

LGBT Migration in the EECA Region



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Migration in the EECA region

"Now people relocate far more often than before... In the past, a place for a home was chosen for life."

Stephen King

Migration is the resettlement of individuals and significant groups of the population from one place to another, both within the country and between countries, with the aim of short or long stay in a new place.

Under globalization, migration is a critically important mechanism for economic development, as well as an opportunity to protect the lives and future prosperity of vast numbers of people in the world.

Usually, all migrants are divided into two categories: emigrants *and* immigrants. The first are those who come to the country, and the second are those who leave the country. In addition, there are external migrants (those who move from one country to another) and internal migrants (those who move from one place to another within the country of which they are citizens). Different national laws are applied with respect to each of these categories, and society treats each of them differently. For example, if leaving the country is often perceived neutrally and does not lead to a restriction of rights in the home country of the migrant, emigrants always experience legal restrictions by the countries where they arrive, as well as stigma and discrimination by local residents.

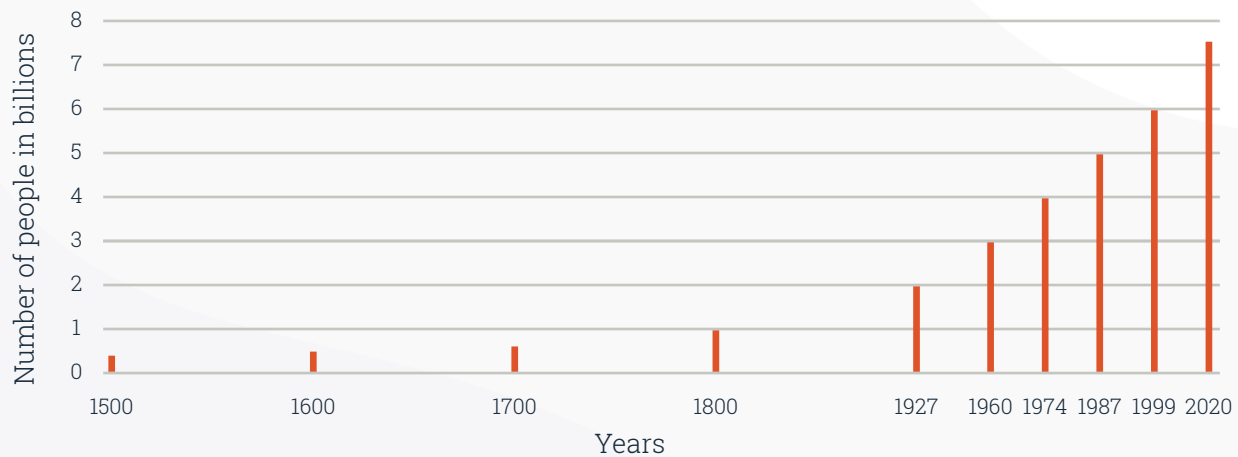
Migration as we know it today developed in the 18th and 19th centuries, when three important events unfolded that shaped modern societies. The first is the population growth acceleration. At the beginning of the 16th century, the world population was approximately 450 million people, at the beginning of the 17th century - 550 million, at the beginning of the 18th century - 650 million, at the beginning of the 19th century - already about 1 billion.

"We... will provide all people who enter our countries, and especially those who move in large groups, whether refugees or migrants, responsive, humane, respectful and gender sensitive, timely and tailored-to-interest reception. We will also ensure that their human rights and fundamental freedom is duly respected and protected."

New York Declaration for
Refugees and Migrants,
adopted by the UN General Assembly
at the 116th plenary session
September 9, 2016

The population reached 2 billion by 1927, 3 billion by 1960, 4 billion by 1974, 5 billion by 1987, 6 billion by 1999, and by 2020 already was in excess of more than 7.5 billion people.¹ The closer people live, the more actively they interact, the more significant the differences between them become for them and, accordingly, the observance of any boundaries, from state and cultural, to personal.

Chart 1: World population growth dynamics from year 1500 to 2020



The second event is the industrial and all technological revolutions that it had been followed by. Thus, man began to make stone tools 2.5 million years ago, agriculture originated approximately 12 thousand years ago, iron instruments of labor appeared 2 thousand years ago, and after year 1600, mankind has already gone through three scientific and industrial, three transport and one information revolutions. All this led to a rapid increase in specialization differences and the level of economic development of different countries, developing conditions for the growth of labor and humanitarian migration both within countries and between countries. Emigration to the United States in the 18th and 21st centuries is indicative of the impact of technological revolutions on migration: people got the motive and the opportunity to move from places where there is no income nor protection to a country where workers were needed and a better quality of life could be obtained.

The third event is the emergence of nation states, which began to emerge in the place of empires and monarchies. Today, almost all countries are national states, although 200 years ago there were literally a few of them. The first of the modern nation states was the French Republic, and Napoleon was the first country leader, who addressed the population as citizens of the country, and not as subjects of the ruler.

