

# **“Forced migrants with hiv status: social, psychological and medical aspects of adaptation”**

Report on sociological Research



Regional  
Expert Group  
on Migration and Health

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## List of abbreviations and terms

ARVT ART	Antiretroviral therapy
HIV	Human immunodeficiency virus
WHO	World Health Organization
Global Fund	The Global Fund to Fight AIDS Tuberculosis and Ma- laria
PLWH	People living with HIV
NGO	Non-governmental (public) organizations
UNAIDS	Joint United Nations Program on HIV/AIDS
CD4	Cells a type of T-lymphocyte of the human body's immune system these cells are targets of the human immunodeficiency virus.

# Expert inference on the research

Access to modern antiretroviral therapy for all those in need is essential to contain the epidemic and reduce the prevalence of HIV/AIDS. In this context collective responsibility and global solidarity have become overriding principles in ensuring access to HIV diagnosis and treatment.

The project implemented by the Regional Expert Group on Migrant and Health aims to identify the main barriers to HIV diagnosis and treatment faced by migrant PLHIV in Georgia and to identify ways to improve access to antiretroviral therapy for this social group. The results of the research based on in-depth interviews with representatives of the target group allow to identify principles and ways of supporting those migrants who do not have access to comprehensive HIV services.

The proposed mechanism for expanding access to antiretroviral treatment seems reasonable. Indeed the goal of universal coverage of HIV-related health care and primary health care can be achieved through health insurance which reduces the financial burden of purchasing antiretroviral therapy. This will also reduce the likelihood of treatment interruptions among migrants living with HIV.

An important aspect of the research concerns the activities of non-profit organizations. The demand for their services is quite high among the migrants in Georgia and mainly concerns information about medical and social services social support provision of non-medical services etc.

Scientific support is needed for the implementation of national initiatives to ensure objective access to antiretroviral therapy. The relevance of this project is obvious and lies in its focus on the relocated PLHIV group and its results may be useful in the practice of state management and regulation of medical and social assistance in the field of HIV.

Oleg Eryomin, Board Member of the Regional Expert Group on Migration and Health

# Introduction

HIV remains a major global public health problem, despite significant advances in treatment and prevention. The key reason for this is a number of structural and systemic barriers that reduce the effectiveness of programs for the prevention, diagnosis, treatment and care of HIV and opportunistic infections.

Access to HIV treatment is essential to maintaining the health and well-being of human population. The HIV strategies developed by WHO, the Global Fund and UNAIDS to end the HIV epidemic include a range of measures to ensure that people living with HIV receive appropriate care and support. In particular, WHO's Global Health Sector Strategies for HIV, Viral Hepatitis and Sexually Transmitted Infections 2022–2030 includes universal health coverage and primary health care for HIV as a key area of focus<sup>1</sup>. Universal health coverage means that all people will have access to the health services they need without financial hardship or other restrictions. The Global AIDS Strategy 2021–2026 developed by UNAIDS prioritizes helping people who lack access to comprehensive HIV services<sup>2</sup>. The proposed measures have proven efficiency because people living with HIV (PLHIV) significantly increase their life expectancy and have the opportunity to plan their future due to the availability of treatment and related services.

The change of permanent residence by PLHIV can be considered as a factor that significantly affects adherence to HIV treatment and thus reduces the effectiveness of epidemic control measures. It is expected that their access to medical services is often complicated by the uncertain legal situation in the country of residence. In this regard, migration can be considered as one of the social factors affecting the health and well-being of PLHIV.

Health care for migrants is generally limited to access to primary health care and specialist consultations. This is due to the fact that the legislation of some countries does not provide for equal access to programs for the prevention, diagnosis, treatment, and care of HIV. In addition, the national health care systems may not have sufficient capacity and resources to meet the health care needs of migrant populations. The unpredictability

of migration flows further complicates the situation. For example, the number of international migrants in Georgia has a 142.9 per cent increase in 2022<sup>3</sup>. It is obvious that some of them may belong to PLHIV. They may experience not only social and psychological problems in adapting to new conditions, but also difficulties in accessing HIV-related medical services.

