



Regional
Expert Group
On Migration
and Health

Research study
**Situation analysis of HIV-related
health services for foreign migrants
in the Russian Federation**

STUDY

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MOSCOW 2021

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SUMMARY

The report presents the result of social research to study the access of foreigners living with HIV to health services in the Russian Federation. The research was comprised of two parts: desk review and empirical study.

The desk review covers the key indicators of the Russian Federation related to HIV prevention and treatment in the cross-country context. The Russian Federation has the highest HIV incidence rate in the region of Eastern Europe and Central Asia.¹ There are only 19 countries² in the world, which still have deportation policies for foreigners living with HIV. Back in 2008, the United Nations announced that such discrimination of people living with HIV is not acceptable. Considering that antiretroviral therapy allows a person living with HIV not to pose any danger to people around, deportation measures are inhumane and obsolete.

Materials of the empirical study show that the conditions of foreigners living with HIV in the Russian Federation vary greatly depending on their social background. Firstly, the need to get tested for HIV depends on the goal of stay and legal status: only those foreigners who apply for a patent for employment purposes in Russia have to test for HIV. At the same time, citizens of the Eurasian Economic Union (EAEU) countries³ do not need work patents and, thus, do not have to go through mandatory health check-ups, including HIV testing. Secondly, depending on their financial situation and employment sphere, foreigners living with HIV may access antiretroviral therapy (ART) at their own expense or receive assistance from CSOs or support projects. Besides, 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 Russia⁴ to find sustainable solutions to support people living with HIV. The experience of other countries⁵ shows that legalization of foreigners living with HIV makes their employment procedures more effective and profitable for the national budget.

The challenges faced by migrants living with HIV in Russia include the fear that their HIV status will be disclosed and they will be deported to their home country, loss of opportunities to earn money, lack of information and legal uncertainty, language barrier, stigma, self-stigma, and gender inequality.

¹ Seizing the moment - Global AIDS Update 2020. UNAIDS, 2020. p. 19. Available at [Baseline assessment 2.0. Review of barriers in access to HIV services for PLHIV, PWID, SW and MSM. Kyiv, 2018. P. 87. Available in Russian](#)

² [Countries deporting people with HIV.](#)

³ Countries of the Eurasian Economic Union: Armenia, Belarus, Kazakhstan, Kyrgyzstan, and Russia.

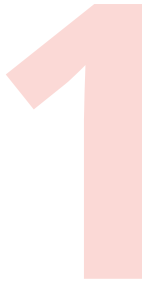
⁴ Y. Ivaschenko. [Treatment is needed. Why migrants with HIV stay in Russia illegally // Fergana IA. 27.04.2018. Available in Russian](#)

⁵ UNAIDS. (2019). Still Not Welcome. HIV-related Travel Restrictions. UNAIDS Explainer.

Often it is not merely difficult, but impossible for them to go back to their country of origin (because of the threat to their life in their local community, stigma, economic instability, and closed borders as it was during the COVID-19 pandemic).

Decriminalization of foreigners living with HIV in Russia can be a measure allowing foreign employees to be more legally protected and better realize their potential in Russia.

The desk review included the analysis of published Russian and foreign studies and recommendations. The field stage was comprised of conducting and analyzing interviews with the foreigners who have experience of interacting with the Russian health care and/or surveillance system (15 interviews). In-depth interviews about patient and migrant experience were supplemented with interviews with the Russian experts (13 interviews) from Moscow and St. Petersburg engaged in HIV prevention and treatment (managers and employees of health facilities, social workers, and activists).



REVIEW OF ACADEMIC AND ANALYTICAL PUBLICATIONS ON THE SITUATION OF FOREIGNERS LIVING WITH HIV IN OTHER COUNTRIES

The desk review allowed describing the situation with access of migrants living with HIV to health services in Russia and compare it with the international recommendations. The first part of the review contains the recommendations of international organizations; in the second part, we present experience of the countries, which legalized migrants living with HIV; and the third part offers a brief discussion of the studies on HIV in EECA and on the situation of labor migrants in the Russian Federation.

1.1. RECOMMENDATIONS OF INTERNATIONAL HEALTH ORGANIZATIONS

From the point of view of international human rights standards, access to ART is a crucial part of health policies.⁶ The right to health is recognized as a fundamental human right. In this regard, the existence of provisions on deportation of foreigners living with HIV in the national laws violates a number of human rights, including the right to the freedom of movement, the right to private life, and the right to freedom from discrimination.⁷

1.2. EXAMPLES OF LEGALIZING MIGRANTS LIVING WITH HIV AND LIFTING RESTRICTIONS FOR MIGRANTS IN THE COUNTRIES OF DESTINATION

As of 2016, almost all the European countries provided ART to legal migrants and most of them ensured access of undocumented migrants to anonymous testing and treatment.⁸ In the recent two decades, a number of countries abolished the regulations discriminating against migrants living with HIV. Among others, such countries include the USA, South Korea, El Salvador, Chile, Bulgaria, Armenia, and Ukraine. Legalization of migrants living with HIV contributes to reducing the general HIV incidence in these countries. Research studies carried out in the countries, which canceled

⁶ Global AIDS Strategy

⁷ UNAIDS. (2019). Still Not Welcome. HIV-related Travel Restrictions. UNAIDS Explainer.

⁸ HIV and migrants. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2017 progress report. Stockholm, European Centre for Disease Prevention and Control, 2017.

the regulation on deportation of foreigners living with HIV, prove the effectiveness of this step.⁹ Reducing systemic barriers in access of migrants to ART allows achieving significant public health results.¹⁰

At the same time, there is a big number of critical publications on the operation of commissions, which are responsible for health examination of migrants and refugees in many countries.¹¹ The fact is that health examination of foreigners includes several aspects, which are quite

When a country implements the policy of deporting people living with HIV, it supports the myth that only foreigners are exposed to the virus among its citizens, thus hiding the epidemic existing inside the country.

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problematic from the medical ethics point of view. Such commissions do not use the approach of informed consent of the patients and clearly violate their right to privacy. Administrative functions of the doctors who are members of such

commissions appear to be more important than the patients' wellbeing. There are also major concerns around the quality of pre-test and post-test HIV counseling (which is sometimes missing). Such publications underline the existence of persistent bias towards migrants living with HIV, which can lead to the denial of permission to enter the country for people with chronic diseases. An example of how this problem can be partly solved is the changes to the Immigration and Refugee Protection Act, which were approved in Canada in 2018,¹² meaning that there would be no more refusals in entry documents for the would-be residents based on “projected excessive demand on health services.” The next step after addressing legal discrepancies and mobility restrictions is eliminating discrimination in health care.

According to the Global Database on HIV-Specific Travel and Residence Restrictions,¹³ today there are still nineteen countries in the world, which deport foreigners living with HIV. Apart from the Russian Federation, this list includes Bahrain, Bangladesh, Brunei, China, Egypt, Equatorial Guinea, Iraq, Jordan, North Korea, Kuwait, Libya, Malaysia, Oman, Qatar, Saudi Arabia, Syria, United Arab Emirates, and Yemen.

The countries, which apply restrictions for foreigners living with HIV, often justify their regulations with the need to protect the health of their citizens and the national budgets. However, international organizations (WHO, UNAIDS, International Labour Organization (ILO), etc.) made multiple

⁹ Ross J., Cunningham C. O., Hanna D. B. HIV outcomes among migrants from low-and middle-income countries living in high-income countries: a review of recent evidence // *Current opinion in infectious diseases*. 2018. T. 31. № 1. P. 25 - 32; Galeucia M., Hirsch J. S. State and local policies as a structural and modifiable determinant of HIV vulnerability among Latino migrants in the United States // *American Journal of Public Health*. 2016. T. 106. № 5. P. 800-807.

¹⁰ Ross J. et al. Outcomes along the HIV care continuum among undocumented immigrants in clinical care // *AIDS research and human retroviruses*. 2017. T. 33. №. 10. P. 1038-1044.

¹¹ Bisailon L., Ells C. When doctoring is not about doctoring: An ethical analysis of practices associated with Canadian immigration HIV testing // *Public Health Ethics*. 2014. T. 7. №. 3. P. 287–297; Gutierrez A. M. et al. A Right to Privacy and Confidentiality: Ethical Medical Care for Patients in United States Immigration Detention // *The Journal of Law, Medicine & Ethics*. 2020. T. 48. №. 1. P. 161–168.