¹ https://en.wikipedia.org/wiki/World_population

Before the emergence of nation states, there was no big difference which kingdom or principality the village in which a person lives belongs to. Particular city or region of the country, and religious affiliation played a significantly more crucial role in self-identification than the name of the state to which this territory began to belong after another war. Term "nation", emergence of national states and persistence of borders based on multicultural agreements have created what is today called the "big homeland" and "citizenship" - the link between a person and the whole country, in all its geographic and ethnic diversity. This formed the basis for modern national cultures, as well as modern rules and principles for regulating migration, which are based on the relationships and obligations between a citizen with his native or foreign state.

In the 20th century, same as before, wars and other massive violence continue to remain a significant factor in urging people to leave their homes. A glaring example can be migration in respect of the 2nd World War - refugees, ethnic deportations, resettlement after changing the borders of states... The collapse of the USSR led to the growth of the so-called ethnic migration: in the 90s of the 20th century, 65 million former citizens of the USSR relocated from their original places of residence to the newly independent republics formed after the collapse of the USSR, which corresponded to the ethnic self-definition of the relocating people.²

But recently, ethnic migration in our region has ceased to play a crucial role. Even today's military conflicts lead only to short-term migration outbreaks, as can be seen in the examples of military conflicts in the Caucasus (Chechnya, Georgia, Karabakh) and in the eastern Ukraine. The reason for migration today are increasingly related to economic and social motives: people relocate to other cities and countries in search of earnings, better quality education and health care, protection from domestic violence, protection of property, as well as a more comfortable social environment. Today, it is not ethnic affinity that is more important, but the provision of professional skills of the migrants, which are of high-demand in the countries of arrival, language knowledge and a readiness to comply with local rules of hostel.

The size of modern migration in the EECA region can be judged by the following examples. By the end of 2019 16 441 136 foreign citizens were registered in the Migration Service in Russia³. This number is equal to 11.4% of the total number of Russian citizens. Otherwise speaking, every 10th passerby on the Russian streets is an emigrant from another country. And this is without considering those who emigrated to Russia and by 2019 had already received Russian citizenship.

² <http://www.demoscope.ru/weekly/2005/0197/tema06.php>

³ <https://xn--blaew.xn--plai/Deljatelnost/statistics/migracionnaya/item/19135553/>

Internal migration in Russia is also significant: from 2007 to 2017, 3% of the country's population changed their place of residence annually, that is, during this period every 4th Russian moved to a new place of residence. In 2018, 44% of Russian residents were not satisfied with where they live and considered relocating to a new place of residence in the future. Most often, residents of villages and small towns migrate - they relocate to large cities, where it is easier to find work and more prospects for self-realization.⁴

In Armenia, Georgia, Moldova, Kyrgyzstan and Belarus, internal migration trends are the same as in Russia, but external migration looks completely different: residents of these countries more often leave the country in search of work or for other reasons related to the desire to provide for themselves and/or their children a better quality of life.

Thus, in 2018, 15,300 people entered Armenia and 33,600 left the country⁵. In 2019, there were approximately 106,000 labor migrants from Armenia in Russia⁶. Based on European Union experts estimates, in 2012, from 7% to 20% of Armenian citizens were working outside the country⁷.

According to the UN, by 2019, 1,070,000 of Belarusian citizens (11.3% of the total population of the country) lived and worked abroad.⁸ According to national statistics, in 2019 alone, almost 21,000 labor migrants left the country. More than half of them were looking for work in EECA countries, mainly in Russia. However, in 2017, there were up to 300,000 labor migrants from Belarus in Russia⁹.

In 2013, from 6% to 10% of the Georgian population was working in other countries, including the EECA countries¹⁰. In 2014, more than half of them, judging by the statistics of private money remittances, was working in Russia¹¹.

In 2019, almost 80,000 citizens of the country lived and worked outside Georgia¹².

⁴ <https://rg.ru/2018/01/10/kak-v-rossii-obstoiat-dela-s-vnutrennej-migraciej.html>

⁵ <https://armstatbank.am/>

⁶ <https://ru.armeniasputnik.am/society/20190723/19740339/Otschet-migrantov-uezzhayut-li-grazhdane-iz-Armenii.html>

⁷ https://migrationpolicycentre.eu/docs/migration_profiles/Armenia.pdf

⁸ <https://www.un.org/en/development/desa/population/migration/data/estimates2/countryprofiles.asp>

⁹ <https://finance.tut.by/news546755.html>

¹⁰ <https://cadmus.eui.eu/handle/1814/36841>

¹¹ <http://www.kavkazoved.info/news/2014/05/12/trudovaja-migracia-v-gruzii-i-statistika-denezhnyh-perevodov.html>

¹² <https://www.un.org/en/development/desa/population/migration/data/estimates2/countryprofiles.asp>

Carried out in 2020 a survey of students from Georgian universities showed that 48% of them planned to leave the country in the future¹³.

