Regional Expert Group On Migration and Health

#iSoS EMPOWERING & INNOVATIONS

HIV SERVICE PACKAGE FOR MIGRANTS AND REFUGEES IN THE EECA REGION

2024

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The publication developed by the Regional Expert Group on Migration and Health is addressed to professionals working with migrants and refugees in the EECA region and offers detailed guidance on organizing HIV treatment and prevention services for people on the move.

Migration processes in Eastern Europe and Central Asia are among the most intense in the world. The problem of vulnerability to HIV for people on the move in this region is particularly acute, as some countries still apply repressive legislation that forces people to hide their HIV status and, as a result, prevents them from providing themselves with life-saving treatment. Moreover, due to their social status, migrants are traditionally exposed to multiple vulnerabilities, which further complicates their access to HIV prevention and treatment services.

The services described in the manual can be provided within traditional medical institutions, as well as within NGOs with the participation of migrant communities, and constitute only the minimum necessary package of services, which can be expanded and adapted to regional specifics. At the end of the manual there is a table of essential services across the migration continuum – before, during and after migration.

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ACRONYMS

ART, ARV – antiretroviral therapy

CLM – Community-led monitoring

TB – Tuberculosis

HCV – Hepatitis C Virus

HIV – Human immunodeficiency virus

IOM – The International Organization for Migration

KPs – Key populations

M&E – Monitoring and evaluation

NCDs – non-communicable diseases

STIs – Sexually Transmitted Infections

U=U principle – Undetectable = Untransmittable

UHC – Universal Health Coverage

UNAIDS – Joint United Nations Programme on HIV/AIDS

WHO – World Health Organization

INTRODUCTION

On September 21, 2023, world leaders and the diplomatic community gathered in New York at the 78th session of the United Nations General Assembly (UNGA) to take stock of global and country progress towards the Sustainable Development Goals (SDGs) and reignite optimism, political commitment and enthusiasm for the 2030 SDG Agenda.[1] Three (3) interrelated health-specific UN High-Level Meetings (HLMs) were held, which ushered in three new UN High-Level Political Declarations on Tuberculosis (TB), Universal Health Coverage (UHC), and Pandemic Prevention Preparedness and Response (PPPR).

The UHC target of SDG3 measures the ability of countries to ensure that everyone receives the health care they need, when and where they need it, without facing financial hardship [2]. Coming out of COVID-19 public health measures, countries are renewing their political commitment and redoubling efforts to get back on track to achieve UHC. Universal health coverage[3] is understood as the keystone to meeting 2030 Agenda and commitments to end HIV, TB and malaria and ensure health and community systems are people-centred and resilient to the health emergencies and pandemics of today and those of tomorrow (PPPR). Migrants and internally displaced persons are officially recognized as a population of focus within the 2023 UN Political Declaration on UHC with commitment to "address the particular needs and vulnerabilities of migrants, refugees, and internally displaced persons, which may include assistance, health care and psychological and other counselling services, in accordance with relevant international commitments, as applicable, and in line with national contexts and priorities;" (Para 65) [4]

Today, the world is bearing witness to multiple and interlocking crises placing the SDG and UHC agenda in peril. Crises disproportionately impact the poorest and most vulnerable people and their communities, placing them at further risk of poverty and ill health. Escalating climate change and extreme weather events; manifold conflicts; soaring debt and shrinking fiscal space; the alarming and rapid backsliding on human rights, gender equality, and civil society space; deepening inequalities within and between countries; and the on-going struggles have influenced the surging levels of migration worldwide. Each of these crises are complex as standalone issues. When they intersect, or collide, their multiplier effect is devastating. Migrants, or people who are on the move are particularly vulnerable to poor health, especially if they are living with, at-risk of and/or affected by HIV.

[1] United Nations. Sustainable Development Goals Summit 2023

[2] United Nations General Assembly. Concept Note for the High-Level Meeting on Universal Health Coverage, 2023

[3] UHC spans the full continuum of essential health services from health promotion, prevention, protection, treatment, rehabilitation, and palliative care and requires resilient and sustainable, people-centred health and community systems to be in place working symbiotically.

[4] United Nations General Assembly. Final Text for the High-Level Meeting on Universal Health Coverage, 2023

While migration can create positive opportunities for individuals, it often creates conditions and circumstances that intensify risk and vulnerability to HIV and other communicable diseases. The International Organization for Migration (IOM) recognizes that as individuals traverse across the migration continuum (pre-migration, migration, preparation, travel routes, entry to country of immigration, settlement, residency and citizenship status), individuals encounter varying levels of vulnerability, marginalization and risk to exploitation, harassment, stigmatisation, legal uncertainty, gender-based violence, lack of access to health services (including harm reduction, antiretroviral therapy and other HIV-related services), employment and social support services – all of which are examples of where potential exposure to HIV and other communicable illnesses is high (e.g., TB, viral hepatitis, other sexual and blood borne infections)[5]. Climate and infectious disease experts have only recently begun to explore the deepening intersections of climate, health, migration and internal displacement on the morbidity and mortality rates of infectious diseases such as HIV. For instance, forced displacement or migration due to climate catastrophes and/or conflict disrupts diagnosis and lifesaving treatment services. Food insecurity impacts a person's ability to adhere to treatment, not to mention the impact of undernourishment on a person's ability to fight off disease more generally. Ensuring equitable access to quality, safe, culturally sensitive, non-discriminatory and rights-based HIV services that are compliant with the most recent international guidance must be consistently provided to individuals across the migration continuum[6].

The Eastern Europe and Central Asia region, with its traditionally high level of international migration; where migration corridors between individual countries are among the most intense in the world[7], requires special attention to the provision of health services to migrants.

