

## POLICY BRIEF

based on the results of an operational study

# “Situation and economic analysis of HIV services for international migrants in the Russian Federation”

### Context

The Russian Federation has the highest HIV incidence in the region of Eastern Europe and Central Asia (EECA)<sup>1</sup> — 55 new HIV cases per 100,000 people.<sup>2</sup> At the same time, Russia is one of 19 countries in the world that have restrictions on the stay of foreigners living with HIV.<sup>3</sup> It is now increasingly recognized that legislative barriers restricting the entry for foreigners living with HIV as well as deportation laws are among the reasons behind a hidden epidemic in the country.<sup>4</sup>

Today, HIV is considered to be a chronic disease: antiretroviral therapy (ART) allows people living with HIV (PLHIV) to have a normal life expectancy, avoid transmitting HIV to their partners, and have healthy children. Therefore, in most countries of the world, particularly in EECA, national norms discriminating against migrants and their ability to remain in the country have been abolished. However, in the Russian Federation they are still in effect even though the overall incidence of HIV in Russia was nearly three times higher (294.2 cases per 100,000) than that among foreigners (94.4 cases per 100,000 (of tested samples)).

### Research methods

The research consisted of several parts. A desk study included analysis of published Russian and foreign studies and recommendations. The field stage involved conducting and analyzing interviews with foreigners who have experienced interacting with the Russian healthcare and/or surveillance system. In-depth interviews about the patient and migrant experience were supplemented with interviews with Russian experts engaged in HIV prevention and treatment (managers and employees of health facilities, social workers, activists) from Moscow and St. Petersburg (the two largest cities receiving migrants in EECA). This is the first research study in the region with a direct analysis of the voices of migrants living with HIV.

1. Seizing the moment - Global AIDS Update. UNAIDS, 2020. p.19. [www.unaids.org/sites/default/files/media\\_asset/2020\\_global-aids-report\\_ru.pdf](http://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_ru.pdf)
2. HIV/AIDS surveillance in Europe 2020 (2019 data) [www.ecdc.europa.eu/en/publications-data/hivaids-surveillance-europe-2020-2019-data](http://www.ecdc.europa.eu/en/publications-data/hivaids-surveillance-europe-2020-2019-data)
3. Countries deporting people with HIV. Available at [www.hivtravel.org](http://www.hivtravel.org)
4. Conducting a social-economic study on the government HIV response policies. Moscow: FRI, Ministry of Finance, 2020. P. 97 (available in Russian) [www.nifi.ru/images/FILES/NEWS/2021/HIV\\_2602\\_1.pdf](http://www.nifi.ru/images/FILES/NEWS/2021/HIV_2602_1.pdf)
5. Rospotrebnadzor, 2019 HIV Infection Bulletin No. 45 (available in Russian) [www.hivruussia.info/elektronnye-versii-informatsionnyh-byulletenij](http://www.hivruussia.info/elektronnye-versii-informatsionnyh-byulletenij)

## Main Findings

The study revealed that migrants living with HIV are a rather heterogeneous group in terms of their vulnerability in the context of HIV prevention, testing, disseminating health information, and treatment options during their stay in Russia. Migrants may find themselves in different circumstances depending on where and when they are diagnosed with HIV — before leaving their home country or on the territory of the Russian Federation.

The challenges faced by foreigners living with HIV in Russia include the fear of HIV status disclosure and deportation from the country, loss of the opportunity to earn money, lack of information and legal uncertainty, language barriers, stigma, self-stigma, and gender inequality. Often it is not just difficult, but impossible for them to go back to their countries of origin (because of the threat to their life in their local society, stigma, economic instability, or closed borders as during the COVID-19 pandemic).

Materials of the empirical study show that the conditions of foreigners living with HIV in the Russian Federation vary greatly based on their social experience. Depending on their financial situation and field of employment, foreigners living with HIV access ART at their own expense or receive assistance from civil society organizations (CSOs) and support programs. Further, there is evidence that the countries of origin provide ART to their citizens for extended periods of time and they are ready to cooperate with Russia to find sustainable solutions to support people living with HIV. However, data from the HIV Policy Lab show that Russian laws and policies do not allow all foreign migrants and stateless persons to access HIV services on equal terms with citizens. Russia is one of ten EECA countries that fail to comply with international conventions and recommendations regarding access to healthcare for migrants living with HIV.

Many labor migrants hide their HIV status for fear of deportation. As a consequence, those foreign citizens who do not take ART suffer from progressing HIV/weakening immunity, and need urgent treatment. According to the laws currently in force, Russia provides emergency hospital admission and care to foreigners or stateless persons.

