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# **Migration and key populations in Eastern Europe and Central Asia**

*Situation, gaps, and possibilities to address public health issues: Hiv, TB and Hepatitis*

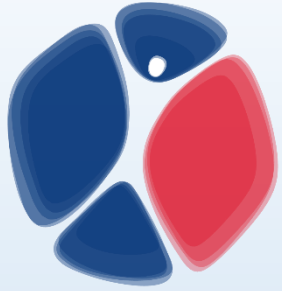
*Anke van Dam*



## **Assess the situation and start innovative initiatives to respond to the needs of migrants in EECA**

- 1. Mapping on Migration, key populations and HIV/ TB/ HCV in Eastern Europe and Central Asia : Desk research and interviews key contact**
- 2. Survey amongst 600 PWUD in Tajikistan and Kyrgyzstan on their experiences with migration**
- 3. Qualitative interviews with 15 migrant PWUD in Russia and Kazakhstan**





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# Migration streams

- Outward migration from **Kyrgyzstan: 760,847.**

In 2015, 11.35% of all citizens of Kyrgyzstan lived outside their country of origin.

- Outward migration from **Tajikistan: 589,748.**

In 2015, 6.50% of all citizens of Tajikistan lived outside their country of origin.

- Outward migration from **Armenia: 937,299.**

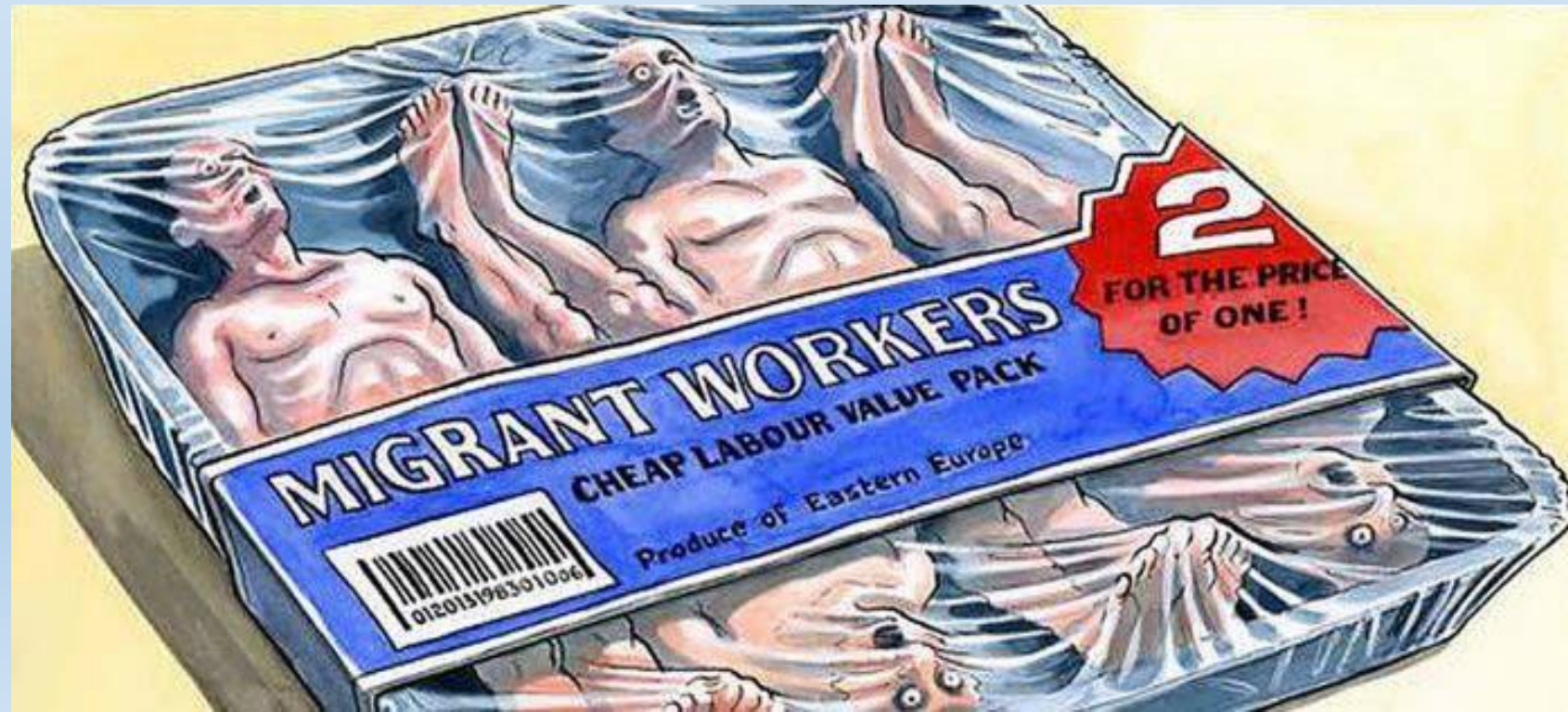
In 2015, 23.70% of all citizens of Armenia lived outside their country of origin.

