



ANALYTICAL REPORT



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Overview of civil society-based and facility-based best practices in providing support to foreign migrants in the Russian Federation and eliminating the barriers in their access to HIV services

SUMMARY

The goal of this study is documenting the best practices in providing support and eliminating barriers in access to the services related to HIV and other infectious diseases for migrants in the Russian Federation. The study takes into consideration the differences in the barriers for migrants in big Russian cities (Moscow and St. Petersburg) and other regions of the Russian Federation. Our analysis allowed identifying a set of the existing practices of cross-border cooperation between the organizations helping migrants in the countries of origin and in the regions of the Russian Federation. The study answers the question about how civil society is engaged in addressing the problem of providing support to migrants and how it helps to eliminate or overcome the barriers in access to HIV services on the territory of the Russian Federation in the existing circumstances.

To describe the best practices in providing support to migrants related to HIV and other infectious diseases, our research team collected the empirical data through in-depth interviews. In total, there were 19 interviews with the experts engaged in providing various types of support to migrants related HIV, tuberculosis and other health services. The questions discussed during the expert interviews were related to how each organization arranges the provision of HIV prevention, testing, ART, and legal support to help foreigners living with HIV obtain a legal status and addresses the issue of their undesirable stay in the Russian Federation.

In addition to the interviews, the data for the analysis were taken from the strategic cases documented by two helping organizations in Moscow and St. Petersburg. The process of documentation stipulated anonymized data collection based on real case management stories included in the summary tables and questionnaires. Long-term case management was also described where possible. In-depth interviews with case managers were conducted for a more comprehensive data interpretation. In our opinion, it is important to use this non-trivial source of data, since the entire range of informational, medical and legal tools accessible to charitable organizations was used to address such strategic cases. Strategic case management can be viewed

as another best practice taking into account the specific characteristics of the target population. Strategic cases provide helpful materials to describe and summarize how medical and supervisory decisions are routinely implemented in the everyday life, how rights are defended and how access to health services for migrants is ensured in the challenging institutional conditions.

LIST OF ABBREVIATIONS

ART – antiretroviral therapy

ARV drugs – antiretroviral drugs

EAEU – Eurasian Economic Union

EECA – Eastern Europe and Central Asia

HIV – human immunodeficiency virus

IOM – International Organization for Migration

LGBTQ – lesbian, gay, bisexual, trans and queer people

MSM – men who have sex with men

NGO – non-governmental organization

PLWH – people living with HIV

PWID – people who inject drugs

RF – Russian Federation

UNAIDS – Joint United Nations Programme on HIV/AIDS

WHO – World Health Organization

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INTRODUCTION

The study was conducted in late 2021 – early 2022 to analyze the experience of civil society organizations and health institutions in working with such difficult and sensitive topic as HIV and migration. It resulted in collecting and analyzing the best practices in HIV prevention, awareness-raising and ensuring access to treatment for foreign migrants living with HIV used by NGO staff and health professionals in the EECA region. In this study, the concept of best practices is interpreted in a rather broad sense. The assessment showed that best practices can include both prevention measures and interventions. Thus, prevention measures can include new ways of informing vulnerable populations about HIV, taking into account the vital need in confidentiality, which is typical for migrants in Russia. As for the interventions, they include in particular new formats of raising awareness about HIV aimed at changing behaviors and reducing the risks of transmission, which are arranged in a comfortable and friendly atmosphere, e.g. in the premises of ethnic and cultural organizations.

Here we need to mention certain limitations, which are important in the context of this study. Firstly, best practices are limited in time. Those treatment, care and support methods, which were applied in the non-governmental sector in the 2000s, do not always remain relevant a decade later. As a result, our study is limited in time – we are only analyzing the formats of activities, which were documented up to January 2022.

The second limitation is related to the institutional context. It means that the legal framework of NGO operation as well as migration regimens are constantly changing and being transformed. It reminds us of the political decisions and ways of enforcing them, which are used in Russia, in the neighboring countries, in the EECA region and at the level of international cooperation, which is initiated and supported by the global organizations and funds working in the area of health and migration (WHO, AIDS Healthcare Foundation, IOM, UNAIDS, etc.). Thus, the best practices used by civil society organizations are sensitive to the institutional regimens and changes in the healthcare policies, which are implemented at different levels.

The third limitation is related to the fact that the best practices cannot be the same for all organizations. We can say that the best practices of specific projects are defined by the short, medium and long-term goals set forth by an NGO or by another organization working in the area of health. Thus, different sets of best practices are created, which vary depending on the area of activities (advocacy, activism, access to health services, legal support, etc.).

The fourth limitation refers to the regional context and to the topic of territorial inequality. This limitation is particularly pronounced in the Russian Federation, where people in different regions have significant differences in access to HIV prevention and treatment services due to the differences in the distribution of health institutions, their operation and availability of advanced equipment and medicines. People who live in bigger cities have more opportunities to be prescribed with treatment and access the necessary medicines as compared with those who live in rural areas. In turn, those opportunities often depend on the person's registration or residence record. Similarly, we can observe regional differences in the operation of funds and organizations which support PLWH – such facilities offering HIV services are available not in every region of the Russian Federation. This is not a complete list of limitations, but these four – *temporary, institutional, functional and territorial* – can be considered decisive for the operation of NGOs.

The report is structured as follows: it begins with a brief overview of the research studies to set the regional and international context in the operation of NGOs helping migrants living with HIV. This overview is followed with a description of the research methods and empirical data analysis results. The main part contains an overview of the best practices used by NGOs. This is followed by a section devoted to the analysis of real strategic cases implemented in 2019–2021 by two helping organizations. The document ends with the conclusions of the study followed by the recommendations developed for the government authorities in Russia and other countries of the EECA region as well as recommendations for the NGOs.