In 2016, more than 720,000 citizens of Kyrgyzstan were labor migrants. Generally, migrants come from three regions of the republic: Osh, Jalal-Abad and Batken, the poorest and least urbanized areas of the country. As of 2015, mainly Kyrgyz labor migrants were going to Russia - 500,000 people, 80,000 - to Kazakhstan, about 15,000 - to South Korea, and up to 10,000 - to Turkey.¹⁴ According the Labor, Youth and Migration Department of Kyrgyzstan, since the moment of gaining independence until 2014, about 1 million citizens of the country left the territory of Kyrgyzstan for the CIS countries and far abroad. Of this number, more than 700,000 went to the Russian Federation, about 500,000 of which had acquired Russian citizenship by 2014.¹⁵

From Moldova, a country with a population of 2.7 million, according to the National Bureau of Statistics, in 2019 alone, 160,000 labor migrants left¹⁶. Generally speaking, based on expert estimates, up to 1 million citizens of the country work permanently or regularly abroad¹⁷.

According to UNDESA, in 2019 almost 5 million citizens of Ukraine (11.3% of the total population of the country) lived and worked in other countries. Where approximately 3.5 million were in Russia.¹⁸

¹³ https://www.researchgate.net/publication/340233553_Osnovnye_factory_i_struktura_migrantov_v_postkommunisticeskoj_Gruzii

¹⁴ <https://cyberleninka.ru/article/n/sovremennaya-vneshnyaya-trudovaya-migratsiya-naseleniya-kyrgyzstana/viewer>

¹⁵ <http://ssm.gov.kg/wp-content/uploads/2018/01/6085ac55f5312eedfe985ed7b374466d.pdf>

¹⁶ <https://statistica.gov.md/lib.php?l=ru&idc=30&year=2019&month=7>

¹⁷ <https://www.elibrary.ru/item.asp?id=32616081>

¹⁸ <https://www.un.org/en/development/desa/population/migration/data/estimates2/countryprofiles.asp>

International treaties on migration and health of LGBT migrants

Standard international treaties on migration apply to all migrants and primarily make it aim to provide humanitarian assistance to those who are among refugees from the places of military conflicts and natural disasters and victims of human trafficking. Whilst the topic of labor migration, especially single unorganized migrants looking for favorable living and self-realization conditions, receives much less attention. Moreover, the International Labor Migration Standards¹⁹, one of the key documents regulating the relationship between labor emigrants and host countries, was adopted by the International Labor Organization back in 1975, and does not pay significant attention to issues such as universal access for migrants to health care services including sexual health services, as well as gender equality and diversity issues, and the importance of migrants integration into local communities. In fact, most of the focus of international treaties is on the control of emigrants to prevent the entry into host countries of those who in view of their governments are unwelcome.

Today, the overwhelming majority of international recommendations concerning migrants proceed from the assumption that within the framework of the so-called regulated migration, the rights and needs of “legal” emigrants should be met by existing national laws. Usually, national laws quite accurately describe the rights and obligations of emigrants, the services that the state is ready to provide them and the conditions on which these services can be obtained. However, often, national laws do not reflect today's reality, the safety and health challenges faced by migrants, and the needs that arise during and after migration. Moreover, migration is an international process. Therefore, its regulation requires active international cooperation, primarily between the countries where migrants come from and the host countries.

International documents and recommendations mainly focused on the formal differences between migrants and residents of the countries which migrants come to, and fail to take proper care of the quality of national laws, which may not be sensitive to issues such as equality on grounds of sexuality and gender. Thus, in all countries of the EECA region, laws, mentioning gender equality are focused exclusively on the rights and needs of women and girls, ignoring all other gender diversity.

¹⁹ https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312288:NO

The first global compact on migrants was adopted only in 2018²⁰. Despite the fact that it is only non-regulatory, it is a significant breakthrough in the field of international cooperation on ensuring the migrants rights matters.

In a point of fact, within the framework of this global compact there is a Goal 15, "Migrants basic services coverage," in paragraph "e", which states the importance of "migrants health care needs consideration in national and local health care plans and policies, in particular by strengthening capacity in the field of services provision, promoting affordable and non-discriminatory access, overcoming communication barriers and providing training for health workers on culturally sensitive service delivery to maintain the physical and mental health of migrants and communities in general, including taking into account relevant recommendations contained in prepared by WHO Framework Document on priorities and guiding principles for promoting the health of refugees and migrants."