This publication offers service providers a comprehensive guide outlining the essential package of HIV-related services for people who are on the move[8]. This work is based on guidance developed jointly by WHO, IOM and UNAIDS[9]. The services detailed in the pages that follow, are those that can be performed within traditional facility - based[10] healthcare, community-based and community-led service delivery settings. These services adhere to the WHO global competency

[5] What is the evidence on existing national policies and guidelines for delivering effective tuberculosis, HIV and viral hepatitis services for refugees and migrants among Member States of the WHO European Region? WHO, 2021

[6] World Report on the health of refugees and migrants. WHO, 2022

[7] World migration report, 2024

[8] Action plan for refugee and migrant health in the WHO European Region 2023–2030, WHO 2023

[9] Essential HIV Services for Migrants in Central Asia

[10] Community-led responses are those that are managed, governed and implemented by communities themselves. Community-based responses are those that are delivered in settings or locations outside of formal health facilities and run by civil society organizations

standards for health workers working with refugee and migrant populations[11]. Health services are optimized when they are designed and delivered in strategic and supportive partnership with facility-based, community-based and community-led health providers[12].

While this resource focuses on a package of rights-based, quality HIV-related services for migrant populations, this package of services can be equally adapted and applied to all social communicable diseases (e.g., viral hepatitis, tuberculosis, sexually transmitted infections and others). The described set of migrant-sensitive services is basic one and can be adapted to the needs of migrants, determined by the characteristics of a particular region.

Appendix 1 of this guide, which contains a list of all necessary services for the prevention and treatment of HIV infection among migrants, can be used as a basis for preparing and writing grant and project applications. The cost estimate for providing services within the package should be calculated based on national, and regional specifics and the needs of migrants.

The services described here closely align with the UNAIDS Global AIDS Strategy and its 95-95-95 treatment targets (the treatment cascade), which require that countries provide effective HIV combination prevention options to at least 95% of all people at risk of HIV; ensure that at least 95% of people living with HIV are aware of their HIV status; ensure that at least 95% of people who know their status are on effective HIV treatments; and, that at least 95% of all people on HIV treatment achieve viral suppression[13]. Limited and inequitable access to HIV combination prevention and testing services means that not enough people know their HIV status and thus, are not receiving life-saving HIV treatment. This threatens their health and well-being and contributes to the ongoing cycle of HIV transmission[14].

[11] Refugee and migrant health: Global Competency Standards for health workers. WHO, 2021

[12] Ayala. G., (2021). Peer-and community-led responses to HIV: A scoping review. PLOS ONE. Accessed

[13] Understanding Fast-Track: Accelerating action to end the AIDS epidemic by 2030. Geneva: UNAIDS; 2021

[14] UNAIDS Programme Coordinating Board. Report by the NGO representative. Undetectable = Untransmittable = Universal Access (U=U=U): A foundational, community-led global HIV health equity strategy. UNAIDS, 2022.

1 TRAINING ON A MIGRANT-SENSITIVE APPROACH

Whilst economic, legal, political and demographic aspects of the migration process are well researched and actively considered when building strategies for working with migrant populations, the cultural specifics that influence migration processes are often overlooked. However, migration and cultural communication are two closely interrelated processes.

The effectiveness of programs with foreign nationals is largely determined by the ability to understand the many varied socio-cultural factors, as each country (and population) has different customs, norms and values, living conditions, means of communication as well as other unique characteristics. Cultural aspects define the individual's unique environment in their country of origin. Cultural factors directly or indirectly influence the actions of people in terms of their preferences, their habits, and behaviours. Often language, aesthetics, religion, cultural norms, mores and values, social connections and institutions, traditions and taboos are where underlying misunderstandings and miscommunications can easily arise.

Therefore, services that are offered to migrant communities can not be only based on the positive experiences of working with local beneficiaries and programs within receiving countries.

Healthcare workers, social workers and other professionals who work directly or indirectly with foreign nationals should be trained in a ***migrant-sensitive approach*** so to strengthen their cultural sensitivity and support in eliminating socio-cultural barriers, and reduce the stigma experienced by migrant populations, particularly as it pertains to HIV and other socially significant communicable diseases. To increase the effectiveness of state medical, social and other governmental services, as well as those provided by non-profit (non-governmental) and charitable organizations, their programs and services must be adaptive, taking into close considerations the specific and nuanced characteristics of each migrant community they are targeting.

Every institution/agency that is involved in program design and implementation, and/or the provision of direct medical or social assistance to foreign nationals – including international organizations, relevant ministries and the state health and social care system, to local and regional non-profit organizations, must understand and adhere to the principles of migrant-sensitive programming. To this end, it is

important to conduct a series of routine activities aimed at introducing and promoting migrant-sensitive approaches into the efforts of governmental and non-governmental programs/services. Such activities may include:

- Training specialists working in the sphere on the necessary cultural competencies;
- Organizing trainings, seminars and other professional development activities for specialists working within the field on theories, issues and methodological approaches to working with migrant communities;
- Involving specialists who speak the predominant languages of migrant communities;
- Developing procedures/protocols for work with migrants, informational resources to strengthen the quality of services provided;
- Undertaking research on issues pertaining to intercultural communication as a key component in the delivery process of health and social services.

2 PACKAGE OF HIV SERVICES

1. PREVENTION WORK

Due to socio-cultural, economic and other factors, migrants have an increased risk of contracting HIV and other communicable illnesses while in the host (receiving) country. This is mainly because of limited access to medical and social services combined with difficulty accessing prevention information whether due to cultural and linguistic differences, or because of economic and legislative barriers.

The generally low level of knowledge about sexually transmitted infections (STIs) combined with social isolation, financial hardship, and high levels of stress can lead to behaviour changes that place the person at greater risk of HIV (and other communicable infections), such as increased numbers of unprotected sexual contacts, the use of psychoactive substances, and other activities.

