



Situation and Economic Analysis on Migration and HIV Services in Azerbaijan

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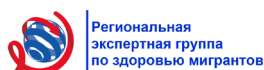
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EXECUTIVE SUMMARY

Labor migration is associated with huge economic and social opportunities for the migrants. However, one area of particular concern is the growing vulnerability of migrants to HIV/TB and their lack of access to HIV/TB prevention, testing and treatment information. Migrants with HIV and TB are particularly vulnerable to discrimination and other negative factors that affect their physical and psychological well-being, as they live in conditions of legal uncertainty that deprives them of the opportunity to claim their right to health. Considering the restrictions in receiving countries on access to HIV/TB services, it was important to determine whether citizens of Azerbaijan who have returned from migration face barriers in accessing HIV treatment.

The Study project aimed to gain an understanding of the legal and institutional barriers to receive HIV/TB care and treatment the citizens of Azerbaijan face when they return home from migration. Also, along with the legal and institutional barriers, understanding of the socio-cultural barriers to receive HIV/TB care and treatment the citizens of the foreign countries when they come to Azerbaijan as a migrant.

The objective of the study was to conduct Situation and Economic analysis of HIV and TB-related health services for migrants in Azerbaijan.

A key method of the study was desk research and analysis of data on public spending in the field of HIV infection and TB as well as analysis of in-depth interviews migrants and experts.

Some limitations in the study were the limited number of migrants (in total 20) living with HIV and TB were interviewed and during summarizing costs of the HIV and TB treatment, indirect costs were not considered for easier comparison.

The study revealed that:

- Azerbaijan has punitive and restricts laws related to migrants. People without documentation don't have access to HIV treatment. There is no mentioning about stateless persons permanently residing in the Republic of Azerbaijan and persons who have been granted refugee status in the Law "About the fight against tuberculosis in the Republic of Azerbaijan"¹. For migrants, people living with HIV and key populations, there is no access to protection from violence. HIV transmission, sex work remains criminalized. There are no supportive laws to ensure access to harm reduction and opioid substitution therapy (OST) for migrants. HIV transmission remains criminalized and HIV testing is mandatory before marriage. Restrictions on labor rights due to HIV status: immigration to the country of PLHIV.

¹ <https://e-qanun.az/framework/624>

- Labor migrants, citizens of Azerbaijan and foreign migrants have not enough information about the ways of transmission of HIV and TB infection, where to seek help in case of risky behavior, and where they can get tested for HIV and tuberculosis. They are not provided with information about harm reduction programs, there is not enough information about services provided by the state and non-governmental organizations that they could use both in Azerbaijan and in the countries to which they plan to migrate.

- Many migrants living with HIV and suffering from TB, especially KPs (in the context of study, key populations include men who have sex with men, transgender people, sex workers, people who inject drugs) do not have a job due to a high level of intersectional stigma: in public organizations, and many private companies require health certificate for many jobs and if employers find out that a person is living with HIV they may lose their jobs, as a result PLHIV face high levels of unemployment. Many PLHIV knowing that they will not be able to get the right to work because PLHIV are afraid to undergo examination and treatment, they prefer to be in the shadows, to settle for illegal work.

- Migrants, citizens of Azerbaijan who are abroad in many cases do not have access to ARV therapy and other services provided in connection with HIV and TB infection, as they do not want to disclose their status for fear of being deported.

- Although, according to experts, citizens of Azerbaijan can get in exception basis ARV drugs for 6 months (or people who have a notarized power of attorney can get medicines for them, and then the medicines can be sent to the country where they are located), a migrant living with HIV must undergo a monitoring examination at least 2 times during the year, confirming that they are really taking drugs. Considering the high cost of tickets and other costs associated with the visit, creates barriers, and makes it difficult to obtain ARV drugs remotely. It should be noted that the practice of remote treatment, i.e., when the patient is given ARV drugs for 6 months in advance, began to be used in connection with the COVID-19 pandemic, the purpose of this practice was not to cover migrants. Moreover, unlike countries such as Kyrgyzstan and Tajikistan, where the coverage of migrants with distant medical services has a normative basis at the level of the order of the Minister of Health, there are no normative-legislative acts in Azerbaijan for the coverage of labor migrants living with HIV and TB in Azerbaijan.

- One of the problems faced by HIV+ foreign migrants is the provision of medications only for a period of no more than 1 month.