Source: <https://www.iom.int>

# Migration streams

- **Russia**
- **Immigrants (2015): 8.1% = 12.000.000** (total population in 2016: 146,519,759)

Source: <https://www.iom.int>





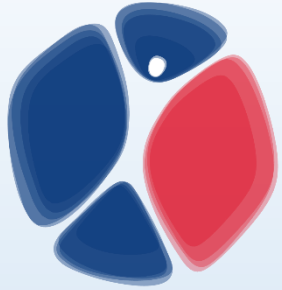
## Countries differ, policies and laws change regularly

- Most countries abolished discriminatory laws and regulations and meet international standards of HIV policies, But other still implement mandatory testing and expel migrants with HIV.
- (Health) needs of migrant key populations are concentrated around the accessibility of services: HIV, TB, HCV treatment but also harm reduction facilities and STI services. Most countries do not offer these services to key population migrants and people suffer under high stigma (double: being migrant and being PUD f.e.)
- Some examples have been found of national and international initiatives to address migrants needs in general and key populations in particular.
- But no data were available on numbers of key populations amongst migrants.



## Conclusions of mapping exercise

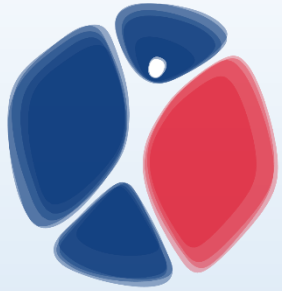
- Migration patterns and migrant populations differ widely in the region: this diversity creates a need for diversity in response.
- The Russian Federation plays a central role in this field: biggest receiving country. At the same time, migrants encounter obstacles to access services, and migrants with HIV are deported, which leads to challenges regarding the provision of appropriate treatment and care.
- Most counties in the region comply with international standards regarding the provision of HIV care.
- Coverage of HIV treatment and harm reduction facilities is still unsatisfying.
- More STI and other SRHR services need to be considered.
- Scientific data on the number of migrant key pops are very limited.



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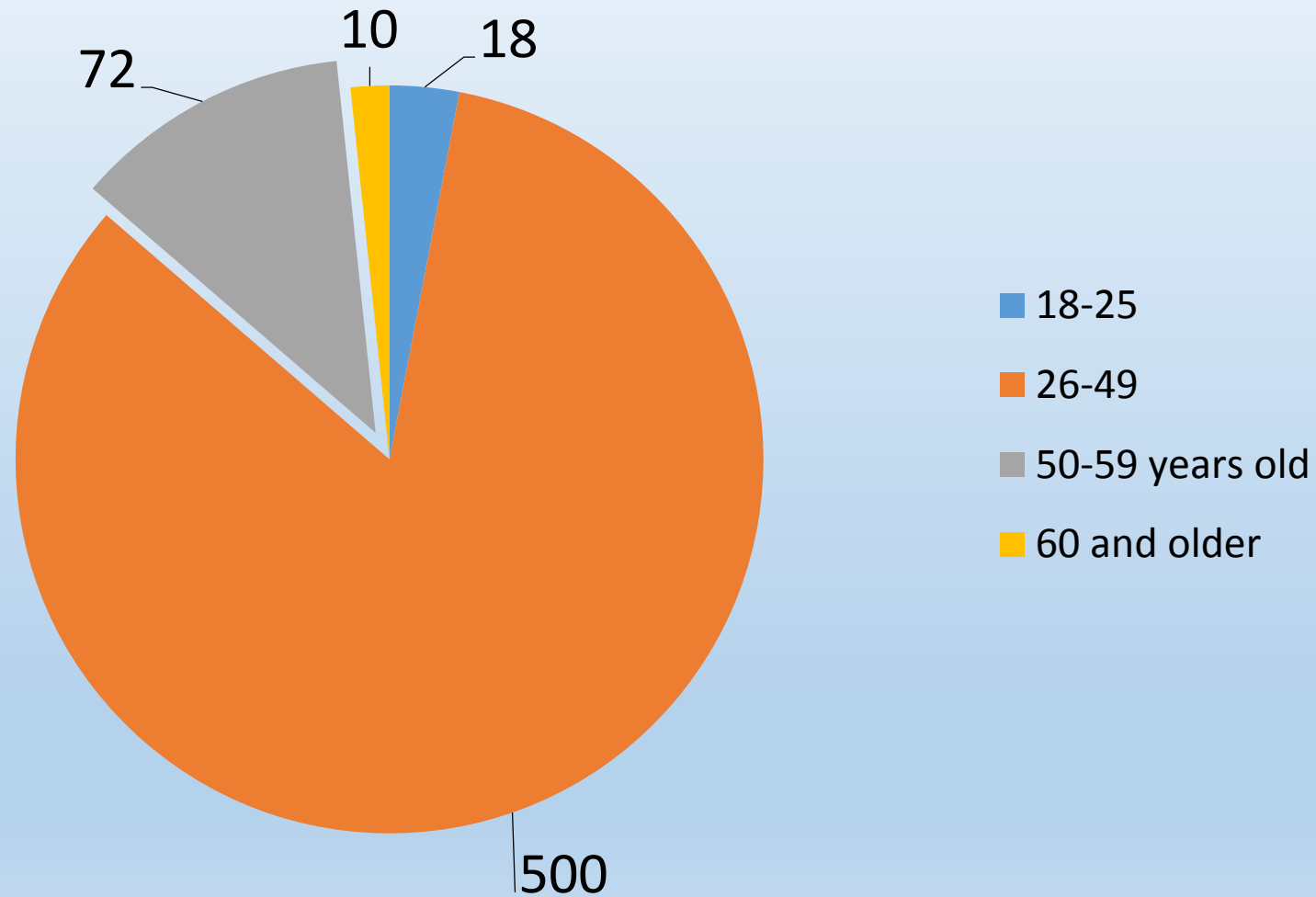
# Results of the research on assessing the level of labor migration among PWIDs in Kyrgyzstan and Tajikistan