For these and other reasons, particular attention is required in order for prevention work and health promotion to be effective among migrant populations.

At the same time, many within migrant communities are not engaged in standard prevention interventions due to a lack of information, a lack of awareness about how to find such information, and language barriers. Experiences of stigma and discrimination is the second barrier. This is usually based on the fear of infection and the belief that HIV-positive people lead socially unacceptable lifestyles - for migrants, these prejudices are often exacerbated by inflammatory images with national and cultural stereotypes. Another challenge for engaging migrants in prevention programs can be cultural and religious restrictions. For example, discussions on issues sexuality, sexual behaviours, and sexual and reproductive health are taboo subjects for Muslim migrant communities.

Also, it is important to remember that in the context of HIV there are many representatives of key populations among migrants, and therefore, emphasis on a migrant-sensitive approach should be used not only in common prevention programs, but also in programs aimed at the key populations.

Awareness of modes of transmission and ways to prevent HIV and other STIs is the first critical stage for any prevention program. This work should be carried out at the entry points of Migration Services, as well as in primary healthcare facilities and social welfare organizations, with the support of NGOs and diaspora communities. However, traditional methods used to inform about prevention measures may be unacceptable or even inappropriate depending on the type of migrant population. Therefore, there is a need to develop awareness campaigns and informational materials that consider the specific nuances and characteristics of each migrant group. Research on the needs

and behaviors of the migrant community you are working with should be conducted not only at the level of the non-profit and community sectors but also at the level of large state programs, including medical institutions, migration centers, social welfare services, and civil society organizations.

The second key component of prevention activities is offering counseling services. Direct interaction with beneficiaries should carefully consider language, socio-cultural factors, and gender dynamics within each migrant sub-population. In many cultures, it is preferable for counselors to share the same gender identity as the beneficiary.

Engaging members of the migrant community as experts, coordinators, and communicators — while also enhancing their knowledge and training in HIV/STI prevention — can significantly improve the sensitivity and appropriateness of the information being shared. This approach ensures that messages are culturally relevant and better received.

Furthermore, involving migrants as counselors and peer educators strengthens the impact and effectiveness of prevention efforts. This best-practice approach is widely applied within healthcare and social welfare systems, contributing to more inclusive and responsive services.

Some components of prevention programs, such as counselling, can be implemented in-person, or remotely using online technologies.

A critical component of prevention activities that contribute to reducing the risk of HIV transmission and other communicable diseases are as follows:

Street-based prevention work (outreach), pre-exposure prophylaxis and post-exposure prophylaxis, providing of condoms and other HIV prevention commodities to the most vulnerable groups.

Engage specialists from the migrant community as consultants, coordinators, communicators, and training them in prevention work can significantly improve the quality of information and the effectiveness of the work performed. Community consultants are well suited to the role of communication intermediaries within the health and social care systems.

Requirements:

– Adapt existing targeted prevention programs using a migrant-sensitive approach, so that the activities are appropriate and acceptable for migrant populations;

– Include migrant-sensitive approaches in preventive programs for key populations;

– Develop information campaigns and materials that are oriented towards migrants, including having these resources in the languages of the countries of origin;

– Engage specialists from the migrant community as communicators, peer educators, and facilitators and providers of prevention activities;

– Train specialists from the migrant community in work methods, basic counselling techniques, and other necessary skills;

– Train specialists working with migrant populations as well as specialists from the migrant community on issues of using digital means of communication such as online platforms for safe and confidential remote counselling, online translators;

– Involve diaspora communities in the implementation of prevention programs;

– Collaborate with organizations in the receiving country as well as with governmental and non-governmental organizations in the migrants' country of origin to encourage the exchange of experience, best/good practices, information and other materials;

– Establish street-based prevention work in areas and neighbourhoods where the target migrant community is found;

– Provide prevention materials to prevent transmission of HIV and other communicable diseases.

Implementers:
Profiled ministries, state public health and social welfare services, local and regional non-governmental and community-led organizations, international organizations, communities, diaspora communities in host countries.

2. TESTING: ORGANIZATIONAL PROCESSES

The escalating HIV epidemic continues to be an extremely serious public health problem in the Eastern Europe and Central Asian region.

People, who are traversing the migration continuum, are at higher risk of contracting HIV and other socially significant communicable infections (e.g., STI, hepatitis) due to limited access to health care, various socio-economic factors and constraints, as well as cultural and language barriers. The situation is greatly complicated by the possibility of an HIV-positive test result. The complications are vast and include difficulty in obtaining treatment locally, being banned from staying in the country and being deported, and criminal prosecution because of belonging to a key or vulnerable population.

It is for these reasons that HIV testing services require appropriate organization as a critical component of the package of services for migrants. Moreover, prevention and testing efforts are closely interconnected through the process of HIV counselling. Well-developed prevention programs and services encourage greater uptake in testing services because migrant communities will already be aware of the benefits of testing. The decision to get testing for HIV and other infectious diseases will be based on the understanding of the benefits of staying aware about one's HIV status, as well as the consequences of late detection – particularly in the context of

complicated access to health services and antiretroviral therapy (ART), as well as the high stigma experienced by members of migrant groups. Ultimately, the need for testing is determined not only by the medical aspects of HIV infection, but also by the social significance and consequences of being diagnosed with HIV.

There is a need to develop prevention programs where testing services are included (and rapid tests, self-testing, etc.) The testing service can be organized on the base of public medical facilities (such as in anonymous testing sites at AIDS Centres and other health facilities), as well as in community settings such as low-threshold centres. At these testing facilities qualified specialists, including ones from the migrant community, ensure a safe space accessible for persons on the move, who enter there without fears that the security of their personal data can be violated.