### **Purpose and objectives of the study**

The aim of this project is to identify possible barriers for newly settled PLHIV in accessing HIV diagnosis and treatment, given the substantial number of migrants arriving in Georgia. A comparative analysis of existing barriers for PLHIV in Poland, Lithuania and Georgia that limit their ability to access appropriate health services is of particular methodological importance. The increasing number of migrants in these countries in recent years is the reason for their selection.

The following tasks have to be solved to achieve the set goal:

1. to describe the experiences of PLHIV from the number of migrants with the system of diagnosis and treatment of HIV infection in the host country;
2. to identify the most common barriers to accessing HIV treatment in the host country;
3. to conduct a comparative analysis of existing barriers and obstacles for relocated PLHIV to accessing HIV services in Georgia, Poland and Lithuania;
4. to develop recommendations for creating an accessible system of HIV treatment and diagnosis for relocated PLHIV in Georgia.

### **Research target group**

The study targeted PLHIV from Russia, Ukraine, and Belarus (re-located) who had been living in Georgia, Poland, and Lithuania for at least 3 months at the time of data collection. The sample size was 30 PLHIV (10 people in each country).

The respondents were selected using the snowball method. This was done because it was not possible to select respondents (representing the target group of the study) by other means and because there was no information on the size of the general population. Considering the specificity of the target group, each

respondent was considered as a person with unique or specific knowledge of the research subject.

### **Criteria for selecting respondents**

- 1 the respondent is at least 18 years old at the time of the research;
- 2 the respondent has been in the country of residence for at least three months;
- 3 the respondent has given informed consent to participate in the study;
- 4 the respondent speaks and/or understands Russian;
- 5 the respondent has experience of interacting with the system of diagnosis and treatment of HIV infection in the country of residence.

### **Information collection method**

The information collection method used in the project was in-depth interviews with representatives of the research target group.

The in-depth interview is a qualitative research method in the form of a one-on-one conversation with a respondent according to a pre-prepared guide. The method is designed to explore the attitudes of key groups towards the problem under study, to identify respondents' feelings and beliefs about the topic under discussion, and to find out in detail the motivation behind their actions. In-depth interviews make it possible not only to determine the respondent's attitude towards the issue under study, but also to assess his or her retrospective experience of the problem under study and to identify the motivation for certain actions.

Interviewers with experience of working in community organizations providing HIV services and in HIV research were selected to carry out the project in each study country.

### **Limitations of the study**

The research methodology does not allow for the identification of quantitative characteristics of the object of study. In addition, the results of the study cannot be extrapolated to the general population as a whole.



study among the research participants is personalized and based purely on their own experiences. For example, the majority of respondents indicated that they had no acquaintances with HIV status in the host country or were unaware of any negative attitudes towards PLHIV relocated there.

Internal stigma is an important aspect in determining respondents' behavior. Fear of discrimination by others is expected to lead to concealment of one's HIV status. This behavior can be seen as a kind of mechanism to control one's interaction with others and to minimize the negative attitude of others. For example, some participants in the study stated the following:

- “I have not encountered [negative attitudes]. I am afraid to disclose my HIV status, I am sure that negative attitude will not be avoided, nobody will rent me a flat for sure, and nobody will hire me.” (Georgia);
- “I have not encountered any difficulties, as I do not disclose my status anywhere. I work online and at work they were not interested in my status. I have not told my property owners about my status either.” (Georgia);
- “I have never encountered such a thing; nobody here knows about my HIV status, and I am not going to advertise it.” (Poland);
- “Not yet [have not encountered negative attitudes]. Everything is ahead of me, as I realize more and more that even my colleagues treat HIV-positive people badly. For this reason, I do not disclose my HIV-positive status to anyone. I don't want it to spoil my life.” (Lithuania).

The data obtained in the course of the research allow us to identify the existence of cases of negative attitudes towards migrants on the basis of their HIV status, regardless of the host country. The list of areas in which discriminatory manifestations are observed is typical of each country in which the survey was conducted and is mainly related to the process of integration into the host community: medicine and health care, work and professional relations, everyday communication, etc. The low level of consolidation of PLHIV who have been relocated does not allow us to assess the extent and predominant forms of discrimination against them by the local population in each of the countries surveyed.