INTERNATIONAL AND REGIONAL CONTEXTS

International context

To better understand the international context of the NGO activities, let us have a look at the review of the publications on HIV prevention and treatment programs for migrants in the European countries.¹ The authors experienced a challenge related to the fact that migrants are a heterogeneous group, which is extremely diverse in terms of its composition, origin, home countries, religion, legal status, etc. The study demonstrates that there are no universal programs for all migrants: general health care programs might be enough for some foreign migrants living in the European countries, while others need targeted practices to be developed specifically for them. A number of studies have highlighted the burden of late HIV diagnosis among migrants as compared to residents, which can lead to excess mortality and more severe health outcomes. Implementing effective and non-discriminatory programs of affordable HIV testing is also of paramount importance. As for the innovative practices, authors highlight the programs aimed at engaging communities in HIV prevention and treatment activities. All studies indicate the importance for NGOs to strive to achieve the treatment cascade (*'HIV care continuum'*)² so that the majority of people living with HIV know their status, receive treatment and are virally suppressed, preventing further transmission of the virus.

Government migration policies have a significant impact on the activities of NGOs. For instance, in 2010s, anti-immigration laws in the USA led to a significant decrease of migrants' coverage with HIV prevention and treatment services. A research study conducted in California,³ which traditionally reports the biggest migration flows in the USA, was based on the interviews with providers of health and social services. The research team shows that in the current migration context of the USA the most powerful and effective way to support migrants living with HIV is to implement medical-legal partnership. As there were people with migration experience among the health professionals, their focus on the needs of

¹ Álvarez-del Arco, D., Monge, S., Rivero-Montesdeoca, Y., Burns, F., Noori, T., & Del Amo, J. (2017). Implementing and expanding HIV testing in immigrant populations in Europe: Comparing guideline's recommendations and expert's opinions. *Enfermedades Infecciosas y Microbiología Clínica*, 35(1), 47-51.

² Gardner, E. M., McLees, M. P., Steiner, J. F., Del Rio, C., & Burman, W. J. (2011). The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. *Clinical infectious diseases*, 52(6), 793-800.

³ Fuller, S. M., Steward, W. T., Martinez, O., & Arnold, E. A. (2020). Medical-legal partnerships to support continuity of care for immigrants impacted by HIV: lessons learned from California. *Journal of immigrant and minority health*, 22(1), 212-215.

their clients was the basis to refer such clients to the legal services, which specialized in helping migrants living with HIV. Case managers successfully supported their clients in meeting their medical and legal needs, arranging translation if needed (in case there was a language barrier) and providing them with psychological support. This experience shows the effectiveness of cooperation between the providers of legal and medical services as they complement each other in effectively resolving clients' problems and can be viewed as one of the successful examples of a market service being adjusted to the needs of a specific group of patients.

As a follow-up to the above-mentioned study, the authors decided to document the best practices to support migrants living with HIV in California in 2017–2018.⁴ This period was selected because as anti-immigration laws entered in force at that time. Due to a sharp deterioration of the migration climate, patients started missing their appointments, scared of police raids and deportation, or moving to the areas less covered by the police. Such dynamics in the migration legislation and its negative impact on the adherence to treatment among migrants made it necessary to identify new effective practices for patient retention. The authors identify such best practices as improving the cultural sensitivity of organizations by hiring bilingual/bicultural employees; expanding the cooperation with legal services; offering training on migrant rights for staff and patients; building the confidence of migrant patients, ensuring non-disclosure of their HIV statuses. Such activities allow reducing the harm for the health of patients at the level of organizations in context of strengthened anti-immigration policies.

EECA region

Russia is one of the biggest countries of destination for migrants in the EECA region. There are two decisive factors in ensuring access to the HIV-related health services for migrants. The first factor is migration regimes. As shown by the studies of the Regional Expert Group on Migration and Health,⁵ in Russia HIV-positive status of a foreigner is viewed as a threat to the health of Russian citizens, not taking into account the actual circumstances (stage of the disease, enrollment in ART, social behavior, etc.), so generally HIV diagnosis leads to the suspension of the grounds for a person's stay on the territory of the Russian Federation. The second factor is the organizational environment, in which NGOs operate in Russia and in the neighboring countries. Despite the fact that countries of the EECA region share a socialist past, modern institutional contexts defining the activities of NGOs in different countries of the region vary greatly. For instance, some countries of the EECA region introduce new legislation aimed

⁴ Arnold, E. A., Fuller, S. M., Martinez, O., Lechuga, J., & Steward, W. T. (2020). Documenting best practices for maintaining access to HIV prevention, care and treatment in an era of shifting immigration policy and discourse. *PloS one*, 15(2).

⁵ I. Voitkovskaya (2021) *Review of current legislation of the Russian Federation on Foreign Citizens Living with HIV in the Russian Federation*. Moscow: REG (available in Russian).

at strengthening government control over the civil society organizations.⁶ Let us take a closer look at those features, taking several EECA countries as an example.

A study carried out in Tajikistan shows that in some post-soviet countries there is still a significant linkage between the concepts of security and HIV. In the public discourse, the virus is still described through the ideas of marginality, immorality, (in)security, and criminalization.⁷ Karolina Kluczevska and Oleg Korneev demonstrate that Tajikistan preserved the idea of securitizing HIV in public health. In 1980s, securitizing was indeed the main trend in HIV discussion at the international level. Back then, relevant ideas also came to the USSR. However, in the recent decades international organizations have abandoned the idea of total securitization, while in Tajikistan this trend has continued. This trend inheriting the Soviet healthcare approaches is distinguished by total epidemiological control. Combined with the perceptions of best practices in HIV response, which are developed by international organizations, this has led to the medicalization of key populations. For instance, the following ideas are highly gendered: only men are described as the main objects of health policies, while women are mentioned in policy documents either as 'victims' (wives or sexual partners) or as 'culprits' or 'threats' (sex workers; in case of vertical transmission of HIV mothers are described as a 'threat to the future of the nation'). Authors of this study believe that it results in a continuing taboo to discuss sexual and reproductive behavior in public or to change the patterns of dominant masculinity and the patriarchal nature of HIV transmission in Tajikistan. Considering that Tajikistan receives significant support for HIV response from international donors, the government has found ways to apparently comply with international norms, at the same time continuing to address the topic of HIV inside the country exclusively from the point of view of danger and threat.

