international and national levels are needed or need improvement to address cross-borders sexual and reproductive health and HIV needs of regular and irregular international migrants?</p> <p>Developing supplements, amendments and corrections in the draft fact-sheets</p> <p><i>Based on information received on international standards and approaches to respond to HIV among mobile populations, good practices and sensitized on the key issues to focus on, the country-based teams will proceed to analyze and review/amend the draft fact-sheets</i></p> <p><i>Session moderated by Dr. Alexander Kossukhin, HIV Expert</i></p>
	Each group will select a chairperson and a rapporteur to present the results of the discussion.
13:00 – 14:00	Lunch

<p>14:00 – 14:30</p>	<p>Formulations of recommendations on how to improve the country and sub-regional responses to migration and HIV epidemic from each small group. <i>The small groups will answer the following questions: What needs to be done within the capacity of each agency to improve access to, acceptability, affordability and appropriateness of HIV prevention for international and internal mobile populations?</i></p> <ul style="list-style-type: none"> • <i>Countries-based small group discussions: each country to discuss the way forward based on the presentations and plenary discussions.</i> • <i>Regional networks of key populations and frontier assistance agencies to discuss strengthening focus on migrant key populations based on implementation tools such as SWIT, MSMIT and IDUIT.</i> • <i>International agencies will discuss further steps in joint development assistance, policy advocacy and technical capacity building</i>
<p>14:30 – 16:30</p>	<p>Plenary session Presentations from the groups on the ways forward and their discussion <i>Chairperson Dr. Ian McFarlane, Deputy Director of UNFPA Regional Office for Eastern Europe and Central Asia</i></p>
	<ul style="list-style-type: none"> • Kazakhstan • Kyrgyz Republic. • Russian Federation • Tajikistan • Turkmenistan • Uzbekistan • International and regional NGOs • International development assistance and technical agencies
<p>16:30 – 17:00</p>	<p>Closing remarks: Possible joint efforts to respond to the HIV epidemic in the region</p>
<p>17:00</p>	<p>End of workshop. Coffee/tea/snacks</p>



Annex 3

Fact Sheet HIV and Migration

KAZAKHSTAN

1. Country context

Population, million (2017)	17,918 ¹
Average annual rate of population change, (2000-2017), %	1.5 ²
Urban population, % of total (2015)	53 ³
International migrants as percentage of the total population (2017)	20.1 ⁴
Surface area, thousand km ²	2,724.9 ⁵
GDP, billion current international US\$, PPP (2016)	449,948 ⁶
GDP per capita, US\$, PPP (2016)	25,286 ⁷
Unemployment, % of total labor force	5.4 ⁸
Migrant remittances inflows (2016), million US\$	275 ⁹
Migrant remittances outflows	2.395 ¹⁰
Personal remittances received (2016), percent of GDP, current US \$	0.2 ¹¹
Human Development Index (2016)	0.794; Rank 56 ¹²
HIV incidence per 100,000 population (2016)	13
Tuberculosis incidence per 100,000 (WHO estimate, 2016)	67 (43-95) ¹⁴
Incidence HIV and TB per 100,000 (WHO estimate, 2016)	3.2 (2.1-4.6) ¹⁵
Total health expenditures (2016), % of GDP	4.4 ¹⁶
Health expenditures per capita (2016), US\$	539 ¹⁷
Ratifications of UN legal instruments related to migrants and migration:	
• 1951 Refugee Convention	Yes
• 1967 Protocol to the above 1951 Refugee Convention	Yes
• Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime	Yes
• Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime	Yes
• International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	No

¹ Data of Committee for Statistics of Kazakhstan

² Worlds Apart: Reproductive Health and Rights in the Age of Inequality. The State of World Population -2017, New York, NY, United Nations Population Fund, 2017

³ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁴ International Migration Report 2017 Highlights, New York, NY, United Nations, 2017.

⁵ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁶ <https://data.worldbank.org/indicator/NY.GDP.MKTP.PP.CD>

⁷ https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?order=wbapi_data_value_2013+wbapi_data_val

⁸ <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS>

⁹ <http://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data>

¹⁰ Ibid.

¹¹ <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS>

¹² Human Development Report-2016, United Nations Development Programme, New York, NY, 2017

¹³ Data of the Republican AIDS Centre based on the new reportedly registered cases

¹⁴ <http://www.who.int/tb/country/data/profiles/en/>

¹⁵ Ibid.

¹⁶ <https://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?view=chart>

¹⁷ <https://data.worldbank.org/indicator/SH.XPD.PCAP?view=chart>

2. Migrating population

- Kazakhstan is a country of destination rather than a country of origin or transit of migrants. The Government supports strategies of temporary migration to attract foreign workers, appropriate resettlement of people across the country, as well as a long-term permanent migration of ethnic repatriates coming to the country¹⁸.
- In 2015, Kazakhstan was the 16th leading country in terms of receipt of migrant workers¹⁹. Given the size of its economy and a population size three times lower than the other four Central Asian countries combined, Kazakhstan is an attractive country for migrant workers from Uzbekistan, Kyrgyz Republic and Tajikistan.
- In 2015, over 4 million foreigners entered Kazakhstan. Of them, 1,380,000 people²⁰ were registered in the internal affairs offices, including 797,900 citizens of Uzbekistan, 114,400 citizens of Kyrgyz Republic, and 33,000 citizens of Tajikistan²¹.
- In 2013-2015, the total number of migrant workers amounted to 330,000-460,000²².
- According to the National Research University of the High School of Economy of the Russian Federation, in 2017, 552,000 migrant workers in Russia were from Kazakhstan²³.
- Some migrants are victims of human trafficking and sexual exploitation. According to the estimates of the Walk Free Foundation, in 2017 in Kazakhstan, 81,600 persons were involved into all forms of human trafficking, including forced labor. By this indicator, Kazakhstan holds the 25th position in the world²⁴.
- From 1991 until now, Kazakhstan has supported the resettlement of almost 1 million ethnic Kazakhs (oralmans) from 12 countries who become naturalized and have the same rights as citizens of the country²⁵.

2.1 Regulation of entry and departure of migrants and legislative enforcement of migrant rights

- Citizens of the Kyrgyz Republic, Russia, Tajikistan and Uzbekistan are not required to have a visa to enter Kazakhstan and can stay during 90, 90, 30 and 30 days respectively after which they are required to leave the country. Stay of migrants who have employment contracts may be extended.
- Kazakhstan did not ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families; however, it has incorporated some provisions into the national legislation.

¹⁸ On Approval of the Migration Policy Concept Paper of the Republic of Kazakhstan, 2017 – 2021, and Action Plan for the Implementation of the Migration Policy Concept Paper, 2017 – 2021. Resolution of the Government of the Republic of Kazakhstan of 29 September 2017 No. 602;

¹⁹ World Migration Report-2018, International Organization for Migration, Geneva, 2018

²⁰ Current problems of protection of rights of migrant workers and victims of human trafficking in the Republic of Kazakhstan. Analytical report of the Human Rights Commission under the President of Kazakhstan / Edited by K. Sultanov, T. Abishev, Astana, 2017

²¹ Migrant Vulnerabilities and Integration Needs in Central Asia: Root Causes and Social-Economic Impact on Return Migration – Regional Field Assessment in Central Asia, International Organization for Migration, Astana, 2016

²² Current problems of protection of rights of migrant workers and victims of human trafficking in the Republic of Kazakhstan. Analytical report of the Human Rights Commission under the President of Kazakhstan / Edited by K. Sultanov, T. Abishev, Astana, 2017

²³ Migrant at a glance: Who goes to Russia for work, Kommersant of 12 August 2017

²⁴ The Global Slavery Index, 2016

²⁵ Data of Labor, Social Security and Migration Committee of the Ministry of Labor and Social Security of the Republic of Kazakhstan, 2017.

- Rights of migrant workers from CIS and Eurasian Economic Union (EAEU) in Kazakhstan are protected by multilateral conventions, treaties and agreements. Bilateral agreements on the protection of rights of migrant workers are concluded with the Kyrgyz Republic and Tajikistan.
- In 2015, internal affairs authorities issued over 141,000 permits to migrants who came to Kazakhstan to work for individuals beyond the quota for foreign workforce for the duration of one, two or three months²⁶.
- It is assumed that many irregular migrant workers do not have work permits in Kazakhstan²⁷. These may include most marginalized migrants, including victims of human trafficking and key population groups with a high risk of HIV contact. However, no estimates are available yet.
- Key population groups may be found among migrants who come to the country for purposes other than official job, also for a period of 5 days or less when a migrant is not required to register. However, the evidence is not available yet.
- In 2015, 78,500 migrants from Uzbekistan, Kyrgyz Republic and Tajikistan were held liable for different violations of migration legislation; and 8,700 of them were deported from the Republic of Kazakhstan²⁸.
- Citizens of Kazakhstan may stay in Russia for up to 90 days from the date of entry. Temporary stay in Russia may be extended if a citizen of Kazakhstan has an employment contract for a period of more than 90 days but less than a year.
- The legislation of Kazakhstan does not restrict entry of people with HIV.
- Kazakhstan ratified the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.
- However, in practice the rights of migrant workers and victims of human trafficking were not always appropriately enforced²⁹.

2.2 Access of migrants to health information and care

- In Kazakhstan, healthcare in acute conditions and diseases threatening to life of the patient or health of other people, in accidents, poisoning, traumas, childbirth and emergency conditions in pregnancy is provided for no charge and in full to any foreigner, including migrants. All other types of care, including antenatal care and STIs treatment are provided to migrants on a paid basis. Migrants from Kazakhstan are in the same situation in Russia and Central Asian countries.
- When maternity patients arrive to obstetric facilities all women, including foreigners who failed to present an appropriate negative results of HIV testing, will take a rapid test. If the result is positive emergency ARV prophylaxis of HIV transmission from mother to child will be prescribed followed by prescription of ARV drugs to the infant.

²⁶ Current problems of protection of rights of migrant workers and victims of human trafficking in the Republic of Kazakhstan. Analytical report of the Human Rights Commission under the President of Kazakhstan / Edited by K. Sultanov, T. Abishev, Astana, 2017

²⁷ Migrant Workers in Kazakhstan: No status, no rights. International Federation for Human Rights (FIDH) 26 September 2016.

²⁸ Migrant Vulnerabilities and Integration Needs in Central Asia: Root Causes and Social-Economic Impact on Return Migration – Regional Field Assessment in Central Asia, International Organization for Migration, Astana, 2016

²⁹ Current problems of protection of rights of migrant workers and victims of human trafficking in the Republic of Kazakhstan. Analytical report of the Human Rights Commission under the President of Kazakhstan / Edited by K. Sultanov, T. Abishev, Astana, 2017

- Usually, to get health services at the place of stay (except for emergency care), including for STIs, the internal migrants should be registered in internal affairs offices. Antiretroviral therapy is provided only to citizens of Kazakhstan and only at the place of official residence³⁰.

It is not easy for the internal migrants with HIV employed in big cities like Astana or Almaty to obtain the registration. Commonly the owners of living premises, which migrants take on lease, refuse to register them. The stigma against people with HIV makes it likely that migrants with HIV will be kicked out of the living spaces taken on lease provided that the owners become aware of the roomers' HIV positive status. This puts into question the access of internal migrants to antiretroviral drugs as well as CD4 count and viral load tests and other periodic medical screening in places of their factual residence, which can be distant thousands of kilometers from the places of their juridical registration.

39 friendly clinics for key populations are financed by the government. The clinics provide anonymous and free of charge diagnostics, treatment and drugs to patients with STI symptoms based on a syndromic approach. Free of charge anonymous HIV testing is available in all cities of Kazakhstan. 144 trust points across the country and friendly clinics provide sterile syringes, needles and condoms anonymously. These services are available to migrants.

A., aged 29, female migrant from Kyrgyz Republic: "I live close to the city of Bishkek, I have two children and a sick mother. I am the only supporter of the family. I provide sex services in Almaty. They pay better for sex here. There are many of us like me here. I had several STIs. I went to a friendly clinic. They gave me drugs and recommended me to take a HIV test. But I do not want to do it. If I am found HIV-positive they will oblige me to warn clients about this. Otherwise I will be in prison. Who will pay for sex with a woman with HIV? I will not be able to earn anything! Anyway, they will not treat me from HIV. To me and to people like me it is better not to know the HIV-status."