¹² [A modest advance on medical inadmissibility. 16.04.2018](#)

¹³ <https://www.hivtravel.org/>.

statements pointing out that such regulations are discriminatory and violate human rights. The restrictions on movement for foreigners living with HIV concealed xenophobia,¹⁴ racial discrimination,¹⁵ ineffectiveness of public campaigns to promote sex education and HIV prevention,¹⁶ and outdated conservative models of the state formalized at the government level.¹⁷ When a country implements the policy of deporting people living with HIV, it supports the myth that only foreigners are exposed to the virus among its citizens, thus hiding the epidemic existing inside the country.¹⁸

1.3. SITUATION IN EASTERN EUROPE AND CENTRAL ASIA (EECA)

Today, there are three regions in the world with a constantly growing HIV/AIDS morbidity and mortality. EECA is one of them. Experts point out that this region has the largest time gap between a positive HIV test result and treatment initiation. Less than half of all people living with HIV receive ART,¹⁹ and only 41% have suppressed viral load. On average, only 63% of those in need receive ART in the region. Since 2010, the number of new HIV cases increased by 72% and the AIDS mortality increased by a quarter. Experts underline the need to scale up self-testing, harm reduction and pre-exposure prophylaxis programs.

1.4. RESEARCH STUDIES ON HIV VULNERABILITY OF MIGRANTS IN THE RUSSIAN FEDERATION AND IN THE COUNTRIES OF ORIGIN

The Russian Federation has the highest HIV incidence rate in the region of Eastern Europe and Central Asia. It is now increasingly recognized that the existence of legislative measures to restrict the entry for foreigners living with HIV and deportation provisions lead to hidden epidemics in countries.²⁰

The language of publications by Russian specialists on migration statistics may contain unintentional discriminatory components. For instance, the first part of the second volume of "Migration in Russia 2000–2012" contains a section on the health of migrants, with three articles devoted to HIV. However, lack of attention to the context in publications can contribute to

¹⁴ Lazarus J. V. et al. HIV-related restrictions on entry, residence and stay in the WHO European Region: a survey // Journal of the International AIDS Society. 2010. T. 13. №. 1. P. 1–6.

¹⁵ Wagner B. K., Van Volkenburg M. HIV/AIDS Tests as a Proxy for Racial Discrimination-A Preliminary Investigation of South Korea's Policy of Mandatory In-Country HIV/AIDS Tests for Its Foreign English Teachers // Journal of Korean Law. 2011. T. 11. P. 179–245.

¹⁶ Cho B. H. HIV/AIDS policy in South Korea // International Studies in Education. 2008. T. 9. P. 37–39; Keralis J. M. At the nexus: How HIV-related immigration policies affect foreign nationals and citizens in South Korea // Health and human rights. 2017. T. 19. №. 2. P. 123–132.

¹⁷ Frowd P. M. State personhood, abjection and the United States' HIV travel ban // Millennium. 2014. T. 42. №. 3. P. 860–878.

¹⁸ For more details see: Keralis J. M. At the nexus: How HIV-related immigration policies affect foreign nationals and citizens in South Korea // Health and human rights. 2017. T. 19. №. 2. P. 123–132.

¹⁹ Seizing the moment - Global AIDS Update. UNAIDS, 2020. P.32.

²⁰ Conducting a social-economic study on the government HIV response policies. Moscow: FRI, Ministry of Finance, 2020. P. 97. Available in Russian

the negative attitudes towards labor migrants among readers. The following quotes may serve as examples: “This disease was brought to Russia from abroad”²¹ or “the highest number of HIV cases is observed among migrants from the Republic of Uzbekistan (23%).”²² The authors fail to clarify that at a certain point the citizens of Uzbekistan were prevailing in the total number of foreign labor migrants in Russia, so this indicator shows their share in the structure of migration.

A number of international research teams worked on the issues of vulnerability of migrants from the Commonwealth of Independent States (CIS). For example, a research team, which compared the health indicators of those registered with AIDS centers in Tajikistan for people with and without migration experience, concluded that every year spent in the Russian Federation increased the risk of significantly later presentation for health care for a migrant living with HIV by 4%.²³

Researchers studying the HIV situation in the Central Asia concluded that there was a need to implement more gender-sensitive programs.²⁴ They pointed out that women were infected with HIV by their sexual partners who had the experience of labor migration, while the patriarchal norms existing in the countries often did not allow such women to convince their spouses to get tested with them.

²¹ Migration in Russia 2000–2012. Anthology in three volumes. V.1. Part 2. M.: Spetskniga, 2013. P. 332 (available in Russian).

²² Migration in Russia 2000–2012. Anthology in three volumes. V.1. Part 2. M.: Spetskniga, 2013. P. 338 (available in Russian).

²³ Bromberg D. J. et al. Association between time spent in the Russian Federation and late presentation for HIV among Tajikistani migrants // BMC Public Health. 2020. T. 20. №. 1. P. 1–10.

²⁴ King E. J. et al. ‘If she is a good woman...’and ‘to be a real man...’: gender, risk and access to HIV services among key populations in Tajikistan // Culture, Health & Sexuality. 2016. T. 18. №. 4. P. 422–434.

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EMPIRICAL STUDY MATERIALS

This section presents the analysis of in-depth semi-structured interviews conducted within the project. We analyzed 15 interviews with the foreigners who have an experience of living with HIV in the Russian Federation (citizens of Belarus, Kyrgyzstan, Moldova, Uzbekistan, Ukraine, and Tajikistan). In addition, 13 expert interviews were conducted with relevant professionals (doctors from public health facilities (infectious disease specialists, a urologist, a gynecologist, a psychologist), social workers, case managers and heads of civil society organizations helping migrants in Russia as well as representatives of diaspora organizations in Russia). Besides, we used data from academic publications and analytical reports on migration and health to obtain information on the groups not covered by the interviews.

The report is structured as follows. First, an overview of the system of making decisions on undesirable stay in the Russian Federation is presented. Then the following migrant trajectories are described: barriers in terms of return to their country of origin and in terms of access to health services in Russia. The situation of some vulnerable populations, such as pregnant women and students, is analyzed in more detail. A special focus was made on analysis of the additional barriers due to the COVID-19 pandemic and the restrictions imposed.

An intersectional approach is essential to analyze the field data collected.²⁵ Following this approach, we tried to consider the intersection of social experiences through the dimensions of gender, language, age, ethnicity, race, physicality, disability, profession, migration experience, and civil status. Focusing on different experiences allows us to look into diverse trajectories of the migrants living with HIV and develop health policies based on the needs of all the populations facing stigma and social exclusion.

²⁵ Bredström A. Intersectionality: a challenge for feminist HIV/AIDS research? // *European Journal of Women's Studies*. 2006. T. 13. №. 3. P. 229–243.

2.1. REGISTRATION SYSTEM FOR FOREIGNERS LIVING WITH HIV IN THE RUSSIAN FEDERATION

The decision on undesirability of a foreigner's stay in the country is made by the Russian Federal Service for Surveillance on Consumer Rights Protection and Wellbeing (Rospotrebnadzor), which is the main body responsible for epidemiological safety in the Russian Federation. However, other departments subordinate to various authorities are also involved in making and implementing such decisions. Thus, Rospotrebnadzor, the Ministry of Internal Affairs (responsible for the Migration Service) and the Ministry of Health are engaged in making and implementing decisions on the undesirability of foreigners living with HIV staying in Russia. Before such decision is made, foreign citizens should be registered in the system analyzed in this section. There are two reasons why we describe the existing registration system for people living with HIV in this report. Firstly, it allows us to outline the institutional gaps and problems within the system. Secondly, the situation described can be compared to the fears and concerns of foreigners living with HIV in Russia to help challenge some of them, which in fact do not involve the disclosure of their status.

For the purpose of patient monitoring, special registries are used for certain diseases (cancer registries, registries of orphan diseases) and categories of patients (geriatric or newborn registries), which can be local, regional, national or international. The Federal Register of Persons Infected with Human Immunodeficiency Virus, also known as the "Register of the Ministry of Health", uses health information systems to bring together personalized data of the patients who receive treatment, undergo medical examinations and are registered with AIDS centers at the place of their residence. There is another registration system used by the Federal Center for AIDS Prevention and Control, which includes the results of all tests, including anonymous, which determine the presence of HIV in patients' samples in the laboratory settings. Thus, today there are two registration systems for HIV patients in the Russian Federation, which are not consistent:²⁶ the register of the Ministry of Health includes data on the patients who receive treatment through the compulsory health insurance system, while the register of the Federal AIDS Center includes data on the total number of patients who tested positive for HIV (with both anonymous and personalized tests).