In the publication on the role of NGOs in the fight with HIV in the Russian Federation, Ulla Pape suggests to look at how the organizations define the issue of HIV and how it impacts the priorities in health policies.⁸ The researcher differentiates between four framings used by the Russian NGOs: "HIV as a medical issue", "HIV as a (national) security threat", "HIV as a moral problem" and "HIV as a human rights concern". Over the last decade, the moral framing of HIV has become dominant in Russia. The epidemic is increasingly viewed as the result of harmful influences from the outside. According to Pape, it is related to the fact that the key message focuses on appealing to the traditional values and healthy lifestyle promotion, departing from evidence-based approaches to HIV.

⁶T. Madatov (2021) *Legislative risks for activists and civil society organizations working in the areas of drug policy, HIV, human rights and LGBTIQ policy in Kyrgyzstan, Ukraine and Belarus*. Deutsche Aidshilfe (available in Russian).

⁷Kluczevska, K. & Korneev, O. (2021) *Securitising HIV/ AIDS in Tajikistan: Framings, Policies and Practices*, *Europe-Asia Studies*.

⁸Pape, U. (2018) *Framing the epidemic: NGOs and the fight against HIV/AIDS in Russia*. *Russian Politics*, 3(4), 486-512.

The study of Crotty and Ljubownikow,⁹ in turn, is focused on the strong capacity of the Russian NGOs, despite certain political restrictions placed upon them. In the current Russian context, NGOs are positioned as “apolitical helpers” (term used by Markku Kulmala¹⁰). The authors discuss the idea that despite the restrictions and inability to change health policies at the national level, Russian NGOs operate within the set boundaries of influence and it gives them an opportunity to support their target groups. In the article, this balance is defined using the concept of organizational power, which features the work of NGOs as they are able to improve the lives of their beneficiaries at the local or microlevel.

Based on the data presented in other studies, this report describes the practices and interventions implemented by Russian and foreign partner NGOs to support the migrants living with HIV as one of the vulnerable populations in the Russian society.

⁹ Crotty, J., & Ljubownikow, S. (2020) Creating Organizational Strength from Operationalizing Restrictions: Welfare Non-profit Organizations in the Russian Federation. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 31(6), 1148-1158.

¹⁰ Kulmala, M. (2016). Post-Soviet « Political? » Social » and « Political » in the Work of Russian Socially Oriented CSOs. *Demokratizatsiya: The Journal of Post-Soviet Democratization*, 24(2), 199-224.

METHODOLOGY AND DATA

This publication is mostly based on the data of a field study carried out in 2021–2022 in Moscow and St. Petersburg. As we were interested primarily in assessing the opportunities of NGOs and health organizations, we carried out 19 interviews with staff members and engaged professionals working in local and international projects. The interviewees represented organizations engaged in activism, service delivery and analytical activities. Their professional skills included competences in providing medical, psychological, legal and informational support with regard to HIV and other diseases. In total, there were eleven interviews organized with NGO staff members. Engaged professionals include medical workers who actively cooperate with NGOs, e.g. provide counseling and follow-up support to patients with migrant experience referred to them. There were eight interviews with such professionals. Besides, our study integrates the materials of a participatory observation in the course of a number of workshops and conferences related to HIV response. This data was supplemented with the analysis of various documents, including statistics digests, regulations, reports, guidelines for NGOs, and web-sites of organizations.

Special guides were developed to conduct in-depth semi-structured interviews, which included the following sections: general information about the expert; general information about the organization; specifics of support offered to migrants living with HIV; barriers and restrictions, which the organization has to face and overcome; partnership and cooperation with other organizations, in particular in the countries of origin of migrants.

Along with the analysis of the experience of civil society organizations, this study included a review of strategic cases documented in two charitable foundations. In total, the archive of strategic cases covers 31 detailed documented cases of long-term social and legal support. Such cases, documented in an anonymized format, allow reviewing at the microlevel what activities initiated by case managers to support the migrants living with HIV who seek their help can be scaled up and reproduced within universal support schemes. It is especially important to define those schemes as they do not only follow the recommendations on support issued by international organizations, but also take into account the realities of constantly changing legal context in the Russian Federation. For more detailed information, we also conducted interviews with case managers to discuss their experience of project implementation and support of migrants with the experience of living with HIV on the territory of the Russian Federation.

Since the area of charitable assistance is sensitive to economic, political and social upheavals, we tried to ensure as much anonymity as we could for the organizations and the projects implementing the practices described in the report. In this case, the anonymity requirement is applied to both individuals and organizations. That is why in this publication the best practices are presented without mentioning any authors, donors or program implementers. We are incredibly grateful to all the participants of our study who found the time and energy to generously share their experiences, reflect on the path they have covered and evaluate the work they have done.

THE BEST PRACTICES OF HIV CARE AND SUPPORT FOR FOREIGN MIGRANTS IN RUSSIA

The following criteria were considered when identifying the best practices presented in this section. Firstly, the best practice is a set of activities which can be reproduced and scaled up (i.e. a set of activities which has been implemented only once cannot be called a best practice). Secondly, such best practices can have different characteristics – some of them are preventive measures, while others are interventions. Thirdly, a mandatory criterion is intersection of two topics – migration and health. The practices, which only cover migrants but are not related to the challenges in their access to medical services, or the practices focusing on HIV without considering any special needs or status of migrants, were not included in this section. That is why, for instance, here you will not find the description of NGO-based first-aid kits as this practice is not focused specifically on migrants. On the contrary, first aid kits are a general inclusive practice that may cover foreign migrants as one of the groups of beneficiaries, but does not resolve any problems specific to this group.

Understanding the variety of typologies and classifications of best practices, we have identified several groups of such practices based on the objectives they address (information sharing, prevention, psychological support, reducing stigma, medical assistance, legal support).

1. Regional opportunities of cross-border cooperation

1.1. Organizing access chains to deliver antiretroviral drugs

Paradoxically, the COVID-19 pandemic has created new opportunities for cross-border cooperation. Authors of a special study on access to HIV-related health services during the pandemic point out that in all countries of the EECA region, program staff made significant efforts to ensure adherence to treatment.¹¹ The authors also highlight mobilization of the NGO staff, which is confirmed by the data of our interviews. According to the authors of the analytical report, the pandemic has served as a catalyst to build interaction between different sectors. For instance, approaches have been developed to ensure the continuity of HIV care. These include take-home doses of medications for long periods of time, home delivery, delivery by mail (which is especially important for the countries with a high rate of labor migration), decentralization of ART dispensing and monitoring assessments.