- Mandatory provision of an identity card is one of the main barriers to access to HIV services for migrants without a residence permit.
- Also, there are no closed connections with other NGOs working in the field of HIV and TB in other countries, with the aim of expanding the access of migrants to services provided in connection with HIV and TB infection.
- Preventive work is not conducted at borders, airports, railway stations, and intercity bus stations.
- Among the difficulties faced by migrants living with HIV and TB in Azerbaijan are stigma and discrimination in society, especially in the healthcare sector towards PLHIV, fear of disclosing HIV status, loss of opportunity to earn money, lack of information and legal uncertainty, stigmatization and self-stigmatization, gender inequality. As the study showed, migrants, living with HIV and suffering from TB, especially KPs suffer the most from intersectional stigma and discrimination, primarily in the healthcare sector when receiving medical services, since most of the medical personnel as it was mentioned during research do not have enough knowledge about HIV infection, many do not adhere to ethical standards of behavior in connection with the provision of medical care to key populations.
- Based on results of the research the high level of discrimination against the KPs by the law enforcement agencies leads to the fact that in case of violence, the KP's does not consider the option of contacting the police, knowing that no one will protect them, but, on the contrary, they will be subjected to harassment, on the part of the police.
- Preventive measures against HIV infection and tuberculosis among migrants are not financed from the state budget either. Migrants are not represented in the National Plans to Prevent the spread of HIV and TB.
- Migrants community representatives don't participate in the development of the National HIV and TB plan and plan to reduce stigma and discrimination against key groups.
- In accordance with the conducted economic analysis, it would be much more profitable and efficient to provide timely treatment of migrants, Azerbaijani citizens living and working in other countries, remote treatment, as well as preventive work (harm reduction policy) among migrants, especially among migrants of KP's living in Azerbaijan. As economic analysis shows, this would significantly reduce the state's expenses for the treatment of already infected patients by migrants, due to the fact that migrants did not have access to timely treatment.

According to the conducted analysis the strategic areas for addressing are:

1. Health care institutions (hospitals, polyclinics, etc.):

Expand access to HIV and TB prevention and treatment for citizens of the Republic of Azerbaijan who are in migration; Prioritize migrants in the national HIV/AIDS and TB strategic plans: Expand access to HIV and TB services in the country, including free diagnostic and treatment services, for incoming and outgoing migrants. Promote HIV and TB testing among migrants; Implement regulations and mechanisms to support voluntary and confidential HIV/TB screening/testing and counseling with an appropriate referral system for returning labor migrants, including short-term seasonal migrants, including near major border crossings and through mobile sites in places where they are likely to reside; Measure stigma and discrimination in health facilities to ensure «migrant-friendly» screening, testing and treatment, promote appropriate capacity building of multidisciplinary teams, and intensify social media awareness campaigns to reduce social stigma associated with HIV and TB; Develop an information portal for migrant workers that provides information on labor migration laws of the country where they work, the rights of migrants abroad, as well as information guides on HIV testing, care and treatment, screening, TB care and treatment and, most importantly, where to access these services both in the country of origin and destination; Increase knowledge of migrants and health care providers about HIV and TB in the context of migration; Increase awareness and knowledge of HIV and TB signs and symptoms, transmission, prevention, and risks among migrants; The absence of the mandatory provision of an identity card is also an overcoming of the main barriers from the point of view of access to services for migrants without a residence permit.

2. Employment and pensions

Provide vocational training to migrants with HIV and KP's

Ease procedures to receive benefits for PLHIV

Needs assessment study among PLHIV and KP's is conducted to conduct vocational training.

3. At the regional level:

Work in the country and with destination countries to ensure that a multisectoral approach and transnational collaboration are prioritized for migrant-friendly health services.

4. Laws and justice system (laws, police, prosecutors, courts, etc.)

Initiate establishment of multi-sectoral Working Group with involvement of MOJ, MIA, Parliament and MOH for discussing issues: changing legislation on access to HIV and TB services for migrants, advocacy to remove the law that discriminates migrants' rights, introduce a ban on any discrimination — analyze legislation, draft legislation, advocacy, introduce liability for discrimination; Training on human rights, stigma and discrimination for activists from the community of people living with HIV and key populations.



INTRODUCTION

1.1 HIV and TB in Azerbaijan (epidemical settings)

The number of migrants in Azerbaijan is 142 thousand², while the number of undocumented migrants varies between 3-4 thousand. Since the beginning of the full-scale war in Ukraine, more than 8,247³ migrants from Ukraine have arrived in Azerbaijan, about 5,000 people remain in the country. About 25 thousand migrants arrived from Russia, the number of migrants from Russia is constantly growing.

Migration Police Institute suggests that number of global migrants from Azerbaijan is 1 164 000⁴. The Russian Federation remains the country of destination hosting the largest number of migrants from Azerbaijan. According to RF's Ministry of Internal Affairs, in 2022 number of migration registration of Azerbaijan citizens was 492 839; Migrants with HIV and TB are particularly vulnerable to discrimination and other negative factors that affect their physical and psychological well-being, as they live in conditions of legal uncertainty that deprives them of the opportunity to claim their right to health. Taking into account the restrictions in receiving countries on access to HIV and TB services, it is important to determine whether citizens of Azerbaijan who have returned from migration face barriers in accessing HIV treatment and TB care.

HIV care cascade in Azerbaijan

Out of 10,664 estimated PLHIV, as of January, 2023, 8 563 PLHIV are diagnosed (80%), of them 6,443 are on ART (75%) and 5,832 (91%) have achieved viral load suppression. 63% of all HIV diagnosis have been among men.