²⁶ Rospotrebnadzor explained the discrepancies in the number of HIV carriers with the Ministry of Health. Interfax. 30.11.2018. Available in Russian

There are two main ways for foreigners in the Russian Federation to get to know their HIV status.

The first way is anonymous testing. Foreign patients who learned about their HIV status during anonymous testing are included in the general statistics, but cannot be entered in the statistics of the Ministry of Health, since they do not have a right to receive therapy covered from the national budget. Provided they continue to use medical services only in commercial clinics or pay for the health services in government clinics, they can legally stay in Russia if they do not have to undergo any health check-ups.

Another way to learn one's HIV status is by going through the examinations of official medical boards, where patients have to disclose their personal data. This approach is applied in case of mandatory health check-ups for foreign citizens, who would like to apply for a work patent, a residence permit, a temporary residence permit or a citizenship. Such mandatory health check-ups are available only at certain health facilities, which are approved by the responsible local executive body. Another type of health check-up is medical examination required for the employment in certain spheres (for example, in catering). This type of health check-ups is mandatory, in particular for citizens of the Eurasian Economic Union (EAEU) member states (Armenia, Belarus, Kazakhstan, and Kyrgyzstan), who only need an employment contract to stay in the territory of the Russian Federation. Information about the HIV cases detected during such health check-ups can be provided to Rospotrebnadzor.

The next stage of epidemiological surveillance is related to the obligation of all health facilities to provide information about newly diagnosed HIV patients to the local offices of Rospotrebnadzor. In fact, such obligation contradicts the concept of medical confidentiality. Disclosure of the status of foreigners diagnosed with HIV while receiving emergency medical care in a hospital is associated with obvious risks. It is assumed that when doctors detect a new case of HIV, they should document²⁷ it by submitting two forms – an emergency notification of an infectious disease (form 058/u) to the local Rospotrebnadzor office and a rapid HIV case report (form 286/u-88) to the Federal Center for AIDS Prevention and Control. As a rule, such forms are filled out and submitted by epidemiologists or statisticians, who get information from the attending physicians in health facilities. In reality, epidemiological surveillance procedures are not always complied with due to the bureaucratic overload of medical personnel.

²⁷ Methodological Guidelines MU 3.1.3342-16 "Epidemiological Surveillance of HIV Infection" (approved by Chief State Sanitary Doctor of the Russian Federation on February 26, 2016). Available in Russian

Rospotrebnadzor, which receives data on foreigners with HIV from various sources, can issue a decision on undesirable stay of a foreign citizen in Russia. Most often, notifications on such decisions are returned back to Rospotrebnadzor, since their addressees are not found at their places of registration. Those decisions are to be implemented by the Migration

Most often, notifications on such decisions are returned back to Rospotrebnadzor, since their addressees are not found at their places of registration.

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Service of the Ministry of Internal Affairs. Deportation procedures are complicated and expensive. They require the engagement of other agencies and institutions (countries of origin, temporary detention centers for foreign

nationals). It is another weakness of the cumbersome administrative and bureaucratic machine:

“If a decision on undesirable stay is made, it is delivered to the migration service. So the migration service is the one responsible for organizing the deportation. But, first of all, you understand, right, how complicated this whole process is. Thus, when it comes to the migration service, it is their duty to find the person.” (expert interview 2)

So far, private health facilities have to submit information about the foreigners living with HIV, who receive treatment at such facilities.

“Most likely, we would have to pay a fine. Perhaps it would be a pretty big fine. On the other hand, we don’t have... we don’t have patients who are migrants and who tested positive for HIV in our clinic so that we must submit this information. Usually, people come to us to get treatment when they already know their diagnosis. Or they may receive treatment somewhere else and they come to us to run some tests or something else, for the doctor to examine them and give them a referral.” (expert interview 8)

Managers of private clinics are somewhat concerned about the prospect of joining the Uniform State Health Information System (USHIS). When they join this unified database, it will be much more difficult for them to keep their patients’ data anonymous and guarantee that such data will not be submitted to the epidemiological surveillance bodies.

“Plus, now there is a new law saying that all private clinics must be connected to a unified city health database. <...> All patient data will be in one database. Roughly speaking, it is like now you go to the Public Services Portal and there you can see all the services you used in your public clinic. It will be more or less the same with infectious diseases. Private clinics also must be connected to this database. So far, it mainly applies to those who have compulsory/

voluntary health insurance... well, we do not work with insurance companies, but in the future, it is not yet clear how to get around it. Also, we'll have to see what happens with the clinics that will not join... For instance, now we cannot vaccinate against COVID as we are not in this database. As soon as we join it, we will start transferring patient data to this database. Therefore, we choose to incur some financial losses, but maintain confidentiality. For us, it is more important so far.” (expert interview 8)

A conclusion can be made that the restrictive system existing in the Russian Federation not only violates the rights of migrants, but is also ineffective, since it is not possible to track the place of residence or work of migrants (or it would require even more financial and human resources), and, despite all the procedures in place, foreigners do not return to their countries of origin, stay in Russia and fail to receive any prevention or treatment services, thus becoming even more vulnerable and, from the epidemiological perspective, may put their partners at risk of HIV.

2.2. VULNERABILITIES OF LABOR MIGRANTS IN RUSSIA

This section presents the factors, which complicate prevention, testing and raising the awareness of labor migrants about their health while in Russia. Such factors include gender inequality, language barrier and asymmetry in the legal statuses of labor migrants coming from different countries of origin.

2.2.1. Gender dimensions of health inequalities

Gender inequality makes women more vulnerable to HIV than men. Currently, sexual route of HIV transmission is prevailing in EECA. According to experts, in some EECA countries “about 50% of women living with HIV are the wives of migrants.”²⁸ Thus, female migrants and wives of male labor migrants who remain in their countries of origin turn out to be one of the most vulnerable populations in terms of HIV, while marriage is becoming one of the key risk factors.²⁹ Besides, women have fewer opportunities to resist unprotected sexual contacts and are often denied the right to negotiate protected sex.

Medical professionals and social workers see gender differences when providing counseling and support services to labor migrants in Russia. Firstly, female migrants often refuse to take the condoms, which they are offered at the consultations. They explain that their partners are against protected sex. There is an obvious need to distribute female condoms among women in order to reduce the risks of them contracting infections from their sexual partners.

²⁸ M.R. Boltayeva. *Gender aspects of HIV infection in Eastern Europe and Central Asia*. 2017. Available in Russian

²⁹ *Evidence for eliminating HIV-related stigma and discrimination*. UNAIDS, 2020.

"Every time I finish a consultation, I give condoms to women telling them... here you go, you can use them or not, but at least you have them, right. Those women I have mentioned always refuse to take them... <...>. They never take any condoms. I am sure that since there are no condoms and since women are oppressed, the level of HIV should be higher there. <...>, when I talk to them, I say: you know, your treatment, if you do it alone, will be useless if you do not use protection and if your partner fails to be treated and goes to other people. I mean, then it does not make sense to take antibiotics or something like that. She says, I understand it, but I won't take condoms as I don't want my partner or my husband to get angry." (expert interview 6)

Secondly, it is more difficult for women to resist stigma in the community. Their diagnosis is a reason for people to condemn them. Our respondent from Uzbekistan told us how her relations with her aunt, who was her employer in Russia, were ruined:

"She told me she would not have anything to do with me anymore, because this [HIV infection] is a disease of bad women. I told her she was mistaken. I told her a hundred times, but she would not listen. She does not talk to me." (a female migrant from Uzbekistan)

Gynecologists pointed out that the fear of deportation and lack of trust to government institutions in the host country among migrants makes them avoid health facilities.

It can be demonstrated with an example of charitable health projects in St. Petersburg, where the following trend is observed. The doctors whom we interviewed tell us that the few female migrants that seek their services are mothers of the children engaged in the Children of St. Petersburg project.