- In Kazakhstan, internal and international migrants can get free of charge and adequate TB diagnostics and treatment.
- In 2015, 292 persons received opioid substitution therapy (OST), while it is estimated that the number of IDUs is 120 500³¹. OST programs promoted by WHO as evidence-based essential interventions apply to certain groups only and do not envisage mobility of program participants.

³⁰ Clinical protocol of HIV diagnostics and treatment in adults of 15 September 2015

³¹ National Report of progress in global measures in response to AIDS. Reporting period: 2015. Republican Center for the Prevention and Action against AIDS of the Ministry of Health of the Republic of Kazakhstan, Almaty, 2016

- During a 2015 survey, over 75% of international and internal migrants perceived access to reproductive and sexual health care as inadequate³². The report of the research group by IOM and the London School of Tropical Medicine (2015) states that a limited access of migrants to drugs in Kazakhstan is stemming mainly from high cost and physical limitations (in case of human trafficking)³³.

3. Situation of HIV infections

- The epidemic is progressing. During 2012-2016, the number of people with HIV has increased by 50%. Registered HIV cases have been growing from year to year, especially among women with HIV (Fig. 1). In 2016, the Republican AIDS Center estimated that approximately 26,000 people with HIV lived in Kazakhstan³⁴.
- In 2017, 2,856 HIV cases were detected, 67% of them were infected through sexual intercourse (62% heterosexual, 5% homosexual) and 29% – through injection of drugs.
- Sex is the main route of HIV transmission (it used to be injection route earlier). Every year, among new HIV cases of women infected through sexual intercourse, the proportion of women who acquired HIV from men with HIV and injecting drugs, is steadily lowering. This suggests a gradual wider coverage of other populations with sexual transmission (Fig. 2).
- HIV is concentrated in key population groups. HIV prevalence among the general population is 0.15% (2016), people who inject drugs (PWID) – 9% (8% of men and 15% of women, 2016); prisoners – 2.7% (2016), men having sex with men (MSM) – 3% (2015), and sex workers – 1.5% (2015).
- According to WHO, Kazakhstan is among 30 countries with a high burden of drug-resistant TB; besides, TB is the leading cause of death in people with HIV stage IV according to WHO classification³⁵.
- Data on HIV among international and internal migrants from amongst mobile key population groups is not available.

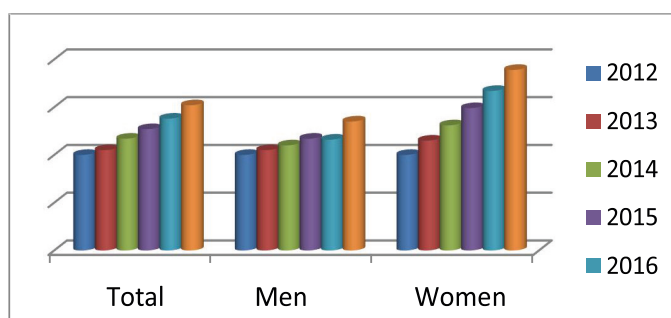


Fig.1 Growth of new HIV cases in Kazakhstan, % (year 2012 =100)

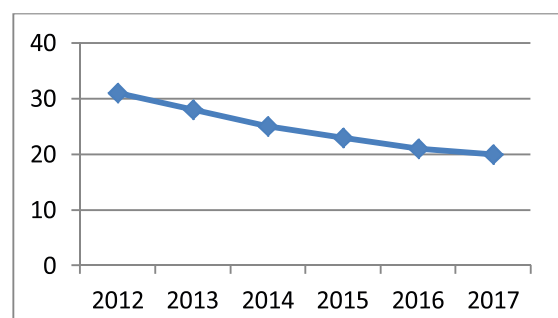


Fig. 2 Proportion of new cases of women infected with HIV through sexual intercourse with men who inject drugs s.

³² Assessment of sexual and reproductive health of migrants (migrant workers, internal migrants, repatriates) and access to mother and reproductive health, family planning and STI and HIV prevention (survey results), UNFPA, Public Opinion Research Center, Almaty, 2015

³³ Buller A.M., Stoklosa H., Zimmerman C., Vaka V., Borland R. Labor Exploitation, Human Trafficking and Migrant Health: Multi-country Findings on the Health Risks and Consequences of Migrant and Trafficked Workers, International Organization for Migration, London School of Hygiene and Tropical Medicine, 2015.

³⁴ Data of the Republican Centre for AIDS Prevention and Control

³⁵ National Report of progress in global measures in response to AIDS. Reporting period: 2015. Republican Center for the Prevention and Action against AIDS of the Ministry of Health of the Republic of Kazakhstan, Almaty, 2016

3.1 HIV infection and risks of HIV transmission and infection in migrants

- During 2012-2016, in Kazakhstan, HIV was diagnosed in 235 citizens of Uzbekistan (49% of them – women), 45 – Kyrgyz Republic (27% women), 15 – Tajikistan (27% women), and 5 – Turkmenistan (2 women). Foreign citizens comprise 6% of ever diagnosed HIV cases in the country³⁶ No data is available on HIV prevalence in the groups of internal migrants.
- Prevalence of the behavioral risks of HIV transmission in international and internal migrants is quite high and summarized in the table below based on data from the Public Opinion Research Center (PORC, 2012)³⁷.

Disaggregated data on HIV risk factors among various sub-categories of migrants, including key populations are not available.

		Had > 1 partners in the last 6 months, %	Did not use condoms during the last contact with irregular partner, %	Suspected symptoms of STIs in the last year, %	Did not seek medical aid for STI symptoms, %	Were forced to sex while in migration, %	Were unable to give correct answers to five standard questions about HIV, %	Did not take HIV testing, %
International migrants (n=300)	Men	32	20	14	44	2	85	80
	Women	13				11		
Internal migrants (n=300)	Men	36	33	9	33	1	88	80
	Women	19				8		

- HIV prevalence in Russia is at least 5 times higher than in Kazakhstan and in the context of high viral load in people with HIV³⁸ it is indicative of dominating vector of HIV spread from population in Russia to Kazakhstan. However, no evidence is available yet.

Main factors of migrants' vulnerability to HIV

Inadequate access to information about HIV infection and prevention. Such information is least available to migrants with poor knowledge of the Russian language.

³⁶ Data of Republican Centre for AIDS Prevention and Control

³⁷ Assessment of sexual and reproductive health of migrants (migrant workers, internal migrants, repatriates) and access to mother and reproductive health, family planning and STI and HIV prevention (survey results), UNFPA, Public Opinion Research Center, Almaty, 2015

³⁸ Beyrer C., Wirtz A.L. O'Hara, J., Léon N., Kazatchkine M. The expanding epidemic of HIV-1 in the Russian Federation//PLOS, November 27, 2017 <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.10024>

Sh., aged 28, migrant from Tashkent: "I am a gay; the society is very hostile to homosexuals; homosexual sex is criminalized. None of my relatives or colleagues know about my sexuality. I use any opportunity to go to Shymkent. I have friends there, and nobody else knows me. In sex, I try to use condoms and watch that my partners do the same. Unfortunately, this is not always the case. I wish I could take HIV and STI tests but I cannot say that I am a gay and I am afraid of publicity. I cannot find special information about safe gay-sex.

- Lack of knowledge of rights in the home and host countries.

S., aged 31, citizen of Uzbekistan. While in migration, he was convicted and was in prison where he was diagnosed with HIV. After release he was escorted to the Embassy of Uzbekistan to get a certificate of return but he did not go to Uzbekistan. Without documents he went to Astana where he could not get a job and had no livelihood. Because his health was deteriorating he called an AIDS Center but was declined as a foreigner. He robbed a woman and was detained again.

- Unawareness of public services and social associations that provide assistance.
- Inadequate access to condoms, lubricants, syringes, needles; lack of access to OST and ART, including post contact prophylaxis. Low or intermittent income hamper buying health services, prophylactic means and drugs.
- Xenophobia, accusation to migrants of spreading STIs, including HIV and TB.
- Harassment by law enforcement authorities.
- Inadequate living and working conditions; absence of private time and access to justice.

The above factors coupled with stigma and discrimination to an even greater degree aggravate the risk of HIV transmission by mobile representatives of key population groups and HIV infection.



Annex 4

Fact Sheet HIV and Migration

Kyrgyz Republic

1. Country context

Population, million (2016)	6.083 ¹
Average annual rate of population change, (2000-2017), %	1.6 ²
Urban population, % of total (2015)	36 ³
International migrants as percentage of the total population (2017)	3.4 ⁴
Surface area, thousand km ²	199.9 ⁵
GDP, billion current international US\$, PPP (2016)	21.594 ⁶
GDP per capita, US\$, PPP (2016)	3,552 ⁷
Unemployment, % of total labor force	7.8 ⁸
Migrant remittances inflows (2016), million US\$	1.195 ⁹
Migrant remittances outflows	378 ¹⁰
Personal remittances received (2016), percent of GDP, current US \$	26.9 ¹¹
Human Development Index (2016)	0.664; Rank 120 ¹²
HIV incidence per 100,000 population (2016)	12.0 ¹³
Tuberculosis incidence per 100,000 (WHO estimate, 2016)	145 (130-162) ¹⁴
Incidence HIV and TB per 100,000 (WHO estimate, 2016)	4.8 (4.2-5.4.0) ¹⁵
Total health expenditures (2016), % of GDP	6.5 ¹⁶
Health expenditures per capita (2016), US\$	82 ¹⁷
Ratifications of UN legal instruments related to migrants and migration:	
<ul style="list-style-type: none"> • 1951 Refugee Convention • 1967 Protocol to the above 1951 Refugee Convention • Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime • Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime • International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families 	<ul style="list-style-type: none"> Yes Yes Yes Yes Yes

¹ <https://data.worldbank.org/indicator/SP.POP.TOTL>

² Worlds Apart: Reproductive Health and Rights in the Age of Inequality. The State of World Population -2017, New York, NY, United Nations Population Fund, 2017

³ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁴ International Migration Report 2017 Highlights, New York, NY, United Nations, 2017.

⁵ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁶ <https://data.worldbank.org/indicator/NY.GDP.MKTP.PP.CD>

⁷ https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?order=wbapi_data_value_2013+wbapi_data_val

⁸ <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS>

⁹ <http://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data>

¹⁰ Ibid.

¹¹ <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS>

¹² Human Development Report-2016, United Nations Development Programme, New York, NY, 2017

¹³ Data of the Republican AIDS Centre based on the new reportedly registered cases

¹⁴ <http://www.who.int/tb/country/data/profiles/en/>

¹⁵ Ibid.

¹⁶ <https://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?view=chart>

¹⁷ <https://data.worldbank.org/indicator/SH.XPD.PCAP?view=chart>

- In 2015, 32.1 percent of the population from Kyrgyz Republic was below the national poverty line and 2.5 percent of the population was below the international poverty line of less than \$1.90 per day per capita in 2011 dollars at purchasing power parity. The poverty rate was measured at the international line for lower-middle income countries of \$ 3.20 per day per capita in 2011 dollars at purchasing power parity was 23.2 percent¹⁸.

2. Migrating population

- Kyrgyz Republic is a country with high external and internal migration rates driven by the growth of the working age population that outpaces supply of jobs more than twice (the situation with excessive supply of labor force is especially acute in rural areas)¹⁹. The minimum salary is the lowest in the CIS²⁰.
- 30 % of youths aged <18 move from rural areas to cities. Bishkek receives 26% of internal migrants.
- External labor migration is estimated as 25% of labor force in the country; 47% of total migrants are youths aged 18-29. More than 26% of households have at least one migrant worker. Participation of women in economic migration is growing²¹.
- The main destinations for Kyrgyz migrant workers include the Russian Federation and Republic of Kazakhstan. 700,000 to 750,000 citizens of Kyrgyz Republic work and have business outside the country in different seasons. As of beginning of 2016, Russia and Kazakhstan received 540,000 and 113,000 migrant workers respectively²². Other sources suggest that total international labor migration of Kyrgyz citizens varies between 800,000 and 1,000,000 workers. Notably 60% of migrants are irregular. This may be conceived as a risk of engagement into forced labor²³.
- More than 112,000 foreign citizens are registered in Kyrgyz Republic as temporary residents (including specialists within foreign labor force quotas); 40,000 of them are from China. From 1991 on, Kyrgyz Republic provided funds to resettle close to 37,500 ethnic Kyrgyzs (kairylmans) for permanent residence from various countries who were legitimately eligible to obtain the rights of citizens of Kyrgyz Republic and naturalize²⁴.
- Migrants from Kyrgyz Republic are involved into all forms of human trafficking, including sexual exploitation. According to the Global slavery index of the Walk Free Foundation, Kyrgyz Republic is 99th among 167 countries with the number of contemporary slaves close to 27,700 people in 2016²⁵.
- In 2015, the authorities detected 31 cases of organized irregular migration and 216 cases of illegitimate border crossing²⁶. 10 crimes fell within the scope of Article 124 of the Kyrgyz Penal Code “Human Trafficking”, including 1 human trafficking for slave work and 3 sexual exploitation cases including minors.