¹¹ A. Zeziulin, A. Neduzhko, N. Kiriazova, M. Samko, K. Dumchev. (2021) *Assessing the dynamics of HIV testing and enrollment of people living with HIV in antiretroviral treatment programs in the EECA region* (available in Russian).

Implementation of these approaches has been facilitated by the availability of funding from international donors, which are flexible enough to reallocate funds based on the programmatic needs. Such approaches have been launched in a number of the EECA countries, and Russia was one of the destinations where such medications were delivered. However, this flexibility in the delivery of ARV drugs would not be possible without the ongoing cooperation with AIDS Centers in the countries of origin and the willingness of local health professionals to engage in regular negotiations with patients and NGO staff.

“We cooperate with a postal service through the organization, and our delivery service provider gives a detailed breakdown. There is always a detailed invoice to be paid. That is how in this breakdown we see where each delivery comes from, to whom it is addressed and when it was done” (interview 3, NGO staff member).

The mechanism of interaction with the postal service takes into account the sensitivity of the topic of ART and the potential risks that can be experienced by the recipients of ARV drugs who are migrants. If we talk about the Russian NGOs, they acted as intermediaries when delivering ART in bigger cities and also helped to find focal points in remote regions of Russia, where there were no local friendly NGOs. The mechanism described proved to be a successful practice and continues to be replicated.

1.2. Remote registration with AIDS centers

Another part of the ART delivery chain is an opportunity of remote registration of the people newly diagnosed with HIV. Representatives of a number of NGOs from different cities and countries told how they were able to organize such registration. Despite the fact that normally the protocols of AIDS centers stipulate physical presence of the patients, during the pandemic this option was almost unavailable. That is why some health institutions in cooperation with doctors and NGO staff in the countries of origin agreed to register patients with AIDS centers remotely.

This practice was documented using an example of a number of patients from Moldova.¹² In one case, a female patient living in the Russian Federation submitted her internal documents confirming that she was a citizen of her country of origin with the results of viral load testing, medical records proving that she tested positive for HIV and a confirmation that she was taking ART. After an online meeting, which allowed to confirm the patient’s identity, she was assigned with a personal ID number and thus she was registered with the health facility. Such a mechanism allowed creating a successful precedent, which could be shown to the AIDS centers of other EECA countries to simplify the registration procedures that normally do not take into account the migration specifics.

¹² [New experience: a woman living with HIV abroad remotely registered in Moldova. Regional Expert Group on Migration and Health. Published on February 31, 2022 \(available in Russian\).](#)

2. Information support practices

2.1. Specialized app

Considering that a migrant can have no physical possibility to visit a doctor or another professional consultant, one of the NGOs developed a specialized app for smartphones.

“During the pandemic, we initiated the development of a mobile app for PLWH. In this mobile app, we have assigned online consultants, such as a psychologist, a peer consultant, and a lawyer. There are four of them. There is also a doctor from the Republican AIDS Center. Those are the specialist who are always there and can provide consultations 24/7” (interview 3, NGO staff member).

The app helps to address the issue of remote consultations and also build communication with doctors, in particular with the specialists who can help a person get remotely registered with an AIDS center. Even in migration, beneficiaries are able to get information, psychological support and legal consultations in a comfortable way and in a language that they understand. They can be in touch with the health professionals who can collect data on their condition and thus monitor their health, help them interpret the testing results and start ART, with ARV drugs delivered through postal services.

2.2. Community-based information services

In one of the ethnic and cultural organizations, there is a Health Committee, which disseminates information on access to health services. One of the tools the Committee uses is a hotline offering information in several languages. Based on requests, the hotline operators not only provide detailed information on the diagnosis of the caller but can also refer callers to friendly specialists. Making a long list of specialists from among the diaspora members (over one hundred professionals in different Russian cities) is already an impressive practice of community self-organization and support. When beneficiaries seek the help of professionals from this list, they can access quality health care in a friendly atmosphere and, if needed, receive a consultation in their native language.

“There is a hotline – they have all the information about the prices, what is available, what tests can be done. The hotline [operator] can give a phone number or can make an appointment, so that the person can go and be tested. Thus, the person can visit a doctor, for example a general practitioner. We have a lot of general practitioners here. He asks, what should I do? If there is a need for hospitalization, of course we try to put him in some hospital. If not, the doctor can tell him that he needs certain tests or certain treatment” (interview

11, health professional).

Besides, the Health Committee actively cooperates with charities and can refer people to an organization, where they can receive diagnostics and get support to access ART. Such a practice, based on the solidarity within a group of countrymen, is aimed at expanding the information field and contributes to raising the awareness about the potential health risks as well as assess the behavior models, e.g. in terms of sexual and reproductive health.

“As for the women’s health, we have a group, a group of pregnant women with whom our gynecologists work” (interview 11, health professional).

Operation of a Health Committee in an ethnic and cultural community addresses such issues of migrants as low level of awareness, lack of information in native languages, legal vulnerability and uncertainty. When health professionals provide consultations to other diaspora members, it allows reaching a number of objectives. Firstly, they are empathetic towards their countrymen and can share their concerns related to stigma around socially significant diseases as they belong to the same community and realize the scale of moral judgment and patriarchal pressure. At the same time, doctors represent a professional community and can recommend their patients certain behavior strategies, provide them with consultations or refer them to other friendly specialists.

2.3. Peer counseling and outreach activities

The practice of peer counseling has been used by charities and health institutions for quite a long time. However, in case of foreign patients living with HIV, publicly positioning NGO staff members as peer consultants is complicated – service providers cannot openly disclose their HIV status as it can attract the undesirable attention of the national supervisory and regulatory bodies.

“In Russia, I keep it quiet, not talking about my status, I cannot be an open HIV-positive activist as I am a migrant. That is a challenge” (interview 19, NGO staff member).