Other important international documents, which are based on the results of scientific research and containing detailed and practical recommendations on how to effectively protect the health of MSM and trans people from HIV and STIs are guidelines published jointly by UNICEF, WHO and other UN agencies in collaboration with LGBT community organizations: "Guideline for Implementing Comprehensive HIV and STIs Matters Programs with Men Who Have Sex with Men" (MSMIT)²¹, and "Guideline for Implementing Comprehensive HIV and STI Programs with Transgender People" (TRANSIT)²².

They recommend to carry our comprehensive and focused on adherence to the human rights programs that include low-threshold access to HIV and STIs preventative care, regular testing, STIs treatment as an important factor of HIV preventative care, and HIV-infection treatment based on the principle of "became aware of, start treatment right away" ("test & treat"). Also, based on the best international experience of preventative care and treatment programs, these guidelines recommend the involvement of LGBT communities in the planning and implementation of programs to protect the health of these population groups, and promote the development of LGBT organizations. Special attention in the guidelines is paid to the protection of MSM and trans people from violence, stigma and discrimination amid homophobia and transphobia.

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²⁰ <https://refugeesmigrants.un.org/migration-compact>

²¹ <https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-transgender-people-practical-guidance>

²² <https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-transgender-people-practical-guidance>

In early 2019, WHO published a Global Plan of Action to Promote the Health of Refugees and Migrants ("Promoting the health of refugees and migrants. Global action plan, 2019-2023")²³, which describes the principles and tasks for the international community to ensure universal access to health care services for migrants and refugees.

Among other things, this document says: "Citizenship should never be the basis for determining the availability of health care services."

 ²³ https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_25-en.pdf

LGBT migrants

Despite the fact that homosexuality has been observed throughout history, it received its name and more or less precise definition only in the middle of the 19th century, when its scientific research began as a separate issue in the knowledge of man and society²⁴. As a factor influencing migration, sexuality becomes relevant already in the 20th century.

Homosexuality, as a reason for the deportation of foreigners arriving to the country, was first mentioned in the emigration laws of Australia in the early 1900s (this law lasted until 1980).

During the first 30 years of the 20th century, Berlin was the center of attraction for gay men in Germany. For example, famous films like "Cabaret" with Liza Minnelli and "Bent" with Clive Owen tell about this. The same period can be found in the history of St. Petersburg, London, and other major European cities. In the 30s of the 20th century, Germany and the USSR passed laws on severe punishment for "homosexuality". During this period, tens of thousands of men suspected of homosexual relationships are arrested and moved from the cities where they mostly lived to concentration camps and prisons. In the case of Germany, thousands of gay men are trying to leave the country.

In the United States, the law on the deportation of gay foreigners was passed in 1965, but in 1994 the United States recognized gays and lesbians as people who could claim asylum if they were subjected to violence and harassment on the grounds of sexuality in their home countries. In 2008, the United States, Norway, Iceland, Denmark and Switzerland were the first countries to enact special amendments to migration laws establishing migration equality for LGBT people and allowing emigration for same sex partners of their citizens.²⁵ Today, the reunification of same-sex couples and protection from violence and persecution in their homeland allow LGBT people to emigrate in search of asylum to the USA, Canada, Australia and European Union countries, where they, equally with other emigrants, among other things, also can get access to medical care. And commercial companies operating in these countries include provisions to protect against discrimination on the basis of sexuality and gender in their programs for recruiting migrant workers.

²⁴ Previously, the term "sodomy" was used to denote sex between people of the same sex, which, in addition to homosexual sex, included a number of heterosexual sexual practices.

²⁵ https://en.wikipedia.org/wiki/LGBTQ_migration

No relevant modern research has been found for EECA countries, but, most likely, the reasons for the internal and external migration of LGBT people in this region are about the same as for heterosexual cisgender men and women: LGBT people move to other cities and countries in search of work, education and/or a more friendly social environment. Although, given the high level of homophobia and related crimes in EECA countries, the percentage of LGBT people leaving their home towns and villages in search of places where they will not be subjected to regular violence and harassment is most likely higher than among other migrants.

Data from EMIS-2017, covering Western, Central and Eastern Europe, a pan-European study on the sexual health of MSM and trans people, says that 46% of migrant MSM and trans people move to other countries in search of work, 27% for education, and almost 16% are looking for a social environment where they, as trans people, gay or bisexual, can live in greater security than in their home countries.²⁶

As in the early 20th century, today every country in the EECA region has cities that are more attractive to LGBT people than others. In Kyrgyzstan it is Bishkek, in Kazakhstan - Almaty and Nur-Sultan, in Moldova - Chisinau, in Ukraine - Kiev and Kharkov, in Belarus - Minsk, in Russia - Moscow, St. Petersburg, Novosibirsk... All these are the largest cities in these countries, where there are many residents, a lot of work, and a more developed social and business infrastructure. Also, there are many non-residents and it's possible to ensure a higher level of private life privacy than in other places. These are the cities that both internal and external LGBT migrants primarily go to.