"If I know some migrants who need help, I refer them, that's what I do. However, there are very few women migrants from Central Asia. <...> I would say that only those women who bring their children to the Children of St. Petersburg NGO come to us. If we speak about women migrants whom I know and who live here illegally, they do not come. It's the same with others... if you invite them... they usually don't have trust. For instance, if they come, it is already a great achievement. <...> A huge part of women in our target group – they are invisible, they are in the grey zone, they will never come to us. Because economically they depend on their partners and they don't know the language." (expert interview 6)

This example shows that institutional and personal trust is a critical factor in migrants' decisions to seek help. When a health project is part of a bigger trust network together with other charitable services familiar to vulnerable populations, it increases the demand for what is offered within such health project.

It should also be noted that female migrants who come to the host country on their own without being accompanied by a male relative face a lot of prejudice from their fellow countrymen as well as gender-based violence.

2.2.2. Language barrier

The topic of the language barrier was mostly discussed with experts, since our interviews were held in Russian and, thus, we were not able to learn more about the experience of those migrants who find it difficult to speak Russian. Both doctors and psychologists expressed their concerns about not being sure if their patients understood everything they discussed

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during their consultations. This situation is further aggravated by the fact that no language support is available in AIDS centers. Only a social worker or a close person who accompanies the patient to

the doctor's appointment can act as an interpreter. All leaflets and handouts in AIDS centers are available only in Russian. Sometimes brochures in other languages are provided by the organizations supporting migrants, but the stock of such materials runs out over time.

“We don't speak Kyrgyz or any [other language]. Very rarely, well, maybe once a year there are people in our confidential counseling room with whom we cannot understand each other. <sighs> If people are from Uzbekistan, what do they understand? I can only speak Russian. <...> It is very good when charitable organizations provide us with brochures offering information about HIV. Then we can at least give them to people, say that it is for them. But brochures are running out. Now, for example, we don't have any. So that's also... That is something we need.” (expert interview 3)

Thus, we can see a trend that those migrants who speak Russian would rather seek health services. As for the rest, it is a challenge for them to come for a consultation:

“Those who come, they usually speak good Russian.” (expert interview 6)

“The language barrier is a real stumbling block. <...> An “unsocialized” migrant usually does not know the language, does not fully understand what is happening with him. So you speak to him and it seems that he does not realize how important it is. What he is diagnosed with, what it is all about.” (expert interview 7)

Charitable organizations providing HIV services are trying to address the language barrier (for example, they involve volunteers who speak foreign languages as interpreters and social workers), however this issue is not resolved in health facilities.

In the Russian Federation, poor knowledge of Russian is one of the dimensions of inequality faced by labor migrants. Without a good grasp of Russian, they are not able to fully use the few available social services offered by civil society organizations or look for better-paying jobs and defend their labor rights.

2.2.3. Unequal legal statuses of labor migrants

In the context of migration in Russia, the rights of labor migrants are determined by their country of origin. As mentioned above, citizens of the Eurasian Economic Union countries (Armenia, Belarus, Kazakhstan, and Kyrgyzstan) do not have to apply for patents and visas. They only risk to get an undesirable stay status if they have to go through a medical check-up to get a job in a certain sphere (healthcare, catering or teaching). There is a simplified procedure to obtain Russian citizenship for those who live in Luhansk People's Republic (LPR) or Donetsk People's Republic (DPR). For everyone else, a certificate confirming the person's HIV-negative status is a mandatory part of the package of documents to be submitted, which can be a restriction in case if a person has HIV. Thus, those migrants who need to obtain a patent (people from Azerbaijan, Moldova, Ukraine, Uzbekistan, and Tajikistan among the CIS countries) or a visa are more vulnerable to the Russian migration legislation. Russia still has visa relations with Georgia and Turkmenistan. Citizens of these countries have to apply for work permits. People with the passports of countries with an irregular status (Abkhazia, Transnistria, and South Ossetia) must also apply for work visas and employment permits. Thus, these people face higher risks of becoming undocumented migrants and living in a constant fear of their status disclosure and deportation.

2.3. TRAJECTORIES OF FOREIGN MIGRANTS LIVING WITH HIV

Above we showed two ways used to register foreign citizens living with HIV: in the Ministry of Health database and in Rospotrebnadzor statistics on people diagnosed with HIV. Such registration should be followed by diagnostics and prescription of the therapy, which is not possible for a foreign citizen in Russia within the free health care system. Thus, foreign migrants find themselves at a crossroads: to go home and receive therapy for free or to stay in Russia and pay for their own treatment with a constant risk of being deported. Let's take a closer look at these two scenarios.

2.3.1. Challenges in returning to the country of origin

For a labor migrant, going back to the country of origin can be difficult, impossible or even dangerous due to a number of circumstances. It may be related to the lack of access to ART, danger to the life of LGBT persons, stigma, and economic risks.

2.3.1.1. lack of access to therapy

There is a number of limitations for the scenario of a migrant diagnosed with HIV going back home. Firstly, there are some countries, where people living with HIV cannot receive comprehensive support. Turkmenistan may serve as an example of such country.³⁰ At the international level, this country declares that it has no HIV. Since early 1990s, Turkmenistan has reported only two cases of HIV to the World Health Organization. Although there are AIDS centers in the country, it is impossible to get a positive test result there and so there is no access to treatment.

"We have a huge problem with it in our country as the country does not recognize HIV. They say there is no HIV [in Turkmenistan]. Everything is available, there is an AIDS center. Citizens of Turkmenistan as well as any foreign citizens can go to the AIDS centers and get tested. And it's 200% that citizens of Turkmenistan will get a negative result. Because... well, because of politics. <...> as there is no official information, there are a lot of speculations, rumors and everything else. I mean, there are a lot of cases, and some of them were covered in the media. I think even Shagi NGO wrote that they had a client from Turkmenistan who was diagnosed with HIV in Russia, but in Turkmenistan he had a negative test result. So if there is no HIV – there is no ARV therapy." (expert interview 6)

In 2005, the Institute for War and Peace Reporting initiated an investigation and found out that there was an unspoken ban on diagnosing HIV in the country.³¹ In 2019, it was reported that citizens suspected of having the "virus" ("HIV" was not mentioned anywhere) were registered with the police and put in special isolation centers.³² Thus, it is not only unreasonable for migrants to return to Turkmenistan, but it is a threat to their life due to the lack of access to therapy and possible persecution.

2.3.1.2. threat to the life of LGBT people

Stigma is the key theme in all the stories of migrants living with HIV. However, in two Central Asian countries LGBT people are not only condemned by others, but are also prosecuted by law: "sodomy" is still a criminal offense in Uzbekistan and Turkmenistan. Human rights activists

³⁰ Stronski P. Turkmenistan at twenty-five: The high price of authoritarianism. Carnegie Endowment for International Peace. 2017; Ancker S., Rechel B. Policy responses to HIV/AIDS in Central Asia // Global public health. 2015. T. 10. №. 7. P. 817–833.

³¹ [Turkmenistan in AIDS Denial. IWPR. 20.11.2005.](#)

³² [T. Zverintseva. On the peculiarities of life of HIV-positive citizens of Turkmenistan, the country, which "brought to naught" AIDS. Fergana. 04.06.2019. Available in Russian](#)

say that it is more difficult to help LGBT people due to the fact that most of their stories are not documented.³³ They are rarely covered in the media or discussed on social media. Five years ago, there were 500 men in Uzbekistan prisons convicted under Article 120 of the Criminal Code (“voluntary sexual intercourse of two male individuals”).³⁴ This article is also applied against political activists and civil society actors, regardless of their political orientation. Repressions in the country of origin combined with a lack of information create a threat to life, which is why LGBT migrants diagnosed with HIV choose to stay in Russia, despite all the risks.

2.3.1.3. stigma

It may be impossible for people living with HIV to return to their home countries due to stigma. Stigma may be driven by a number of factors,³⁵ such as people’s fear to get infected (through contacts not associated with the risk of contracting HIV) due to their lack of knowledge about the routes of HIV transmission; bias and stereotypes; low awareness of treatment options in the country of origin, fear of persecution by law enforcement agencies due to HIV status, fear of losing opportunities to earn money and support one’s family or concerns about lower performance because of the health condition. Due to the wide range of stigma formats, people living with HIV are always afraid of being rejected by their friends and family, so they try not to disclose their diagnosis.