AFEW-Tajikistan, 2017

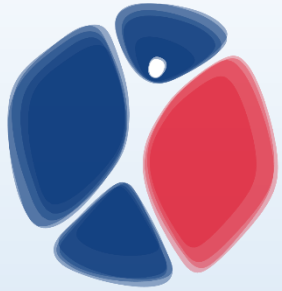


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# Age of respondents

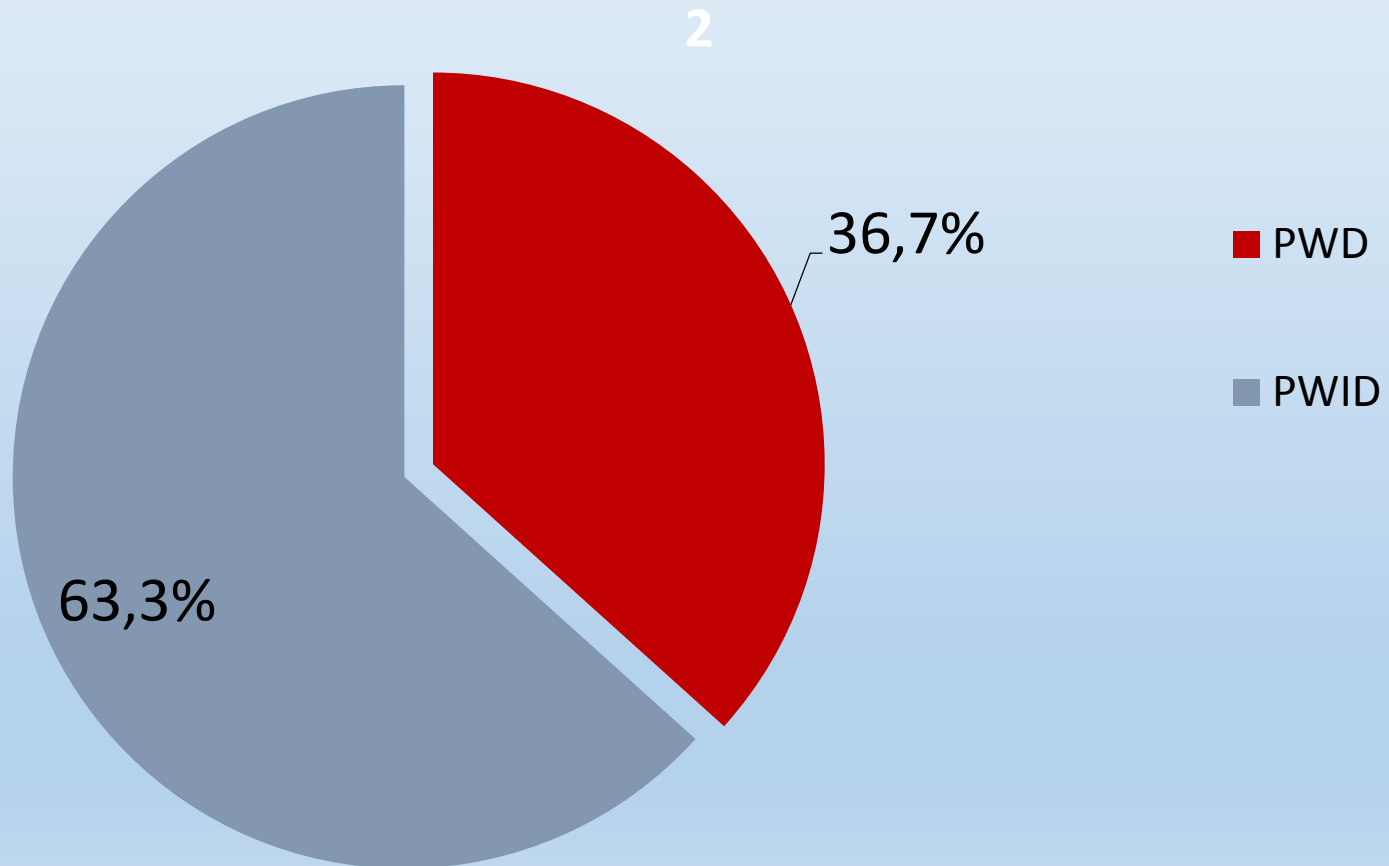