¹⁸ <http://povertydata.worldbank.org/poverty/country/TJK>

¹⁹ Mid-term budget framework of the Kyrgyz Republic, 2017-2019, MoF, 2017.

²⁰ Labor Migration and Welfare in the Kyrgyz Republic (2008-2013), WB, 2015.

²¹ Common Country Assessment for the Kyrgyz Republic. UN in the KR, Bishkek, 2016.

²² Performance Report of the State Migration Service under the Government of the Kyrgyz Republic, 2016. Bishkek, 2017.

²³ Mid-term budget framework of the Kyrgyz Republic, 2017-2019, MoF, 2017.

²⁴ Kyrgyzstan. Quick-reference statistical data book 2013-2015. NSC KR, Bishkek, 2016.

²⁵ The Global Slavery Index, Walk Free Foundation, 2016.

²⁶ Concept Paper of the national migration policy of the Kyrgyz Republic until 2040, NMS, Bishkek, 2017.

- Sex workers and men who have sex with men (MSM) migrate from villages and small towns to oblast centers, resorts, but most often to the capital city. They leave homes to conceal belonging to key population groups at the place of permanent residence and to look for clients or partners.
- According to nongovernmental fund *Shakh-Aiym*, the proportion of outsiders among sex workers exceeds 70% in Bishkek and Osh and in the suburbs and 40-50% in Talas and Kyzyl-Kiya. Furthermore, 92.4% of respondents among sex workers were citizens of Kyrgyz Republic; 6.4% – Uzbekistan; 0.8% – Kazakhstan; and 0.2% – Russia. According to key informants, every tenth sex-worker in Osh and Batken Oblasts are migrants from Uzbekistan and Tajikistan. External migration of sex workers is often seasonal and includes visits to recreational areas to provide sex services.

2.1 Regulations of entry and departure of migrants and legislative enforcement of migrant rights

- Citizens of the Kyrgyz Republic are not required to obtain a visa to enter Russia or Kazakhstan and may stay up to 90 days provided they register at internal affairs offices. Duration of stay for migrants who have employment contracts may be extended by the period of such employment contracts.
- Kyrgyz Republic ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families of 18 December 1990. It concluded a treaty with the International Organization for Migration, signed agreements with the Russian Federation and Republic of Kazakhstan in relation to work and social security of migrant workers and has become a party to the cooperation agreement of CIS member-states against irregular migration.
- Legislation of the Kyrgyz Republic does not provide for restrictions to entry and access to healthcare to HIV-positive external migrants. However, according to key informants, ministerial regulations require HIV-testing before entry to work and obtainment of residence permit.

2.2 Access of migrants to health, information and services

- In Kazakhstan and in the Russian Federation, healthcare in acute conditions and diseases threatening patient's life or health of other people, accidents, poisoning, traumas, childbirth and emergencies in pregnancy is provided for no charge and in full to any foreigner, including migrants. All other types of care, including antenatal care and treatment of sexually transmitted infections (STIs) are provided to migrants for fee. In Russia, migrants working under an employment contract are obliged to buy mandatory health insurance though it does not cover TB and HIV.
- Some Kyrgyz citizens with a HIV positive status migrated to the Russian Federation and other countries, as well as persons on ART therapy, including representatives of key populations. None of them have access to therapy, care and support in the host country. Moreover, migrants with HIV in Russia are not ready to disclose their status to avoid a risk of deportation. In Kyrgyz Republic, ARV drugs may be made available to people with HIV for a period of up to 6 months of therapy.

- All HIV-positive foreigners on follow-up list get, for no charge, a full package of therapy, care and support on an equal basis as citizens of Kyrgyz Republic. ART is prescribed to all people with HIV immediately after diagnosis irrespective of CD4 count. Linkage to care is proposed to any person irrespective of the duration of his/her stay in the country. When migrants deregister from the follow-up due to departure they receive ARV drugs in a quantity sufficient for 6 months and a statement from health records.
- At present, the Global Fund finances procurement of ARV drugs; 3,116 PLHIV receive ART, 61 of them are foreigners. According to key informants, foreigners receiving ART include representatives of key populations.
- Internal migrants with HIV receive ART at the place of temporary stay without any obstacle whenever or not they contact AIDS Centers. For this purpose, an integrated national register of PLHIV is created and functioning with access made available to all AIDS Centers in the country.
- In Kyrgyz Republic, access to sexual and reproductive health services, diagnosis and treatment of STIs is limited equally to citizens of the country and foreigners, including key populations. These services are provided overwhelmingly on a paid basis. International and internal migrants from amongst key populations throughout the Kyrgyz Republic are provided with information and education materials, condoms, lubricants, sterile syringes and needles equally with the resident population through a prophylaxis programs funded by grant assistance by the Global Fund and other international organizations (PEPFAR, AFEW).
- To achieve early detection of HIV-infection among migrants and members of their families, the Government of the Russian Federation supported Kyrgyz Republic by delivering 4 mobile clinics to provide services to people in the north and south of the country for free and based on voluntary principle and confidentiality. In 2016, 8,770 people took HIV test and 10 new HIV cases were detected (0.1%). In addition, 136 Hepatitis B and C cases were found, as well as 111 syphilis cases.
- Kyrgyz migrants from amongst PWID, who receive opioid substitution therapy (OST) in their country of origin, do not get OST either in Kazakhstan or Russia and resort to the use of street drugs in these countries. Internal migrants covered by OST program can get access to OST whenever they move to a different region for permanent residence or for temporary stay if they notify the program in advance.

3. Situation with HIV infection²⁷

- During 2011-2016, the total number of ever registered HIV cases more than doubled in the country (from 3,270 to 7,108). According to UNAIDS, 8,300 PLHIV lived in the country in 2016, that is 1.6-times more than registration data suggest (5,158).
- During 2011-2016, total number of ever registered HIV cases in women grew 2.8 times (from 802 in 2011 to 2,313 cases in 2016). Unlike men, the number of new registered HIV cases in women has been clearly growing from year to year (Fig. 1).

²⁷ The Program of the Government of the Kyrgyz Republic on counteracting HIV infection in the Kyrgyz Republic in 2017-2021, approved by Resolution of the KR Government of 30.12.2017 No. 852.

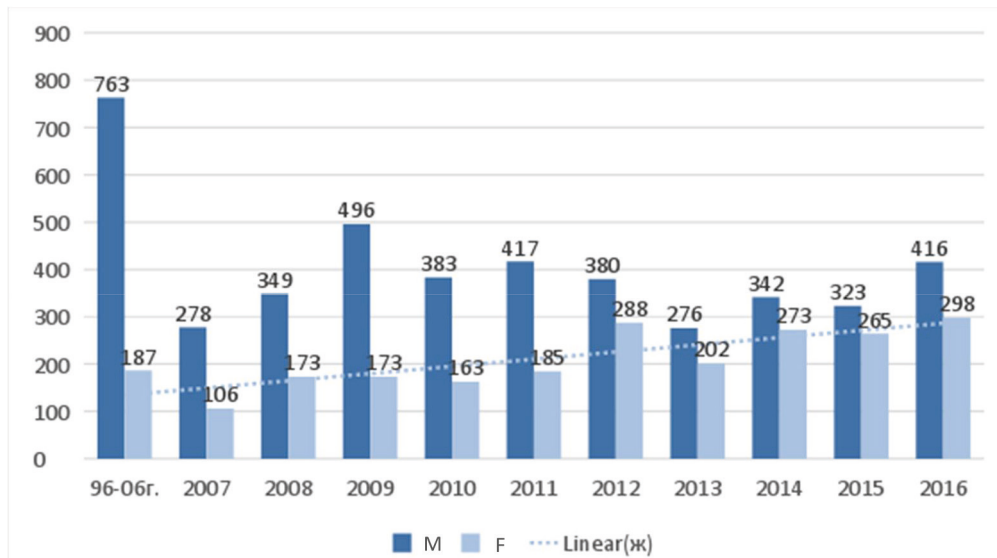


Figure 1: Registration of HIV cases in the Kyrgyz Republic in 1996-2016, by gender

- HIV epidemic is at a concentrated stage. According to the data of sentinel serological surveillance, the HIV prevalence among people who inject drugs (PWID) is 14.3%, MSM – 6.6%, and sex workers – 2%¹⁸; while among the general population aged 15-49 – less than 0.22%.
- It is estimated that the key populations account close to 2% of population aged 15-49, including 25,000 PWIDs; 7,100 sex workers and 22,000 MSM.
- 48% of all HIV cases in the country are PWIDs (3,237 of 6,736). In 2016, HIV incidence among PWIDs was 33 times higher than in the general population and amounted to 7.1 per 1000 PWIDs compared to 0.12 per 1,000 of general population. Among new cases, sexual transmission of HIV became more prevalent from 31.1% in 2011 to 51% in 2016 and the number of HIV-positive women has been growing too²⁸.
- Kyrgyz Republic is amongst the world’s 30 countries with the highest burden of multidrug-resistant tuberculosis. TB is the main cause of death of people with advanced HIV-infection in the country. 585 people died from concomitant HIV and TB, or 37.6% of all deaths due to HIV²⁹.

3.1 HIV and risk of HIV transmission and infection in migrants

- As of 1 January 2017, 370 HIV-positive foreigners were cumulatively registered in the country. At the same time, 6,747 HIV cases were registered among citizens of Kyrgyz Republic, of them 1,275 PLHIV (19%) left the country to make earnings mainly in Russia, Kazakhstan and Turkey³⁰. However, the role of migration as a factor conducive to the growing prevalence of sexual transmission of HIV has not been studied in detail yet.
- According to TB and HIV-Infection in Migrants in the Russian Federation study³¹, 88% of interviewed migrants from Kyrgyz Republic heard about HIV-infection; however, only 5% of respondents were able to describe all transmission routes correctly; 58% never thought

²⁸ Data of Republican AIDS Center

²⁹ Ibid.

³⁰ Ibid.

³¹ Poletaev D.V, Florinskaya Y.F. Tuberculosis and HIV infection among migrants in the Russian Federation, M., Russian Red Cross, 2015

of the HIV risk; 10% never used a condom either with permanent or occasional sexual partners; and 58% of people who used condoms did not do it regularly. Only 9% of migrants knew where to take HIV-testing in Russia; 59% never took HIV-testing. Notably, almost one third of those who had HIV-test certificate said that they had never taken such test. A higher prevalence of HIV-infection in Russia compared to Kyrgyz Republic suggests a risk of HIV transmission from people of Russia to migrants and from migrants to people of the Kyrgyz Republic. However, no evidence is available.

4. Main factors that are making migrants vulnerable to HIV

- Limited access to information related to HIV infection and prevention. Such information is least available to migrants with poor knowledge of the Russian language²¹.
- Discriminatory legislation of the receiving countries with restriction of rights because of HIV-positive status. Lack of knowledge of rights in the home and host countries.
- Illegal stay in the country.
- Low awareness of public services and social associations that provide assistance.
- Lack of access to HIV prevention and treatment; lack of access to opioid substitution therapy.
- Low and unsteady income that prevents from buying the necessary health services, prophylaxis and drugs. Limited capacities of voluntary health insurance.
- Xenophobia, accusation of migrants in spreading STIs, HIV and TB.
- Harassment by law enforcement authorities.
- Inadequate living and working conditions; absence of private time and access to justice.
- Gender-based violence, including sexual exploitation and assault.
- Dangerous behaviors (mainly unprotected sex) in the context of limited social acceptance of a condom.

The above factors coupled with stigma and discrimination to an even greater degree aggravate the risk of HIV transmission by mobile representatives of key population groups and HIV infection.