“All my family members, my aunt, they all thought I would die. None of them knew about my diagnosis, I didn’t tell anyone. <...> I told them about cancer. That I have cancer in my liver. But I never told them about my second disease.” (a male respondent from Tajikistan)

Fears of stigma are reinforced by intersectional stigma, i.e. multiple exclusion factors affecting a person from different sides (from the side of relatives, acquaintances, health workers, law enforcement agencies or potential employers). The need to get treatment at AIDS centers increases the risk of the diagnosis being disclosed to other people. Patients are afraid that their friends or neighbors will sooner or later see them near the AIDS center and start gossiping about them.

“At first, I just bought some pills, so... I was afraid to go there, I thought maybe

³³ LGBT+ in the region of Central Asia: repressions, discrimination, exclusion. Human rights report ADC Memorial with the participation: Kyrgyz Indigo, Human & art, Kok.Team, Uzbekistan LGBTIQ IG “Equality”, IG OAT Kurtuluş and with the support: IG Safe Space, Trans* Coalition in the Post-Soviet Space. May 2020. P.18–23.

³⁴ LGBT+ in the region of Central Asia: repressions, discrimination, exclusion. Human rights report ADC Memorial with the participation: Kyrgyz Indigo, Human & art, Kok.Team, Uzbekistan LGBTIQ IG “Equality”, IG OAT Kurtuluş and with the support: IG Safe Space, Trans* Coalition in the Post-Soviet Space. May 2020. P.18.

³⁵ Evidence for eliminating HIV-related stigma and discrimination. UNAIDS, 2020.

my family, my parents will find out... maybe my relatives, some people I know will see me as I know almost everyone in this city. You never know, someone could see me at the AIDS center. <...> So I had this fear. <...> I was just afraid that there, in the center <in Bishkek> someone would see me. Yeah, someone who knows me.” (a female respondent from Kyrgyzstan)

Our respondent told a similar story of a man she knows who lives in Uzbekistan and receives ART there:

“He lives in a small village, but he went to a bigger city... so that no one would see him. In his village, someone he knows is sure to work there, like a relative, a neighbor, a neighbor’s daughter-in-law or someone else, anyway someone will be there... one of the people who know him, so... he did not want to do it there and went to the city. He decided to go to the city.” (a female respondent from Kyrgyzstan)

Aware of the risks, people living with HIV do not count on any support within the migrant community. Thus, ethnic and cultural organizations do not deal with the topics of HIV prevention and support of people living with HIV

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There is even more stigma in the transnational context. When relatives or acquaintances who work in Russia learn about a person’s diagnosis, they break all contacts with the person.

“My aunt has been living and working here for 25 years. In Protvino. She is already a Russian citizen. She helps me. Once she saw an envelope with the pills, which my daughter sent to her address, and now she does not talk to me.” (a female respondent from Uzbekistan)

The quote above refers to the story of our respondent, who used to work with her aunt and lost her employment contract, her job and her home, because her aunt who hired her, her only close person in a foreign city, accused her of having “a disease of bad women.” Aware of the risks, people living with HIV do not count on any support within the migrant community. Thus, ethnic and cultural organizations do not deal with the topics of HIV prevention and support of people living with HIV:

“There are very few cases when people call us. There must be more. But they don’t contact us. Maybe they go to other doctors, but not to their countrymen because... most of us know each other. So despite the fact that we always say that it is anonymous...” (expert interview 1)

Partly, low involvement of diaspora organizations in addressing the issues of migrants’ access to health services can be explained by the fact that such organizations rarely engage doctors, since they do not have enough resources, so it is more difficult for them to offer medical or psychosocial support to migrants.

When Russian CSOs offering HIV services engage migrants or people from diaspora organizations as translators or volunteers, they can teach them how to work with people living with HIV, thus building their capacity to continue this work.

2.3.1.4. economic risks

If people go back to their countries of origin, it can also worsen the economic situation of their families, if migration is a source of financial support for them. That is why some migrants choose to stay in Russia as it allows them to find at least some job and continue transferring money to their family members. When they come back home, they are faced with severe unemployment and low salaries, not covering their basic expenses.

"In Tajikistan, salaries are low. Now I plan to get a passport and find options to legally go to Russia and work there officially. Salaries there are more or less fine. You can live with this money. Here you can only survive. It is hard. Some people do all right everywhere, but some are like that... Children grow up, money is needed for the future. The more they grow, the higher the expenses." (a male respondent from Tajikistan)

"I was looking for job, but no, there are no jobs. If here are, salaries are meager. Also, I live not in Bishkek, but thirty kilometers away... I need to go thirty kilometers to the city, so I need money to travel. Let's say, I make 350–500 rubles... <...> So I have to pay a hundred for travel. There is almost nothing left. <...> I also need to buy lunch and all... If you stay hungry, maybe you'll have... about three hundred rubles left, but going there and working fifteen or sixteen hours a day is also not real." (a female respondent from Kyrgyzstan)

Other push factors for migrants are corruption and the experience of unemployment and economic hardships, which they experienced at home:

"All these difficulties, also unemployment... How, how will I get treatment there? How can I help my mother? Currently I support my mother with money, at least a little... What can I expect after [I go back]? <...> There is no internet there, nothing. Well, there is internet, but it costs money. Everything costs money. <...> expensive internet, expensive treatment... you need to pay for everything there. Everywhere, you need money everywhere. And here I have an opportunity to earn at least some money. Just to buy medications. You earn a little, you send it home. You earn some more and you can eat something good." (a male respondent from Uzbekistan)

2.3.2. Challenges in Russia

This section describes the challenges faced by the foreigners living with HIV who stay in Russia.

2.3.2.1. undocumented migrant status

Having an undocumented migrant status is associated with high risks of detention and constant fears. People who choose this option start the race fighting for their right to stay in the country as soon as their documents allowing them to stay in Russia expire.

Researchers have repeatedly written that the practice of law enforcers persecuting labor migrants in Russia was de facto institutionalized in the 2000s.³⁶ The interaction of police officers and migrants is an example of the power asymmetry, since in Russia (1) law enforcers have indefinitely broad powers of authority; (2) there are no effective mechanisms to appeal against the actions of law enforcement bodies. More specifically, there are three prevailing scenarios of interaction between law enforcers and migrants: an ethnically selective approach during identity checks; arbitrary detention and unmotivated violence; raids at the migrants' places of work and/or residence. Migrants have to reduce being in public places and using public transport as much as possible and pay for a cab to avoid identity checks in the subway or on the street.

"There is another woman from Turkmenistan, who hasn't been in her home country for ten years. Her passport is expired and police is looking for her everywhere. She lives here illegally. She works here illegally. At a clandestine factory. There are so many people like her. <...> Maybe they do not go out at all, do not seek medical help as they are afraid. I know that she took an Uber every time to go to work and back home. She was afraid that a cop would get her on her way. I say, do they really know your face? She says, yes. Of course, she has to pay enormous money for the cab every time. But it kind of makes her feel safe. Though I do not imagine how she can live like this for a long time." (expert interview 6)

Undocumented status of migrants reduces their chances of getting a good job with a stable pay, so they have to take occasional part-time jobs with the working hours that allow them to avoid crowds of people.

"Now I work at night. <...> I mean, I have to work somewhere. <...> I can't really find anything better. First, I do not have documents, as you know... Going somewhere else is also... How can I put it?.. Police is everywhere... What if they detain me... I'm really scared. <...> I tried to find a job nearby, so that I don't have to go anywhere, meet anyone." (a male respondent from Uzbekistan)

2.3.2.2. using paid health services: no access to voluntary health insurance and budget estimates

Foreign citizens who stay in the Russian Federation temporarily can receive medical assistance on a fee-for-service basis.³⁷ To receive routine health care, they need either to get certificates of voluntary health insurance (VHI) or to sign contracts for paid services with health facilities every time they seek help.

When insurance companies find out about patients' HIV-positive status, they suspend their voluntary health insurance certificates. Some companies

³⁶ B. S. Gladarev, Zh.M. Tsinman. Policemen and guest workers: street practices of resource redistribution // Sociological Journal. 2010. No. 1. P. 37–62 (available in Russian).