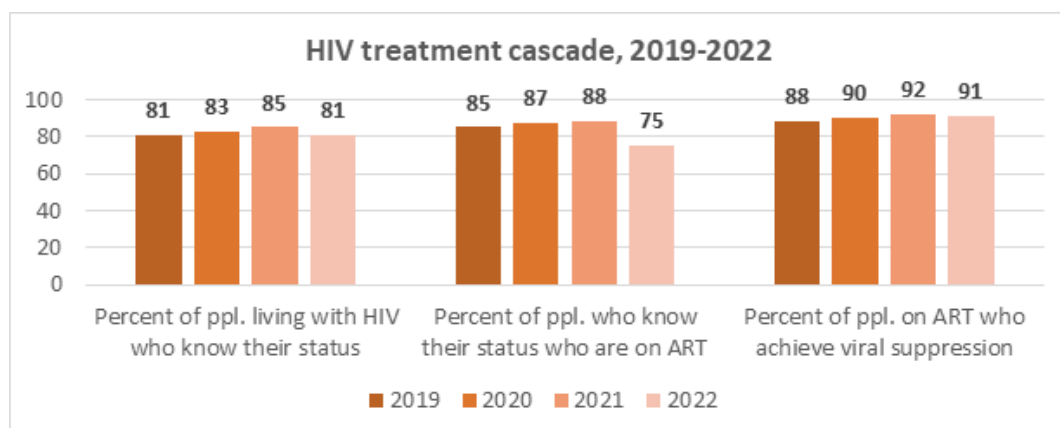


Figure 1. HIV treatment cascade, 2019-2022⁵

² <https://turan.az/az/cemiyyet/azerbaycanda-ukraynadan-olan-miqrantlara-guzestler-tetbiq-edilecek>

³ <https://turan.az/az/cemiyyet/azerbaycanda-ukraynadan-olan-miqrantlara-guzestler-tetbiq-edilecek>

⁴ Migration Policy Institute tabulation of data from the United Nations, Department of Economic and Social Affairs, Population Division, International Migrant Stock 2020.

⁵ https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf

TB epidemiology

As estimated by WHO⁶ TB incidence (new and relapse cases) in Azerbaijan decreased from 86 cases per 100,000 population in 2012 to 58 per 100,000 in 2020 (by 32.6%) but increased to 63 / 100,000 in 2021 (7th highest level among 53 countries of the WHO European Region). The estimated incidence of HIV-positive TB cases was 1.3 per 100,000 in 2021. For this year, WHO notably increased its estimate for TB mortality: to 8.9 / 100,000 from 6.6 / 100,000 in 2020 (total, including HIV-positive TB cases), or by 34.8%.

TB affects economically active population: in 2022, 35.9% of new TB cases in Azerbaijan were registered in age groups between 25 and 44 years; at the same time, the proportion of people aged 65+ years has been increasing and reached 9.9% in 2022, up from 6.8% in 2018.

The WHO-estimated number of incident TB cases in children (0-14 years) for 2021 was 360 (range 270-440).

1.2 The scope of work

To conduct a Study in the area of migration and HIV in Azerbaijan which included: a) description of key legal and institutional barriers the Azerbaijan migrants face in Azerbaijan as a sending country when leaving the country and upon return. b) overview of available national statistics on HIV and TB among migrants c) analysis of national policy in the area of migrant health, including the support migrants living with HIV (and TB) abroad, treatment and support of international migrants in Azerbaijan; d) description of available data state expenditure related to treatment of returned HIV-positive migrants and migrants who suffer from TB e) based on the analysis of the situation, propose recommendations for the public sector and civil society organizations on removing barriers to access HIV and TB services for migrants who are citizens of Azerbaijan.

⁶Source: WHO Global TB Database

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METHODOLOGY OF THE STUDY

Desk review as an additional method to study the current situation regarding HIV and TB in the country and to prepare for field work; Analysis of a) interviews with experts (doctors, social workers, community/NGO representatives); b) interviews with Azerbaijani citizens living with HIV and tuberculosis who returned from migration; c) interviews with foreigners with HIV and tuberculosis living in Azerbaijan migration. A separate part of the Study was the analysis of data on public spending in the field of HIV infection and TB. A total of 30 interviews were conducted.

A letter of approval from the Ethical Committee of the Azerbaijan Medical University was received prior to the start of the fieldwork.

The study addresses the issue of confidentiality, No details are recorded that could identify participants.

3

REVIEW LEGISLATION ON MIGRATION

In accordance with the Law «On combating the disease caused by the human immunodeficiency virus» free provision of citizens of the Republic of Azerbaijan living with HIV, stateless persons permanently residing in the Republic of Azerbaijan and persons who have been granted refugee status by the Republic of Azerbaijan, with medical care in state medical institutions (including specialized medical care) and medicines.

Restrictions on entry the country, stay and residence for people living with HIV.⁷

In accordance with the Migration Code of the Republic of Azerbaijan Arrival and departure of foreigners and stateless persons to the Republic of Azerbaijan: no medical certificate is required to obtain a visa for foreign citizens and stateless persons.

Restrictions on labor rights due to HIV status

Immigration to the country of PLHIV: Article 46.1.5 of the MC states that foreign citizens and stateless persons, when applying for a temporary residence permit (extension) and a work permit, must provide «a medical certificate stating that they are not carriers of the virus of dangerous infectious diseases, the list of which is approved by the relevant executive authority.» Hepatitis B and C, HIV are considered to be these diseases. The same requirement is also imposed in accordance with Article 53.1.6. in order to obtain permanent residence permits. At the same time, according to Articles 50.1.5. and 55.0.2. of the MC, a foreign citizen and a stateless person are not granted a temporary and permanent residence permit «if he is a carrier of a dangerous infectious disease virus included in the list approved by the relevant executive authority (with the exception of persons married to citizens of the Republic of Azerbaijan).» According to article 64 of the MC, for persons who have married citizens of the Republic of Azerbaijan, a work permit is not required, subject to registration at the place of residence.