This study analyzed the economic aspects of treating a foreigner with HIV in Russia. Two treatment scenarios were analyzed: 1) outpatient treatment of a patient with HIV, who has been recently diagnosed with HIV or whose HIV infection has been managed for several years; and 2) inpatient treatment of a patient living with HIV and not taking ART, which has led to the development of HIV-associated diseases. In the first scenario, with no hospital care needed, the cost of examination and treatment was USD 1,127 a year (based on the average 2021 Ruble-USD exchange rate). In the second scenario, inpatient treatment of a patient with complications of HIV infection was modeled. In this case, the cost of all the examinations, treatment, and other inpatient care for 21 days was USD 3,103 (based on the average 2021 Ruble-USD exchange rate). It should be noted that in the second scenario treatment was paid from public funds of the Russian Federation.

## Key recommendations

To control the spread of HIV in the Russian Federation, create conditions allowing foreigners living with HIV to not have to do so in hiding, and reduce budgetary costs for specialized medical care, we recommend that the **government agencies and civil society in the Russian Federation and in migrants’ countries of origin in the EECA region** take the following measures:

1. Russia should adopt laws that allow all migrants, regardless of their status or country of origin, to access HIV services on the same terms as Russian citizens.
2. Develop international and regional funding mechanisms to ensure access by migrants in the Russian Federation to HIV and tuberculosis (TB) health services.
3. Develop a model regulation and initiate the mechanisms of interaction between AIDS centers of the Russian Federation and those of migrants’ countries of origin to define the possibilities of remote registration with health institutions in the countries of origin and the initiation of treatment (to prescribe and provide ART remotely with no need for the migrant to be personally present); refrain from issuing decisions on expulsion from the Russian Federation in case of documentary confirmation of the migrant’s remote registration with health facilities in the country of origin; launch the processes required for the mutual recognition of medical records and ensure the transport of medicines across borders.
4. Lift the regulations restricting foreigners’ stay in and surrounding deportation from the Russian Federation, allowing foreigners living with HIV to receive temporary residence permits or to retain permits that have been previously issued to them. Consider ending the practice of cancelling residence permits based solely on the permit holder’s HIV status.their home countries.
5. Introduce interventions aimed at the comprehensive support of migrants—including programs for HIV, TB, and general STI prevention, early diagnosis and access to relevant health services—into national strategies and action plans in the area of health and socially significant diseases. There is a need to develop, implement, and fund HIV prevention programs for people going to work abroad, as well as strategies to help PLHIV and TB who have migrated or are returning to their home countries.
6. Develop the mechanisms for remote monitoring of the treatment process of citizens who have migrated to ensure uninterrupted treatment using telemedicine.
7. Conduct research in migrants’ countries of origin using a standardized methodology to build an evidence base to gauge the need to deploy national programs to provide HIV prevention and treatment services to citizens in migration as well as migrants returning to their home countries.
8. Promote programs aimed at knowledge exchange among civil society organizations with experience in providing support to migrants living with HIV by establishing networks and holding virtual and in-person workshops, conferences, working meetings, consultations, etc. (with the assistance of the Regional Expert Group on Migration and Health).

**“ The language barrier is a real stumbling block. [...] A new migrant usually does not know the language, does not fully understand what is happening with them. So you speak to them and it seems that they do not realize how important it is—what they are diagnosed with, what it is all about.”**

— From an expert interviewee

**“ My aunt has been living and working here for 25 years. In Protvino [a small town close to Moscow]. She is already a Russian citizen. She helps me. Once she saw an envelope with pills, which my daughter sent to her address, and now she does not talk to me.”**

— From a female migrant from Uzbekistan

**“ My gynecologist was always interested in my documents. Because when I deliver, my body will weaken. She was afraid that my viral load will run up. It is not safe, so she was asking me all the time how soon I will be able to get all my documents done to start receiving therapy.”**

— From a female migrant from Moldova

The publication is developed by the Regional Expert Group on Migration and Health in Eastern Europe and Central Asia (EECA) ([migrationhealth.group](https://migrationhealth.group)) in partnership with TB Europe Coalition ([tbcoalition.eu](https://tbcoalition.eu)) and HIV Policy Lab ([hivpolicylab.org](https://hivpolicylab.org)).

For full text of the Study, please follow: [www.migrationhealth.group/wp-content/uploads/2021/10/SITUATION\\_ANALYSIS.pdf](https://www.migrationhealth.group/wp-content/uploads/2021/10/SITUATION_ANALYSIS.pdf) and [www.migrationhealth.group/wp-content/uploads/2021/10/COST\\_ANALYSIS.pdf](https://www.migrationhealth.group/wp-content/uploads/2021/10/COST_ANALYSIS.pdf)