In most EECA countries, the government refuses to recognize LGBT people as a separate social group, therefore in EECA countries there are no laws restricting the entry of LGBT people into the country, but there are no laws granting the right to family reunification for samesex couples, or asylum for LGBT people from other countries on the grounds of domestic violence and/or harassment based on sexual orientation or gender identity. The consequence of this, at least, is the lack of statistics on how many LGBT people migrate within countries, as well as from one country to another in the EECA region.

And yet, assuming that the percentage of LGBT people among internal and external migrants is equal to that percentage of the general population, LGBT migrants can account for about 2% of all migrants moving within and between countries. This is an

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²⁶ https://www.esticom.eu/Webs/ESTICOM/EN/emis-2017/survey-report/EMIS_2017_REPORT_ECDC.pdf?__blob=publicationFile&v=1

impressive figure, both in terms of the sheer number of people and their economic potential, and in terms of the impact on the health situation, including the epidemic situation of HIV and STIs - diseases for which LGBT people are more vulnerable than the general population. Given the significant level of stigma, discrimination and violence against LGBT people, their migration affects both the geography of certain violations of laws and crime: from robbery and physical violence to illegal use of psychoactive substances.

Earlier it was said that in 2019 there were almost 16.5 million people on migration registration in Russia, so it can be assumed that the number of LGBT emigrants in Russia alone was at that time more than 300,000 people (2% of all migrants in the country).

Migration, HIV and LGBT

From the very beginning of the HIV epidemic, it was clear that the virus does not recognize borders, neither state nor social, therefore isolating HIV-positive people or banning them from entering a particular country are not effective measures to combat the epidemic, and does not help to provide assistance to people living with HIV themselves. On the other hand, migrants are generally a vulnerable group in the context of the HIV epidemic, and migrant of MSM and trans people are among the key groups, working with which contributes to the effectiveness of national and global efforts to combat HIV. This is also true for other infections: STIs, including hepatitis B and C, and tuberculosis.

National health ministries collect data on foreign nationals diagnosed as HIV-positive within the country. In Russia, for example, from 1987 to the end of 2018, more than 35,000 cases of HIV-infected foreign citizens were registered²⁷. However, there is no disaggregated data on HIV and other STIs among migrants of MSM and trans people in any country. Therefore, as a starting point, let us assume that the prevalence of HIV and STIs among migrants belonging to MSM and trans people may be approximately equal to the prevalence of these infections in these population groups in countries (in terms of external migration) or in the region (in terms of external migration), where the migrants come from, and within 1-2 years this prevalence will at least make equal to the level of HIV and STIs prevalence in the city/region where now migrants live.

Taking into consideration the probability of high sexual activity of migrants of MSM and trans people with both local residents as well as with compatriots, including involvement in sex work, the probability of psychoactive drugs application, and the fact that migrants have limited access to preventative measures services and to HIV infections treatment, or are completely devoid of it, the prevalence of HIV infection and STIs may eventually exceed same among local MSM and trans people.

According to EMIS-2017, among MSM and trans people belonging to refugees or claimants upon asylum due to harassment in their home country on the basis of sexuality, the percentage of those who practice sex without a condom, have had an STI, are infected with HIV and have a high viral load is notably higher.²⁸

²⁷ <http://www.hivrussia.info/wp-content/uploads/2020/01/Byulleten-44-VICH-infektsiya-2019-g..pdf>

²⁸ https://www.esticom.eu/Webs/ESTICOM/EN/emis-2017/survey-report/EMIS_2017_REPORT_ECDC.pdf?__blob=publicationFile&v=1

Table: Prevalence of HIV and STIs among MSM in different EECA countries²⁹

| Country | Prevalence | | | | Data collection year |
|--------------|----------------|-------------|-------------|----------|-------------------------|
| | HIV | Hepatitis B | Hepatitis C | Syphilis | |
| Armenia | 1,9 % | 0,3 % | N/A | 0,5 % | 2018 |
| Azerbaijan | 2,2 % | 7,2 % | 6,5 % | 13,6 % | 2016 |
| Belarus | 9,8 % | 1,8 % | 1,8 % | 4,7 % | 2017 |
| Estonia | 6 % | N/A | 4,7 % | 4,7 % | HIV: 2018 STIs: 2013 |
| Georgia | 21,5 % | N/A | 2,6 % | 7,9 % | 2018 |
| Kazakhstan | 6,2 % | N/A | N/A | N/A | 2017 |
| Kyrgyzstan | 6,3 % | N/A | 1,6 % | 7,9 % | 2013 |
| Latvia | 7,8 % | N/A | N/A | N/A | 2010 |
| Lithuania | 5,9 % | 9,2 % | 0,9 % | 10,6 % | 2016 |
| Moldova | 9 % | 4,8 % | 4,8 % | 5,4 % | 2016 |
| Russia | 7,1 % - 22,8 % | N/A | N/A | N/A | 2017 |
| Tajikistan | 2 % | N/A | 4,8 % | 6,3 % | 2017 |
| Turkmenistan | N/A | N/A | N/A | N/A | N/A |
| Ukraine | 7,5 % | N/A | N/A | N/A | 2018 |
| Uzbekistan | 3,3 % | N/A | 4 % | 1,3 % | 2018 |