In accordance with the Law of the Republic of Azerbaijan «On combating the disease caused by the human immunodeficiency virus», Article 15.3.: «foreigners and stateless persons who wish to obtain a permanent or temporary residence permit, as well as a work permit to engage in paid work in the territory of the Republic of Azerbaijan, must undergo a medical examination for HIV.»

⁷ Migration Code of the Azerbaijan Republic,

The Law of the Republic of Azerbaijan “On combating the disease caused by the human immunodeficiency virus

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KEY FINDINGS OF THE STUDY

Table 1. *Disaggregation of study participants*

Disaggregation of study respondents	Number
Azerbaijani citizens living with HIV returning from migration	10
Azerbaijani citizens with tuberculosis returning from migration	5
Foreigners living with HIV and living as migrants in Azerbaijan	3
Foreigners with tuberculosis living as migrants in Azerbaijan	2
Experts working in the field of HIV and TB	5
Physicians working in the field of HIV and TB	2
Social workers (1 person working with TB and one person working with HIV patients)	2
Community/NGO representatives working in the field of HIV and TB	1
Total	30

4.1 Treatment in a country of origin. HIV diagnosis and causes of infection

Most respondents answered that were diagnosed with HIV in Azerbaijan. This situation is observed both among Azerbaijani and foreign migrants.

To the question: Have you received treatment for HIV in the country where you migrated to?

Most of the participants did not receive treatment in the country where they migrated. Some of the respondents preferred treatment in Azerbaijan rather than in the countries of their migration — Russia, Ukraine, or Turkey. There were also those who returned to Azerbaijan just for treatment.

Almost all Azerbaijani migrants did not seek treatment in the country of migration. Migrant from Azerbaijan, MSM, living with HIV living in Georgia stated that he returned to Azerbaijan shortly after his condition worsened, he was not treated in Georgia. The reason, why a migrant from Azerbaijan did not receive treatment in Russia was that the procedures there were long. Even despite the results of the test, the patient was not given medicine.

“No, I did not undergo treatment. Because I was waiting for the opportunity to come to Azerbaijan and start treatment here. I took some pills on doctor’s advice but was not completely cured. I thought that I should come to Azerbaijan and get treatment with my family, because I feel comfortable when my family is with me”.
(21 years old, MSM migrant living with HIV)

Refer to the study participants with TB did not receive treatment in the country of migration. So, although some of them had symptoms of the disease, they were not specific, while others were infected this disease in Azerbaijan. Almost all of the respondents first received treatment in an inpatient setting.

What HIV services have you used in the last 6-12 months?

Mostly, HIV services were used by migrants, citizens of Azerbaijan and there were more aware about HIV services; migrants who did not have official documents in Azerbaijan did not have access to HIV services. Also, basically, about 90% of migrants had no information about the HIV services provided by NGOs. 4 participants responded that they got ARV therapy, condoms and syringes, others mentioned using only condom.

To the question “Were you able to determine where and to whom you should tell your HIV status (in the country) in order to continue treatment?”

Most of migrants responded that they didn’t know to whom applied with this issue. However, MSM migrants reported that they had learned about the «Gender and Progress» Public Union (GDPU) from their acquaintances before coming to the country. In addition, the GDPU employees directed the migrants who applied to them to the AIDS Center.

To the question “How long were you able to determine the mode of using the services? Were there any difficulties?”

Most of the migrants who applied were able to take advantage of the services within a week.

Although Russian and Ukrainian respondents do not know the Azerbaijani language, none of them have experienced language problems in the places where they applied for services related to HIV and TB. In particular, it should be emphasized that the presence of Russian-speaking specialists, both in doctors and in other service fields, has eliminated possible difficulties for migrants to communicate with specialists.

4.2 Treatment

To the question “Where do you currently receive ARV therapy and other HIV services (in the country)? When you decided to come to Azerbaijan, did you consider the services for people living with HIV here and the opportunities related to medical care in general? Did you know about the availability of services for your needs in Azerbaijan?”

Services for people living with HIV and their accessibility were not the main criteria in their decision to come to Azerbaijan. Because most of them were unaware of the services available in the country. Migrants usually started researching information after arriving in Azerbaijan.

Many LGBT participants were firstly tested at Gender and Development Public Union office and then referred to the AIDS center. At AIDS center they presented their ID card and took a blood test, and after the virus was confirmed, the treatment process was started. Although the migrants reported that they went through some organizational procedures, this did not cause them any discomfort or prevented them from receiving treatment.

However according to the NGO expert, the biggest problem in the lack of treatment for foreign migrants was that the registration process at the AIDS Center was too long. He said that the process of taking the analysis and giving the medicine was very long and the migrants were very tired of it.

The expert also told the case of the migrant without a residence permit who was included in the research: *«A person came recently, and he said that he went to the hospital and when it found out that he lived illegally the police were called to this migrant. He escaped from there. This incident happened a year or two ago. Migrants who live illegally don't want to go to the doctors because they are afraid».*

All services provided in government organizations to people with HIV were free.

