

# Expanding Access to HIV Care for Migrants in Host Countries - A New Mechanism for Scaling up Treatment

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## Background:

Despite the political context, millions of migrants from EECA continue traveling to Russia. At the same time, according to the Russian Law on Prevention the Spread of HIV, migrants who have been diagnosed with HIV, should leave the country. But many migrants are unable to return to their home countries due to different factors, and majority of them remain in host nation undocumented. Lack of access to health services, including Global Fund programs, instigates health deterioration of migrants with HIV and contributes to development of epidemic in the host country and in migrants' home countries upon return.

## Description:

In 2021, the Steps Fund, in cooperation with the Regional Expert Group on Migration and Health, initiated and implemented a new unique approach of provision treatment to people in migration — "A remote registration and treatment mechanism". The essence of the model is an option for people with HIV being in migration to register at AIDS Centers in the country of origin remotely and receive ART and monitoring without returning home. This model ensures the provision of uninterrupted HIV related care during the full course of migrants' journey.



## Lessons learned:

This strategy has proven its effectiveness — remote registration and treatment model has been launched in several countries of the EECA region: Moldova (2021), Tajikistan and Kyrgyzstan (2022), Kazakhstan and Uzbekistan (2024). By 2025, 4 countries provide remote registration and HIV related services, including ARVs delivery to their citizens in migration; in Uzbekistan, protocols for provision of remote treatment have been developed, but people are not yet registered remotely. Armenia is scheduled to adopt protocols for remote registration in 2025, yet they already send therapy for their citizens who were registered earlier. By 01.2025 the Steps Fund assisted to remote registration in their home AIDS Centers for 68 migrants and became a reliable hub for the point of ART delivery from countries of origin. Migrants with HIV undergoing remote monitoring show high adherence and reach undetectable viral load (Figure). This model can be replicated to other regions and diseases.

### Viral load measurement

	At the beginning of the program	After 1 year in the program
P1	68 000	53
P2	84 478	0
P3	160 000	0
P4	63 000	0
P5	1 700	0
P6	5 720	0
P7	850 000	0
P8	10 000	0
P9	1 800 000	0
P10	110 000	0
P11	3 021 070	584
P12	100 000	214
P13	800 000	0
P14	31 588	100
P15	280	0
P16	49 555	0
P17	1 400	0
P18	25 000	0

### CD4 measurement

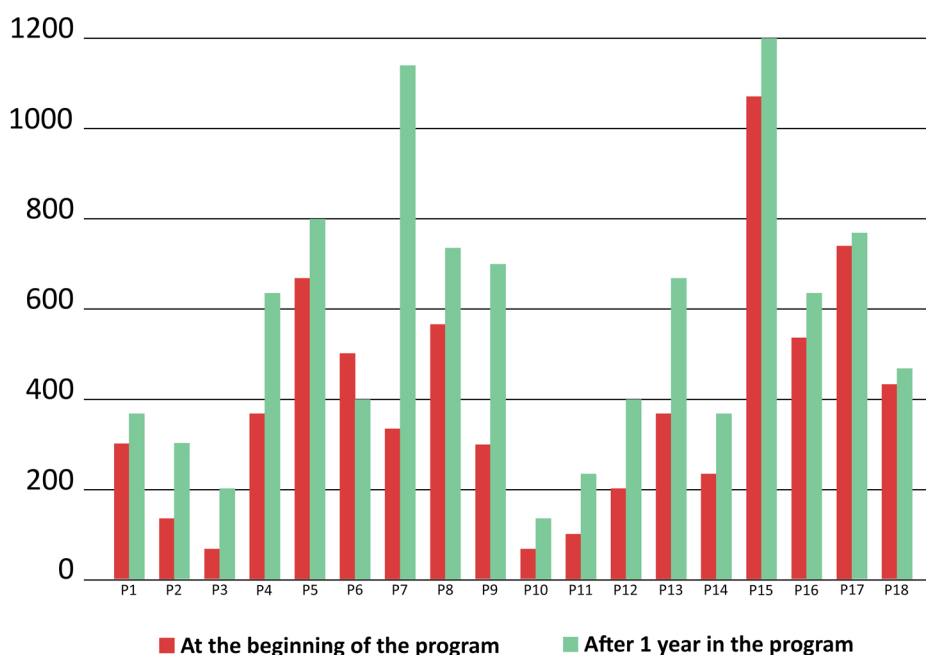


Figure. Measuring dynamics of key indicators of "Remote registration and treatment" program sample participants - migrants with HIV - implemented by Steps Fund

## Conclusions:

This model is unique and shows high efficiency. Receiving ART from the country of origin is a sustainable health care delivery model, especially in countries that do not provide treatment to migrants. It prevents epidemiological consequences for the entire region. Cross-border collaboration is essential in preventing the spread of HIV.