Respondents noted the following when describing examples of prejudice against PLHIV:

- “There is stigmatization here in relation to HIV status. Especially in the area of employment, where employers are not inclined to hire because of my HIV status. Once they even dismissed me after a successful interview after finding out about my status.” (Lithuania);
- “Mostly I face non-acceptance of my HIV status only from the side of locals — Poles. Most often on dates and during friendly dialogue. Often my HIV status becomes the reason for stopping communication. I have not noticed any discriminatory attitude in other spheres and situations.” (Poland);
- “Lithuanians are very afraid of HIV, even despite the rule ‘U=U’ [undetectable = untransmittable\*]. That is why there are a lot of refusals even in trivial acquaintance.” (Lithuania);
- “When I applied for international protection in Bialystok, I encountered a negative attitude at the Border Committee. When I first came to the institution, I was treated positively and politely. However, when in the interview room I was asked if I had any chronic diseases and I told her that I was living with HIV, the staff member who was interviewing me started talking to me in a raised tone. She asked why I had not warned her in advance about my status so that she could take precautions.” (Poland);
- “A friend of mine was refused service at a health center after learning that she had HIV.” (Georgia).

It should be clarified that cases of negative attitudes towards PLHIV among migrants in host countries are not permanent. The examples of discriminatory manifestations identified in almost all the narratives are mainly related to the subjective assessment of the respondents and their experience of a particular situation. It is also worth noting the low level of consolidation of the community of PLHIV relocated in each of the countries, which means that the level of knowledge of the problem under

\* Undetectable = untransmittable is the message of a new UNAIDS Explainer. With 20 years of evidence demonstrating that HIV treatment is highly effective in reducing the transmission of HIV the evidence is now clear that people living with HIV with an undetectable viral load cannot transmit HIV sexually.



this regard, there is a need to create an information resource for PLHIV migrants.

The results of the research show that the opportunities for migrants to receive HIV-related medical care and treatment vary in different countries of residence. For example, respondents from Lithuania and Poland, when assessing the availability of such services (Figure 3), point to the need to have a job and/or insurance in order to receive them:

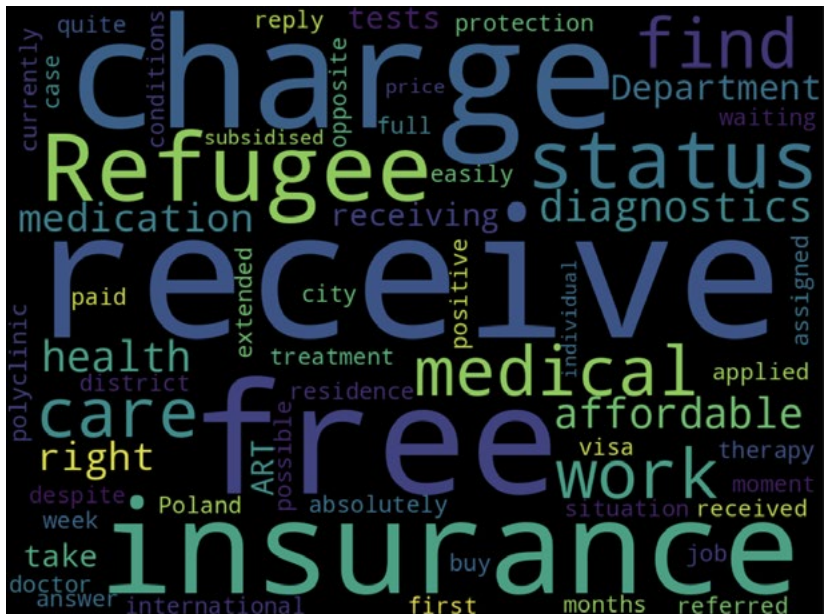


Figure 3. Distribution of responses to the question "Do migrants with HIV status receive HIV-related medical care or treatment (ART, testing, etc.)?" (Lithuania and Poland)

- “I receive treatment free of charge, I have work insurance, I find medical care and diagnostics affordable.” (Poland);
- “I receive medical care, I have a work visa and a health insurance, where I receive medication in my city of residence. I find it quite affordable.” (Poland);
- “At the moment I am in the status of waiting for a reply on international protection. But despite this, I have the right to receive therapy and diagnostics absolutely free of charge.” (Poland);
- “...when I applied to the Refugee Department, I was easily referred to a doctor, and after 1 week I received the first medication for 2 months. I am currently receiving them free

of charge at the district polyclinic to which I was assigned by the Refugee Department.” (Lithuania);

- “Those, who have a job or paid insurance, have the full right to receive ART and take tests free of charge. And the situation is the opposite if this is not the case.” (Lithuania);
- “Under the conditions of refugee status [they receive]. After receiving a positive answer on refugee status, it is possible to buy extended health insurance at a subsidized price, or free of charge (it's all individual), and receive ART and take tests.” (Lithuania).