Unlike HIV migrants, TB migrants require financial resources to obtain some treatment and medicines. Among the respondents, there was also a respondent who could not continue his treatment due to his poor financial condition. One respondent said that although it is written outside the hospital that the services are free, the situation inside is different. He paid as the service was rendered.

«That day I went for a check-up again. The doctor prescribed new medicines. Anyway, the recipe is the same. I can't afford to buy those medicines».

Experts in the field of tuberculosis said that tuberculosis drugs are free of charge.

In general, regardless of the citizenship, patients are given enough drugs to last for one month. Migrants return to the AIDS Center every month to receive medicine. It should be noted that most of the migrants did not express any negative attitude regarding this procedure.

In general, there were no cases of breach of confidentiality among the HIV migrants who applied to both the state and the NGO. However, the requirement of an ID card at the AIDS Center sometimes causes them to have certain questions. They hope that their confidentiality is protected. In contrast to HIV migrants, the issue of confidentiality is not as relevant for TB migrants.

Since HIV patients are given drugs only by the AIDS Center, NGOs cannot support migrants in this direction. They are empowered to provide them only with PrEP.

4.3 Social reaction, Stigma and Discrimination

As all participants noted, when doctors found out about their HIV status (not considering medical organizations that are directly involved in HIV treatment), they refused to treat them, finding a reason. While doctors should provide services to HIV+ people in the same manner as other patients, they openly treat them rudely and indirectly refuse to provide services.

Before examining us, doctors immediately use special protective glasses and special gloves. They even keep enough distance between us, he emphasized.

5

FINANCING OF HIV/AIDS AND TB PROGRAMS

The government of Azerbaijan is committed to fighting HIV and TB epidemics and tried to allocate over past years increasing amounts of financial, human and infrastructural resources for this purpose, particularly to cover the substantial costs of staff, medical interventions and facility expenses.

The government is currently funding interventions: Prevention of Mother-to-Child transmission; prevention program for general population; quality HIV diagnosis, including blood safety; current ARV treatment and monitoring; laboratory and equipment maintenance; diagnosis of opportunistic infections and treatment; STIs diagnostics; post exposure prophylactic; OST (both for methadone and operational costs), 20% of commodities for KP programs (condoms, syringes, and other commodities). Government currently purchases full volume of the first line TB drugs and drugs for adverse events treatment for civilian sector, provides vaccination to the newborns and TBI diagnosis and TPT for HIV-positive and children under 5 years who were in contact with TB; and partially covers costs for SLD, for TB diagnostics and consumables, M&E and infection control activities.

6

ANALYSIS OF PUBLIC EXPENDITURES RELATED TO MEDICAL CARE FOR HIV-POSITIVE AND TB INFECTED MIGRANTS AND MODELING OF SCENARIOS

HIV component

Modeling scenarios of financial costs from the state budget of Azerbaijan for treatment of migrants with HIV infection: treatment ARV therapy with basic preparations or in case of an emergency help in the absence of ART.

Model 1 - the cost of treatment of an HIV-positive citizen of Azerbaijan with timely initiation of treatment in accordance with treatment protocols:

In accordance with the law on the fight against HIV/AIDS migrants, people without documents must have access to treatment. However according to the information received during interviews, people without documents, illegal migrants do not have access to treatment.

In the case of HIV-positive citizen timely initiate of treatment in accordance with treatment protocols the cost of treatment for one year will be **USD 571** (260 AZN cost of drugs for one year and 1001 AZN annual physician fees per patient=1261 AZN) at the ambulatory level when treated with ART scheme 1 row.

In the case of ARV treatment of the preferred scheme, treatment with the drug dolutegravir is prescribed. In this case, considering the monthly cost of the drugs is about USD 35 (60 AZN) x 12 months= 420 USD (720 manats), and 588 USD (1001 AZN, it is calculated as 5.50 AZN (average per hour rate of physician x 182 hours (182 hours are average annual hours per patient) =1001 AZN annual physician fees per patient, the cost of treatment will be higher: USD 420 + USD 588 = **USD 1008**

Model 2 - treatment costs associated with the provision of emergency medical care to an HIV-positive citizen of Azerbaijan who returned from migration in the absence of treatment in the country of migration.

Cost of treatment for one fiscal year: \$ 35 (60 manats) x 12 months = **USD 420**; \$ 5 other drugs x 30 days = **USD 150** ; Expenses incurred with staying in a hospital (utilities, consumables, cleaning) per patient = **USD 450** for 30 days; 5.50 AZN (average per hour rate of physician fees* 360 hours (360 hours

related to the treatment of one patient who was in the hospital) =1980 AZN (1165 USD) annual physician fees per patient, the cost of treatment will be higher; USD 420 (ARV drugs expenses) + USD 150 (other drugs expenses) +USD 450 (utilities, consumables, cleaning) + USD 1165 (annual physician fees per patient)= USD 2185

Thus, economy of government funding in case of treatment of one HIV-infected migrant during year at the outpatient level per year is more than twice (in the case of ART of the preferred scheme) and 3.82 times (in the case of treatment ART by the scheme of the 1st row) higher in comparison with the treatment of one HIV-infected migrant at the hospital level.

Model 3 - predictive data on the cost of HIV treatment for possible infected partners of a returned migrant with HIV in the absence of treatment.