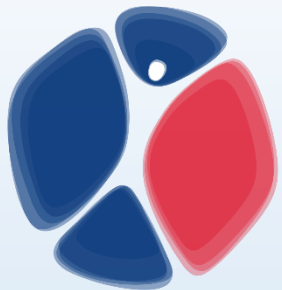




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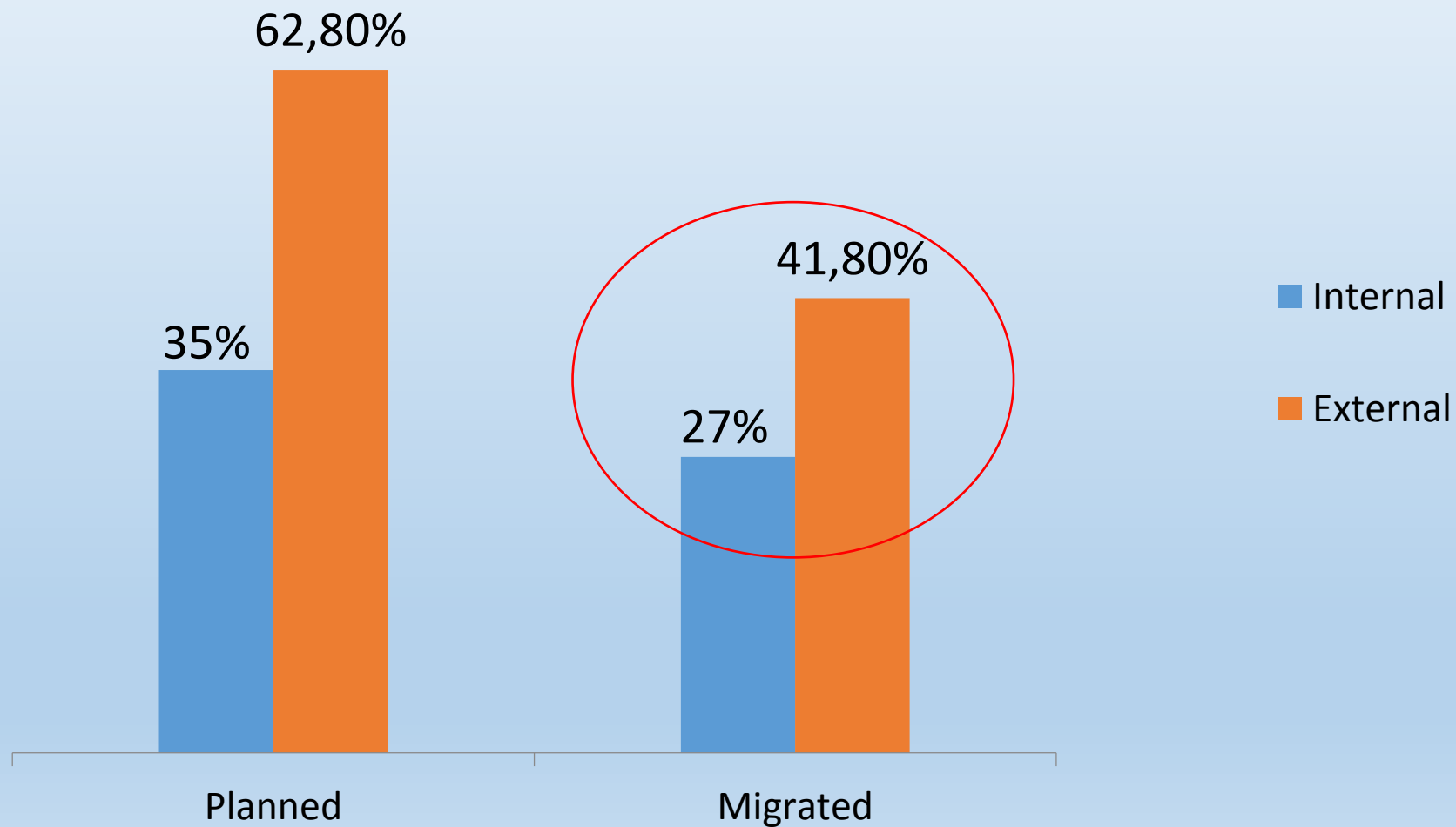
# Categories of respondents