The situation regarding access to HIV-related medical care and treatment for migrants is somewhat different in Georgia. When describing the algorithm of access, respondents point out that medical care (ART, analyses, etc.) is mainly provided to migrants on a paid basis (Figure 4). In particular, the respondents pointed out the following:

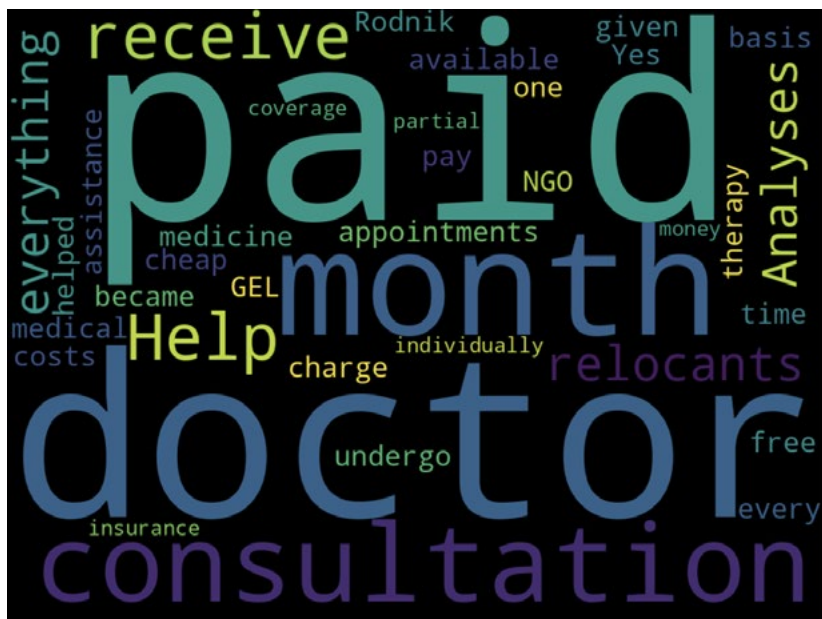


Figure 4. Distribution of responses to the question “Do migrants with HIV status receive HIV-related medical care or treatment (AR,T tests, etc.)?” (Georgia)

- “They get [migrants], but everything is paid for. Analyses are paid, doctor's appointments are paid. The medicine is given free of charge only for 1 month, but you have to undergo a doctor's consultation, which costs 80 GEL.” (Georgia);

- “Yes, they do, but on a paid basis. For me it became available because the NGO “Spring of Help” helped me, but this help was one-time, and I have to pay for doctor’s consultations every month to receive therapy, and it is not cheap.” (Georgia);
- “I receive medical assistance individually, with partial coverage by insurance or with my own money.” (Georgia).

Difficulties in accessing ARVs force relocated people to find alternative ways of obtaining them, which can objectively lead to treatment interruptions and subsequent negative health consequences. For example, some respondents indicated that they receive the necessary drugs from other countries with the help of acquaintances or on their own:

- “For the time being, my friends from Russia bring me ARVs.” (Georgia);
- “I get ARVs from Belarus, in quantities sufficient for six months.” (Georgia);
- “I receive in Belarus — I get [ARVs] from acquaintances. Probably someone who earns good money can pay and gets it in Georgia.” (Georgia).

Thus, the data obtained allows us to talk about the need to expand the coverage of medical care and support for PLHIV who have relocated to Georgia and to develop an algorithm for the provision of appropriate medical services. It is also necessary to inform migrants about the existing opportunities to receive these services.

Access to HIV-related medical care and treatment for migrants is largely ensured through the activities of both governmental and non-governmental organizations. Analysis of the survey results reveals a number of particularities in the receipt and provision of such services. For example, Lithuanian respondents indicate that the only facility providing HIV diagnosis and treatment is the state polyclinic to which the patient is assigned (at the place of residence). According to respondents, there are no public organizations in Lithuania that provide help and support to migrant PLHIV. Respondents from Poland also point out that HIV diagnosis and treatment is only available in polyclinics. At the same time some respondents noted that services and facilities provided by local public organizations are available to

migrants, but access is hampered by a lack of knowledge of the Polish language.