However, an alternative functional way of peer counseling can be hiring staff members with relevant language competencies and personal migration experiences. It allows resolving the issue of information sharing and counseling in native languages as well as providing long-term social support and further building adherence to treatment among migrants. Besides, outreach workers from among migrants are more successful in sharing information about projects and inviting other migrants for testing

and consultations. Outreach workers with migration experience know what concerns migrants have, where and how they can be informed about the services offered by NGOs and through which social networks they can be contacted most effectively.

3. Medical support practices

3.1. Telemedicine

Telemedicine as a health-related communication format had been widely spread during the COVID-19 pandemic. When working with migrant clients, telemedicine technologies allow NGOs to deal with a number of issues specific for this social group.

“Initially, there were only infectious disease doctors and people contacted them with HIV-related questions. Later, as the program was developing, some additional funding was raised and the number of specialists who could be engaged was growing. There was a psychologist, a sexologist, a drug treatment specialist, infectious disease doctors and an STI doctor. So people were able to address their questions online” (interview 15, NGO staff member).

“Very few people want to go to the AIDS center I think because it is such a place – even when you go there for work, you sometimes feel uncomfortable. It is much easier for a person to just have a video call with a doctor, to make a 10-minute break for a consultation without leaving their job. It is much easier than getting around to find 2 hours to go to the AIDS center, wait in line if the doctor can see you or not... You cannot do anything about it, you will sit there because you need it. And here you know for sure that the doctor will be online at a certain time, he will be there for you, you just need to go online. It is much more comfortable from this point of view” (interview 15, NGO staff member).

Telemedicine expands the opportunities of migrants’ physical access to services as social workers employed by NGOs make appointments with healthcare providers for them. This approach increases the chances for a beneficiary to be able to see a doctor as labor migrants not always have time to visit a doctor, while the way to get to the appointment – especially in bigger cities – can be a separate source of stress and a challenge in itself.

3.2. Referral

Referral as one of the case management tools is described in the section *“Analysis of strategic cases.”* However, from the point of view of NGOs referral can also be viewed as a good practice in the routine work with migrants. Referral includes a wide range of activities performed in order to address individual needs. For instance, referral can be used to make sure that a patient is admitted to a hospital with the help of a friendly healthcare professional. Referral means working on a specific request, while also

addressing other needs related to the case.

“It depends on the request. For example, there was a pregnant woman who came to get therapy for her child. We helped her with the therapy, organized everything and provided referrals for her as needed. If she came to us to address the situation with undesirable stay, it would be a different case and we would move forward in a different direction. In this case, she would not be able to leave the country as she was eight months pregnant. Then we would manage the case differently. Of course, we get in touch with doctors, refer her to social workers. Social workers go with her to the hospital where she is going to deliver her baby. We tell her what she needs to do, how she has to behave, where to talk, what to say, what actions to take and what can be done within the Russian laws – what services she will get, what services she will not get, how we can help her (interview 18, NGO staff member).

4. Legal support practices

4.1. Pre-migration consultations

Pre-departure consultations in the country of origin are part of a person’s preparations for migration. This work is carried out within the partnership NGO networks and allows raising the awareness of clients about safe behavior, potential health risks and options available to access health services. Thus, even before they start labor migration, people get detailed information about legal regulations and potential challenges that they need to take into account when they decide to become foreign migrants. The experience that we analyzed focuses on the needs of LGBTQ/MSM migrants, since the organizations helping this target group demonstrate more solidarity.

“If a person plans to migrate to Russia in the near future, our colleagues from partner organizations offer pre-migration consultations to such person. Most often, the consultation is related to health, but since health is not an isolated topic in our lives, other topics are also covered: what people need to know before migration, how they can legalize in Russia, what they should foresee in advance. In particular, they say that people need to get tested, need to know their HIV status and move to Russia already knowing their HIV status, how they can be protected here, where they can go, why it is necessary, they explain that while in the Russian Federation, labor migrants regularly undergo health check-ups, get tested, need to get those documents and test results for their patent. They explain it to the clients as when their clients come here, to Russia, they must be prepared, at least they should know where they can seek help in Russia in order to take care of their health, in particular their sexual health, and get tested for HIV” (interview 13, NGO staff member).

The partnership network allows people to get contacts of friendly NGOs

even before they come to Russia. This helps to address to issues of safety and anonymity as NGOs in the country of origin recommend their colleagues in Russia, which contributes to building trust and loyalty of people to service providers in the country of destination.

4.2. Legal assistance to migrants with HIV in obtaining a decision on non-refoulement

4.2.1. based on family ties

Legal support in obtaining a decision on non-refoulement for a migrant living with HIV is a large and diverse set of actions aimed at getting a documented status for the migrant. First of all, in the course of consultations, legal counselors try to explore the possibilities for the migrant's legalization in the territory of the Russian Federation. The most efficient way is to apply for family reunification, if the migrant has an immediate family member who is a Russian citizen. However, even if a person does not have any immediate family members in Russia, there are certain circumstances under which such person can stay on the territory of the country. The experience of legal counselors working with NGOs shows that if the regional offices of the Federal Service for the Oversight of Consumer Protection and Welfare (Rospotrebnadzor) have positive experience of cooperation with an NGO, they are ready to make some advances and take into consideration the individual circumstances of their clients.

4.2.2. based on student status

Along with family reunification, another efficient way to obtain a decision on non-refoulement is based on working with foreign students. Interviews show that NGO staff members help foreign students to make appointments with doctors for health check-ups and necessary tests. Then, with support of doctors and a required package of documents (first of all, a certificate confirming undetectable viral load), they inform Rospotrebnadzor that a certain student does not pose a threat to other people while being on the territory of the Russian Federation.

"We had a conversation with the AIDS Center, which later had a conversation with Rospotrebnadzor. There is a young man who is registered, who receives treatment, and who gets tested. In fact, after he graduates, he will make his own decisions about his future life. But they will let him finish his studies in the Russian Federation provided that he covers his own need in medications and receives follow-up care for a fee or free of charge in a charitable program" (interview 12, NGO staff member).

The efforts of legal advisors aimed at revoking previous decisions on undesirable stay and ensuring non-refoulement require significant time resources. However, each decision of this kind rendered by a court strengthens the evidence base for NGO legal advisors and makes the fight

for the well-being of their clients more and more feasible.