According to the "LaSky" project, the percentage of new HIV cases detected among project clients for MSM emigrants in Moscow is 20%, while for clients from among Russian citizens living in Moscow is only 10%.³⁰

Thus, it can be expected that in Russia alone there can be at least 21,000 HIV-positive emigrants from among MSM and trans people (7% of the proposed number of migrants related to MSM and trans people, which is estimated at 300,000 people above). If the system of HIV-positive people refoulement from Russia does not work effectively (which is possible, given the prevalence of corruption in the country), and most of the HIV-positive emigrants remain unknown to the Russian public health authorities, then the number of HIV-positive emigrants from among MSM and trans people located in Russia today may approach 60,000.

²⁹ <https://ecom.ngo/hiv-msm-eeca/>

³⁰ T. Kazantseva, K. Vermey, A. Beloglazov & E. Zhukova. 100 years away from 90/90/90. MSM migrants in Russia's metropolitan cities need better HIV prevention, testing and care. Fast-Track Cities Conference, September 9-10, 2019 (abstract and poster presentation).

Other health and safety issues of migrants from among MSM and trans people

Almost in all EECA countries, including the Baltic countries, migrants, especially those who for one reason or another violate the national rules of documentation of their stay in the country, are significantly limited in access to free health care services, or even deprived of it. Moreover, with no money or for fear of deportation, immigrants who do not have the required documents are probably simply not seeking medical help, as well as help amid the violence and other crimes committed against them.

According to the WHO³¹, in general, migration as such is not the cause of any specific diseases, but given the restrictions on access to health care services for migrants, especially those who do not have the required documents, and economic factors (lack of money to pay for treatment), migrants are diagnosed and treatment much later than local residents, and than would be needed for the most effective care. In Russia, the situation is aggravated also by the risk of deportation when it comes to HIV infection with tuberculosis³².

While in the long term HIV infection is a serious threat to migrant, in the short term migrants face other risks and threats. WHO provides the following list of threats and risks:

“The problems most frequently encountered by newly arrived refugees and migrants are accidental injuries, frigourism, thermal injuries, gastrointestinal disturbance, cardiovascular diseases, ... diabetes and hypertension. ... Exposure of refugees and migrants to risks associated with population flow, such as psychosocial disorders, reproductive health abnormality, increased newborn mortality, eating disorders, drug consumption, alcoholism and violence, increases their vulnerability to noncommunicable diseases. The main problem relating to noncommunicable diseases is the interruption of treatment, either because of lack of access to it or due to disruption to health care systems and service providers; population flow leads to interruption of ongoing treatment, which is vital for people with chronic diseases.

³¹ https://www.euro.who.int/__data/assets/pdf_file/0005/293270/Migration-Health-Key-Issues-.pdf

³² Federal Law dated March 30, 1995 N 38-FZ "On the prevention of the extension in the Russian Federation of a disease caused by the human immunodeficiency virus (HIV)".

Vulnerable groups representatives, especially children, are predisposed to respiratory infections and gastrointestinal diseases due to poor living conditions, poor hygiene and deprivation associated with migration, and they need to have access to adequate medical care."³³

EMIS-2017 showed that those migrants belonging to refugees and asylum seekers due to harassment in their home country on the basis of sexuality, after relocation, more often than local LGBT people practice risky sexual behavior in terms of HIV and STIs (chemsex, for example). Besides of that, in this group the number of migrants is notably higher than among other LGBT people, both migrants and locals, the percentage of those experiencing depression, suicidal thoughts, begins to abuse alcohol. That being said, this subgroup of migrants feels much less support from the LGBT community.³⁴

With the incipience of the COVID-19 epidemic, many migrants were left not only without the necessary medical care, but also without work: from 20% to 40% of all migrant workers in Russia in April 2020 lost their jobs due to the anti-epidemic measures introduced by the government³⁵.

While there are no separate case studies on the impact of COVID-19 quarantine measures on the matters of migrants from among MSM and trans people, given the dual stigma of migrant status plus LGBT status, one expects that they were more affected by the COVID-19 epidemic than migrants in general.