HIV testing should be truly safe for all, including for migrants, and strictly voluntary. Staff should provide pre- and post-test counselling in a language that is familiar and understandable to the individual and adhere to international recommendations. The World Health Organization (WHO) recommends that HIV testing should be conducted in accordance with five (5Cs) principles[15]:

– Consent- Voluntary signing of informed consent by the person seeking the HIV test;

– Confidentiality of data;

– Counselling (Pre and post-test counselling);

– Correct test results - Communication of reliable results;

– Connection/linkage to prevention, treatment, care and support services irrespective of the HIV test result.

In the event of a positive test result, a migrant-sensitive approach to counselling is essential. A trained social worker with intercultural competencies should provide the social support necessary including referring the person on the move to relevant health services for further follow-up.

Requirements:

– Design and develop government and non-governmental humanitarian programs with free and anonymous testing for targeting migrant populations;

– Establish trusted safe access points for HIV testing and the testing of other socially significant communicable diseases;

– Engage specialists and peer leaders from the migrant community as communicators, coordinators, facilitators and peer educators;

– Train specialists involved from the target community in counselling, and pre and post-test counselling skills;

[15] Consolidated guidelines on HIV testing services, WHO 2019

– Train specialists working with migrants on digital means of communication, such as online translators;

– Establish outreach and other street-based prevention work in places frequented by people from migrant communities.

Implementers:
State health care facilities, local and regional non-governmental organizations, diaspora communities, and international organizations.

3. SUPPORTING THE TREATMENT PROCESS

There is a distinct relationship between health and migration. People across the various stages of migration, including those in the EECA region, are still amongst the most socially vulnerable groups of the population. The lack of information, legal restrictions, psychological challenges associated with being in a new country, language barriers, cultural differences, and societal discrimination, as well as other factors, expose migrants to high health related risks and increase their vulnerability in terms of communicable diseases. At the same time, as a result of various reasons, some of which include administrative barriers, legislative frameworks of the host country, the individual's socio-economic situation, many migrants have very limited access, or often no access at all, to medical care, or to health services.

Migrants, particularly those with undocumented status, most often cannot benefit from government health promotion and prevention programs, nor can they access health care facilities for treatment and disease management. In many countries, non-citizens are limited to emergency care and face multiple challenges when seeking routine care or chronic disease management. This problem is greatly exacerbated should the migrant have an HIV-positive status.

Migrants living with HIV are in a much more difficult situation compared to other populations for the following reasons. First, several countries have restrictions on entry, stay and residency for the foreign nationals living with HIV. This restriction hinders provision of the necessary assistance to the foreign nationals. Second, issues regarding limited access to medical services, including routine viral load testing and/or access to HIV treatment, are much more acute for this group. Third, issues of stigmatization become even more pronounced for someone living with HIV than for any other sub-group from the migrant population because they tend to be more isolated. As a result, migrants living with HIV need special assistance in overcoming many obstacles to maintaining their health.

Recommendation:
Building an effective model of medical and social support for migrants living with HIV requires an integrated approach involving a wide range of specialists of different disciplines. The link, or bridge between these varied specialists, as a rule

is the social worker (peer counsellor). The peer counsellor is often the primary contact for communication as he/she helps to coordinate all members engaged in the person's care. For the beneficiary's greater psychological comfort and ensuring full confidentiality, it is recommended to have a trained social worker - a supervisor with intercultural communication skills and patient-sensitive approach. It is recommended to have a multilingual counsellor from the migrant community. The support can be provided both offline and online, depending on the goals and forms of agreed communication.

ESSENTIAL SET OF ACTIVITIES TO SUPPORT HIV TREATMENT

1. Counselling

Social and psycho-social counselling support are no less important components of treatment services for HIV-positive migrants than medical counseling. The importance of a good counselor is high not only at the prevention stage, but his/her role is especially important at the stage when treatment adherence is being formed and the motivation to stay healthy and, thus, contribute to maintaining the U=U principle[16-17].

Social workers are the primary link providing continuous information support on health issues. Counseling can be conducted both in person and remotely via audio (phone) and video communication (internet platforms).

Engaging migrants in HIV care work and providing them with training in counseling skills, methods, and techniques enables the development of professionals with high competencies and qualifications to work effectively within the migrant community.

2. Consultations with a physician

Following a positive HIV test result, an initial consultation with an infectious disease specialist or healthcare provider is necessary to prescribe tests for selecting the appropriate medication. This is followed by a consultation to determine the ART regimen. Follow-up consultations are conducted every 3–6 months to monitor the treatment process or more frequently, depending on the national ART protocol.

The physicians (or medical doctors, health care providers) need to have the necessary professional competencies to treat people and also a certain level of cultural sensitivity to know about socio-cultural, religious and other characteristics of the patient. Counselling should be conducted in a language that the patient understands, which usually involves engaging trained counsellors from the migrant community or intermediary interpreters. Counselling can be conducted not only

[16] The role of HIV viral suppression in improving individual health and reducing transmission: policy brief. WHO, 2023

[17] U=U. Explainer. UNAIDS, 2024.

face-to-face but also online, which makes it possible to engage a specialist from the migrant's country of origin into the counselling service.

3. Diagnostic Tests

Regular follow-up tests are required upon an HIV diagnosis in order to monitor and assess health status[18]. Set by physicians, the minimum requirement includes 4 tests: viral load, CD4 count, general blood count, and blood chemistry. These tests are performed before antiretroviral therapy is prescribed, then according to recommendations. Viral load and CD4 counts should be performed 1 month after ART initiations, then following another 3 months, then again, every 6-12 months.