In Georgia, respondents reported that HIV-related medical care is available in state health facilities. However, unlike in Poland and Lithuania, services provided by non-governmental organizations (voluntary, diaspora organizations) are more accessible to migrants. At the same time, the level of knowledge about their activities is quite high, but respondents do not mention the names of specific organizations in their narratives. One of the problems hindering the possibility of using such services is the respondents' lack of knowledge of the Georgian language.

The results of the research show that the greatest difficulties in accessing medical services and therapy are experienced by migrants living in Georgia. This is due to the fact that they have to pay for treatment in health institutions. At the same time, attention should be paid to the low level of involvement (or their absence) of non-governmental organizations in providing appropriate assistance and support to people living with HIV (particularly in Lithuania and Poland).

### **1.3 Barriers to accessing HIV treatment for migrants in the host country**

One of the objectives of the study was to identify the most common barriers to accessing HIV treatment among newly arrived migrants in the host countries. Analysis of the narratives shows that the main barrier faced by migrants in Lithuania and Poland is, as mentioned above, the language barrier. For example, respondents reported the following:

- “There is no reason to interrupt treatment now, as it is quite easy to get ART now. But this is provided you do not panic, and at least have a minimal knowledge of English.” (Lithuania);
- “At the stage of obtaining protection in Lithuania, I only encountered a problem in the form of language barrier. In everything else, there are no problems.” (Lithuania);
- “The main difficulty for me and my friends is the language barrier, which makes it difficult to find information about HIV treatment and diagnosis.” (Poland);
- “In Poland there are organizations that provide assistance

to HIV-positive people, but they provide counselling and social support in Polish. Without knowing the language, it is impossible to use their help..” (Poland);

- “Doctors don't speak Russian very well, but in principle you can understand what they are talking about, basically everything is the same.” (Poland);
- “... [the obstacle] is the language barrier.” (Georgia).

It should be noted that lack of knowledge of the language can be a reason for stopping treatment, according to some respondents living in Poland:

- “The most important barrier to accessing [health care organizations] is the language barrier. It can be a reason for interruption of treatment.”
- “I faced the difficulties of not knowing Polish and making an appointment [with a doctor] only after 1–2 months due to work [lack thereof]. For me these difficulties became a reason for interruption of ARV treatment.”

For Georgian respondents, the main barrier limiting access to HIV treatment and diagnosis is the excessive cost of relevant medical services, which obviously leads to the risk of treatment interruption. In such a situation, the language barrier becomes less relevant:

- “The main obstacle is money. PrEP is free, but treatment is paid (tests, counselling).”
- “... [the main obstacle] is the excessive cost of diagnostics for CD4, CD8 and viral load. Without these analyses and monthly payment for a doctor's consultation, ARV therapy cannot be obtained.”
- “When I came to Georgia (May 2022) ART was paid. It was inexpensive — about \$20 per month, but for someone without money, it could be a significant amount.”

Given the likely financial difficulties that migrants may face in the host country, the question of partial or full coverage of the cost of antiretroviral therapy, medical consultations, and laboratory diagnostics for viral load and CD4 counts becomes relevant. The results of the conducted research show that migrants living in Poland and Lithuania have this possibility. The mechanism for accessing medical services is the same — through health insurance.

- “Therapy is free, but you have to pay a lot for analyses and diagnostics. I earn good money, but it is essential for me.”
- “For the therapy itself, no [did not spend his own money], but for analyses and doctor's consultation — yes. It is expensive.”

It should be noted that a number of respondents had no experience of receiving HIV-related medical care at their own expense at the time of the survey. One respondent was partially covered by insurance for testing (length of stay in Georgia – 1.5 years).

One of the reasons for interruption of ARV therapy is lack of funds for its purchase and testing. The narratives collected in the course of the study allow us to identify a number of behavioral strategies that can be implemented when migrants (regardless of the country of study) do not have money to pay for medical services:

1. Uncertain behavior. The group of respondents with this behavior model includes those who have not yet thought about the possibility of such a situation.