³³ <https://www.euro.who.int/ru/health-topics/health-determinants/migration-and-health/migration-and-health-in-the-european-region/migration-and-health-key-issues>

³⁴ https://www.esticom.eu/Webs/ESTICOM/EN/emis-2017/survey-report/EMIS_2017_REPORT_ECDC.pdf?__blob=publicationFile&v=1

³⁵ <https://www.finam.ru/analysis/forecasts/koronavirus-i-trudovaya-migraciya-20200626-160043/>

The cycle and principles of HIV prevention and treatment for migrants from among MSM and trans people

As is the case with other key groups, using the HIV service cascade can be an appropriate tool for describing these services, their planning, as well as monitoring and evaluating their delivery.

Standard cascade proposed by UNAIDS consists of 3 "90"³⁶:

- 90% of all people living with HIV know their HIV status,
- 90% of all PLHIV receive ARV therapy,
- 90% of all ARV patients have reached undetectable viral load.

All three phases of the cascade are interconnected and cannot be achieved one without the other. The first field of work with migrant from among MSM and trans people on the list is to provide affordable and regular HIV testing. It is impossible without testing to involve those who are infected in treatment, and so not only conserve their health, but also prevent the further extension of the infection.

The evidence from practice shows that creating testing facilities, even free and low-threshold ones, in itself is not enough. In order to achieve mass and regular voluntary testing, representatives of core groups must understand what HIV and other STIs are, what the risks are, and how they can protect their health. That is, we need educational programs about preventative measures programs. Besides, for testing, especially regular testing, you need motivation to pass it. This motivation foundation is the availability of effective treatment which is based on respect of human rights and traits, in the event of infection detection. And one more thing, those who receive help should share their experience, confirm to others in the community that the help is real, friendly and effective, and so spread knowledge about health in the community, involving other community members in testing and, if necessary, to initiation of treatment. Thus, the cascade becomes a helping cycle, where each phase supporting the others.

³⁶ <https://www.unaids.org/en/resources/909090>

Below are recommendations for organizing and conducting work with migrants from among MSM and trans people, based on a combination of the objectives set by WHO in the "Global Plan of Action for the Promotion of Refugee and Migrant Health"³⁷ with recommendations from MSMIT³⁸ and TRANSIT³⁹.

1. Do the project with the community, not for the community. There should not be paternalistic approach to clients on organization part. Look for and engage community leaders.

The external environment is important. The prevalence of violence and discrimination, as well as the general background in society - stigma, can significantly reduce the probability that migrant from among MSM and trans people will seek health care services. Readiness of the local LGBT community to accept migrants and not stigmatize them is one of the key conditions for the successful socialization of MSM and trans people in a new country.

But even more important is how migrant from among MSM and trans people themselves behave towards to PLHIV and organizations providing HIV prevention and treatment services. Therefore, the first steps to create a supportive environment should be to involve the migrants themselves from among MSM and trans people in work: in assessing the situation, in planning projects and in their implementation. People from the community should become volunteers and project staff. There are no doubts that this requires training your staff and providing appropriate education and support to staff and volunteers from the community in the course of the works.

In the similar way, conduct training (sensitization) of employees of partner organizations.

Your team diversity should reflect the diversity of your clients and partners!

³⁷ https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_25-en.pdf

³⁸ <https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-transgender-people-practical-guidance>

³⁹ <https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-transgender-people-practical-guidance>

2. Work objective should be not just help in solving certain health issues, but the integration of a migrant into the life of the local LGBT community and society as a whole, so that migrants become more independent in solving their problems and needs.

All services and information materials should be planned in such a way that clients better understand how certain organizations and systems work in society, how the local LGBT community lives. Assistance in learning local culture, norms of behavior and language is important for rapid integration.

Quality navigation and client redirection from the moment of preparation for the move and after the move, already in a new country, will bring more benefits than performing all the actions instead of the client.

Basic financial literacy, the ability to save money and make efficient purchases can be the key factor of a migrant safety in a new country, as many necessary services are available only for money.

Protection and support in situations of physical violence and other criminal activities is another important area of work with migrants, especially those who do not know the language, or who are in the country without the required documents.

3. Knowledge management: gather not only statistics, but also stories, make sure to share data with the community and with partners.

It is important to study the situation regularly. In the first instance, you need to collect information that will help you in your own work. The first thing to start with is to assess the key problems that migrants from among MSM and trans people face in your city, if not elsewhere, their level of knowledge about HIV and STIs, what risky behaviors they can practice, and make a list of medical institutions, lawyers and NGOs ready to provide services free of charge.

Knowledge (information and skills) that is gathered from the project staff must be transferred to the community, so that there it is transformed into actions. Information can simply be conveyed in the form of text (printed, audio, or electronic), but the readiness to act on this knowledge is best pulled from examples of other people in the community. Such examples can be collected in the form of stories that will then be told to other members of the community, preferably by those whom they belong to.

Mutual aid projects development is the best way to transfer knowledge and skills to the community. The development of counseling and support by peer efforts, networks of para-lawyers and para-medics, involvement in moderation of social media groups and mailings, self-support groups, as well as psychological assistance to build effective relationships with family members and employers are all examples of knowledge transfer channels and experience to the community, increase of the community capacity to defend its interests on its own.