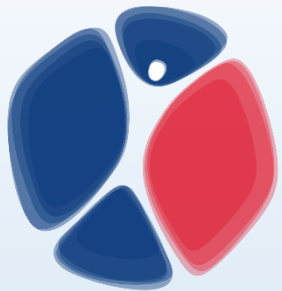




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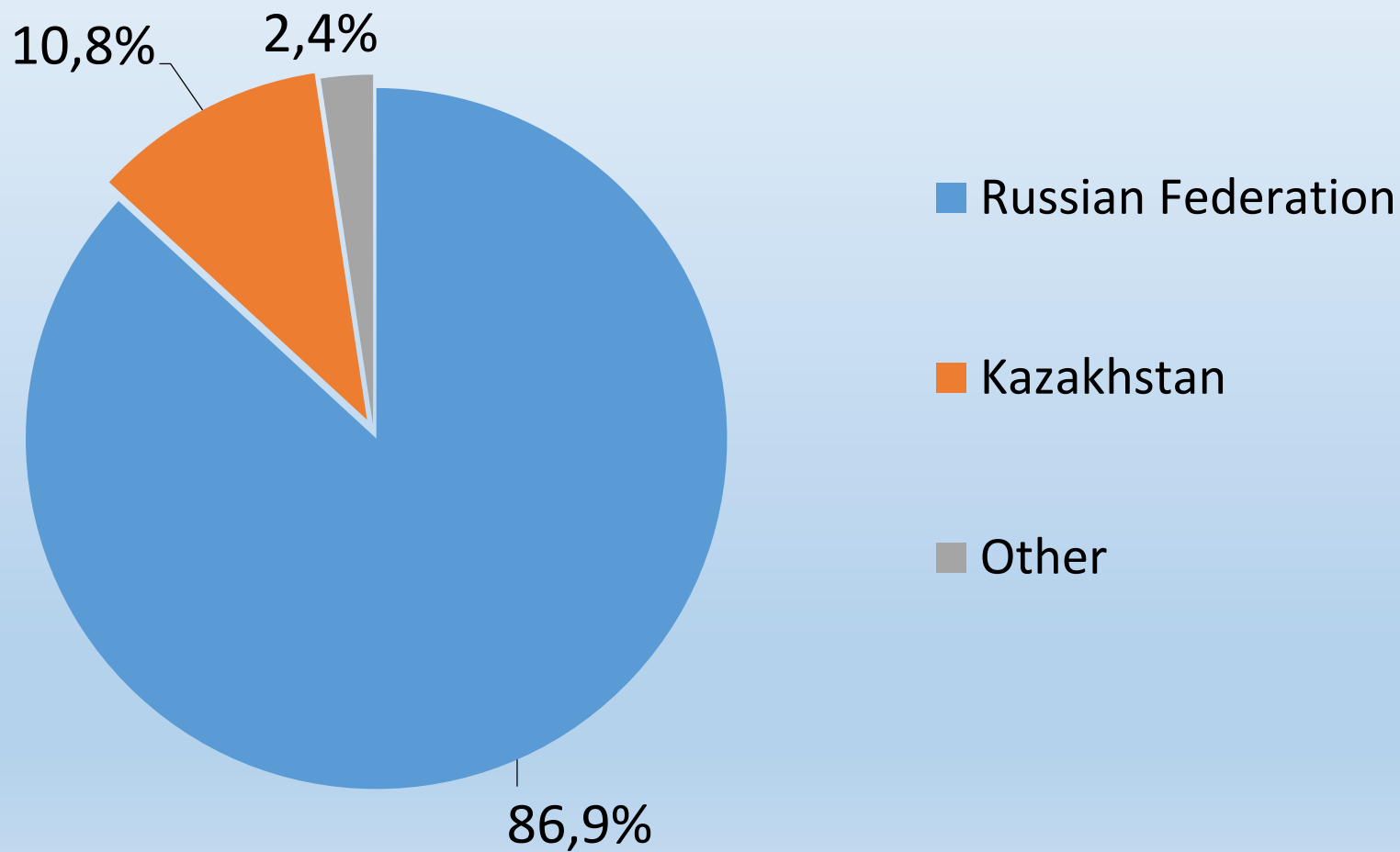
# Labor migration