Annex 5

Fact Sheet HIV and Migration

RUSSIAN FEDERATION

1. Country context

Population, million (2016)	144,3 ¹
Average annual rate of population change, (2000-2017), %	0.1 ²
Urban population, % of total (2015)	74 ³
International migrants as percentage of the total population (2017)	8.1 ⁴
Surface area, thousand km ²	17,098.3 ⁵
GDP, billion current international US\$, PPP (2016)	3,635.8 ⁶
GDP per capita, US\$, PPP (2016)	24,789 ⁷
Unemployment, % of total labor force	5.3 ⁸
Migrant remittances inflows (2016), million US\$	6.678 ⁹
Migrant remittances outflows (2016), million US\$	16,590 ¹⁰
Personal remittances received (2016), percent of GDP, current US \$	0.5 ¹¹
Human Development Index (2016)	0.804; Rank 49 ¹²
HIV incidence per 100,000 population (2016)	53.9 ¹³
Tuberculosis incidence per 100,000 (WHO estimate, 2016)	66 (42-94) ¹⁴
Incidence HIV and TB per 100,000 (WHO estimate, 2016)	13 (8-18) ¹⁵
Total health expenditures (2016), % of GDP	7.1 ¹⁶
Health expenditures per capita (2016), US\$	893 ¹⁷
Ratifications of UN legal instruments related to migrants and migration:	
<ul style="list-style-type: none"> • 1951 Refugee Convention • 1967 Protocol to the above 1951 Refugee Convention • Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime • Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime • International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families 	<ul style="list-style-type: none"> Yes Yes Yes Yes No

¹ <https://data.worldbank.org/indicator/SP.POP.TOTL>

² Worlds Apart: Reproductive Health and Rights in the Age of Inequality. The State of World Population -2017, New York, NY, United Nations Population Fund, 2017

³ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁴ International Migration Report 2017 Highlights, New York, NY, United Nations, 2017.

⁵ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁶ <https://data.worldbank.org/indicator/NY.GDP.MKTP.PP.CD>

⁷ https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?order=wbapi_data_value_2013+wbapi_data_val

⁸ <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS>

⁹ <http://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data>

¹⁰ Ibid.

¹¹ <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS>

¹² Human Development Report-2016, United Nations Development Programme, New York, NY, 2017

¹³ Data of the Federal Centre for AIDS Prevention and Control of Russia

¹⁴ <http://www.who.int/tb/country/data/profiles/en/>

¹⁵ Ibid.

¹⁶ <https://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?view=chart>

¹⁷ <https://data.worldbank.org/indicator/SH.XPD.PCAP?view=chart>

2. Migrating population

- Russia is predominantly a country of destination for migrants from Central Asian countries, especially Kyrgyzstan, Tajikistan and Uzbekistan. The labor immigration and emigration ratio with these countries is 34:1¹⁸.
- From 10% to 16% of labor force of Central Asian countries are involved into labor migration in Russia¹⁹.

Remittances from Russia to Central Asia significantly exceed remittances from these countries to Russia. According to the Central Bank of Russia, in 2016, remittances from non-residents exceeded US\$5.3 billion; this is 10 times more than incoming remittances (Table 1).

Table 1. Remittances of individuals from the five countries of the Central Asia in 2016 (according to the Central Bank of Russia²⁰)

Country	Remittances to Russia, million US\$		Remittances from Russia, million US\$		Balance, million US\$	
	total	Including from non-residents	total	Including from non-residents	total	Including from non-residents
Kazakhstan	1 176	233	559	230	617	3
Kyrgyzstan	327	78	1 743	1 171	-1 416	-1 093
Tajikistan	152	55	1 929	1 548	-1 777	-1 493
Turkmenistan	54	41	8	2,7	46	38.3
Uzbekistan	299	78	2 741	2 413	-2 442	-2 335
TOTAL	2 008	485	6 980	5 364,7	-4 972	-4 879.7

- According to the Russian Ministry of Internal Affairs (MoIA), as of September 2017, approximately 6 million citizens of the five Central Asian countries were registered at migration authorities, including 441 853 migrants from Kazakhstan, 640 102 migrants from Kyrgyzstan, 1 586 885 migrants from Tajikistan, 48 173 migrants from Turkmenistan, and 3 109 341 migrants from Uzbekistan (total 5 826 354 migrants) According to the Russian MoIA, almost 34% of migrants violated the duration of stay in Russia in 2015, of them over 95% CIS citizens. According to the same Ministry, up to 3.7 million irregular migrants were in the country in 2015²¹.
- Migrants constitute a vulnerable group to human trafficking. Almost half of human trafficking offences are related to sexual exploitation. In 2012, 18% of unlawful acts were related to organization of sex work (Art. 241 Penal Code); 15% – manufacturing and circulation of materials or items with pornographic images of minors (Art. 242-1 Penal Code); 14% – engagement into sex work (Art. 240 Penal Code).

¹⁸ S. Ryazantsev (2016) Labor Migration from Central Asia to Russia in the Context of Economic Crisis, Russia in Global Politics. Access on: <http://www.globalaffairs.ru/valday/Trudovaya-migratsiya-iz-Tcentralnoi-Azii-v-Rossiyu-v-kontekste-ekonomicheskogo-krizisa-18333>

¹⁹ Ibid.

²⁰ Central Bank (2016) Cross-border remittances of individuals to main counterpart countries (Access on http://www.cbr.ru/statistics/?Prtid=svs&ch=TGO_sp#CheckedItem). Note: Cross-border remittances of individuals mean cross-border cashless transfers of individual residents and individual non-residents (receipts by individual residents and individual non-residents) performed with or without account opening through credit organizations, including transfers through payment systems

²¹ RIA Novosti. Number of Illegal Aliens in Russia Dropped Almost Twice in One Year, 26 February 2016. Access on: <https://ria.ru/society/20160226/1380840041.html>

2.1 Regulations of entry and departure of migrants and legislative enforcement of migrant rights

- Russia did not ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. However, key provisions concerning equal rights of citizens and migrants, creation of conditions for adaptation and integration of migrants, and protection of their rights and freedoms are integrated into the national migration policy and reinforced by relevant legislative instruments.
- Russia is a party to many multilateral CIS treaties in the field of action against illegal migration, collaboration in the field of labor migration and social security of migrant workers. Moreover, rights of migrants are guaranteed by the existing bilateral agreements with Kyrgyzstan, Tajikistan and Uzbekistan.
- Citizens of Kazakhstan, Kyrgyz Republic, Tajikistan and Uzbekistan are not required to have a visa to enter the country and may stay for up to 90 days. When this period expires they are expected to depart or provide evidence for a longer stay (e.g. employment contract). Citizens of Turkmenistan are required to obtain an entry visa.
- Migrants from these countries are expected to register with the migration authorities within 7 working days (15 calendar days for citizens of Tajikistan and 30 calendar days for citizens of Kazakhstan); and if the purpose of entry is work they are expected to obtain a work patent within 30 days (except for citizens of Turkmenistan who are required to obtain a work permit).
- Citizens of Kazakhstan and Kyrgyzstan as members-states of the Eurasian Economic Union (EAEU) are not required to obtain permits to work in Russia.
- According to the Russian MoIA, revenues from issuing patents in Russia amounted to 33.3 billion RUR (or approximately US\$ 570 million) in 2015.
- During the first 9 months of 2017, internal affairs authorities have registered 3 372 192 citizens from Central Asia, including 322 071 citizens from Kazakhstan, 368 782 – Kyrgyzstan, 937 286 – Tajikistan, 36 032 – Turkmenistan and 1 708 021 – Uzbekistan. The overwhelming majority of new migrants from Kyrgyzstan, Tajikistan and Uzbekistan declared work as the purpose of visit to Russia (2 460 116 persons or 81.6%).
- However, during 11 months of 2017, only 1 556 178 work patents and 134 390 work permits were issued to all foreign citizens and persons destitute of nationality. This is much fewer than the number of arriving migrant workers. This is indicative of the scope of irregular migration in the country.
- According to the existing legislation, HIV-positive status of a migrant is a barrier for entry to Russia and a reason for deportation.
- Russia is party to key international anti-trafficking treaties, including trafficking for sexual exploitation and slavery. But according to some estimates, human trafficking is inadequately addressed in the country. Experts note that Russia is the only CIS country that does not have a national plan for action against human trafficking²². The Russian legislation does not provide for ban of forced labor, and many migrant workers “have working conditions that can

²² The Public Chamber of the Russian Federation (2016). “The Public chamber declared the need for the development of the national program against human trafficking”, Access on: <https://www.oprf.ru/ru/press/news/2016/newsitem/36704?PHPSESSID=7c1tda0ovn38h3injttgdok5f3>

be described as human trafficking, such as confiscation of ID documents, non-payment for services provided, physical violence, absence of safety or extremely bad living conditions.”²⁵ In summary, legal protection of migrants and access to legal and other aid remains relatively low.

T.: I am a migrant from Tajikistan and I am a transgender. I came to Moscow for a surgery. So far, I live in Moscow, I had a few surgeries but the process is not completed yet. The problem is that I was assaulted in the street. I was attacked; they took my documents and money. Now, I never go outside even for shopping. I live in an apartment where I sell sex. Recently, I took a HIV test and it was positive. My problem is that I cannot complete treatment, I have no documents, I do not want to contact social workers, I am afraid to go outside, I cannot obtain the documents myself, and I am scared of deportation. If I have any health problems because of HIV, I have no money to buy therapy. In fact, I am desperate and I think that I will die soon. In the apartment where I live nobody knows of my HIV status. I am afraid that if they know they will kick me out.

2.2 Access of migrants to health information and services

- Emergency care service (in diseases, accidents, traumas, poisoning and other conditions requiring emergency interventions) is provided to migrants for no charge irrespective of their status in Russia.
- Other types of care (acute and regular) are provided on a paid basis. Such care may be provided based on a voluntary health insurance (that can be obtained only with a legal status) or a health services contract with an appropriate facility. It means that treatment of communicable diseases, including sexually transmitted infections (STIs) may be provided to migrants only on a paid basis.
- Studies show that a sick migrant worker from Central Asia generally can not count on paid sick-leave: only 5% employees report employer’s readiness to support during sickness.
- According to the existing legislation, foreigners with HIV, TB and some other diseases of so-called “serious hazard to other people” are subject to deportation from the Russian Federation. Since 2016, the exemption has been provided only to those migrants whose relatives are citizens or have a residence permit in the Russian Federation.

A., aged 35, a migrant from Tajikistan. I am a sex worker in Russia. I provide sex services to men and disguised as a woman. I have enough number of clients. In Tajikistan, I have a wife and children. My wife knows how I earn in Russia and does not object. Recently, I met a social worker who deals with sex workers. He proposed rapid testing. It was advantageous and I was taken to the anonymous counseling office for validation. The test was positive; I have HIV. I am afraid of deportation. I take all follow-up tests anonymously and I pay for them. It is very expensive. Sometimes they help me with social quotas in a charitable organization to take tests. I did not get HIV treatment yet.

²⁵ Gazeta.ru. “Report: Russia is barely fighting human trafficking; labor camps of DPRK operate in the country”, 27.06.2017. Access on: https://www.gazeta.ru/social/news/2017/06/27/n_10252321.shtml?updated

- To obtain a work permit, migrant workers are required to provide an evidence of absence of HIV infection and other so-called “diseases of serious hazard to other people” (including drug dependence and others in accordance with an approved list). Such evidence may be a certificate received, as a rule, in a healthcare facility in Russia.
- Antiretroviral therapy is available to migrants on a paid basis only.
- Being fearful of deportation many migrants, even when aware of their HIV-status, are scared to apply to healthcare facilities. Even those HIV-positive migrants, who have relatives but nevertheless were deported from the country, are unable to raise a ban to enter Russia without recourse to a court.
- Each year in Russia, from 1 to 1.5 million foreigners receive medical clearance of existence (absence) of “diseases of serious hazard to other people”²⁴. But according to available data, only 10% foreigners get medical clearance in TB, HIV and STIs.

3. Situation with HIV infection

- The **Russian** Federation has the largest **HIV** epidemic in Eastern Europe and Central Asia The epidemic continues to grow. As of November 2017, the totally ever reportedly registered HIV cases amounted to 1 193 890, of them 520 000 cases were reported in 2012-2017. In November 2017, 924 608 Russian citizens were living with HIV (prevalence 0.7%).
- During the first 10 months of 2017, 79 075 new HIV cases were detected (except for foreigners); this is by 2.9% more than in the same period 2016. From 2005 to 2016, HIV incidence has been growing on average by 10%.
- Sexual transmission is the leading route (52.3% of new cases with the established route of transmission), where 50% were infected through heterosexual and 2.3% through homosexual routes accordingly. Injection-related route that used to prevail before was 46.1% of new cases during this period.
- The proportion of women in the new registered cases has been steadily growing and in 2017 it was 37.6%. According to some estimates, HIV prevalence among pregnant women in some regions was 1%, and this is an alarming sign of the epidemic going from key populations to general population.
- On average, HIV prevalence is 594.3 per 100,000. However, in some sub-federal entities this indicator exceeded 1 000 per 100,000, particularly in Sverdlovsk (1 647.9), Irkutsk (1 636.0), Kemerovo (1 582.5), Samara (1 476.9), Orenburg (1 217.0), Leningrad (1 147.3), Tyumen (1 085.4), Chelyabinsk (1 079.6), Novosibirsk (1 021.9) oblasts and Khanty-Mansiysk autonomy (1 201.7). HIV prevalence in key population is also high. Studies show that in some of the most affected cities it varies between 48% and 64% among PWID, 7%-23% – MSM and 2.3%-15% – sex workers (Federal AIDS Center, 2017).
- No data is available about HIV infection among migrants representing key populations.