There are several main options for a foreigner to undergo HIV testing:

– the tests are paid for at the individual's own expense in the receiving country;

– the tests are performed by local medical institutions during a stay in the home country;

– assistance with the tests is provided by non-governmental and charitable organizations of the host country, if they have the appropriate level of resources;

– tests are performed by state medical institutions in the host country, if it is stipulated in the country's legislation.

4. ART

Once the individual has undergone his/her initial diagnostics and has received the HIV positive test results, the medical doctor prescribes an antiretroviral treatment. ARV medicines need to be taken regularly for the rest of the patient's life. There are several main options for foreigners to receive antiretroviral therapy (ART):

– the ARV medicines are purchased at migrants' own expense;

– the medications are provided by non-governmental and charitable organizations of the host country, if they have the appropriate resources;

– a stock of medications for 1, 3 or 6 months is provided by the state medical institution during person's stay in his/her home country (country of origin);

– the drugs are delivered from the country of origin by his/her personal arrangements through acquaintances and relatives, or sent by centralized delivery services;

– the drugs are provided by state health facilities in the receiving country, if this is stipulated under the country's legislation.

[18] Consolidated guidelines on HIV testing services. WHO, 2019

5. Guided route to follow-up appointments of medical and social support

Medical and social support is a multi-step, time-consuming, and complex process that can take days, weeks, or even months. It follows a referral pathway developed by a social worker and includes a set of activities such as accompanying individuals to medical and other appointments, as well as providing remote counseling and guidance throughout the process.

Social workers supporting migrant populations should have relevant intercultural competencies. Often, these professionals are themselves members of the migrant community, fluent in multiple languages, and able to act as communicators or mediators. The role of community mediators is crucial in facilitating effective communication between healthcare providers, social protection representatives, and migrants.

Beyond interpretation, mediators not only translate information into a migrant's familiar language but also help establish connections between individuals from different cultural backgrounds. They play a key role in bridging socio-cultural gaps in interactions between healthcare personnel and migrants, ensuring smoother integration into the healthcare system of the host country.

One of the principal goals of medical and social support for migrants living with HIV is the development of skills forming health seeking behaviours, the development of motivation to adhere to medication regimen, and improving individual health outcomes as well as widening of access to medical and social support, thereby improving the individual's quality of life.

6. Medical counselling besides issues of HIV

Recognizing the pressing need for medical consultations with various healthcare professionals beyond infectious disease specialists, especially given migrants' often limited or nonexistent access to health services, it is essential to establish a broad network of partners — both organizations and individuals — capable of providing referral services.

Developing programs and project services, along with selecting specialists for implementation, should be based on continuous research to assess the needs of the target group. This includes regular monitoring of the specific situation in the city or town where migrants are located (situation analysis), as well as within the broader regional and national context. For example, if there is a rise in sexually transmitted infections or an increase in substance use among migrants, it becomes necessary to involve dermatologists or addiction specialists (narcologists) in the project.

Professionals providing services to migrant populations must possess socio-cultural competencies and practical intercultural skills to ensure high-quality care and support.

Supporting HIV treatment is a complex process that varies in organization and implementation. To enhance the effectiveness of these efforts and drive meaningful public health improvements, it is crucial to conduct regular interventions focused on expanding and developing cross-border services that provide essential assistance to individuals living with HIV.

Requirements:

– Foster cross-boarder cooperation between both governmental and non-governmental organizations of countries of origin and destination;

– Develop programs enabling HIV-positive persons to register remotely with the AIDS Centres in their country of origin and introduce the already available practical experience into routine work of neighbouring countries;

– Develop service providing algorithms in countries of migrants' origin so to ensure coherent and coordinated assistance to compatriots on the move in the places of their stay;

– Program and project development by non-governmental organizations working in the receiving countries (host, destination countries) aimed to provide assistance and support to migrant populations in the context of HIV and other socially significant communicable diseases.

– Involve international humanitarian organizations in assistance of medical and social support to migrants living with HIV in host countries;

– Establish safe, low-threshold access to HIV/STI/HCV-related health services for migrants in destination countries;

– Engage specialists and peer leaders from the migrant community as communicators, peer educators and mediators/cultural facilitators and train them to get required skills methods of work;

Implementers:

Institutions under the state health care system in the countries of origin, local and regional non-governmental organizations, initiative groups and public associations, international humanitarian organizations.

REMOTE ENROLLMENT

There is a unique model of remote support that has been developed by some countries of origin to provide assistance to their citizens abroad and who are unable to visit their home country on a regular basis.

AIDS Centres and other specialized institutions in some countries of the EECA region provide remote assistance to their citizens located in other countries: online consultations, professional advice on tests to undertake and sending antiretroviral therapy medications.

In 2021, Moldova (Kyrgyzstan and Tajikistan in 2022), began testing the model of remote enrollment whereby a citizen, who was outside the country, could get enrolled online at an AIDS Centre in the home country of the person. Once the enrollment package has been approved and certain rules have been met, the individual is able to receive their ART from there.

In order to register remotely, one should:

– Contact a local NGO in the country of destination working with health agencies in the countries of one's origin and assists migrants living with HIV to enroll remotely;

– Consult with an infectious diseases specialist to undergo HIV test;

– Undertake the minimum required set of tests according to the prescription of the doctor (usually ELISA and/or HIV RNA quantification, immunoregulatory index) and send the test results to the medical curator in their home country.

– Consult a infectious disease specialist or an epidemiologist in the country of one's origin;

– Send electronic copies of required documentation to his/her home country. This usually involves: a copy of passport, registration in a home country, informed consent to transfer data, the warning against spreading HIV, and others;

– Agree on the option for sending ARV medicines and a person who will be the contact for receiving the package.

Procedures for remote enrollment and patient management are specified in a special instruction issued by the responsible health agency of each home country and is approved by the relevant regulatory orders.