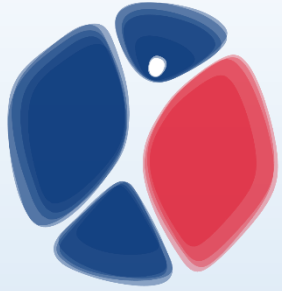




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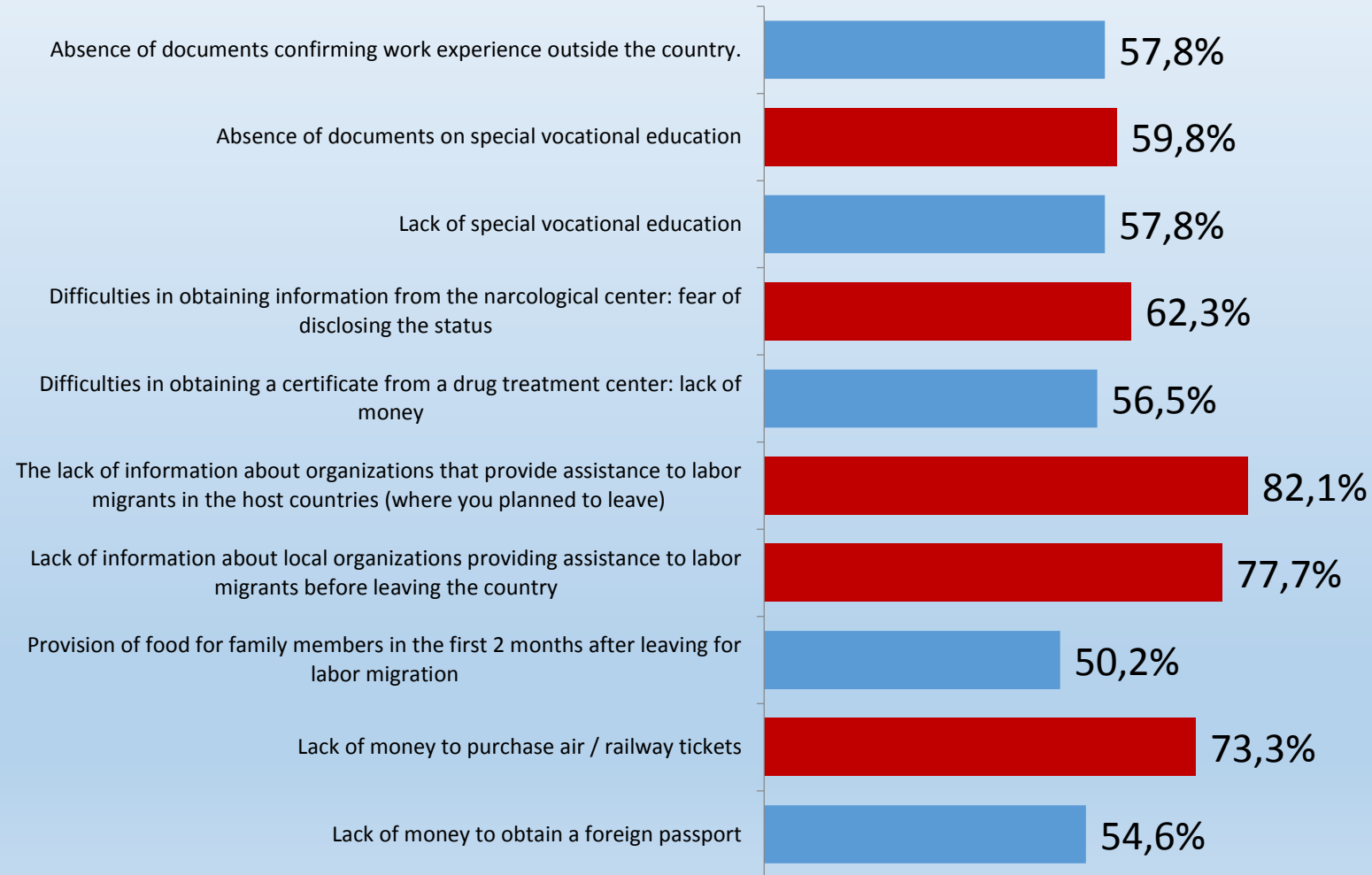
# Hosting countries