Referring to the Model 2, the cost of treatment of a returned migrant with HIV in the absence of treatment is USD 2185. In accordance with Model 2, in the absence of ART, the risk of deterioration of the patient's condition increases and the risk of infection of the partner increases. In this case, the state will bear double the costs related to the treatment of the patient first, and since this patient has not been treated for a long time due to migration to another country, the patient will have to be treated in an inpatient setting, and the risk of infection of the sexual partner is high, and the state will have to spend financial Means for treating a partner.

Timely initiation of therapy from the moment of diagnosis allows to prevent and reduce the risk of infection of others⁸. Thus, according to international studies, one HIV-infected patient without ART can infect 4-8 people per year⁹.

TB component

In Azerbaijan the following regimens is used for people with TB:

Model 1 - the cost of treatment of an TB infected citizen of Azerbaijan with timely initiation of treatment in accordance with treatment protocols: Treatment of DS-TB using the 4-month 2HPMZ/2HPM regimen; 2HPMZ/2HPM - 190 USD; 190 USD +325 USD =515 USD per treatment for this regimen (3.25 USD per hour x 100 hours per one patient = 325 USD).

Note: 4-month 2HPMZ/2HPM: Although this regimen is reflected in the country protocol, its application in the country will be started from 2024 as a pilot, first in partial and then in all patient groups. Currently, 2HRZE/4HR sensitive tuberculosis therapy is used.

⁸<https://www.aidsmap.com/news/jul-2018/zero-transmissions-mean-zero-risk-partner-2-study-results-announced>

⁹<https://www.unaids.org/ru/frequently-asked-questions-about-hiv-and-aids#when-does-a-person-have-aids>

Model 2 - treatment costs associated with the provision of emergency medical care to an TB-infected citizen of Azerbaijan who returned from migration in the absence of treatment in the country of migration.

In case of hospitalization the cost of treatment is higher with the consideration of the average hospitalization cost estimates for a TB hospitalization episode, an estimated 24 days per patient with TB disease hospitalized over multiple cases is approximately USD 450 (utilities, consumables, cleaning and etc.)

Timely initiation of therapy from the moment of diagnosis allows to prevent and reduce the risk of infection of others. Refer to the WHO people ill with TB can infect up to 10-15 other people through close contact over the course of a year.

So, in case of Model 3 - predictive data on the cost of TB treatment for possible infected partners of a returned migrant with TB in the absence of treatment;

The cost of treatment should be considered and for migrant himself/ herself and his/her partner and for people whom potentially they will possibly infect. Thus, the cost of treatment will be 10-15 times higher than the timely treatment of one migrant.

Note: Currently, a short 9-month regime will be implemented in the country, and from 2024, a 6-month regime will be implemented.

CONCLUSIONS AND RECOMMENDATIONS

Azerbaijan has punitive and restricts laws related to migrants. People without documentation don't have access to HIV treatment. For migrants, people living with HIV and key populations, there is no access to protection from violence. HIV transmission, sex work remains criminalized. There are no supportive laws to ensure access to harm reduction and opioid substitution therapy (OST) for migrants. HIV transmission remains criminalized and HIV testing is mandatory before marriage. Restrictions on labor rights due to HIV status: immigration to the country of PLHIV.

Labor migrants, citizens of Azerbaijan and foreign migrants have not enough information about the ways of transmission of HIV and TB infection, where to seek help in case of risky behavior, and where they can get tested for HIV and tuberculosis. They are not provided with information about harm reduction programs, there is not enough information about services provided by the state and non-governmental organizations that they could use both in Azerbaijan and in the countries to which they plan to migrate. There is no information on the list of organizations providing free HIV treatment to migrants, or information on harm reduction programs. This information is not available to a migrant arriving in the country; no information work is carried out at the airport in connection with HIV and TB infection. Regulations and mechanisms to support voluntary and confidential HIV/TB screening/testing and counseling with an appropriate referral system for returning labor migrants, including short-term seasonal migrants, including near major border crossings and through mobile sites in places where they are likely to reside.

Many migrants living with HIV and TB, especially KPs (in the context of study, key populations include men who have sex with men, transgender people, sex workers, people who inject drugs) do not have a job due to a high level of intersectional stigma: in public organizations, and many private companies require health certificate for many jobs and if employers find out that a person is living with HIV they may lose their jobs, as a result PLHIV face high levels of unemployment. Many PLHIV knowing that they will not be able to get the right to work because HIV status are afraid to undergo examination and treatment, they prefer to be in the shadows, to settle for illegal work.

Migrants, citizens of Azerbaijan who are abroad in many cases do not have access to ARVT and other services provided in connection with HIV and TB infection, as they do not want to disclose their status for fear of being deported.

Although, according to experts, citizens of Azerbaijan can get in exception basis ARV drugs for 6 months (or people who have a notarized power of attorney can get medicines for them, and then the medicines can be sent to the country where they are located), a migrant living with HIV must undergo a monitoring examination at least 2 times during the year, confirming that they are really taking drugs. Considering the high cost of tickets and other costs associated with the visit, creates barriers, and makes it difficult to obtain ARV drugs remotely. It should be noted that the practice of remote treatment, i.e., when the patient is given ARV drugs for 6 months in advance, began to be used in connection with the COVID-19 pandemic, the purpose of this practice was not to cover migrants. Moreover, unlike countries such as Kyrgyzstan and Tajikistan, where the coverage of migrants with distant medical services has a normative basis at the level of the order of the Minister of Health, there are no normative-legislative acts in Azerbaijan for the coverage of labor migrants living with HIV and TB in Azerbaijan.