2. Refusal to take treatment. Respondents are motivated to take ARV therapy, are aware of the consequences of treatment interruption, but are willing to take a break from treatment if access is not possible:

- “I think I'm just going to stay off the therapy until I can get it. I realize it is not safe, but still, there is simply no other option. There is not even an organization where I can get therapy for a while.” (Lithuania);
- “I would quit [taking] and that is it. There is no other way out. There is not much that depends on me in this situation.” (Lithuania);
- “I will not take therapy and treatment. I don't have the strength to do anything about it.” (Poland);
- “I will stop taking therapy and look for options.” (Georgia).

3. Search for alternative sources of receiving therapy and analyses. Respondents are aware of the risks of treatment interruption and are motivated to continue treatment:

- “First of all, I will turn to my acquaintances to help me financially. I will look for foundations that help Belarusians financially.” (Poland);
- “I always have a stock of ART that I keep for such a case. As a last, resort I have friends who can help with buying ART



Relocated people in Georgia have difficulties covering the costs of ARV therapy (Figure 5). Absolutely all respondents pointed out that Georgian insurance companies refuse to contract with PLHIV. This situation naturally leads to the search for alternative ways of obtaining drugs (as mentioned above) or to interruption of treatment.

The functioning of the insurance system in Lithuania and Poland leads to a reduction in the financial costs for re-settlers to purchase treatment and analyses. Only two respondents (one in each country) mentioned that they had to spend their own

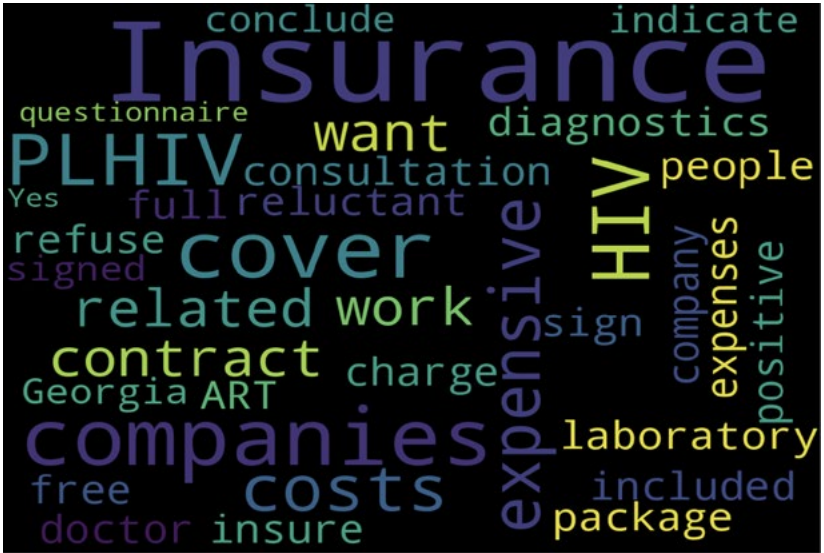


Figure 5. Distribution of responses to the question “Is it possible to get partial or full coverage of antiretroviral therapy, medical consultations and laboratory diagnostics for viral load and CD4 count through health insurance in your host country?” (Georgia)

money to buy therapy in the first months of their stay in the country. In all other interviews, respondents in Lithuania and Poland reported that the cost of ARV therapy and testing was covered by insurance.

The lack of access to insurance means that returnees in Georgia have to pay for HIV-related medical services out of their own pockets. In particular, respondents point out that they have to pay for tests and diagnostics, noting the excessive cost of medical services:

- “Yes, spent my own money on tests. Medicine here is paid and expensive.”

and taking tests. My father often travels from Belarus and he can bring me ART.” (Poland);

- “I think I would look for ways to solve the problem instantly. I save money for a similar potential case.” (Lithuania);
- “...I would look for alternative ways of funding, for example through social programs or charities.” (Lithuania);
- “I will ask relatives to send therapy.” (Georgia);
- “I will move to another country.” (Georgia).

The list of strategies presented is quite understandable: respondents' knowledge of the laws that ensure migrants' access to HIV diagnosis and treatment in the host country, as well as of the organizations that provide assistance, is rather low. For example, almost all respondents said they did not know about the laws that allow them to receive HIV-related medical care in the host country. Only some migrants are interested in such information and obtain it from internet sources, non-profit organizations, friends, and acquaintances.