4. Mental Health Support

In addition to tangible material, social, and medical assistance, comprehensive migrant-sensitive approaches must also include professional mental health support, which is often crucial yet overlooked.

Migration is a complex process influenced by numerous psychological factors, including difficult intrapersonal experiences, exposure to violence and exploitation, and the stigma and discrimination that migrants may face throughout their journey — from their country of origin to their destination. Moving to a new country presents significant personal challenges, requiring adaptation to unfamiliar conditions, social structures, and cultural norms. These challenges, compounded by potential violence, stigma, and discrimination, can take a serious toll on mental health.

Migrants, particularly refugees, often experience extremely high levels of psychological distress. The migration process exposes individuals to a wide range of stressors, increasing their vulnerability to affective disorders, depression, and post-traumatic stress disorder (PTSD). Poor living conditions, financial insecurity, social isolation, and cultural and linguistic barriers further heighten the risk of mental health challenges, including anxiety-depressive disorders, personality disorders, and obsessive-compulsive disorder. Addressing these issues through accessible and culturally sensitive mental health support is essential to improving overall well-being and integration into society.

A socio-cultural approach is the basis for providing mental health support to migrants, especially those in conditions of forced resettlement. Psychological support provided to them should be based on the cultural ways of experiencing and overcoming challenging situations, knowledge of cultural differences, and universal psychological treatment methods. Above all, it is important that each migrant experience is unique due to their personal and individual characteristics, beyond the general social and cultural context.

Each migrant is a carrier of a specific culture or subculture, and the more her/his own culture differs from the culture of the host country, the more intercultural competencies are required by the psychotherapist or psychologist. Specialists providing psychological support for foreigners need to combine different levels of psychological analysis in their work: socio-psychological, cross-cultural, and general psychology. Therefore, psychologists need to undergo additional training in working with this group to ensure they have the highest sensitivity to the experiences of migrants.

Psychological support provided to migrant communities should include both a psychological counselling component and psychotherapeutic component. The main areas of focus may include: fighting one's fears and overcoming personal difficulties, socialization and adaptations, support in accepting diagnosis and working with substance use.

Requirements:

– Involve psychologists and psychotherapists to work with migrants and refugees

– Develop lay counselors' network[19] Organization of trusted and safe places where mental health support can be provided to foreign nationals;

– Develop migrant-sensitive information and awareness campaigns to encourage uptake in mental health services;

– Engage specialists and peers from migrant communities as communicators, peer support workers and cultural mediators;

– Train psychologists and psychotherapists in socio-cultural and migrant-sensitive counselling approaches.

Implementers:

State health care facilities, psychological and mental health services, psychological/counselling support services, local and regional non-governmental organizations and networks, and international organizations.

5. Legal Support

Legal and/or human rights-related assistance is a separate component of services to support foreign nationals. Legal support is often needed to obtain permits, access health services, and is often most relevant to migrants who encounter difficulties obtaining legal status or who face unjust denial of medical or other assistance.

Legal assistance is not limited, as a rule, to a single consultation with a lawyer but becomes legal support, which includes a large and diverse set of actions aimed at providing the necessary legal support in order to obtain an outcome – for instance, the documented status of foreign national.

Legal services or trusted lawyers who are involved in projects targeting migrant communities need to have not only their specialized education, but also sensitivity training to be of best support to this population. An important prerequisite should be their knowledge and practical experience in the field of migration law, a firm knowledge of legal acts encountered by foreigners, including the law on HIV infection and its legislative regulation in relation to foreign nationals.

The most effective legal and human rights services targeting migrant populations are those that engage (cultural) mediators in the process and who have the ability to communicate in the migrant's native language.

[19] Lay Counselors: A Solution To Mental Health Shortage (mind.help)

Requirements:

– The creation of safe spaces for migrants to obtain professional legal assistance;

– Engaging professionals and peer leaders from the migrant community as communicators, facilitators and cultural mediators;

– Training professionals on digital communication tools, such as online translators;

– Training professionals who interact with migrant communities in intercultural communication skills.

Implementers:

Legal services, local and regional non-governmental organizations, international organizations.

3 THE STAGES OF MIGRATION

Evidence-based public health and health equity experts argue that ensuring universal access to safe, non-discriminatory, culturally sensitive, people-centred HIV testing, diagnostics, treatment and care in accordance with WHO guidance is crucial to supporting improved individual and population-level health outcomes, while saving lives and preventing the onward transmission of HIV[20].

Universal access for all is a health equity strategy that effectively contributes to the UNAIDS 95-95-95 treatment targets because people will have better health and well-being and new HIV cases will be prevented through early and effective combination prevention efforts, access to antiretroviral therapy (ART) and care[21]. In order to make this a reality, testing, diagnostics, treatment and care services must be easily accessible to every person throughout each step of the migration process (before migration, during migration, and after arriving into the country of resettlement or return to the country of migration).

[20] Refugee and migrant health: global competency standards for health workers. WHO, 2021

[21] Prevention Access Campaign. Why is U=U important?

4 NEEDS ASSESSMENT, MONITORING AND EVALUATION

Migrant populations are far from a homogenous group. Needs assessments that are conducted during each stage of migration allows for a comprehensive and in-depth understanding of the diversity of health and social care needs of migrant populations, their unique experiences, challenges, and strengths[22]. Needs assessments take stock of needs across a broad spectrum of areas (e.g., policy and legal frameworks, health and well-being, language and literacy, financial literacy, skills, employment, housing, education, community connections and social capital[23]).

In turn, findings from the assessment are critical to inform the prioritization, design and coordination of and allocation of resources to services to ensure they are tailored to meet the needs and circumstances of individual people, families and communities. Ensuring that services are integrated with other related services (i.e., a network of referral services), and respond to the needs of the service user (i.e., people-centred care) helps to, in turn, motivate people to seek care and keep people engaged in care to secure the best possible health outcomes[24].