According to the study one of the problems faced by HIV+ foreign migrants is the provision of medications only for a period of no more than 1 month. Mandatory provision of an identity card is one of the main barriers to access to HIV services for migrants without a residence permit. Also, there are no closed connections with other NGOs working in the field of HIV and TB in other countries, with the aim of expanding the access of migrants to services provided in connection with HIV and TB infection. Preventive work is not conducted at borders, airports, railway stations, and intercity bus stations.

Among the difficulties faced by migrants living with HIV and TB in Azerbaijan are stigma and discrimination in society, especially in the healthcare sector towards PLHIV, fear of disclosing HIV status, loss of opportunity to earn money, lack of information and legal uncertainty, stigmatization and self-stigmatization, gender inequality. As the study showed, migrants with HIV and TB especially KPs suffer the most from intersectional stigma and discrimination, primarily in the healthcare sector when receiving medical services, since most of the medical personnel as it was mentioned during research do not have enough knowledge about HIV, many do not adhere to ethical standards of behavior in connection with the provision of medical care to key populations.

Preventive measures against HIV and tuberculosis among migrants are not financed from the state budget either. Migrants are not represented in the National Plans to Prevent the spread of HIV and TB. Migrant community representatives don't participate in the development of the National HIV and TB plan and plan to reduce stigma and discrimination against key groups.

Based on the responses of both HIV and TB respondents, it can be said that representatives of civil society try to support the needy people within their capabilities. And another important point is that people are also interested in applying to NGO's. This result allows us to say that it is appropriate to increase support for NGOs operating in the field of HIV and TB.

In accordance with the conducted economic analysis, it would be much more profitable and efficient to provide timely treatment of migrants, Azerbaijani citizens living and working in other countries, remote treatment, as well as preventive work (harm reduction policy) among migrants, especially among migrants of KP (drug addicts, MSM, sex workers) living in Azerbaijan. As economic analysis shows, this would significantly reduce the state's expenses for the treatment of already infected patients by migrants, due to the fact that migrants did not have access to timely treatment.

Recommendations

In line with the findings of the study, the following are specific recommendations for action:

<i>No</i>	<i>Activities</i>	<i>Indicators</i>	<i>Partners</i>	<i>Time-line</i>	<i>Responsible institutions</i>
1	Health care institutions (hospitals, polyclinics, etc.)				
1.1	Expand access to HIV and TB prevention and treatment for citizens of the Republic of Azerbaijan who are in migration.	<p>HIV/TB Working group consisting of main stakeholders (HIV and TB NGO Consortium, MOH, REG, IOM representatives, international partners) for creating instructions for remote registration and provision of services in the field of HIV and TB prevention and treatment for citizens of the Republic of Azerbaijan who are in migration is formed. (Scope of work of the WG will include activities 1.4).</p> <p>Instructions for remote registration and provision of services in the field of HIV and TB prevention and treatment for citizens of the Republic of Azerbaijan who are in migration is developed.</p> <p>Migrants, citizens of the Republic of Azerbaijan who are in migration has access for remote registration and provision of services in the field of HIV and TB prevention and treatment.</p>	HIV and TB NGO Consortium, MOH, REG, IOM, International partners	2024-2027	HIV and TB NGO Consortium, MOH
1.2	Prioritize migrants in the national HIV/AIDS and TB strategic plans.	<p>More evidence and actionable data on the health of migrants to inform strategies, policies and programs that put migrants in the national and regional HIV and tuberculosis agenda is gathered (KAP's and surveys are conducted)</p> <p>Migrants are included in the national HIV/AIDS and TB strategic plans.</p>	HIV and TB NGO Consortium, MOH, REG, IOM, International partners	2024-2027	HIV and TB NGO Consortium, MOH
1.3	Expand access to HIV and TB services in the country, including free diagnostic and treatment services, for incoming and outgoing migrants. Promote HIV and TB testing among migrants.	<p>Using mobile units to conduct HIV testing and TB screening among migrants where they are more likely to be detected, to increase uptake of services and reduce barriers to stigma is established.</p> <p>Issuance of drugs for a longer supply of HIV drugs (minimum for 3 months) for migrants not Azerbaijan citizens;</p> <p>The absence of the mandatory provision of an identity card for treatment.</p>	HIV and TB NGO Consortium, MOH	2024-2027	HIV and TB NGO Consortium, MOH