5. Psychological support practices

Psychological support practices come in different formats. Here we can outline certain measures and formats of working with clients (e.g. self-help groups for migrants living with HIV). The emotional support offered by case managers in the course of long-term case management should also be mentioned (for more details see section *"Analysis of strategic cases"*). Psychological support is provided by professional psychologists and peer consultants. Along with the basic objectives of psychological support, it is important to address self-stigma and help people accept their diagnoses. Psychological support is a crucial and necessary element of NGO activities to ensure the well-being of people who learn about their HIV status.

Summary:

Analyzing the documented cases, we can identify a number of characteristics distinguishing the approaches of NGOs sensitive to the needs of migrants:

Firstly, these approaches take into consideration the vulnerabilities and the extreme need for **anonymity** experienced by migrants living with HIV on the territory of the Russian Federation. NGOs strive to decentralize services as much as possible, in particular by promoting self-testing; using depersonalized postal services (parcel terminals); refraining from collecting any personal data while performing their activities.

Secondly, NGOs recognize and consider **trust** as a fundamental factor while working with migrants. The efforts to build trust require time and emotional resources, which particularly affects the formats of high-threshold services and social support. Such efforts include creating an atmosphere of trust, various ways to build networks of trusted and friendly health professionals, raising awareness in the issues of health and HIV in communities.

Thirdly, NGOs seek to scale up **access** to the target population through a number of mechanisms: outreach activities, online promotion, networks of trust and 'word of mouth' as well as engagement of social workers and peer consultants with knowledge of the languages spoken by migrants. At the same time, NGOs take into account the restrictions related to free time and employment formats, and, if possible, make their services convenient for migrants.

Fourthly, to support migrants in Russia, NGOs join **cross-border partner networks**. Such cooperation becomes an important resource, since in the countries of origin there are organizations which are also interested in such forms of interaction. Beneficiaries are provided with information on legal, medical, and psychological issues through pre- and post-migration consultations. Specialists needed in each particular case – to help a person get registered, provide a consultation, prescribe therapy or deliver other forms of support – can be found in partner networks of the NGOs offering case management.

Fifthly, irrespective of their main area of activities, NGOs almost always use the **formats of referral and medical-legal partnership**. Considering that migration in Russia is increasingly discussed in terms of securitization and legal regulation, it is important for all NGO staff members to be able to navigate the ever-changing migration context and legal barriers faced by their foreign beneficiaries.

ANALYSIS OF STRATEGIC CASES

This section presents the analysis of the strategic cases implemented and documented in two organizations engaged in service delivery in St. Petersburg and Moscow. In the beginning, you will find a short description of the case management approach. Then the general body of data in the archive built in the course of project implementation is presented. The document ends with the conclusions about how using case management when providing social support to foreign migrants living with HIV takes into consideration the specific features of this key population and how it can be implemented in further HIV prevention and treatment activities.

Case management is a practice widely spread among the helping organizations aimed at improving the lives of clients. Authors representing the Alliance for Public Health compare *'social support'* and *'case management'*, concluding that those concepts are rather close and actually refer to the same approach, while the differences of their usage are related to the context and the sources of information.¹³ The term *'social support'* has been widely used in post-soviet countries, while the term *'case management'* is typical for the international organizations. The term *'case management'* became widely used because among professionals in post-soviet countries the term *'social support'* was strongly associated with *'social protection'*, which traditionally referred to helping people with disabilities, orphans or elderly people. In this context, people living with HIV were apparently left out as they were not covered by the efforts of social protection officers. In this regard, the term *'case management'* is more adequate to describe the activities of a wide range of civil society (non-governmental) organizations.

Case management takes into consideration both description or extraction of the case and monitoring of its development. Case management is an algorithm with a number of stages. For instance, specialists developing the program *"Individual Sociomedical Support"* distinguish seven stages¹⁴:

¹³ N. Kitsenko, A. Volik, L. Shulga (2012) *Case Management for Populations Vulnerable to HIV: Up the Steps of Services*. Kyiv: International HIV/AIDS Alliance in Ukraine. p. 22-24 (available in Russian).

¹⁴ *Individual Sociomedical Support (Case Management) (2009)*. AFEW, CAR; *Harm Reduction Lessons. Self-study materials for social workers (2014)*. International HIV/AIDS Alliance in Ukraine.

- Engage and enroll a client in the program;
- Assess the client's situation and needs;
- Develop a service provision plan;
- Perform the action plan with the client;
- Monitor the process of working with the client;
- Update the service provision plan;
- Withdraw from the program.

The archive of the project we analyzed includes 31 strategic cases documented by two helping organizations and interviews with case managers. To define the action strategy for each case, case managers prepared a form and a roadmap to be updated in the course of case management. Each case includes the following information: region, request date, status, request, result. At the same time, the cases do not contain any personal information to ensure full anonymity and security of the beneficiaries. Thus, the materials received from the description of strategic cases are a unique source of data on *what kind of actions implemented in the long-term perspective can improve the quality of life of migrants living with HIV in the Russian Federation*. A comprehensive review of the data shows that cooperation of the relevant specialists engaged in each particular case initiated by a case manager contributes to increased adherence to treatment and improved health of clients. Moreover, while addressing the medical needs of the clients who have recently learned about their HIV positive status, case managers were able to find solutions and facilitate the legalization of people with foreign passports who had undocumented status and were facing numerous risks.

Let's take a closer look at the legalization mechanisms used by case managers. The lawyers engaged in the strategic cases with appeals to oppose previous decisions on the undesirable stay were talking about the step-by-step consistent work. In this step-by-step scheme, it is important to answer each of the following questions: does the migrant have any relatives who are Russian citizens; whether it is possible to confirm their family ties in a pre-trial or trial procedure, e.g. if such family ties have not been previously documented. Such a case was implemented with a man who was in Russia in the status of a stateless person. Overall, legal support with a chain of lawsuits can take several years. Even despite obvious legalization prospects, during this time the clients engaged in legal proceedings are not able to access free ART at the AIDS centers and are forced to look for other options to receive treatment. Thus, AIDS centers can be called to consider such cases, since health facilities are interested in building adherence to treatment and starting ART as early as possible.