Needs assessments are most effective when they are led by community-based and community-led organizations in partnership with traditional facility-based services. There are many excellent resources to help guide effective needs assessments using qualitative and quantitative research methods, including many tools to support participatory-action research methodologies.

The routine monitoring and evaluation (M&E) of health services and how they are delivered is crucial to identify whether they have met or are likely to meet their primary aim to improve health outcomes of specific populations, such as the health outcomes of refugee and migrant populations. Monitoring and evaluation can equally be applied to initiatives that seek to track how policy implementation and legal frameworks impact the health status of a specific community or population(s). A common mistake is to begin monitoring and evaluation activities too late in a program lifecycle, or not regularly enough to be able to track ("monitor") changes over time, or collect meaningful data to inform better patient care. Instead, M&E activities should be integrated into the design of programs and services right from

[22] A Community-Based Needs Assessment of Resettled Syrian Refugee Children and Families in Canada. Al-Janaideh, R. et al. 2023

[23] Social capital characterises the relations and interactions between individuals and groups and can be measured at the collective or individual level. At an individual level, social capital is understood as a personal resource that emerges from social networks where individuals have better access to information, services, and support. (Nieminen T, et al. (2013). Social capital, health behaviours and health; a population-based associational study. BMJ Public Health.

[24] Report: Integrated Person-Centered Health Services

the very onset. This will allow for the data that is collected to inform adjustments to service delivery to better meet the needs of the population, while also ensuring the most appropriate allocation of resources. Another common mistake is not allocating appropriate human and financial resources to M&E activities. While M&E activities should be focused narrowly on project-specific, or service-specific indicators of success, they should also align with the global monitoring framework for UHC as well as national health information systems, where appropriate[25]. In order for M&E activities to lead to service improvements and health system change, adequate resourcing must be built into the original design and budgeting exercises of any program planning.

Community-led monitoring (CLM) is a form of monitoring and evaluation. CLM is process where affected communities take the lead to routinely monitor an issue that matters to them[26]. CLM of health services involves a methodology to enable the systematic collection of data by affected communities that can be used for evidence-based advocacy to improve accountability, governance and the quality of health services[27]. In the CLM model, service users and directly-impacted communities decide which issues should be tracked, create the indicators, and collect the facility-based and community-level data. The analysis of these data are used to support advocacy efforts to improve the quality and access to healthcare services. In other words, "CLM is a model that is developed by and for communities using the services being monitored in order to uncover and correct problems undermining access to quality health services". This model has become increasingly endorsed and is now a requirement of many bilateral and multilateral funders and organizations such as, PEPFAR, UNAIDS and the Global Fund to Fight AIDS, TB and Malaria.

[25] Danforth K, Ahmad AM, Blanchet K, et al. Monitoring and evaluating the implementation of essential packages of health services. BMJ Global Health 2023; 8:e010726

[26] International Treatment Preparedness Coalition (ITPC). CLM Hub.

[27] Community-Led Monitoring: Best practices for strengthening the model.

5 ADVOCACY

In 2016, UNAIDS issued the resource titled, Invest in Advocacy: Community participation in accountability is key to ending the AIDS epidemic acknowledging advocacy and activism as a global public good that is deserving of investment commensurate with the role it continues to play in improving health outcomes. In the case of HIV, advocacy has played a critical role in reducing the global burden of HIV through campaigns that have successfully reduced the costs of quality treatments and urged the faster development of new HIV therapies. They have worked to grow public knowledge while combating HIV stigma and discrimination across public and private settings, overturn punitive legislation, hold duty-bearers accountable, and have successfully mobilized political will, leadership and funding for the HIV response. HIV advocacy programs have been effective in shifting social norms and facilitating a change in impact by:

i) involving at-risk populations in advocacy programs;

ii) working with laypersons, community members, peer advocates and activists;

iii) targeting specific age groups, population segments and asking support from celebrities;

iv) targeting several, but specific, risk factors; and,

v) ground advocacy efforts in evidence-based approaches through formative research (including CLM, needs assessments, M&E efforts)[28]. The WHO has equally endorsed advocacy as an important aspect in the control of non-communicable diseases (NCDs) because it has proven to translate into improved interventions, health services, funding, and ultimately a reduced global burden of NCDs[29].

Strengthening partnerships and alliances with organizations across countries of migration.

"Managing large movements of refugees and migrants in a humane, sensitive, compassionate and people-centred manner is a shared responsibility". WHO, Refugee and Migrant Health Toolkit [30].

We live in an incredible interconnected world. Spiking levels of migration bring our countries even closer and underscore the paramount importance of harmonized and coordinated policies and practice to ensure that countries

[28] Sunguya BF, Munisamy M, Pongpanich S, et al. 2016. Ability of HIV Advocacy to Modify Behavioural Norms and Treatment Impact: A Systematic Review. AM J Public Health; 106(8)

[29] Action Plan for the Prevention and Control of Noncommunicable Diseases in South-East Asia. New Delhi: World Health Organization, Regional Office for South-East Asia; 2021.

[30] World Health Organization. Refugee and Migrant Health Toolkit. Module 6

mount evidence and rights-based responses to the complex health needs of migrants and refugees, including across humanitarian and development contexts. Strengthened partnerships should be multisectoral in nature inclusive of intragovernmental, governmental and facility-based care as well as community and civil society organizations, refugee and migrant associations, the private sector and philanthropies. Together, all partners can build/strengthen critical coordination platforms that will facilitate the transfer and sharing of information, best practice, lessons learned as well as the implementation of joint actions and multi-country programs to ensure the continuity of HIV care (prevention, treatment, care and support) across the migration continuum.