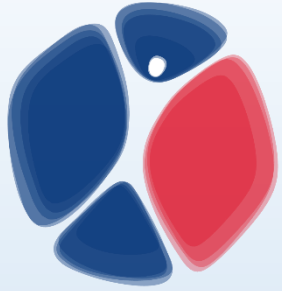




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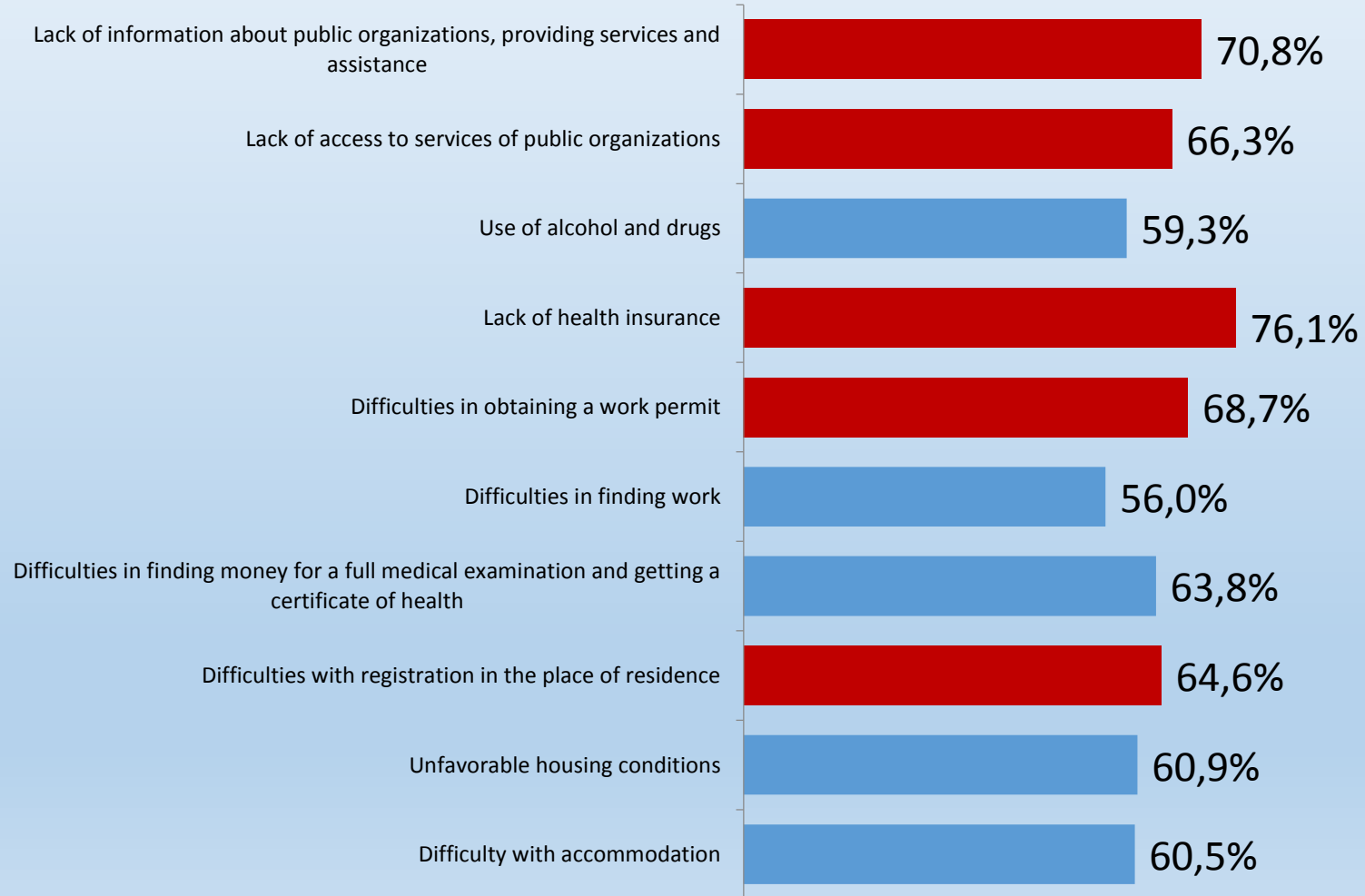
# Difficulties during planning

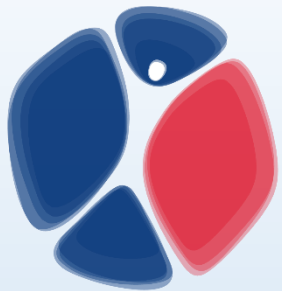




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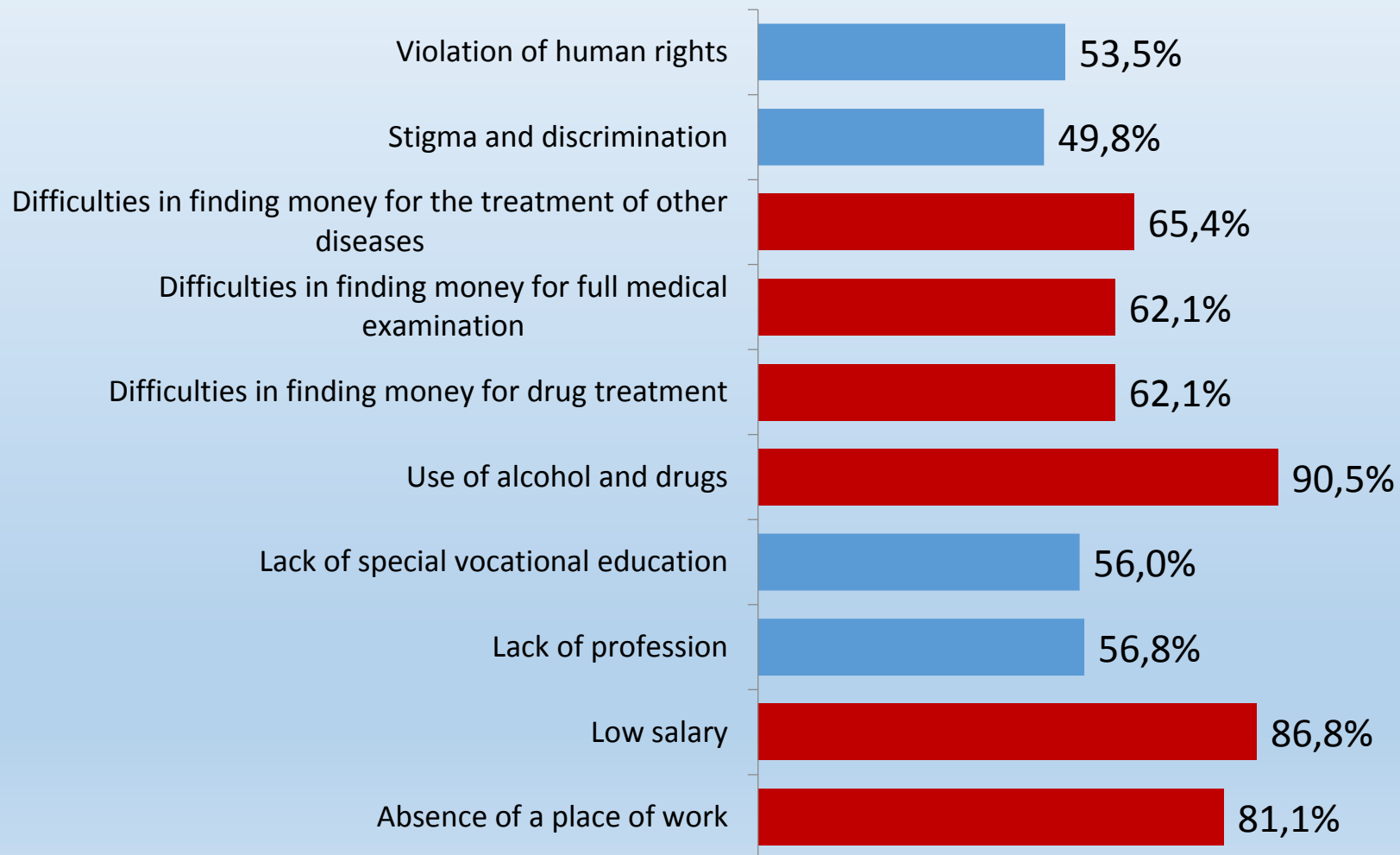
# Difficulties during being in migration