²⁴ Central Research Institute for Tuberculosis (2016) Access of Migrants to Early Detection, Diagnostics, Prevention and Treatment of Tuberculosis and Co-morbidity with HIV (analytical review). Access on: <http://mednet.ru/images/stories/files/CMT/migranty.pdf>

3.1 HIV infection and risks of HIV transmission and acquisition in migrants

- In 2016, 1 736 new HIV cases were detected among foreigners.
- In some countries, approximately 50% women living with HIV are wives of migrants²⁵.
- In accordance a with recent survey among migrants in Saint Petersburg
 - 9.7% men reported that they knew compatriot drug users among people they knew;
 - 9.9% men and 6.7% women reported of cases of sexually transmitted infections among compatriots;
 - 32.9% men and 11.8% women had a sexual partner in addition to spouse; and 10.1% and 2.9% had irregular sexual partners respectively;
 - 13.0% men experienced buying sex services.

4. Main factors of migrants' vulnerability to HIV

- Poor awareness of HIV infection and some communicable diseases:
 - ✓ For example, according to a survey in St. Petersburg, 46.4% of respondents from amongst migrants from Central Asia never heard of hepatitis, /and 40.4% – HIV infection²⁶.
- High HIV prevalence in Russia, especially in the most affected regions neighboring Central Asia.
 - ✓ According to experts, the contribution to epidemic expansion by migrants is minor; whilst work in Russia has already become the factor of HIV infection for citizens of South Caucasus, South-Western and Southern Asia²⁷.
- Fear of deportation in the event of HIV detection.
 - ✓ Even those HIV-positive migrants who have relatives but nevertheless were deported from the country, are unable to raise a ban to enter Russia without recourse to a court. For this reason, many migrants, even aware of their HIV-status, are scared to apply to healthcare facilities

D., aged 30, is a migrant from Uzbekistan. I live and work in Moscow because I could not earn in Uzbekistan. I am a gay man. I take tests every year. My documents are all rights; I have registration and job. What is difficult is that it is very expensive to me to take medical examination and treatment in Russia, I need to pay for all services. Recently, I had an unprotected sex, a friend recommended to take a test in a patient organization. I took all tests. I was very scared to know the results. If I am infected I will have to pay for treatment or I will have to leave. In my village, they will not accept me well because of my sexuality

²⁵ M. Boltayeva (2017) Gender Aspects of HIV Infection in Eastern Europe and Central Asia. Access on: <http://congress-ph.ru/common/htdocs/upload/fm/vich/17/prez/5-A3-4.pdf>

²⁶ Ibidem

²⁷ Kommersant.ru "Key factor of HIV Infection for Migrants is Work in Russia", 13.02.2017. Access on: <https://www.kommersant.ru/doc/3218457>

- Limited access to information about HIV infection and prevention, about public services, non-profit organizations and communities that provide assistance.
 - ✓ Migrants with poor knowledge of the Russian language are especially vulnerable.
- Lack of knowledge of rights in the home and host countries; high risks of abuse of power by law enforcement entities; human trafficking.

R., I do not know who I am. I have a Soviet passport still. I was born in Uzbekistan. In my youth, I was involved in illegal dealings and caught stealing I was imprisoned. I started to use drugs in prison. After release I got married and a daughter was born. When my daughter was one I failed and resumed drug abuse. During my second term I took an exam and was told that I was HIV-infected. After release I went to the local AIDS Center for examination. I was told to bring my passport and all necessary documents to get on the HIV register. Since I have a Soviet passport and I have HIV infection I am not able to get a permit for temporary stay in Russia. My health has worsened because of HIV. I pay for tests, I take treatment of concomitant diseases, it is high time to start ART, but this is possible on a paid basis only. I have no money to pay for drugs each month as I do not have stable job.

- Stigma and discrimination and xenophobia are the factors aggravating vulnerability of migrants from the perspective of HIV infection.



Annex 6

Fact Sheet HIV and Migration

TAJIKISTAN

1. Country context

Population, million (2016)	8.735 ¹
Average annual rate of population change, (2000-2017), %	2.2 ²
Urban population, % of total (2015)	27 ³
International migrants as percentage of the total population (2017)	3.2 ⁴
Surface area, thousand km ²	141,4 ⁵
GDP, billion current international US\$, PPP (2016)	26.024 ⁶
GDP per capita, US\$, PPP (2016)	2.979 ⁷
Unemployment, % of total labor force	11.0 ⁸
Migrant remittances inflows (2016), million US\$	1,867 ⁹
Migrant remittances outflows	No data ¹⁰
Personal remittances received (2016), percent of GDP, current US \$	26.9 ¹¹
Human Development Index (2016)	0.627; Rank 129 ¹²
HIV incidence per 100,000 population (2016)	12.6 ¹³
Tuberculosis incidence per 100,000 (WHO estimate, 2016)	85 (65-108) ¹⁴
Incidence HIV and TB per 100,000 (WHO estimate, 2016)	1.8 (2.8-4.0) ¹⁵
Total health expenditures (2016), % of GDP	6.9 ¹⁶
Health expenditures per capita (2016), US\$	76 ¹⁷
Ratifications of UN legal instruments related to migrants and migration:	
• 1951 Refugee Convention	Yes
• 1967 Protocol to the above 1951 Refugee Convention	Yes
• Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime	Yes
• Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime	Yes
• International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	Yes

¹ <https://data.worldbank.org/indicator/SP.POP.TOTL>

² Worlds Apart: Reproductive Health and Rights in the Age of Inequality. The State of World Population -2017, New York, NY, United Nations Population Fund, 2017

³ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁴ International Migration Report 2017 Highlights, New York, NY, United Nations, 2017.

⁵ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁶ <https://data.worldbank.org/indicator/NY.GDP.MKTP.PP.CD>

⁷ https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?order=wbapi_data_value_2013+wbapi_data_val

⁸ <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS>

⁹ <http://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data>

¹⁰ Ibid.

¹¹ <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS>

¹² Human Development Report-2016, United Nations Development Programme, New York, NY, 2017

¹³ Data of the Republican AIDS Centre based on the new reportedly registered cases

¹⁴ <http://www.who.int/tb/country/data/profiles/en/>

¹⁵ Ibid.

¹⁶ <https://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?view=chart>

¹⁷ <https://data.worldbank.org/indicator/SH.XPD.PCAP?view=chart>

- In 2015 31.3 percent of the population of Tajikistan was below the national poverty line and 4.7 percent of the population below the international poverty line of less than \$1.90 per day per capita (in 2011 dollars at purchasing power parity). The poverty rate measured at the international line for lower-middle income countries of \$ 3.20 per day per capita (in 2011 dollars at purchasing power parity) was 20 percent¹⁸.

2. Migrating population and HIV-related services

- There were officially 517,308 migrant workers in 2016, of which 84.2% men and 15.8% women;
- The number of women in labor migration almost tripled in the last 8 years¹⁹. According to unofficial figures, approximately 2 million citizens of Tajikistan are involved in labor migration (27.1% of the total population). The majority works as migrants without official employment agreements²⁰;
- 98.6% of the migrants are aged 18-49;
- 97.6% of migrants leave to earn an income to the Russian Federation and 2.4% to Kazakhstan. Tajikistan is the second largest exporter of labor force (14%) to Russia based on the number of officially registered migrant workers.
- At present, in Tajikistan, abduction and human trafficking cases have become more frequent; this is mainly related to sale of girls to sexual slavery abroad. Often, women may come to the foreign country on legitimate terms with desires to work; however once in that country, they are being lured or physically intimidated by perpetrators groups and start engaging in sex work. Many girls and women are sold into slavery even in their home country by compatriots. According to the Statistical Agency under the President of Tajikistan, 14 criminal cases related to abduction were opened in 2015 alone in Tajikistan.

2.1 International and internal migrants with HIV

- Citizens of Tajikistan are eligible to enter Russia without visas and can stay there up to 90 days without documents confirming an official employment, provided they are registered by the migration police at the place of residence. In Russia, HIV-testing is required as part of the medical examination for obtainment of a patent and is on a paying basis²¹. Obtaining a patent is a precondition for official employment.
- Citizens of Tajikistan are eligible to enter Kazakhstan and stay for 30 days without documents confirming their official employment, provided they are registered by the migration police at the place of residence. In Kazakhstan, HIV-testing is not required to obtain a permit for a lengthy stay (due to work or studies) or for a residence permit. For foreign citizens do not receive ART

¹⁸ <http://povertydata.worldbank.org/poverty/country/TJK>

¹⁹ M. Makhmadbekov. Head of Migration Office, Ministry of Labor, Migration and Employment of the Republic of Tajikistan, Situation with Labor Migration in the Republic of Tajikistan, Presentation (not published)

²⁰ T. Norkulov, Ya. Andrushuk, S. Akulbekov, A. Ismoyilov, O. Salimova, A. Tursuntoshev. HIV Epidemiology among Migrant Workers in the Republic of Tajikistan, DES 2013. Presentation (not published).

²¹ Multi-purpose migration center of Moscow city To obtain a work permit in Moscow. Web-site: <https://mc.mos.ru/about-the-patent/how-to-get-a-patent-in-mmc/>

Belarus is one of the few countries that provide HIV treatment to foreign citizens, including ARV therapy

- It is challenging for people living with HIV to have access to HIV services, both related to external and internal migration. From the perspective of external migration, HIV testing and ART are either on a paying basis or linked to disclosure of the HIV status followed by deportation. The way to avoid deportation for migrants with HIV is to be engaged in irregular labour migration meaning that they are not protected against possible arbitrary treatment from the employers and can become victims of exploitation
- Internal migrants on ARV therapy may receive a 6-month stock of ARV drugs to adhere to treatment and continue irrespective of where they are in the country.
- Internal migrants women who are pregnant have unhampered access to antenatal care at the place of stay irrespective of registration or certificate of domicile.

2.2 Migrants from amongst key populations

- The most frequent causes of key population groups migrating to other regions of the country and abroad include stigma, discrimination and hostile attitudes. When defining the stigma index among people living with HIV, these included injection and use of drugs, same sex orientation and involvement into selling sex as significant additional factors contributing to the stigma.

According to the NGO Aiperon, internal migration is most prevalent among sex workers. They avoid working in the place of their permanent residence and go to other districts and even other oblasts or cities. There are some single cases of sex workers migrating abroad. Many of them do not know the language of the countries of destination; they do not know how and where they will work. The earnings of sex workers are not big and sometimes will not cover travel and housing expenses. According to Russian NGOs, there is no information material available in the Tajik language for sex workers who are migrating.

- Stigma and hostility push MSM to migrate inside the country and abroad where they may not be recognized and this can lead to an increasing number of occasional partners.

MSM reported moving abroad for sex work more often than sex workers, mainly to Russia and Arab Emirates. Sex workers among MSM may feel more comfortable in other countries; they look for clients in various web-sites and in social media, and on call as well, NGO Apeiron reported.

- In Tajikistan, substitution therapy for PWID is provided at the place of permanent residence in 6 sites; therefore, PWID interrupt substitution therapy even whilst in internal migration.
- 24% PWID went to other cities of the country to earn an income. Almost 43.5% of respondents experienced labor migration outside of the country, 96% of them in Russia²².

²² AFEW-Tajikistan. CONSOLIDATED REPORT on assessment of labor migration among PWID in Khatlon Oblast under the Project "Filling Gaps: Health and Rights of Vulnerable Populations -2.0" financially supported by the MFA of the Netherlands and UNAIDS, August–October 2017 (not published).

- In many host countries, migrants do not have access to syringes/needles and post exposure prevention. STI treatment may be provided on a paid basis. In addition, migrants do not have information about NGOs in the host countries that might provide HIV prophylaxis and STI treatment under their projects.