³⁷ Except for citizens of the EAEU countries (Armenia, Belarus), who have a right to apply for compulsory health insurance certificates to receive free routine health care.

refuse to sign contracts with clients living with HIV, while others apply multiplier coefficients for them. Considering that VHI certificates are often provided by employers, HR departments can raise relevant questions, which increases the risks of a person's HIV status disclosure against his or her will. Each insurance company has its own database of VHI certificates for its internal use, which is not shared with other companies. However, insurance companies demand that doctors report any changes in the health of the insured persons to them. Russian laws declare that discrimination against people living with HIV (along with people with disabilities) is not acceptable, but there are legislation gaps allowing insurance companies and banks to deny services or apply higher rates to such clients based on their internal rules.³⁸

Only some insurance companies agree to issue insurance certificates to people living with HIV, but the cost of such certificates increases significantly:

A person living with HIV "will not get voluntary health insurance, if he discloses his status. If he hides it, most likely his contract will be terminated as soon as they find out. I made... well, not I made actually, but the foundation, where I worked. They made [insurance] for all the employees. For me, the cost of voluntary health insurance was higher than for others." (expert interview 8)

Charities can provide foreigners living with HIV with ART for short periods of time. The specifics of the financial support they offer means that they are not able to guarantee long-term programs for their clients. Grassroots initiatives (such as creating a "stock" of medicines to be distributed among those in need) also cannot guarantee stable or uninterrupted access to the ART. All labor migrants who stay in Russia face the need to buy ART at their own expense. We can make some calculations based on the experience of our respondents, who live in Russia and purchase ART with their own money.

"Every month, I buy pills: I take biseptol (twice per day), acyclovir, and vitamin E. A nurse prescribes them. I spend 4–5 thousand only to buy medications. I have high blood pressure all the time... They [medications] take half of my fridge. My salary is 25–26 thousand. <...> 8 thousand for the flat, 4 thousand for utilities, 5 thousand to buy food. Telephone... We buy bread every day. <...> Sometimes it's 150. Depends on what we can afford." (a female respondent from Uzbekistan)

"The first appointment is fifteen hundred. <...> Then every appointment is 1,100. <...> They made a discount for me, so it's 1,100 every time. So every time you go, you have to do tests, for the [viral] load and all that stuff. <...> I even have all the checks. I... saved them. The total amount is about nine thousand seven hundred, about ten thousand. <...> That's only for the tests. <...> When I started, they asked me to repeat my tests every month. <...> Later, you have to do it every three months, then every six months, and finally every year. <...> As for

³⁸ Health insurance for HIV: companies refuse, while courts take the side of people. AIDS center. Available in Russian

the medications, I took a stock for three months at a time. They are not sold in every pharmacy, so I had to go to one place. <...> It was... a long way, it took me an hour and a half by subway. I could find them in only one internet pharmacy. A.... took their phone number, so when I needed a refill, I called them beforehand and asked if my pills were available, always one month in advance <...> So I went there and bought for about three months <...> it was roughly five thousand for three months. <...> I always took a stock for three months, so that... I don't have to go every time.” (a female respondent from Kyrgyzstan)

The cost of the most affordable ART regimen is about 1,500 rubles a month. Other, more expensive treatment regimens may be prescribed depending on individual patient's tolerance. There are also additional expenses for regular consultations with doctors and the cost of tests for immune status and viral load.

The cost of treatment varies and depends on the stage of disease and on the viral load. The Regional Expert Group on Migration and Health suggests the following estimates. For our micro-costing analysis, we took two treatment scenarios: outpatient treatment of a patient with controlled HIV infection; and inpatient treatment of a patient living with HIV who is not taking antiretroviral therapy, which has led to the development of HIV-associated diseases. In the first scenario, the cost of typical examinations and treatment was RUB 83,084 a year. In the second scenario, inpatient treatment of a patient with complications of HIV infection was modeled. The cost of all the required examinations, treatment and other services for 21 days of hospital stay amounted to RUB 228,572.60, which is almost three times higher than the cost of annual outpatient treatment. In order to control the spread of HIV and reduce budget costs, we recommend legalizing foreigners living with HIV and introducing a practice of reciprocal interstate transfers to reimburse for the costs of antiretroviral therapy in the host countries.

2.3.2.3. legal proceedings: family reunification

Lawyers and other people of helping professions note that in the recent years there have been some judicial precedents, which give labor migrants hope to become Russian citizens through the procedure of family reunification. This may be an opportunity for migrants whose close relatives (parents, spouses or children) have Russian citizenship.

“Now I am registered in Russia, so I have a right to spend six months here. Recently, we won a lawsuit as I have a close relative in Russia. But when we went to apply for my registration, we were told that I was still prohibited to register. We wrote a letter to the law enforcement agencies, asking them to cancel this prohibition. Now we are waiting for a response. Then we will be able to get a

residence permit so that we can stay in Russia not for six months, but longer.” (a female respondent from Moldova)

Judicial proceedings require considerable financial investments and moral efforts from the plaintiff. Not all people can bring themselves to go to court.

“In the worst-case scenario their response can be challenged as my parents are about to get citizenship.” (a male respondent from Armenia)

The situation is complicated with the fact that court trial is a multi-stage procedure. Usually people who choose to follow this path have already exhausted other possibilities. They have to sue Rospotrebnadzor in order to revoke its decision on their unwanted stay in Russia and appeal against the refusals to obtain citizenship that preceded the trial.

“I have not prolonged my registration as I was in hospital and had to stay in bed, so I couldn’t prolong it. But it’s easier for me as I am an LPR [Luhansk People’s Republic] citizen. <...> I have to check if they entered me in the database and do something about it if they haven’t. If I am in the database, there is a simplified procedure: photo, LPR passport and electronic records. <...> I will register at my stepfather’s place and then I can get everything else done. Though I’m concerned that they can reject my application as all the databases show that I have HIV and tuberculosis. Then I will have to wait till my mother becomes a citizen. Then I will have a 100-percent guarantee that I will not be rejected.” (a male respondent from Ukraine)

2.3.2.4. intermediate statuses

The procedure to acquire citizenship is complicated by the fact that while the registration process is going on (which takes a long time) people have an intermediate status: they are no longer eligible for ART in the country of origin, but are not yet legalized in the Russian Federation to have full access to services in the public health system. Thus, one of our respondents moved to Russia in 2013 and is no longer able to receive therapy in Ukraine as to obtain a legal status in Russia she had to renounce her Ukrainian citizenship. Currently, she does not receive therapy in Russia and she was not able to leave the country for a long time as there was a decision on her undesirable stay in the Russian Federation though all her children were born in Russia and now she is trying to obtain Russian citizenship.

“I cannot go there <to Ukraine> as before submitting documents to get a residence permit I had to submit a declaration to renounce my citizenship to my embassy. In my national passport, there is a stamp showing that I was granted a residence permit in the Russian Federation. So my national passport is void in Ukraine. I am nobody there. <...> Firstly, as I voluntarily renounced my citizenship, I am nobody there. Secondly, I got a residence permit, but Rospotrebnadzor failed to consider all the circumstances – that I have a family here: a husband (back then he was alive) and children who are Russian citizens – and issued a decision to recognize me as a foreign citizen and prohibit me to

enter Russia. <...> I was prohibited to enter Russia. But in 2019 I finally had this decision canceled based on court orders. On October 22, court judgment on canceling the decision on my prohibition to enter the country entered in force and I was able to protect my right to stay in Russia. Next year, I will try to apply for the Russian citizenship.” (a female respondent born in Ukraine)

Refugees, asylum seekers and stateless persons also face similar challenges. Bureaucratic procedures in Russia are lengthy in terms of processing and decision-making, and throughout all this time people do not have access to ART.

2.4. ANALYZING THE SITUATION OF CERTAIN SUBGROUPS OF FOREIGNERS LIVING WITH HIV

Based on the intersectional approach, in this section we describe the situation of certain subgroups of foreigners living with HIV in Russia, i.e. pregnant women and students, in more detail.

2.4.1. Pregnant women living with HIV

Pregnant women are tested for HIV twice during their pregnancy: at their first visit to the antenatal clinic and in the third trimester. When pregnant, all women living with HIV have a right to receive ART to reduce the risk of perinatal transmission. However, not all female migrants know that they have a right to receive free services at an antenatal clinic, including ART, during pregnancy. For instance, it can be demonstrated with the data from St. Petersburg AIDS Center, where every year 14% of women living with HIV start receiving ART only in maternity hospitals.³⁹ Late initiation of treatment leads to higher risks of mother-to-child transmission of HIV.

Foreign women living with HIV are not eligible for free therapy anymore when they deliver.

