



RESOLUTION

of the First Meeting of Civil Society organizations from Eastern Europe and Central Asia on Health of Migrants

Moscow 27-29 April 2019

April 29, 2019

Currently, the region of Eastern Europe and Central Asia experiences mass migration, mainly due to labor migration. Migration involves millions of people and touch on all spheres of human life including health. Almost all countries of the region provide access of their citizens to treatment of chronic infectious diseases to preserve health, working capacity and quality of life.

Today HIV is a chronic disease just among other chronic diseases. Modern technologies allow HIV positive people to have a normal life and have a long life expectancy, eliminate virus transmission to partners and give birth to healthy children. Therefore, most countries of the world, including Eastern Europe and Central Asia, have dismissed the use of discriminative norms prohibiting HIV positive migrants to stay in country, however Russia preserves such norms.

Prohibition of long term stay for HIV positive people in the Russian Federation dates back to 1995¹, when HIV was considered a deadly disease. According to the Russian legislation, HIV positive migrant is not allowed to work², get a resident permit, and apply for permanent residency or citizenship. Beyond that, a person with detected HIV is subject to deportation with a lifelong ban on entry to the Russian Federation and other member countries of the Eurasian Economic Union. It forces the migrants to stay in an irregular situation and limits their access to health and care including antiretroviral treatment which increases risks to transmit the virus.

Legalization of HIV positive migrants will contribute to the reduction of HIV epidemic in Russia and allow many HIV positive foreigners staying in Russia undocumented for years to come out and become visible to the epidemiological monitoring.

¹ Federal Law of 30.03.1995, No. 38-FZ "On the Prevention of the Spread in the Russian Federation of the Disease Caused by the Human Immunodeficiency Virus (HIV)". Available at: <http://kremlin.ru/acts/bank/7680>

² Except for citizens of the Eurasian Economic Union (Armenia, Belarus, Kazakhstan, Kyrgyzstan)



The current norm of undesirable stay for HIV positive foreigners in Russia does not provide epidemiological safety as far as a three-months-long stay in Russia does not require a certificate of being HIV-negative³.

State Strategy of the Russian Federation to Prevent the Spread of HIV-infection for the period until 2020 requires decreasing the number of new HIV cases, increasing population medical screening for HIV infection and antiretroviral treatment coverage for all population groups including labor migrants who stay in the Russian Federation.

During presentation at the UN General Assembly on HIV/AIDS on June 8th of 2016 Veronika Skvortsova, the Health Minister Russian Federation said that lifting the remaining restrictions to enter Russian Federation for HIV positive foreigners is being analyzed.

Taking into consideration the international commitments taken by the countries of Eastern Europe and Central Asia including Russian Federation (Resolution of the 61st World Health Assembly “Rights of Migrants”⁴, Paris Declaration⁵, Global Agreement on Safe, Organized and Legal Migration⁶, Strategy “Population Health in the Countries – Members of the Commonwealth of Independent States”, Point 63g of the Political Declaration on HIV/AIDS),⁷

On 21st May 2018 35 leaders of community organizations from the Eastern Europe and Central Asian countries sent a letter⁸ to the Head of the Russian Government asking to review the conditions terms of entry and stay in the Russian Federation for foreign citizens with HIV infection. This letter supports the statement of the RF Health Minister at the UN General Assembly and aims to ensure official and effective measures to confront the epidemic and access to health services for migrants.

³ «Legalization of HIV-positive migrants», European and Central Asian Network of PLHIV, 2018.

Available in Russian at: <http://mv.ecuo.org/download/o-dekriminalizatsii-migrantov-s-vich-infektsiej/>

⁴ The Sixty-first World Health Assembly WHA61.17 on 24 May 2008. Available at:

https://apps.who.int/iris/bitstream/handle/10665/23533/A61_R17-en.pdf?sequence=1

⁵ Paris Declaration +20, 2014. Available at:

http://www.unaids.org/en/resources/documents/2014/20141201_GIPAprinciple

⁶ Global Agreement on Safe, Organized and Legal Migration, A/CONF.231/3. Available at:

<https://undocs.org/ru/A/CONF.231/3>

⁷ Strategy “Population Health in the Countries – Members of the Commonwealth of Independent States”,

2016. Available in Russian at: <http://cis.minsk.by/reestr/ru/index.html#reestr/view/text?doc=5402>

⁸ NGOs appeal to the Russian Government to abolish the provision on deportation of HIV+ foreigners.