The region where the case is being managed is also important in terms of its legal support. In some regions of the Russian Federation, NGOs are able to build a constructive dialog and interaction with the local authorities, e.g. with the offices of the Ministry of Internal Affairs and Rospotrebnadzor, when confirming the fact that a foreign migrant receives HIV treatment.

“It was a rather challenging and long way to the point that we went for an appointment with the Minister of the Internal Affairs. <...> We also went to the Ministry in Moscow twice, we prepared a road map. <...> After that, relevant recommendations were sent to our region and to this day we have this practice established that if there are prospects for legalization based on humanitarian grounds, our region is one of the few where these issues are resolved out of court. That means that people with HIV do not have to go their country of origin. They just stay here and take care of the paperwork in order to be officially registered with the AIDS center and get the therapy” (interview 12, NGO staff member).

This practice shows how NGO staff members can effectively use the principle of preventive notification of relevant authorities. For instance, to prevent a decision on undesirable stay of a foreigner, NGO staff members prepare a package of medical records to certify that the person is taking ART and has an undetectable viral load. Altogether, it serves as an evidence that the person is on treatment and plans to officially stay in Russia, not exposing others to the threat of HIV, continuing to work and contribute to the economy.

As the experience of social workers from NGOs shows, case management allows building the most efficient scheme of working with the beneficiary in each particular case. Case managers choose the methods of work based on the individual circumstances of their clients. Their main tools include counseling, conversations, completing client cards, developing plans of service delivery, documenting agreements, providing support, and collecting documentation. Auxiliary (or additional) tools used by case managers are summary tables, primary assessment forms, building partnerships with other specialists, and organizing supervision.¹⁵ The importance of each of those tools can hardly be overestimated as working with the primary request in the course of discussion (e.g. through conversations and consultations) can radically transform the beneficiary's vision of their situation.

¹⁵ **Supervision** is a system of professional support for people of helping professions, which is crucial to ensure their professional and personal growth, expand their professional knowledge and skills.

“For instance, some people come and say that they need to “just ask a question”. In fact, we see that they have a lot of needs. Then you tell these people that they should seek services here and there, tell them they can do it within our program if they go to certain organizations at the scheduled time. We say, there is a psychologist, we can make an appointment with him at this time, would you like to talk to him? Or, for example, you tell a person that he needs to visit an infectious disease doctor and you give him a lead on how an appointment can be made and what information can be received there” (case manager 2).

The indicator showing that a case can be closed can be the fact that the person becomes independent from the service provider. Thus, migrants living with HIV can become independent of service providers when they obtain the required permits or when they move to another country or to their country of origin, where they can have free access to ART.

Case managers point out that when they work with migrants living with HIV they have to engage in multi-tasking as they need to act in multiple directions. At the same time, they point out that there are not enough programs and services specifically for migrants.

“We had to work hard as we did not really deal with this group before, in fact almost nobody worked with this group in St. Petersburg so we had to find some ways – how to reach out to migrants, how to find them. The first thing I did was make calls to all the NGOs and non-profit organizations as they deal with migrants in this or that way” (case manager 1).

One of the tools actively used by case managers is the referral mechanism. There are certain geographic as well as functional pre-requisites for referrals. For instance, if case managers are contacted by people from other cities or countries, they manage their cases remotely. There are 14 such cases in the archive. Apart from St. Petersburg and Moscow, program beneficiaries were from Voronezh, Kazan, Lipetsk region, Nizhny Novgorod, Novosibirsk, Rostov-on-Don, Leningrad region and Moscow region. When working with a case, clients always reported their location as it influenced the case managers’ opportunities to find lawyers, friendly NGOs and options to access treatment in the relevant location.

“<Thanks to my knowledge,> I can find peer <consultants> or NGOs working with people living with HIV specifically in this or that city to refer people, so that they can receive some help and support... But migrants are a very

specific population as they do not have any rights here at all. That's the main challenge because most of our work is related to legal issues. We provide legal assistance... we have lawyers who can help. Of course, I had to dive deep, read a lot, learn all the basics about what they can do and how they can stay. But all their rights <of migrants living with HIV> start with a possibility to obtain a residence permit or citizenship. Unless they make those key steps, they are not able to address any other legal issues" (case manager 1).

Besides, some requests were received from people who were in Uzbekistan and Tajikistan at the time of request, but were intending to come back to Russia. In those two cases, mostly legal counseling was provided to the applicants. Legal counseling included preparing documents for court proceedings to appeal the decision on the undesirable stay and discussing the possibilities of processing the documents for family reunification when clients had direct family members who were citizens of the Russian Federation. In one case, a client went to Kazakhstan to get registered and receive ART and then an action plan was developed for her to return back to Russia.

Effective referral allows to meet the needs of a particular client, e.g. when working with a pregnant woman, the case manager found opportunities for her to receive humanitarian aid (milk formula, diapers, baby linen). Contacts with friendly doctors (e.g. infectious disease specialists and gynecologists) also help to support clients in their decision to fight for their health. As the experience of case management shows, an effective mechanism to help foreign migrants living with HIV who come to Russia as students is negotiating with the administration of their educational institutions and maintaining communication with doctors who can support the appeals to the regional offices of Rospotrebnadzor to avoid decisions on undesirable stay in certain individual cases.

In addition to the strategic conclusions with regard to case management, it is essential to point out the role of case managers and the issues they experience in their work. Firstly, as people of helping professions, case managers have an enormous personal responsibility to their clients. This is demonstrated by the evidence that, despite the time frame of project implementation, social workers continue "managing" the case, even when they change jobs or are on vacation. Working conditions of social workers include always being in touch and having an unregulated workload, finding information and answering messages or calls, regardless of the time of day.

"Of course, I will not leave them, even when the project is over. I mean, I will not tell them, listen guys, I'm done here. I will bring <the cases> to some logical conclusion" (case manager 1).

Secondly, a considerable part of case management is filling in the institutional gaps. Social workers take over all the challenges of finding information, which can be controversial; interacting with local public officials, whose decisions influence the progress of case management; mobilizing and motivating clients to proceed with their efforts and not to give up, despite all the bureaucratic routines. Case managers ensure that the objectives set forth for their clients are performed. They play a big role in the lives of individual clients and in making sure that the solutions they find end up transforming into the systematic schemes within the NGO activities. It means that helping organizations need to remember about the need to offer psychological support and supervision to case managers.