For a comprehensive list of organizations in the EECA region working on issues of HIV care for migrants and refugees, please visit the site: https://migrationhealth.group/hiv/kto-pomogaet-v-veca/

TABLE 1:
DIVISION OF SERVICES BY STAGES AND DESCRIPTION IN 1-2 SENTENCES

	Before Migration	*During Migration*	*Upon Returning from Migration*
Awareness and Information	Provide information about the rules of stay in the receiving country, legislative and other restrictions; Provide information about the availability of services and organizations providing assistance to migrants in the receiving country; Provide information about the need to undergo medical examination in case of prolonged stay in the host country; Provide legal literacy training for those planning departure.	Conduct information campaigns targeting foreign citizens; Integrate prevention programs specifically aimed at migrant populations as a component of national prevention efforts; Implement campaigns to reduce stigma and discrimination against migrants. Educate migrants about the laws, regulations, and possible restrictions in the host country; Provide legal information and support to assist migrants in navigating their rights and obligations.	Develop and implement information campaigns for migrants returning home; Inform returning migrants about the need to undergo a medical examination; Provide support with legal information; Conduct information campaigns to reduce stigma and discrimination, in particular with regard to persons affected with HIV infection.
Preventative Work	Teach basic health behaviour skills to persons planning to leave; Provide counselling about socially significant communicable diseases;	Create safe access points for information and services; Train professionals who work with migrants, to work with migrant-sensitive approaches; Provide gender-sensitive and tolerant services;	Counselling on social significant communicable diseases; Voluntary, anonymous HIV testing for returning migrants;

	Before Migration	*During Migration*	*Upon Returning from Migration*
Preventative Work	Conduct pre-departure testing for socially significant communicable diseases (HIV and other STIs); Assistance in organizing the process of providing concomitant drug therapy (STI, OST, etc.).	Provide prevention-related information materials in the languages used by migrant communities; Conduct [outreach] prevention work in the neighbourhoods of migrant communities; Provide a continuity of concomitant drug therapy (e.g., STIs, OST, etc.); Provide counselling on socially significant communicable diseases; Organize and provide free and anonymous HIV-testing; Organize and provide anonymous testing for viral hepatitis, syphilis and other STIs; Provide legal support services.	Organize testing for viral hepatitis, syphilis and other STIs for returnees from abroad; Assistance in re-socialization upon return, in particular due to HIV-positive status.

	Before Migration	*During Migration*	*Upon Returning from Migration*
Treatment	Organize remote medical and social support for citizens who have left the country by a specialist of the relevant institution of the country of origin; Provide necessary pre-departure tests (viral load, immune status, fluorotography, etc) for citizens planning to leave the country for a long period of time; Provide sufficient stock of ART from the AIDS Centre in the country of origin to HIV-positive citizens planning to migrate; Collaborate with various specialized institutions and support organizations in the receiving countries to build a route/pathway of medical and social support.	Train medical specialists who are working with migrants, on migrant-sensitive approaches to care; Organize medical and social support by social workers and peer counsellors within the receiving country; Ensure uninterrupted HIV drug therapy; Provide support/assistance with the provision of ART and/or arranging diagnostic tests; Providing antenatal care to HIV positive pregnant women; pregnancy support and postpartum care, HIV monitoring of infants and children Provide assistance in arranging consultations with medical specialists; Assisting in the treatment of co-occurring disorders and addictions; Provide assistance with access to treatment for co-morbidities and substance use Provide mental health support; Provide legal support services; Provide support to migrants as they register (enroll) remotely with the AIDS Centre in their country of origin (in order to receive assistance remotely);	Organize medical and social support for returnees in need of medical assistance; Provide support in the treatment of various diseases, including those arising during migration; Provide assistance in the treatment of substance use; Provide mental health support; Provide legal assistance; Provide assistance with reintegration upon their return.

	Before Migration	*During Migration*	*Upon Returning from Migration*
Treatment		Establish cross-border cooperation between governmental and non-governmental organizations in the sending and receiving countries to support migrants living abroad.	
Advocacy	• Include work with migrants in state health care and prevention programs; • Conduct advocacy work with authorities and decision-makers aimed at reducing stigma and discrimination as well as to build more tolerant attitudes towards migrants; • Work together with the authorities to promote the elimination of any form of entry restrictions, stay, and/or permanent residence for people living with HIV based on HIV status; • Develop protocols, orders, and other necessary documentation to enable the remote enrollment and registration of HIV-positive persons on the move in AIDS centers in their countries of origin. This is particularly important given the legal vulnerability of such individuals in several receiving countries within the EECA region and their fear of expulsion; • Modify and expand treatment and testing protocols in collaboration with healthcare authorities in migrants' countries of origin to ensure support for their citizens abroad; • Establish agreements for the mutual recognition of test results, medical certificates, and other relevant medical documentation between countries of origin and destination within the EECA region; • Introduce standardized mandatory pre- and post-test counseling protocols across all countries in the EECA region to ensure comprehensive HIV care and support.		

	Before Migration	*During Migration*	*Upon Returning from Migration*
Research and Monitoring	• Conduct various studies on migrant health: - to identify and assess barriers and limitations to accessing health services; - to assess the proportion of vulnerable ground are among the total number of migrants; - to assess behaviour patterns and risks; - to assess needs; - to assess adherence to treatment; And other research studies... • Conduct a sentinel epidemiologic surveillance among migrant populations; • Conduct an HIV service cascade analysis to identify gaps; • Conduct regular monitoring of the current situation within local groups, as well as at inter-regional, regional, and sub-regional levels; • Analyze published data to develop an advocacy program aimed at promoting the issue of migrant health.		