“Minus-Virus”, 2018. Available at: <http://mv.ecuo.org/en/ngos-appeal-to-the-russian-government-to-abolish-the-provision-on-deportation-of-hiv-foreigners/>



On June 29th 2018 the Ministry of Health of Russia responded to the letter. The Ministry informed that lifting of remaining restrictions for foreigners with HIV is being examined with the participation of the expert community.

Mindful of the importance of the mentioned expert dialogue, civil society representatives of the Eastern Europe and Central Asia (including diaspora organizations and trade unions) gathered in Moscow for the First Regional Civil Society Meeting on the Health of Migrants and came up with **suggestions and recommendations** to the government authorities of the Russian Federation, countries of migrants origin, intergovernmental associations, international organizations and the academic community:

1. For the authorities of the Russian Federation:

1.1. Lift the provision of undesirable stay of HIV positive foreigners in Russia, their deportation and restriction to receive a permit to stay in Russia (currently sub-point 13, point 1 of article 9 of the Federal Law – 115 from July 25, 2002; point 2 of article 11 Federal Law – 38 from March 30, 1995).

1.2. Adjust existing documents (developed within the Eurasian Economic Union, CIS and other regional associations⁹) and discuss creation of new intercountry and regional funding mechanisms that would help to provide migrants with antiretroviral therapy and other HIV infection and tuberculosis related medical services.

1.3. Enhance collaboration between government authorities of the Russian Federation (including Russian Federation Service for the Protection of Consumers Rights, Ministry of Healthcare and other responsible organizations and agencies) for effective HIV infection and tuberculosis response among all population groups including international migrants involved in the epidemiological situation in the country.

2. For state authorities of migrant-sending countries:

2.1. Complement national programs with evidence-based strategies that include comprehensive cross-border measures to ensure care and social support for migrants;

⁹ Agreement between the Russian Federation and Republic of Belarus governments on the procedure of medical help provision to the Russian Federation citizens in the healthcare organizations in the Republic of Belarus and to the Republic of Belarus citizens in the healthcare organizations in the Russian Federation, Saint-Petersburg, 24 January 2006. Available in Russian at: <https://www.postkomsg.com/documentation/rights/17/?fbclid=IwAR2fiub0qOKuyCPVhN2jeq4J9hNDnTRbyzKqijZ1bVIOMBcp24QSVajNjEc>



including prevention, diagnosis and services provision to reduce the incidence of tuberculosis, STIs and HIV infection, with broad involvement of civil society.

2.2. Consider state funding (including funding of non-government organizations in the form of social contracting) to implement cross-border projects between the countries of origin and countries of destination of migration to improved access to HIV and tuberculosis prevention, treatment and social support.

2.3. Develop and sign bilateral and multilateral agreements in the area of HIV infection and tuberculosis between countries of the Eastern Europe and Central Asian region. Ensure implementation and monitoring with broad participation of civil society in the countries which have such agreements.

3. For intergovernmental and international associations:

3.1. Conduct systemic analysis of earlier adopted model laws on migration, HIV, and tuberculosis; monitor the laws adoption on the national level with the involvement of civil society including diaspora organizations.

3.2. Support development of legislation to ensure a more humane attitude to migrants and people, living with HIV with a special focus on equal access to HIV and tuberculosis services, with a particular focus on suggestions from the civil society as well as relevant international experience.

3.3. Include civil society representatives in the work of a joint platform organized by International Federation of Red Cross and Red Crescent Societies to develop the model law “to ensure equal access to HIV infection prevention and treatment services in the countries – members of the CIS”; following law review and adoption in the framework of Interparliamentary Assembly of countries –members of the Commonwealth of Independent States (CIS) as well as by the parliaments of member-countries.

3.4. Initiate discussion of migrant access to HIV and tuberculosis services at the level of CIS Executive Committee.

4. For international organizations

4.1. Support cross-border collaboration between countries of origin and countries of destination for the migrants to provide appropriate technical assistance; promote such initiatives at the level of decision makers.



4.2. Preserve and increase funding of HIV and tuberculosis care programs for migrants taking into consideration the needs of migrants and constraints of the countries of destination.

4.3. Initiate and support inter-country dialogue platforms and promote exchange of experience between the countries of the Eastern Europe and Central Asia.

5. For the academic community

5.1. Initiate and implement research projects on migrant health in collaboration with civil society.