<i>No</i>	<i>Activities</i>	<i>Indicators</i>	<i>Partners</i>	<i>Time-line</i>	<i>Responsible institutions</i>
1.4	Implement regulations and mechanisms to support voluntary and confidential HIV/TB screening/testing and counseling with an appropriate referral system for returning labor migrants, including short-term seasonal migrants, including near major border crossings and through mobile sites in places where they are likely to reside.	HIV/TB Working group consisting of main stakeholders (HIV and TB NGO Consortium, MOH, REG, IOM representatives, international partners) for creating regulations and mechanisms to support voluntary and confidential HIV/TB screening/testing and counseling with an appropriate referral system for returning labor migrants, including short-term seasonal migrants is formed. Regulations and mechanisms to support voluntary and confidential HIV/TB screening/testing and counseling with an appropriate referral system for returning labor migrants, including short-term seasonal migrants is created.	HIV and TB NGO Consortium, MOH, REG, IOM, International partners	2024-2027	HIV and TB NGO Consortium, MOH, REG, IOM, International partners
1.5	Measure stigma and discrimination in health facilities to ensure “migrant-friendly” screening, testing and treatment, promote appropriate capacity building of multidisciplinary teams, and intensify social media awareness campaigns to reduce social stigma associated with HIV and TB.	Monitoring system is set up, Key Populations’ monitoring groups organized, annual reports on what is being done about migrants’ rights violations and steps taken published.	HIV and TB NGO Consortium, MOH, REG, IOM, International partners	2023-2025	NGO/CSO/ MOH
1.6	Develop an information portal for migrant workers that provides information on labor migration laws of the country where they work, the rights of migrants abroad, as well as information guides on HIV testing, care and treatment, screening, TB care and treatment and, most importantly, where to access these services both in the country of origin and destination.	An information portal for migrant workers that provides information on labor migration laws of the country where they work, the rights of migrants abroad, as well as information guides on HIV testing, care and treatment, screening, TB care and treatment and, most importantly, where to access these services both in the country of origin and destination is created.	HIV and TB NGO Consortium, MOH, REG, IOM, International partners	2023-2025	NGO/CSO/ MOH

<i>No</i>	<i>Activities</i>	<i>Indicators</i>	<i>Partners</i>	<i>Time-line</i>	<i>Responsible institutions</i>
1.7	Increase knowledge of migrants and health care providers about HIV and TB in the context of migration. Increase awareness and knowledge of HIV and TB signs and symptoms, transmission, prevention, and risks among migrants.	Informational brochures indicate where migrants can access free HIV/TB testing in host countries and what services they are eligible for free, if any are developed. Social media campaigns promoting voluntary HIV and TB counseling and testing among migrants to enable migrants to complete risk self-assessment tools and communicate free of charge and confidentially with designated staff, enabling migrants who want to receive appropriate services either abroad or after returning to their home countries are implemented. Knowledge of migrants and health service providers about HIV and tuberculosis in the context of migration is increased. Awareness and knowledge about HIV and TB signs and symptoms, transmission, prevention and risks among migrants is increased.	HIV and TB NGO Consortium, MOH, REG, IOM, International partners	2024-2027	HIV and TB NGO Consortium, MOH, REG, IOM, International partners
2	Employment and pensions				
2.1	Provide vocational training to migrants PLHIV and KP's Ease procedures to receive benefits for PLHIV	Needs assessment study among PLHIV and KP's is conducted to conduct vocational training. Vocational training for 60 PLHIV and KP's is provided. Assistance to find a job for PLHIV and KP's (employment assistance) provided by outreach workers.	HIV and TB Consortium, MOH, Ministry of Labor and Social Protection of the Population (MLSPP)	2024-2026	HIV and TB Consortium, MOH, Ministry of Labor and Social Protection of the Population (MLSPP)
3	At the Regional level				
3.1	Work in the country and with destination countries to ensure that a multisectoral approach and transnational collaboration are prioritized for migrant-friendly health services.	Relevant health promotion campaigns on HIV and TB issues at country and regional levels are promoted. WHO European Region consensus to ensure a minimum package of transnational TB control and treatment interventions: these include ensuring access to health services regardless of migrant registration status and a policy of non-deportation until completion of intensive TB treatment, creating an online platform to support transnational, multi-country management TB cases by facilitating communication between clinicians from different countries and facilitating collaboration between national TB programs in countries of origin, transit and destination (in terms of information sharing) for clinical management and contact tracing and referral) is supported.	HIV and TB NGO Consortium, MOH, REG, IOM, International partners	2024-2027	HIV and TB NGO Consortium, MOH, REG, IOM, International partners

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4	Laws and justice system (laws, police, prosecutors, courts, etc.)				
4.1	Initiate establishment of multi-sectoral Working Group with involvement of MOJ, MIA, Parliament and MOH for discussing issues: changing legislation on access to HIV and TB services for migrants, advocacy to remove the law that discriminates migrants rights, introduce a ban on any discrimination - analyze legislation, draft legislation, advocacy, introduce liability for discrimination.	Working Group with involvement of MOJ, MIA, Parliament and MOH is created. Public Hearings to raise awareness to protect the rights of migrants to access to HIV and TB related services and social benefits held between law enforcement, Parliament, MOH, MOJ and other stakeholders and migrants' representatives held.	MOJ, MIA, Parliament, MOH, KP's	2024-2027	HIV and TB Consortium
4.2	Training on human rights, stigma and discrimination for activists from the community of people living with HIV and key populations.	Training module and educational materials are developed. Training on human rights of migrants for migrants all HIV/TB KP's are held. Migrants' activists increased their knowledge on human rights issues.	HIV and TB NGO Consortium, MOH, REG, IOM, International partners	2024-2027	HIV and TB Consortium