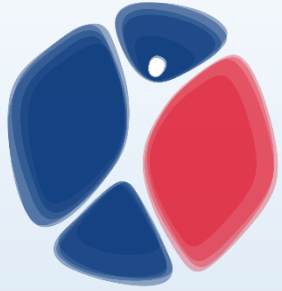




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# Difficulties after returning





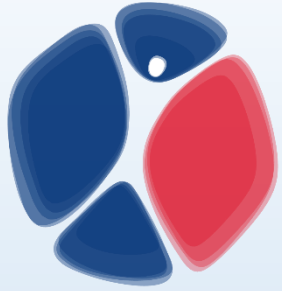
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# Medical support

- Accessing safe injection equipment is no problem: people buy and can afford
- Low threshold services (including HIV testing) and some detox through religious organizations and NGO's
- ARV treatment or other medical support is only accessible by paying yourself.

*“I need to take treatment but I can not, but my husband is registered at the AIDS center and he gets medicines and we split it.”*

*“It torments me, it really torments me. I want to talk with NGOs maybe somehow they can help. I just know that many are afraid and refuse to take ART. Maybe I can use these pills. My previous scheme may not be suitable so I know that I need to get tested, and with these results the doctor will be able to pick up residual therapy. Talked to the NGO staff and the doctor, they say the tests are needed. But these tests are expensive, for me this amount is now all money I've got, you have to choose to eat, or something else, or make tests. Meanwhile my health deteriorates. I am now 46, but I feel older... apathy, depression, everything.”*

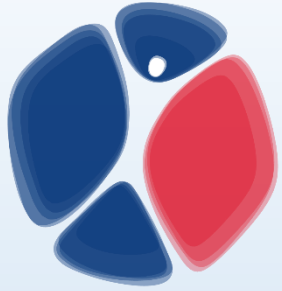


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## Illegal status

- *“The biggest problem is my illegal status: I can not receive medical services, not receive any credits, a mortgage, no pension, I am completely depending on my son. I started to use drugs when I was 14.”*





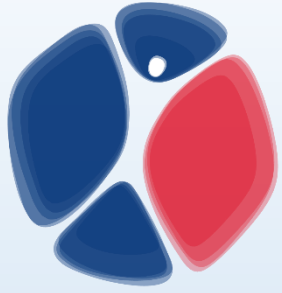
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**Office of UN Secretary-  
General's Special Envoy for  
HIV in eastern Europe and  
central Asia**

## **Meeting to discuss an essential HIV care package for migrants: central Asia on 27 September 2017**

**Participants:** representatives of 5 countries of central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan), including UNODC, ILO, TGF, AFEW, Project HOPE

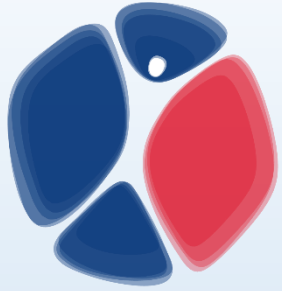


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# Outline of the package

- A. Commitment and stewardship**
- B. Legal aspects and ethics**
- C. Finance**
- D. Service Delivery**
- E. Surveillance and monitoring**





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## Raise attention to

- Seasonal migrants/labour migrants as a specific group of migrants
- Key populations among the seasonal migrants and their specific needs