2.3 Wives of migrants

- 33.3% pregnant women reported that their husbands used to be migrant workers (DES, 2013)
- According to the Tajik network of women living with HIV, many women with HIV in Tajikistan are wives of migrants.
- In Tajikistan, women living with HIV more frequently (**95%**) than men (**82%**) were faced with stigma²⁵.
- 15.2% of women in Tajikistan were exposed to physical and sexual violence from their partners (UNAIDS).

3. Situation with HIV infection

- 7,220 people were reportedly registered as living with HIV, of them 63.8% men and 36.2% women (as of 30.06.2017)²⁴. In accordance with estimations based on the use of Spectrum (Epidemic Projection Package) applied by UNAIDS, 14,000 people in the country are living with HIV²⁵.
- In 2016, 1,041 new cases were registered (100 more than in 2015); 39.9% of new cases are women. In the last 5 years, the proportion of new cases among women has grown by 5%.
- Sexual transmission of HIV is more prevalent among new HIV cases (64.5%), blood-borne transmission (through drugs injections) was detected in 17.7% of the cases and vertical transmission in 4.9% of the cases, which is quite high.
- HIV prevalence among people who inject drugs (PWID) is 12.6%; sex workers – 3.5%; and men having sex with men (MSM) – 2.7%.
- Up to 30% of PWID know how to prevent sexual transmission of HIV. Only 44.2% PWID used condoms during their last sexual intercourse. Only 35.5% of PWID changed injecting and sexual behaviors to reduce HIV risk²⁶.
- Almost 30% of sex workers did not use condoms during sexual intercourse with the last partner²⁷.
- The majority of MSM have several sexual partners and only 2/3 MSM always use condoms in anal sex²⁸.

²³ Stigma indicators of people living with HIV. Tajikistan. Analytical report. Dushanbe, 2015. – p. 39. Published by Central Asia Association of People Living with HIV and Social Organization SPIN Plus, Tajikistan. Access on: <http://www.stigmaindex.org/sites/default/files/reports/Tajikistan%20Stigma%20Index%20Russian%20Final.pdf>

²⁴ Data of Republican AIDS Centre

²⁵ UNAIDS AIDSinfo URL: <http://aidsinfo.unaids.org/>

²⁶ Ministry of Health and Social Security of the Republic of Tajikistan. Republican AIDS Center. Report with analysis of sentinel surveillance among people who inject drugs in the Republic of Tajikistan in 2014, Dushanbe 2014 (not published).

²⁷ Ministry of Health and Social Security of the Republic of Tajikistan. Republican AIDS Center. Report with analysis of sentinel surveillance among female sex workers in the Republic of Tajikistan. 2014 (not published).

²⁸ Ministry of Health and Social Security of the Republic of Tajikistan. Republican AIDS Center. Report with analysis of sentinel surveillance of the second generation Men having sex with men in the Republic of Tajikistan 2015 (not published)

- Tajikistan is among the world's 30 countries with the highest burden of multidrug-resistant tuberculosis. TB is the main cause of death of people with advanced HIV-infection in the country.

3.1 HIV spread and risky behaviours among migrants

- 9.9% of people living with HIV used to be migrant workers;
- 15.3% of new cases are migrants; of them 88.4% men and 11.6% women.²⁹ The proportion of new cases among migrants almost doubled during 2012-2015.³⁰
- HIV prevalence among migrants is 0.4% and is higher than among the general population aged 15-49 (0.1%). Prevalence of syphilis is 1.2%, viral hepatitis C – 3.0% (stratified sample of 3300 respondents).³¹
- HIV prevalence among migrants infected with Hepatitis C was much higher (13.2%) than among persons with HIV in general (0.4%).
- 7% of migrants experienced use of drugs; 23.4% of them used intravenous drugs and 1.2% used injection of drugs during the migration.
- 45% of men and 10% of women had multiple sex partners while migrating.
- 24% of men and 14.4% of women had commercial sex partners while in migration.
- The number of women with multiple partners has grown 5 times, with commercial partners – 3.6 times during 2008-2013.
- Only 25.1% of women and 51.2% of men reported using condoms during the last sexual intercourse.³²

3.1.1 Response to the HIV spread among migrants in Tajikistan



- HIV and STI prevention is incorporated into the National Program for Action against HIV Epidemic in the Republic of Tajikistan, 2017-2020.

International outreach campaign “A Train of Humanity: Migrant Health, train Dushanbe – Moscow, June 2016”. The campaign was designed for migrants by the Red Crescent Societies of Tajikistan, Kazakhstan, Russian Red Cross under the auspices of the International Federation of Red Cross and Red Crescent Societies (IFRS).

“It is important for us that people leaving for earnings understand the importance and the need to take care of their health, including TB and HIV prevention, and are responsible for themselves and others.” “By this campaign we want to draw attention once more of our countries to the fact

²⁹ D. Saiburkhonov. Migration as a factor influencing HIV epidemic development in the Republic of Tajikistan, preventive response measures. Experiences of the Republican AIDS Center in organizing a mobile clinic and achievements. Presentation in Kazakhstan, Almaty, 11-12 October 2017

³⁰ M. Kamolzoda. HIV Epidemic in the Republic of Tajikistan and the Need for Expanded Scientific and Practical Collaboration with the Countries of the Shanghai Cooperation Organization. Deputy Minister of Health and Social Security of the Republic of Tajikistan, Chief Medical Officer. Presentation. Russia 2017.

³¹ N. Norkulov, Ya. Andrushuk, S. Akulbekov, A. Ismouilov, O. Salimova, A. Nursuntoshev. Epidemiology of HIV among migrant workers in the Republic of Tajikistan, DES 2013. Presentation (not published).

³² Z. Nurlyaminova, A. Dovlatov, N. Gouibova, et. al. Results of sentinel HIV surveillance in pregnant women in Tajikistan 2007-2008 and 2013 (not published)

that we cannot divide people into “ours” and “aliens” and we need to address migrant health altogether. Our train of humanity is a good opportunity to emphasize that wherever a person is, the key value is dignity”, – Davron Mukhamadiyev, Chief of Regional IFRS Office in Russia, 2016.

- Since 2013, UNAIDS in cooperation with AIDS Infoshare and supported by the Russian Government has been providing technical support to Eastern European and Central Asian countries for prevention, control and surveillance of HIV/AIDS and other communicable diseases under the Regional Collaboration Program. 15 friendly consulting rooms are available for migrant workers. Three mobile clinics were supplied to Tajikistan for medical examination, HIV testing, counseling and outreach for migrants and their family members.³³



4. Key factors augmenting vulnerability of migrants to HIV infection in the countries of temporary stay

International migrants indicated the following challenges:

- Hardships with affordable and acceptable housing (60.5%) and adverse living conditions (60.9%);
- Registration at the place of residence (64.6%);
- Absence of financial resources to take a full medical examination and obtain a health certificate (63.8%);
- Getting jobs (56.0%) and obtaining work permits/patents (68.7%);
- Absence of health insurance (76.1%);
- Lack of information about social organizations that provide services and assistance (70.8%).

When talking about problems, migrants rarely mention their health condition, health risks related to migration, or their vulnerability to diseases, including HIV. This is the evidence of inadequate responsibility for their health and low motivation of migrants to maintain their health.

Experts also distinguished the following factors affecting migrants:

- Migrants are potentially vulnerable to discrimination and exploitation;
- Faced with xenophobia, isolation and hostility from the host population, and in some instances with direct aggression and physical violence;

³³ UNAIDS in partnership with AIDS Infoshare. Technical assistance program to Eastern European and Central Asian countries for the prevention, control and surveillance of HIV/AIDS and other communicable diseases (2016-2018) – Phase II Reporting period – 2016.

- There are a number of serious potential obstacles for migrants to receive information about prevention and healthcare:
 - cultural and language differences;
 - economic barriers;
 - administrative and legislative restrictions for illegal migrants;
 - breakaway from cultural and social norms of the country of origin;
 - limited knowledge and motivation to stay healthy;
 - lack of access to information about disease prevention in their native language.

Russia continues to impose restricted entry, stay and residence of people due to positive HIV status. At present, only those migrants, who have family members permanently living in the Russian Federation may not be deported because of their HIV positive status (*Resolution of the Constitutional Court of the Russian Federation of 12.03.2015 No. 4-II*),

Citizen of Tajikistan with HIV won an action against the Russian consumer protection agency (Rospotrebnadzor)

Mr. F. Nazulloyev, citizen of Tajikistan, who used to live in Russia, was forced to leave the country in 2013 by a resolution of Rospotrebnadzor because he had been found HIV positive. The resolution was made despite the fact that his wife and daughter were citizens of the Russian Federation. Rospotrebnadzor took such resolution pursuant to laws related to Entry to and Departure from the Russian Federation and Prevention of Spread of the Disease Caused by HIV in the Russian Federation. According to these laws, foreign citizens found to be HIV-positive are subject to unconditional deportation from Russia.

Following the above resolution of the Constitutional Court, in March 2016 Mr. F. Narzulloyev filed a petition to Rospotrebnadzor to revoke the decision on ineligibility of his stay in the Russia; however, the agency refused to revise the resolution.

Such refusal was appealed by Mr. F. Narzulloyev in the Tverskoy District Court of Moscow. The first hearing took place on 5 October 2016 where a representative of Narzulloyev appealed to invalidate the resolution of Rospotrebnadzor of 19 April 2016 and permit entry of Narzulloyev to the country. The counsellor referred to "humanitarian circumstances" (such as spouse and children) which had been ignored by the lower instance courts. Representatives of Rospotrebnadzor failed to appear in court and the judge sustained the claim.



Annex 7

Fact Sheet HIV and Migration

TURKMENISTAN

1. Country context

Population (2016)	5.663 ¹
Average annual rate of population change, (2000-2017), %	1.8 ²
Urban population, % of total (2015)	50 ³
International migrants as percentage of the total population (2017)	3.7 ⁴
Surface area, thousand km ²	488.1 ⁵
GDP, billion current international US\$, PPP (2016)	95,561,02 ⁶
GDP per capita, US\$, PPP (2016)	16.876.0 ⁷
Unemployment, % of total labor force	8.6 ⁸
Migrant remittances inflows (2016), million US\$	9 ⁹
Migrant remittances outflows	No data ¹⁰
Migrants' remittances in GNI (2016),%	0.0 ¹¹
Human Development Index (2016)	0.691; Rank 111 ¹²
HIV incidence per 100,000 population (2016)	No data ¹³
Tuberculosis incidence per 100,000 (WHO estimate, 2016)	60 (46-76) ¹⁴
Incidence HIV and TB per 100,000 (WHO estimate, 2016)	3.2 (1.5-5.5) ¹⁵
Total health expenditures (2016), % of GDP	2.1 ¹⁶
Health expenditures per capita (2016), US\$	187 ¹⁷
Ratifications of UN legal instruments related to migrants and migration: <ul style="list-style-type: none"> • 1951 Refugee Convention • 1967 Protocol to the above 1951 Refugee Convention • Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime • Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime • International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families 	Yes Yes Yes Yes No

¹ <https://data.worldbank.org/indicator/SP.POP.TOTL>

² Worlds Apart: Reproductive Health and Rights in the Age of Inequality. The State of World Population -2017, New York, NY, United Nations Population Fund, 2017

³ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁴ International Migration Report 2017 Highlights, New York, NY, United Nations, 2017.

⁵ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁶ <https://data.worldbank.org/indicator/NY.GDP.MKTP.PP.CD>

⁷ https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?order=wbapi_data_value_2013+wbapi_data_val

⁸ <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS>

⁹ <http://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data>

¹⁰ Ibid.

¹¹ <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS>

¹² Human Development Report-2016, United Nations Development Programme, New York, NY, 2017

¹³ Data of the Republican AIDS Centre based on the new reportedly registered cases

¹⁴ <http://www.who.int/tb/country/data/profiles/en/>

¹⁵ Ibid.

