

First meeting of country representatives and partners of the Regional Expert Group on Migrant Health for Eastern Europe and Central Asia

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RESOLUTION

In the region of Eastern Europe and Central Asia, migration flows, including labor migration, are constant and massive, involving millions of people and affecting all areas of human life, including health issues. Nearly all the countries in the region provide treatment for chronic communicable diseases to their citizens, preserving their health, ability to work and quality of life.

HIV infection is now equated to a chronic disease: modern science has made it possible to live with HIV infection, to have a normal life expectancy, to ensure HIV is not transmitted to a partner, to give birth to healthy children. This is why most countries of the world, including those in the Eastern European and Central Asian region, have abolished the regulations that were discriminatory against the migrants' right of sojourn. However, in the Russian Federation they are still in effect.

The General Assembly adopted the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. This document pays particular attention to the communities vulnerable to HIV/AIDS, including migrants, refugees and internally displaced persons. The declaration notes that the migrant status can be a trigger for inequality, which has contributed to the inability to meet the global HIV targets set for 2020. It also notes that with the multiple barriers that migrants and refugees face during and after migration, they may be at increased risk of HIV infection.

Recognizing the importance of the expert dialogue, the representatives of the civil society from the Eastern Europe and Central Asia region (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Ukraine, Uzbekistan) who gathered in Tbilisi for the First Meeting of Country Representatives and Partners of the Regional Expert Group on Migrant Health articulated a number of suggestions and recommendations for the public authorities and for the civil society of the migrants' countries of origin as well as for the international organizations.

1) Recommendations for public authorities and civil society of the migrants' countries of origin

1. Analyze the existing regulatory documents of EECA countries for potential cross-country cooperation on HIV services (mutual recognition of medical documentation, possibility of unhindered shipment of medical drugs across borders).
2. Introduce the Strategy of comprehensive support to migrants into the national programs, focusing on health issues, including programs of prevention, early diagnostics and access to health services for HIV, tuberculosis and STIs. There is a need to develop programs for HIV prevention for citizens leaving to emigrate, as well as strategies to help citizens with HIV who are in migration and to those who are returning home. These strategies should be designed based on the analysis of the situation, conducted with the broad involvement of civil society organizations, taking into account the international recommendations and the UN Sustainable Development Goals.
3. Ensure the allocation of funds from the state budgets to the organizations working on migration, HIV, tuberculosis so as to work with departing and returning migrants.
4. Establish a working group to prepare a framework document with a view to initiating a dialogue between the AIDS Centers of the countries of origin and the receiving countries to identify some opportunities for remote registration and for starting treatment. (based on REG).
5. Develop and initiate the mechanisms of interaction between AIDS Centers of migrants' countries of origin and AIDS Centers of the Russian regions for effective epidemiological control and medical surveillance by transferring the data from the regional AIDS Centers of Russia to the country of origin for remote registration at the place of permanent residence and to ensure that therapy be prescribed remotely (without the migrants' personal presence in the country of origin).
6. Organize joint remote counseling of HIV positive patients from the labor migrants' countries of origin and their host countries on psychosocial counseling, ART prescription and other issues.
7. To develop the mechanisms for remote monitoring of the treatment process for the citizens of countries of origin who are in migration in order to maintain continuity of their treatment, using telemedicine.
8. To conduct research in migrants' countries of origin using a common methodology to form an evidence base to ground the need for national HIV prevention and treatment program for citizens in migration, as well as for migrants who have returned to the country of origin.
9. Encourage programs of experience exchange between NGOs that have experience in providing support to labor migrants with HIV infection by creating networks of associations, as well as virtual and face-to-face seminars, conferences, working meetings, consultations, etc. (with the assistance of REG).
10. Develop service programs in host countries (mainly in Russia and Kazakhstan) that take into account the particular needs of migrants (their language, legal status, socio-economic status, cultural background).

For international organizations

1. Support the initiatives aimed at cross-border cooperation between the migrants' countries of origin and their host countries, with the provision of the appropriate technical assistance, to promote these initiatives in decision-making bodies.
2. Reallocate the financial resources for HIV prevention activities among labor migrants based on the real epidemiological situation on HIV in countries of origin.
3. Support and strengthen HIV and TB assistance programs for migrants taking into account the migrants' needs and the particular limitations of relevant assistance in receiving countries.
4. Create and support cross-country platforms for dialogue and experience exchange among the countries of the region of Eastern Europe and Central Asia region.