The experience of case management within this project shows that this approach is highly efficient in helping foreign migrants living with HIV on the territory of the Russian Federation. Case managers do a tremendous job of providing emotional support, care, social support and motivation to each client to start or continue treatment.

NGO staff members often experience difficulties in building treatment adherence among clients, who fail to return to the program after their first visit and do not seek help in future due to various reasons. Here case management can be viewed as the most successful practice of building adherence through individual work with the beneficiaries. Case managers maintain contact with the beneficiaries, together with them going a long way to resolve their problematic situations. Summarizing the experience in resolving the issues brought up by the clients allows case managers to find and eventually formalize new schemes of support provision, taking into consideration the constantly changing institutional and legislative contexts. The legalization mechanisms used when working with individual cases can later be presented as precedents in the further legal proceedings. The wide range of tasks performed by case managers on a daily basis helps to generate a solid social capital, which allows expanding the field of opportunities for migrants living with HIV in Russia with each new case.

CONCLUSIONS

Foreign citizens living with HIV in the Russian Federation are a very vulnerable social group. It can be explained with the legal context, where HIV diagnosed in a foreign citizen is a reason for canceling such person's residence permit with a further ban on entry to the country. This legal context is the result of outdated approaches to regulating the movement of people living with HIV that persist in the Russian Federation, while biomedical research has already proven the principle called "undetectable = untransmittable"¹⁶. When foreigners learn that they have HIV, officially they are not able to access free ART. Moreover, decisions on undesirable stay can be issued against such people and they may be deported. It forces some people, who are not able to leave the country due to various reasons, to stay in the Russian Federation in an undocumented status. Such undocumented status, in its turn, significantly increases the economic risks of foreign migrants as they are not able to find official employment; they are afraid to seek medical help and it forces them to live in constant fear of any contacts with regulatory authorities with subsequent deportation.

Altogether, it leads to a situation, when undocumented status is perceived in the civil society sector as a topic not to be widely discussed. Even if organizations work with migrants, they do not talk about it publicly not to attract unwanted attention to their work and their beneficiaries from the side of regulatory bodies. Health professionals also may not have detailed information on this issue, so they may have doubts and refuse to provide services to foreign citizens living with HIV. At the same time, the opportunities to inform potential clients about the support options available are limited (it can be done mainly through outreach workers and referral mechanisms in NGOs). As a result, the situation of migrants living with HIV is not publicly discussed in the Russian Federation, and the only organization implementing systematic efforts to address those issues is the Regional Expert Group on Migration and Health.

¹⁶ Undetectable = Untransmittable concept meaning that people living with HIV who have undetectable viral load do not transmit HIV For more details see: [Undetectable = Untransmittable \(2018\). Public Health and HIV Viral Load Suppression. UNAIDS.](#)

The COVID-19 pandemic had a strong influence on the activities of charitable organizations. At the same time, for civil society organizations it became a driver making it necessary for them to join their efforts and develop the mechanisms to provide patients living with HIV with ART in the context of ongoing lockdowns and closed borders. A number of charitable organizations in cooperation with service providers in the countries of origin were able to build the chains to deliver ART to migrants. Such chains were based on both existing mechanisms (e.g. provision of remote follow-up to patients by doctors from the AIDS centers in their countries of origin) and new mechanisms (e.g. inclusion of official postal services in the delivery chain with all the necessary documentation).

Two charitable organizations in Russia were widely using strategic case management in 2019-2021. As the desk review shows, this practice proves to be highly effective. The ability to perform a wide range of tasks determined by the client's individual situation; the use of communication channels to interact with other NGOs as well as the existing partnerships through the referral mechanism; the ability to address psychological, medical, and legal issues at the same time – all this turns the practice of strategic case management into the most effective approach, meeting the needs of migrants living with HIV in the Russian Federation.

RECOMMENDATIONS

Recommendations for the NGOs engaged in HIV prevention and treatment in the EECA region

- It is recommended to expand the opportunities to organize prevention, diagnosis and treatment programs for migrants as one of the key populations which need specialized services. It requires developing the knowledge and skills of staff in providing support to foreign citizens. The examples of such specialized skills are religious or cultural sensitization training, legal workshops, engagement of people who have personal migration experience and speak the languages understood by migrants as consultants.
- A separate best practice is strategic case management as the most effective tool to work with migrants, build their adherence to treatment and address social and legal issues at the individual level. An important component of activities should be supervision and psychological support offered to the specialists engaged in the long-term case management processes.
- As a good practice, we can recommend organizing medical-legal partnerships with support of NGOs, since people in migration, on the one hand, do not have systematic access to health services, while, on the other hand, always need legal advice to address the issues with documenting their status.

Recommendations to government authorities in the EECA countries

- It is recommended to support and encourage international cooperation in the area of HIV prevention, diagnosis and treatment as well as the provision of advanced medical care among countries with regular migration flows.
- Arrange activities to expand cross-border agreements between countries of origin and countries of destination to organize timely and legal treatment of migrants, wherever they are.
- As a good practice, it can be recommended to consider the possibility of international financial transfers, which could help the countries to compensate for the costs of treating their citizens in other countries with stable incoming flows of labor migrants.

Recommendations to the government authorities of the Russian Federation

- Rudimentary legislative provisions violating the right to freedom of movement and criminalizing the stay of foreigners living with HIV in the Russian Federation should be abandoned. Besides, elimination of the rule on making decisions on undesirable stay of people living with HIV should be considered, based on the evidence that such people do not pose a threat to society, provided that they receive HIV therapy and have suppressed viral load.
- There is a need to consider the mechanisms for providing ART to people with intermediate statuses, e.g. people who are currently stateless and seek to acquire citizenship of the Russian Federation, as well as to those foreigners who are undergoing pre-trial or trial legalization procedures. ART for people who are waiting for their legal status in Russia to be documented can be provided at the regional AIDS centers from the sources covering the needs in treatment for people who are homeless.
- It is recommended to publicly discuss the issues of international transfers to cover systematic health care for foreign labor migrants in the Russian Federation, avoiding the securitization context.

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