“In 2017, when I was pregnant, I received medications in Moscow with my residence permit, until I delivered my baby. Then it was over. <...> Only for the Russian citizens. They don’t even want to talk to me. I spoke to the chief doctor at the Sokolinaya Gora hospital. They gave me a denial letter and told me to go home and get therapy there.” (a female respondent from Ukraine)

Even in case of early treatment initiation, doctors are concerned about the fact that after pregnancy a woman’s body may be weak and she may face additional risks, which are aggravated because she stops receiving free ART.

“My gynecologist was always asking me about my documents because when I deliver my body will be weaker. 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 would be able to get all my documents done to start receiving therapy.” (a female respondent from Moldova)

³⁹ O.L. Mozaleva, A.V. Samarina. Socio-demographic and epidemiological characteristics of HIV-infected pregnant women in St. Petersburg as a risk factor for perinatal HIV transmission // HIV Infection and Immunosuppression. 2019. V. 11. No. 3. P. 10 (available in Russian).

Apart from the difficulties in access to therapy, female migrants living with HIV face stigma and segregation in health facilities, which can be practiced with no additional explanations “just in case,” not taking into account the immune status of a woman.

“I didn’t like the attitude where I delivered my baby. They had those bias. Several times, I was on bed rest in a hospital and they always put me in a separate room and refused to put anybody else there. Then, when I delivered, my baby and I were also in a separate room. All other girls were put in rooms of three and I was alone. I don’t know if they were scared for other babies and mommies or something else, but it was a bit unpleasant. <...> They performed their medical duties but there was this attitude, of course... Not so much from nurses, but from the doctor who attended me. The doctor, doctors, had this attitude. <...> When I asked them why I was in a separate room, they told me it was because of my infection. When I explained that I have an undetectable viral load and it is not dangerous for other people, they told me: it’s just to be on the safe side.” (a female respondent from Moldova)

2.4.2. Students

The stay of foreign citizens who arrive in Russia to study is regulated both at the federal level and at the level of educational institutions. Usually, health certificates are compulsory for the students who are Russian citizens. Foreign students have to submit certificates of HIV-negative status when applying for a student visa.⁴⁰ If foreign students come from a country, which does not have visa relations with Russia, their HIV status may not be known to the educational institution at the time of enrollment. Though there is a discussion in the educational institutions on the unequal position of foreign and Russian students in case they are diagnosed with HIV, this issue has not been resolved yet. Russian students living with HIV can continue their studies, while foreign students are at risk of deportation.

2.5. ADDITIONAL BARRIERS IN ACCESS TO HEALTH SERVICES DUE TO THE COVID-19 PANDEMIC

The COVID-19 pandemic has become a global driver of inequality.⁴¹ As stated above, in the Russian Federation a foreigner living with HIV has two options to receive ART: to get registered with health facilities in the country of origin and receive consultations and therapy there (or get medicines through friends or by mail and consultations in social media or otherwise) or purchase ARV drugs in commercial pharmacies and pay for consultations in private clinics. Lockdown measures affected both of these options.

Let’s first look at the foreigners who received free therapy in their countries of origin. When lockdown measures were introduced, the borders

⁴⁰ Federal Law dd. March 30, 1995 N 38-FZ “On prevention of transmission in the Russian Federation of the disease caused by human immunodeficiency virus (HIV infection)” as amended (available in Russian).

⁴¹ Seizing the moment - Global AIDS Update. UNAIDS, 2020. p.19.

were closed with no regular transport connection left. Thus, physical ties between the states were broken for a while. As a result, foreign patients remaining in the Russian Federation faced logistical challenges and were not able to receive ARV drugs at the AIDS centers in their countries of origin. Even if their family members or other authorized persons were able to get the therapy for them, there was no way to pass the medicines across the border.

"The border is closed, so my mother cannot send it to me. My mother got it, the doctor gave it to her, but they let people in from here, but not from there.

"Those who didn't leave lost their chance to get medicines, so they come to us. To deliver drugs with DHL or Pony Express, they need a certificate and a prescription."

“

So she cannot send me my therapy so far. <...> Mom went to the post office to send it with a parcel. But trains were also stopped. Trains do not operate since the border is closed. No, unfortunately there is no access. I was waiting, I had my vacation

from August till September. I was praying for the borders to open so that I can go home. The government told that in August they would open the border with some countries. But unfortunately, they didn't open it." (a male respondent from Tajikistan)

Civil society organizations faced a situation when their foreign clients were completely isolated from their ART sources:

"Tickets are very expensive. They cannot go. And nobody can deliver them medicines from there." (expert interview 1)

"Because of the closed borders, this year people had problems with getting their therapy, some of them were not able to leave to access the therapy – things were generally pretty bad." (expert interview 9)

"Those who didn't leave lost their chance to get medicines, so they come to us. To deliver drugs with DHL or Pony Express, they need a certificate and a prescription." (expert interview 11)

The second group of patients, who received ART at their own expense in Russia, has also been affected. Lockdown measures led to a sharp drop in their income. Experts from the RANEPa Group for Migration and Ethnicity Research conducted an online survey on the life changes caused by the pandemic in multiple languages. They received the following data (with non-random, spontaneous, quota sample).⁴² In the wage employment category, 40% of labor migrants (and 23% of Russian citizens) lost their jobs. We should also account for those who were forced to go on unpaid leave, did not work or receive salaries since the beginning of the pandemic, which adds to 75% of migrants. Surely, the widespread decline in income affected the treatment regimens of migrants who chose to buy cheaper drugs:

⁴² E. Varshaver. The situation of foreign labor migrants in Russia during the coronavirus pandemic // Monitoring of the economic situation in Russia. Trends and challenges of socio-economic development 2020. No. 20 (122). July. Available in Russian

"Migrants, who earned money and found ways to purchase their therapy, changed their treatment regimens to the cheapest ones." (expert interview 13)

Apart from the therapy, people living with HIV should undergo regular diagnostics and receive doctor's consultations. Introduction of the access system and punitive measures for violating the social distancing requirements led to uncertainty and fears. During the lockdown, not all patients were able to receive the routine health care they needed. Besides, the delivery of some routine health services was suspended due to the high burden on the health care system caused by the pandemic. AIDS centers were not affected, but the lockdown restrictions led to patients choosing to postpone their visits to health facilities:

"This past year, due to COVID, I didn't see a lot of migrants here, trust me. The epidemic struck us hard, though we haven't been closed even for a day, we kept on working. But people were told they had to stay at home. <...> so... there were many phone calls, when people were asking: Are you open? Do you work?" (expert interview 3)

Another health-related change was the compulsory coronavirus testing when applying for residence documents introduced in June 2020. If a migrant tests positive for coronavirus, it can be the basis for refusal or cancellation of the current residence documents regardless of the previous migration history and all the required papers being in place. The Ministry of Health Order dated June 15, 2020, which included the diagnosis of "coronavirus infection" in the list of diseases endangering other people, has been repeatedly criticized for being unreasonable⁴³ and should be canceled.

According to human rights organizations, during the COVID-19 pandemic one of the most vulnerable groups of migrants were those who were held in the temporary detention centers for foreign nationals.⁴⁴ A foreigner can be sent to such temporary detention center in a number of cases, in particular if a decision is made on the undesirable stay of such foreigner in Russia due to certain diseases, including HIV. The borders were closed, so the countries of origin were not able to bring their citizens back and those contained in the temporary detention centers were simply stuck there for an indefinite term. It was impossible to ensure social distancing in such centers, which have conditions similar to prison facilities,⁴⁵ so overcrowded accommodation

⁴³ E. Varshaver. The situation of foreign labor migrants in Russia during the coronavirus pandemic // Monitoring of the economic situation in Russia. Trends and challenges of socio-economic development 2020. No. 20 (122). July. P. 11 (available in Russian).

⁴⁴ Releasing migrants from the temporary detention centers for foreign nationals during the COVID-19 pandemic. Report of the Migration and Law Network of the Memorial Human Rights Center.

⁴⁵ "Worse than in pre-trial detention centers": human rights advocates paid a visit to a migrant center. Izvestia, 22.11.2019. Return conditions: Russian temporary detention centers for foreign nationals are not so different from pre-trial detention centers or prisons. Fergana News, 18.02.2020. Prison with no term. Foreigners cannot be deported but are not released from temporary detention centers. Mediazona, 02.04.2020.