As noted earlier, migrants have limited information about organizations that provide HIV services to migrants or note their absence in the host country. This largely determines the answers to the question of where migrants can go if they are unable to access HIV-related medical services. In particular, respondents from Lithuania and Poland did not know of any. In Georgia, migrants indicated that they would turn to non-profit organizations if they had difficulties accessing HIV diagnosis and treatment. However, the specific names of these organizations were not mentioned (except for two respondents who had experience of applying to NCOs: “Spring of Help” and “Equality Movement”).

From the results of the study, it can be concluded that the most important barrier limiting access to HIV treatment for relocated people from Poland and Lithuania is the language barrier. On the other hand, unfamiliarity with the language of the host country is less important for migrants living in Georgia. The excessive cost of medical care and the lack of access to insurance to cover the cost of ARV therapy, medical consultations and laboratory diagnostics are more problematic for them. It should be noted that for migrants living in Lithuania and Poland, health insurance is affordable and purchasing insurance does not pose significant difficulties.

It is also noteworthy that the level of knowledge of migrants about the legislation ensuring access to HIV diagnostics and treatment in the country of residence, as well as about the organizations providing assistance, is rather low. In this regard, information work with PLHIV migrants need to be strengthened.

# Conclusions

In modern society, antiretroviral treatment is seen as a means of preserving the lives and health of PLHIV, minimizing the social and economic consequences of the spread of HIV, and increasing the effectiveness of prevention efforts. However, access to HIV treatment, diagnosis, care, and support remains limited.

The analysis of the social, psychological, and medical aspects of the adaptation of resettled people in Georgia allows us to identify the importance for them of access to health care and HIV treatment, due to their excessive cost and the impossibility of obtaining them free of charge. At the same time, other obstacles limiting access to HIV treatment (language barrier, possible stigmatization, etc.) are less problematic.

Relocated people in Poland and Lithuania have access to antiretroviral therapy through two channels: free treatment at a medical facility and full or partial payment through insurance contracts. The situation in Georgia with regard to access to treatment is riskier in terms of the risk of forced interruption of treatment. For HIV- positive migrants from Belarus and Russia in Georgia, treatment is free, but requires expensive laboratory tests and a paid monthly consultation with a doctor. For migrants from Ukraine, laboratory diagnostics, medical consultations and antiretroviral therapy are provided free of charge on the basis of adopted regulations.

The results of the conducted research show the need to establish an accessible system of HIV treatment and diagnostics for PLHIV among migrants living in Georgia. In contrast to Lithuania and Poland, where migrants with HIV have access to health insurance, the narrative analysis shows that in Georgia it is difficult for PLHIV to obtain insurance.

The experience of Lithuania and Poland shows that the health insurance system can be considered as an effective mechanism to cover part of the costs of medical services, counselling, etc. for PLHIV with a migrant status. It is expected that its functioning will allow host countries to guarantee equal access to HIV treatment and care.

The results obtained in the course of this research allow us to document cases of refusal by Georgian insurance companies to conclude a health insurance contract with relocated people with HIV status. At the same time, this problem is systemic. It is clear that ensuring migrants' access to voluntary health insurance should be accompanied by the implementation of legal, economic, and organizational measures at the state level. This, in turn, will strengthen the social protection of migrants and provide them with maximum access to health services.

In addition to ensuring access to the health insurance system for Georgian migrants, it is necessary to stimulate the activities of non-profit organizations providing services to migrants with HIV, for which the demand among respondents was quite high.

The activities of such organizations will increase the insufficient level of awareness among relocated people not only about the actors providing legal, social, and psychological assistance, but also about possible mechanisms for obtaining medical services and HIV-related support. In this context, it should be noted that information on the algorithm for accessing HIV-related medical care is not always available to resettled populations, regardless of the country of residence. A possible solution to this problem would be the creation of a specific information resource (website) for PLHIV among relocated people.

In general, it should be noted that the analysis of the accessibility of the HIV treatment and diagnosis system for relocated PLHIV should be based on relevant sociological data, based on the objectives of the "interventions" implemented, the resources spent on the target groups and other key indicators. At the same time, the task of evaluating the effectiveness of the implemented interventions will be achieved.

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