¹⁶ <https://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?view=chart>

¹⁷ <https://data.worldbank.org/indicator/SH.XPD.PCAP?view=chart>

2. Migrating population:

- Turkmenistan is an upper middle-income country. Financial crisis and low world prices on hydrocarbons (export of hydrocarbons is the main revenue item in the public finance) have been affecting the country's economy since 2014.
- Almost half of labor force is employed in agriculture in the country; though this sector contributes only 8% of the GDP¹⁸ resulting in low income of the rural population. According to the World Bank, unemployment of youths aged 15-24 is 19.5%¹⁹. Due to absence of jobs migrant workers, including youths, move from rural to urban areas. Some migrant workers move to other countries, mainly to Turkey. Information on the number of such migrants is not published.
- According to UNICEF²⁰, in 2013, 226 327 people born in Turkmenistan left the country, of them 179,802 people left for Russia, for permanent residence as well.
- Some migrants leaving the country become victims of human trafficking and sexual exploitation. Turkmenistan adopted an anti-trafficking law. IOM and USAID support prevention of human trafficking and help to victims.

A., a female resident of Turkmenabad, with no job and having a child, dependent on her brother and mother, decided to go for work as domestic servant. She went to Turkey accompanied by a female neighbor. Both women checked in a hotel in the same room. Soon her neighbor took A.'s passport and left the room asking A. to wait. Suddenly a Turkish woman entered the room and told A. that she owed her 1000 dollars and that A. would get her passport only after paying the debt. She proposed to earn 1000 dollars by providing sex services. This is how A. found herself in a brothel and then she was resold to another brothel. Only when helped by soft-hearted client A. was able to return home.

- Turkmenistan is a country of origin, transit and destination of migrants. The government of Turkmenistan invests into infrastructure and engages foreign workers into these projects.

2. Migrating populations and HIV-related services

2.1 Migrants coming to Turkmenistan

- Migrant workers coming to Turkmenistan are not numerous. In the last 10 years, the number has significantly decreased due to the growing involvement of national companies into construction and transportation. National companies recruit labor force mainly in the domestic labor market. Foreign citizens come to work to Turkmenistan by invitation of private companies or the government of Turkmenistan. The host party bears full responsibility and covers all health expenses of a foreign citizen. Embassies of Turkmenistan issue 1-month visa for entry and stay in the country. During this period foreign citizens are expected to take a HIV test and extend their stay in the country. Persons found HIV positive will be deported.

¹⁸ UNDP in Turkmenistan and Government of Turkmenistan. Capacity Building in Disaster Risk Management Project in Turkmenistan, 2014-2016 Ashgabat, 2013.

¹⁹ <http://hdr.undp.org/en/indicators/110906>

²⁰ <https://esa.un.org/migmgprofiles/indicators/files/Turkmenistan.pdf>

2.2 Internal migrants

- Due to the absence of jobs in the regions the internal migrants go to look for jobs mainly in Ashgabat. Internal migrants may freely move around the country and get health services on general terms at the place of actual stay irrespective of domicile certificate.
- HIV diagnostics is free of charge and anonymous for citizens of Turkmenistan and provided in six AIDS Centers in Ashgabat and administrative centers of velayats (regions) irrespective of domicile certificate. Rapid HIV testing in the framework of outreach and self-testing is not available;
- Antenatal care and STI management are usually provided on a paying basis. Health insurance that can be procured by internal migrants only with official employment cover 50% cost of treatment and 90% cost of drugs;
- Antenatal care does not necessarily include HIV testing to prevent vertical transmission, and it covers only 50% of women. However, reproductive health services say that if HIV infection is detected in a pregnant woman they are ready to immediately commence ART.
- Maternity patients who failed to produce appropriate results of HIV test during the antenatal period may take rapid test in obstetric facilities. Obstetrics services say that any obstetric facility is ready to commence emergency prevention of vertical HIV transmission to a child if HIV is detected during labor; for this purpose, both maternity patient and the newborn will be prescribed with ARV drugs.
- For STI management, etiological diagnostics of chlamydial and gonococcal infections is performed by bacterioscopy with low diagnostic sensitivity and specificity. Serological tests are used for syphilis testing as recommended by WHO.
- TB rapid tests, sputum and photofluorography tests are available on a paid basis. When TB is detected the treatment is free of charge.

2.3 Migrants from Turkmenistan

- According to key informants, the majority of migrants go to Turkey because of visa free regime with Turkmenistan and kin language. Female migrants often look for household jobs and are irregular migrants without employment contracts.
- Access of migrants from Turkmenistan to healthcare is regulated by legislation of the host country. Almost everywhere, healthcare, except for emergency care, is provided on a paid basis. In Turkey, regular migrants do not pay for healthcare in primary settings, emergency care and lab tests of HIV, syphilis and TB. Irregular migrants can get only emergency care for free.

Information and Resource Center for women with “risky behavior”, including migrants, is established at AIDS Prophylaxis Center in 2007 supported by UNDP and UNFPA. Migrants can receive free of charge general information about HIV infection and prevention.

2.4 Characteristics of migration of key population with a high risk of exposure to HIV:

- Like other migrants, the sex workers and MSM prefer going to Turkey. It is important for MSM that Turkish legislation is tolerant to voluntary sexual contacts between adult men.
- In Turkmenistan, men with homosexual contacts are prosecuted according to Article 135 of the Penal Code. In practice, this article is applied quite infrequently. However, MSM fear harassment and it drives them to leave for other countries in search of understanding and establishment of interpersonal relationships. When abroad, MSM have multiple, and often occasional partners: sex is often unprotected.
- Extremely negative attitude to MSM in patriarchal rural communities compels them to migrate to larger settlements in the country to avoid a chance of being recognized. However, there they practice sex with multiple little-known partners, in many cases unprotected sex.
- Unavailability of specific information for mobile key population groups reduces the chance of making an informed decision about safe sex;
- Sanctions against sex workers also compels them to migrate; sometimes sex workers become victims of sexual exploitation²¹;
- The estimated annual average number of sex workers from Turkmenistan in Turkey (where they work illegally despite the fact that sex work is legitimate in Turkey) is about 700. Publications are available on the identification of sex workers who are citizens of Turkmenistan and detained by Turkish police for violation of migration legislation, HIV and syphilis.
- Turkmenistan does not offer harm reduction services; the government claims that due to effective measures undertaken against the drug traffic injecting of drugs has been eradicated in the country.

In one project, a trained female outreach worker, who every two months went to Turkey to provide care to elderly people and massage, provided sex workers (female citizens of Turkmenistan) with information materials in the native language, condoms and advocated for anonymous testing of HIV and STIs upon return to home.

In addition to paid STI care, in Ashgabat and administrative centers of velayats there are free-of-charge clinics to provide anonymous support to populations with risky behavior; they are available to migrants as well.

3. HIV situation

- In the previous 20 years, Turkmenistan did not report HIV cases; however, 113 and 10 citizens of Turkmenistan with HIV were cumulatively detected and recorded in Russia and Kazakhstan respectively. Reports of detection of HIV cases among Turkmen citizens in Russia, Kazakhstan, and Turkey were published^{22,23}. There are no data on the reasons

²¹ Sergeev B. «Prevalence of behavior associated with risk of transmission of HIV and STIs and receiving medical services among MSM in Turkmenistan», UNFPA Turkmenistan 2012

for getting the HIV tests abroad by Turkmenistan citizens with detected HIV infection. Nevertheless, the numbers of HIV cases per 100,000 labour migrants from Turkmenistan detected in Russia and Kazakhstan can be comparable with the numbers of HIV cases per 100,000 migrants detected there among citizens of other Central Asian countries. Citizens of Turkmenistan must obtain visas to enter Russia and Kazakhstan, which makes the level of labour migration from Turkmenistan to Russia and Kazakhstan much lower than from other Central Asian countries, whose citizens don't need the appropriate entry visas.

- In accordance with recent MICS data, awareness of women and functioning of health system with regards to prevention of HIV transmission is characterized by the following data:

Women who know where to take HIV testing (2016), %	64.1% ²⁴
Women who took HIV testing and know the results (2016),%	10.3%
HIV counseling during antenatal care (2016),%	74.6%
HIV testing during antenatal care (2016),%	55.6%
Proportion of adolescents aged 17 who know HIV transmission routes	38 (HBSC, 2013)

- Turkmenistan is among the world's 30 countries with the highest burden of multidrug-resistant tuberculosis.

4. Main factors of migrants' vulnerability to HIV

- Lack of dedicated preventive programs; inadequate coverage of key population groups among migrants with preventive programs;
- Sanctions against MSM and sex workers and stigma make them migrate and stay in the environment hindering the choice of behavior with minimum probability of HIV infection and transmission; refuse participation in prevention programs and seeking medical care due to STIs and HIV testing;
- Limited knowledge about prevention of HIV transmission and limited usage of condoms (40% of female sex workers and 50% of MSM);
- Lack of knowledge of rights in the home and host countries;
- Unawareness of public services and social associations that provide assistance;
- Inadequate access to condoms and lubricants. Low and intermittent income preventing from buying necessary health services and medicines;
- Inadequate access to health services related to HIV prevention, including good-quality STI management and HIV testing, antenatal and perinatal care as well;
- Inappropriate living and working conditions; absence of private time and access to justice;
- If migrants have unsettled status in the host country, the key obstacle is the fear of deportation.

²² Belyakov N. A., Vinogradova N., Panteleeva O.V. A study of the prevalence of HIV infection among foreign migrants in St. Petersburg // HIV infection and immunosuppression, 2014, Volume 6, № 4, P. 7-16;

²³ Sitnik T. N. Trends in the detection of HIV infection among foreign citizens in the Voronezh Region <http://congress-ph.ru/common/htdocs/upload/fm/vich/16/prez/024.pdf>;

²⁴ Turkmenistan: Multiple Indicator Cluster Survey 2015-2016. Final Report, State Committee of Turkmenistan for Statistics, UNICEF, 2017 <http://mics.unicef.org/surveys>



Annex 8 Fact Sheet HIV and Migration

UZBEKISTAN

1. Country context

Population (2016)	31.848 ¹
Average annual rate of population change, (2000-2017), %	1.6 ²
Urban population, % of total (2015)	36 ³
International migrants as percentage of the total population (2017)	3.6 ⁴
Surface area, thousand km ²	447,4 ⁵
GDP, billion current international US\$, PPP (2016)	207.4 ⁶
GDP per capita, US\$, PPP (2016)	6,512.7 ⁷
Unemployment, % of total labor force	8.7 ⁸
Migrant remittances inflows (2016), million US\$	2,479 ⁹
Migrant remittances outflows	No data ¹⁰
Personal remittances received (2016), % of GDP, current US \$	3.7 ¹¹
Human Development Index (2016)	0.701; Rank 108 ¹²
Literacy rate, adults (2016) %	100 ¹³
HIV incidence per 100,000 population (2016)	12.6 ¹⁴
Tuberculosis incidence per 100,000 (WHO estimate, 2016)	76 (53-103) ¹⁵
Incidence HIV and TB per 100,000 (WHO estimate, 2016)	1.2 (0.8-1.7) ¹⁶
Total health expenditures (2016), % of GDP	5.8 ¹⁷
Health expenditures per capita (2016), US\$	124 ¹⁸
Ratifications of UN legal instruments related to migrants and migration:	
<ul style="list-style-type: none"> • 1951 Refugee Convention • 1967 Protocol to the above 1951 Refugee Convention • Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime • Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime • International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. 	<p>No</p> <p>No</p> <p>Yes</p> <p>Signed</p> <p>No</p>

¹ <https://data.worldbank.org/indicator/SP.POP.TOTL>

² Worlds Apart: Reproductive Health and Rights in the Age of Inequality. The State of World Population -2017, New York, NY, United Nations Population Fund, 2017

³ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁴ International Migration Report 2017 Highlights, New York, NY, United Nations, 2017.

⁵ World Development Indicators 2017, Washington, DC, World Bank, 2017.

⁶ <https://data.worldbank.org/indicator/NY.GDP.MKTP.PP.CD>

⁷ https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?order=wbapi_data_value_2013+wbapi_data_val

⁸ <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS>

⁹ <http://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data>

¹⁰ Ibid.

¹¹ <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS>

¹² Human Development Report-2016, United Nations Development Programme, New York, NY, 2017

¹³ <http://data.uis.unesco.org/index.aspx?queryid=166>

¹⁴ Data of the Republican AIDS Centre based on the new reportedly registered cases

¹⁵ <http://www.who.int/tb/country/data/profiles/en/>

¹⁶ Ibid.