Y. Ivaschenko. "Not only Moscow residents shouldn't be there, nobody should be there": migrants live for years in Saharovo, where those arrested after protests were taken. Current time, 05.02.2021.

created the risk of spread of not only coronavirus, but also other infectious diseases. At the same time, no systemic health care is available in the temporary detention centers: there are no specialized diagnostic or treatment tools, with only paramedics offering health examinations, but those paramedics are not doctors and can only provide primary medical care. Besides, after the quarantine measures were introduced, all visits to the detention centers were banned (and therefore detainees were not able to receive any parcels, including those with vital drugs) as well as meetings with lawyers, which made it difficult for migrants to get any legal assistance.

CONCLUSIONS

As demonstrated by the international studies (for example, in the USA and South Korea), legislation criminalizing foreigners living with HIV shifted the focus away from the epidemiological safety. In the countries where criminalization still exists, there is a dangerous shift of responsibility to foreigners as the source of HIV transmission, which is not true (as according to Rospotrebnadzor experts, working in the Russian Federation is a risk factor for migrants in terms of getting infected with HIV).⁴⁶ Meanwhile, the fact that there is still an HIV epidemic in Russia is not in the agenda, which means that the spread of HIV in the population is growing. The existence of deportation provisions not only violates human rights but also poses a threat to public health and epidemiological safety.

The Russian Federation needs migrants to strengthen its labor and demographic potential.⁴⁷ Migrants make a significant contribution to the country's economy, increasing tax revenues and paying for labor patents.⁴⁸

What is the same for all foreigners living with HIV is their fear of deportation, legal uncertainty, problems with access to prevention and treatment.

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With current treatment regimens, people living with HIV do not pose any danger to others. Decriminalization of migrants living with HIV will make labor legalization procedures in Russia more open and transparent. The foreigners who have

been forced to remain in the “grey zone” for years will be able to receive treatment and support and thus contribute to the performance of the ART coverage indicators by the Russian Federation.

Foreigners living with HIV in Russia are a very heterogeneous group with various needs and with different barriers in terms of their access to health services. Their risks and vulnerabilities are associated with many factors of inequality: territorial inequality (distance to health facilities), gender inequality, language barrier, low knowledge of diseases and their prevention and lack of awareness of their rights. Foreigners with a higher income buy ARV drugs at their own expense and are monitored by doctors in private clinics. Those who have lower income use mutual support mechanisms (HIV NGOs, creating a “stock” of medicines to be distributed among those in need). The opportunities

⁴⁶ For more details see: V. Mishina “The main driver of HIV infection for migrants is working in Russia” // Kommersant. 13.02.2017.

⁴⁷ Putin: Russia needs an influx of new citizens.

⁴⁸ World Migration Report. International Labour Organization 2020.

available to migrants vary greatly depending on their country of origin and legal status. What is the same for all foreigners living with HIV is their fear of deportation, legal uncertainty, problems with access to prevention and treatment. The current situation has occurred due to the contradictions between the public health principles as well as the right to medical confidentiality related to the HIV status and migration legislation and the requirements to claim the stay of foreign citizens living with HIV in the Russian Federation undesirable.

RECOMMENDATIONS

The recommendations below have been developed based on the conclusions of our research team and in the course of expert discussions within the working group on migration.

To control the spread of HIV in the Russian Federation, bring foreigners living with HIV out of the shadows, and reduce budgetary costs for high-tech medical care, we recommend:

1. GOVERNMENT BODIES OF THE RUSSIAN FEDERATION

1.1. Abolish the provisions on the unwanted stay of foreign citizens and their deportation or refusal for them to enter the Russian Federation or receive temporary residence permits or on the cancellation of previously issued residence permits based solely on their HIV status (recognize part 1 of Article 10 and paragraph 2 of Article 11 of the Federal Law dd. March 30, 1995 N 38-FZ "On prevention of transmission in the Russian Federation of the disease caused by human immunodeficiency virus (HIV infection)" as invalid, amend subparagraph 13, paragraph 1 of article 9 of the Federal Law N 115-FZ dd. July 25, 2002).

1.2 Adapt the existing documents (developed within EAEU, CIS or other regional platforms) and consider the creation of new international and regional funding mechanisms that would allow migrants arriving in Russia for more than three months to access health services related to HIV and tuberculosis.

1.3 Strengthen interagency cooperation between government bodies of the Russian Federation (including the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor), the Ministry of Health of the Russian Federation and other responsible agencies) to effectively curb the spread of HIV and tuberculosis in all the populations affecting epidemiological situation in the country, including international migrants.

1.4 Add the following paragraph to article 6 of the Federal Law dd. March 30, 1995 N 38-FZ "On prevention of transmission in the Russian Federation of the disease caused by human immunodeficiency virus (HIV infection)":

Funding of the measures to prevent the spread of HIV implemented by the municipal health facilities for foreign citizens and stateless persons in the territory of the Russian Federation, shall be provided:

- at the expense of foreign states – countries of origin of migrants;

- at the expense of individuals and legal entities;
- through other sources of funding not prohibited by laws of the member states – countries of origin of migrants.

1.5 Develop and implement the practices of reciprocal interstate transfers to reimburse for the costs of antiretroviral therapy for labor migrants in the host countries.

2. GOVERNMENTS OF THE COUNTRIES OF ORIGIN

2.1 Include the **Strategy for Comprehensive Support of Migrants into the national programs with a focus on health issues**, including programs aimed at prevention, early diagnosis and access to health services in the context of HIV, tuberculosis and STIs. Such strategies should be developed based on the situation analysis with a broad engagement of civil society organizations, taking into account international recommendations and the UN Sustainable Development Goals.

2.2 Allocate funds from state budgets to the **civil society organizations** providing services related to migration, HIV, and tuberculosis to **work with outgoing and returning migrants**.

2.3 Initiate signing of bilateral and multilateral agreements among states in the areas of HIV and tuberculosis response, and in those countries where such agreements exist, monitor their implementation with the engagement of civil society.

3. INTERNATIONAL ORGANIZATIONS

3.1 Support the initiatives aimed at cross-border cooperation between countries of origin and destination of migrants, offering necessary technical assistance; facilitate the promotion of such initiatives in decision-making bodies.

3.2 Maintain and, if needed, scale up the funding of assistance programs for migrants in the context of HIV and tuberculosis, taking into account the needs of migrants as well as specifics and restrictions related to the provision of such assistance in the host countries.

3.3 Initiate and support inter-country platforms for knowledge exchange and dialog for the countries of Eastern Europe and Central Asia.

4. CIVIL SOCIETY ORGANIZATIONS

4.1 Develop programs and services with due consideration of the background and needs of migrants (language, legal status, socio-economic status, cultural aspects).

4.2 Develop cross-border cooperation with civil society organizations and health facilities in the countries of origin of migrants.

4.3 Develop cooperation with migrant associations and health facilities in the countries of destination of migrants.

FURTHER AREAS OF RESEARCH

Further research studies regarding migrants' access to HIV-related health services can be carried out in three key areas, which are most promising in our opinion:

1. Studying the barriers impeding the effective operation of service provider organizations, in particular:

- monitoring the availability of information on health issues for migrants in their native languages;
- creating a social profile of a migrant living with HIV, including the level of knowledge of the Russian language, the structure of values (to define the place of one's health in the value hierarchy), social aspects and household issues;
- assessing the level of migrants' knowledge on health, HIV-related stigma, and internal stigma;
- mapping of service organizations offering assistance in all the required areas;
- mapping donors – what they fund and which areas are not covered by them;
- analyzing the impact of prohibitions on the activities in the relevant area.

2. Research studies to analyze the barriers in migrants' access to HIV-related health services at the state level, in particular:

- conducting a detailed economic assessment of the costs incurred by the government for treatment, deportation, and keeping migrants in temporary detention centers for foreign nationals;
- justifying the effectiveness of decriminalization of migrants living with HIV in terms various aspects of the Russian economy, not only the cost of treatment;
- conducting an audit/review of the functions of government agencies related to the provision of assistance to migrants (which agencies offer support in resolving migration and health issues).

3. Research studies to analyze the barriers in migrants' access to HIV-related health services at the interstate (cross-border) level:

- describing the current practices implemented by the countries in providing treatment to their citizens in migration;
- assessing the readiness of other countries to provide treatment to their citizens in migration (including their remote registration with AIDS centers and such centers accepting medical documents from foreign commercial clinics).