¹⁷ <https://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?view=chart>

¹⁸ <https://data.worldbank.org/indicator/SH.XPD.PCAP?view=chart>

2. Migrating Population and HIV-related services

- Labor migration is the main type of migration. In 2015, according to a national survey, 79.9% of migrant workers left for Russia, 20.8% – Kazakhstan, and 5.6% to the capital city Tashkent.
- Citizens of Uzbekistan are not required to have a visa to enter the Russian Federation, and they can obtain a work patent. According to the Federal Migration Service, more than 2 million Uzbek citizens may live in Russia; 760,000 of them have already received patents and work permits, and another 885,000 indicated the purpose of entry to Russia as work. According to a 2017 survey, 77% of migrants leaving Uzbekistan were irregular ones.
- Citizens of Uzbekistan are not required to have visas to enter Kazakhstan and should register in the country within 5 days. They can stay up to 30 days and then are required to leave the country. Employment contracts may be concluded with individuals and be registered in the migration police as the authority that issues work permits. Migrants pay a legitimate tax. If an employment contract is concluded for a period exceeding 30 days, the stay in Kazakhstan may be extended for the duration of the contract.
- In the first half of 2017, Uzbekistan was one of the top three countries receiving remittances from Russia. In 2016, according to the Central Bank of Russia, the remittances from Russia to Uzbekistan amounted to US\$ 2,741,000¹⁹.
- When searching for jobs abroad some migrants resort to illegitimate intermediaries. There is a branched infrastructure with illegitimate channels to take people out of Uzbekistan. Migrants may become victims of human trafficking, including sexual exploitation. In 2016 and the first six months of 2017, national security officers stopped activities of 216 people who took citizens of Uzbekistan abroad²⁰. Internal migration may be linked to crimes as well. According to the global modern slavery index annually prepared by the Walk Free Foundation – an international group of experts on action against slavery and human trafficking – Uzbekistan was ranked No. 2 in 2016²¹.
- A small portion of labour migrants from Uzbekistan is working abroad within the framework of bilateral agreements on the engagement of foreign labour forces between Uzbekistan and partners from other countries, which are coordinated by the Agency for External Labour Migration under the Ministry of Labour. In the period 2003-2017 about 26,000 migrants were working abroad based on such agreements. These migrants benefitted from training and adaptation centers and HIV prevention activities. In turn, Uzbekistan issued several ten thousand permissions for workers from abroad to work in Uzbekistan.
- Uzbekistan joined several international treaties that constitute a legal framework for a comprehensive international approach to securing rights of men, women and children. This includes action against illegal trafficking, protection of victims of trafficking and prosecution of those who commit such crimes²².

In 2017, a channel to 'supply' women from Uzbekistan to Thailand was detected and blocked. Under the pretense of jobs in Thailand these women were sold to illegal brothels for sexual exploitation. Female citizens of Uzbekistan who organized the trafficking scheme were convicted.

¹⁹ <https://ru.sputniknews-uz.com/economy/20170321/5016480/Uzbekistan-Rossiya-perevodi-dollar.html>

²⁰ Human trafficking: how it is fought in our country. Narodnoye slovo (People's word) online on 14.11.2017 <http://narodnoeslovo.uz/index.php/homepage/zhamiyat/item/11250-torgovlya-lyudmi-kak-s-nej-boryutsya-u-nas-v-strane>

²¹ <https://www.globallslaveryindex.org/download>

²² <https://mfa.uz/ru/cooperation/security/56/>

2.1 Access of internal migrants to HIV prevention and care

- Internal migrants get free health services if they are registered at the place of stay and can produce an evidence of such registration. These services, among others, include ART to people with HIV with CD4 count up to 500/mcL, as well as antenatal care that includes mandatory HIV testing and provision of ART to all pregnant women with HIV. Internal migrants have access to free treatment of STIs²⁵ based on the same conditions.
- Obstetric services are provided to the entire population for free. All maternity patients who failed to appropriately produce HIV test results during antenatal period take rapid HIV tests. All reactive women and their infants are prescribed with emergency antiretroviral prophylaxis.
- Internal migrants who are not registered at the place of stay may get STI and antenatal care only on a paid basis. Health services are free only in conditions requiring emergency care.
- Free of charge TB treatment is provided at the place of registration.
- Outdated and less informative lab methods (mainly bacterioscopy) are used for diagnostics of gonococci and chlamydial infections under free-of-charge healthcare for the entire population, including internal migrants. Lab diagnostics of chlamydial and gonococcus infections based on amplification of nucleic acids is provided on a paid basis only. Usually, the culture diagnostics of gonococcus infection is not performed. Serological diagnostics of syphilis is performed according to WHO recommendations.
- Access to post contact HIV prophylaxis is provided to all internal migrants at the place of stay irrespective of registration (residence permit).
- AIDS Centers provide ARV drugs to people with HIV at the place of registration, usually for one month or three months at most.
- Voluntary and anonymous HIV testing is made available to migrants, as well as to the rest of the population in all 16 AIDS Centers in the country.

2.2 Access of international migrants from Uzbekistan to HIV prevention and care

- ARV drugs may be handed directly to international migrants with HIV for three months at the most before they leave Uzbekistan; a written application may be formalized to authorize representatives to come to AIDS Centers and get drugs for migrants.
- During migration to Russia and Kazakhstan, the migrants receive free of charge healthcare only in emergency conditions including obstetrics care.
- For official employment in Russia, migrants are expected to take HIV testing and have a negative result. Migrants with HIV-infection are subject to deportation from the Russian Federation with the exception of instances when they are married to Russian citizens or have close relatives in Russia.
- Migrants with HIV-infection will not be deported from Kazakhstan; however, they will not be provided with ART.
- On return from labor migration, all migrants who stayed outside the country for over 3 months are subject to mandatory HIV-testing; if HIV is detected they are provided with ART on equal basis.

²⁵ Administrative Order of the MoH RUz No. 81 of 4 March 2015 On Implementation of the National Clinical Protocols for HIV-Infection

2.3 Access of international migrants coming to Uzbekistan to HIV prevention and care

- Any health services to migrants who enter Uzbekistan, with the exception of emergency conditions which also include obstetrics conditions, are provided on a paid basis, including STIs and antenatal care.
- TB care is provided to migrants from Central Asia free of charge during the entire stay in Uzbekistan up to the achievement of bacillar status.

2.4 Migrants from amongst key populations and characteristics of HIV prevention and care provided to such groups

- Stigmatization against men who have sex with men in Uzbekistan is very high. In addition, Article 120 of the Penal Code of the Republic of Uzbekistan titled Besakalbazlyk (buggery) requires punishment up to 3 years of imprisonment for voluntary sexual contacts between adult men. Although that Article is applied rarely, the probability of its application increases the vulnerability of MSM, who fear to disclose their status and to seek HIV prevention including anal health care. MSM are motivated to migrate with the aim to realize their sexual orientation and thus to avoid legal sanctions and public ostracism by remaining anonymous. When outside the country or place of permanent residence within the country, migrant MSM may have sex with anonymous little-known partners, or several partners, including on a paid basis. Condoms and lubricants are often not used.
- Sex workers²⁴ in Uzbekistan are also stigmatized and punished with penalties of up to five minimum monthly wages in accordance with Article 190 of the Code of Administrative Offences (titled Prostitution Business). Sex workers extensively migrate to foreign countries and big cities within Uzbekistan, where they can sell sex for higher fees and remain unrecognized.
- Specific information and education materials related to the reduction of HIV infection risk for key populations are available on the Internet to a limited extent, and very few of them are available in the Uzbek language.
- All key population groups, including internal and international migrants, can have free of charge and anonymous access to condoms, sterile syringes and needles, information materials in 230 trust points and 10 medical cabinets. 93 trust points and all the 10 friendly cabinets are funded from the governmental budget. 137 trust points are funded by the Global Fund. Over 400 outreach workers work with all key populations with a higher risk of exposure to HIV throughout the country.

At present, free of charge and voluntary services to treat STIs based on syndromic approach are provided in 10 user-friendly medical cabinets throughout the country. The cost of drugs is covered by the government. According to the State Program in 2018, user-friendly cabinets will become divisions of the AIDS Centers (Memorandum of the Republican Commission under the Cabinet of Ministers of the Republic of Uzbekistan No. 01-07/1-1181 of 05.06.2013 On Coordination of Action against HIV Spread).

- Opioid substitution therapy is not available in Uzbekistan.
- In Uzbekistan, key population groups, including migrants, do not have access to rapid HIV testing as part of outreach or HIV self-testing.

²⁴ In the official reports on HIV and AIDS sex workers in Uzbekistan are named “Persons Who Offer Intimate Services for a Fee”.

3. Situation with HIV infection in Uzbekistan

- As of 1 January 2018, the cumulative number of people living with HIV in Uzbekistan was 37,861. 3,983 new HIV cases were registered in 2016, and 4,025 in 2017.
- In 2007, sexual transmission (69.5%) was the leading established HIV transmission route followed by injections (19.5%) and vertical transmission (0.3%). The route of HIV transmission was not identified in 8.7% of the cases. The proportion of women of reproductive age among people with HIV is growing.
- The epidemic is concentrated in key populations. In 2015, according to the sentinel surveillance the HIV prevalence among pregnant women was 0.04%, people who inject drugs (PWID) – 5.5%, MSM – 3.6%, sex workers – 3.6%.
- The detected HIV prevalence among approximately 440,390 and 400,000 migrants, who were out of the country for three months and more, and mandatory tested in 2015, 2016 and 2017 was 0.17, 0.17 and 0.15 percent accordingly. About three- fourths of migrants with HIV were men and more than three-fourths of migrants with HIV acquired the virus through sexual transmission.
- One in five HIV cases ever registered among the citizens of Uzbekistan was initially diagnosed in the Russian Federation²⁵.
- Sentinel serological surveillance of 2015 showed 0.8 percent HIV prevalence in the random sample of migrants. This discrepancy could mean the higher HIV prevalence among the shorter-term migrants and internal migrants, who were included into the sample. The percentage of people particularly vulnerable to HIV might have been more significant in that group. About one-fifth of respondents from among the migrants reported having sex with irregular partners and about one-fifth of respondents reported having sex with commercial partners while being in migration. Migrants showed low awareness of HIV infection and its prevention.
- HIV prevalence in Russia²⁶ is much higher than in Uzbekistan. Therefore, it could be assumed that the epidemic vector goes from Russia to Uzbekistan. However, in accordance with HIV genotypes data of the Russian Federal Center for the Prevention and Control of the Spread of AIDS the picture is not univocal.
- Uzbekistan is among the world's 30 countries with the highest burden of multidrug-resistant tuberculosis. TB is the main cause of death of people with advanced HIV-infection in the country.

4. Key factors affecting vulnerability of migrants to HIV infection

4.1 Factors conducive to vulnerability of the migrants inside the country (internal and international)

- Stigma and discrimination against key populations with higher risk exposure to HIV;
- Unawareness of places where to get information and a basic package of services (trust points and friendly clinics);
- Inadequate awareness of HIV and STI prevention;
- Low income hampers access to health services and medicines;
- Absence of access to opioid substitution therapy makes opiate-dependent people from among international migrants, who get such therapy in their home countries, inject street illicit drugs;

²⁵ Data of Russian Federal Center for the Prevention and Control of the Spread of AIDS.

²⁶ Beyrer C., Wirtz A. L., O'Hara G. et al. The expanding epidemic of HIV-1 in the Russian Federation//PLOS Medicine <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002462>

- Sanctions against international migrants such as deportation are a key factor against them avoiding HIV testing. It also make international migrants living with HIV conceal their HIV status and contribute to irregular migration;
- Lack of access to ART for internal migrants with HIV who are not registered at the place of temporary stay, as well as lack of access to ART for international migrants with HIV leads to interrupted treatment;
- Lack of access to HIV testing in communities and self-testing decreases the number of internal migrants, first of all from amongst key population groups, willing to take HIV test and know their HIV status.

4.2 Factors increasing vulnerability of migrant workers from Uzbekistan to HIV infection in the countries of temporary stay

- Limited rights outside their home country, lack of knowledge of laws in the country of stay during migration;
- Cultural, language, and economic barriers create a number of serious obstacles to being informed about prevention and health services, including STI diagnostics and treatment;
- Insufficient availability, affordability and acceptability of health services in STIs and antenatal care;
- Labor and sexual exploitation on the way and during the stay in the host country;
- Lack of access to full information about safer behaviors and services in the host country in the native language;
- Legislative restrictions to entry and stay of people with HIV;
- Lack of access to ART for migrants with HIV in the host country whilst ARV drugs provided by the home country are not sufficient for the duration of migration;
- Lack of focus of migration services and migrant communities on HIV prevention;
- Restrictions for migrants to stay with spouses who have no patents or employment contracts.

Astana, 010000
14, A. Mambetov street
tel.: +7 7172 696538

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