Knowledge translation into action is important both towards the community, as well as towards partner organizations. For effective work with migrants, it may be important to develop partnership projects and networks that will include LGBT organizations and activists from both the countries from which migrants come and the countries where they go to, with local health care providing institutions, human rights defenders, as well as with UN organizations and agencies (UNAIDS, WHO, ILO and others) and local health care and social protection departments.

Don't be alone, involve old and new partners and donors in every new project, starting from the phase of his preparation. Partners and donors must see themselves in new work. Thus, you will gain more resources and other support.

4. Meet potential clients before they even arrive in the country.

It is well known that preventing HIV infection is cheaper than providing treatment to those who are already infected. During work with migrants, the same principle can be applied: prepare the prospective emigrant for the difficulties and requirements that he/she may face after arriving in the country. Get to acquainted with LGBT organizations and HIV-service NGOs in other countries from which (or to which) migrants go. Exchange information about clients: migration reasons, risky behavior they may practice in their country and about behavior practiced in the country where they are

traveling to, about level of health knowledge, and what health safety and defense of rights services are, as well as how can migrants get this in the country where they are traveling to, who in their home country and in the country of emigration can they contact in case of any crisis? Offer to give your contact information to those planning to travel to your country or conduct a joint webinar (or one-on-one consultations) with a local organization for prospective migrants on how better to get prepare for relocation.

5. Create services that can be obtained remotely, without direct contact with employees.

There are services that can only be obtained as institutional treatment. For example, take an X-ray of the lungs. While a HIV or STIs test can be done without visiting an NGO or a medical facility (although, nevertheless, you will have to go to the doctor for treatment). Almost all consulting services, support and training can be carried out both in person and remotely. Besides posting information on the website, you can create chat-bots, Telegram and YouTube channels, Facebook and Vkontakte groups, mailings in e-mail and messengers, conduct online consultations and trainings. Similarly you can create contactless services, when, for example, a "saliva" HIV test is ordered online, delivered to the client by mail, and its setting is carried out with the support of a consultant via Skype. By creating online channels for counseling, training and support, you can increase the coverage by these services and make them more convenient and acceptable for migrants. Aside from that, it will help preserve services in quarantine situations due to COVID-19, for example.

6. Speak the language your clients understand.

Many migrants may have poor knowledge of the local language, or may not understand speech patterns, abbreviations or terms, which are common to local residents. Therefore, it is worth making information materials as simple and short as possible, and during consultations, carefully clarify what the client understood from what the consultant said. In the ideal case, of course, if one of the employees knows the clients' native language. Another option is to use suitable information materials from the migrants' home countries or agree with consultants from LGBT organizations from these countries about the possibility of their assistance in case the client needs to be consulted in his native language.

7. *Mental health is just as important as physical.*

Moving to a new country is always stressful. Experiencing violence, discrimination, or stigmatized attitudes are also stressful. Loneliness and worries about a loved ones and friends left in their homeland are also stressful. A disease, which is discovered in a foreign country is suffered more difficult, because a migrant may not know who and how to ask for help or may not have money and relatives who would help at home.

Depressions are common among migrants and affects about 16% of them⁴⁰. This is several times higher than the world average: according to the WHO, from 3% to 7% of people in the world experience depression. For Russia, on average, this figure is 5.5%.⁴¹

Stress and depression are serious risk factors in relation to adherence to testing, to ARV therapy for PLHIV, in relation to the alcohol abuse and other psychoactive drugs, and, which is also important, in relation to impulse purchases (that is, ineffective spending of money).

⁴⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6163821/>

⁴¹ <https://www.kommersant.ru/doc/3253726>

Appendix 1: Health services available for MSM and Transgender migrants



Armenia

| Question/Condition | Situation | Explanation and Contacts |
|--|----------------|---|
| 1. Laws Criminalizing Same-Sex Relations | No | |
| 2. Compulsory HIV testing upon entry into the country | No | |
| 3. Risk of deportation if HIV is diagnosed after entry | No Deportation | |
| 4. Free HIV diagnostic | Yes | - National Centre for Infectious Diseases Hotline: +37410 61 08 20 Website: http://www.armaids.am/ru/ - Humanitarian NGO "New Generation" Tel.: +37460 37 89 89 89, +37455 47 89 80 Website: https://ngngo.net/en/public-health/ |
| 5. Free ARV-Therapy | Yes | Only for people staying in country legally. - National Centre for Infectious Diseases Hotline: +37410 61 08 20 Website: http://www.armaids.am/ru/ |
| 6. Possibility to buy ARV therapy on own expense | No | |
| 7. Free medical care for PLHIV (except for ARV therapy) | No | |
| 8. Free STI diagnostics (Syphilis, Gonorrhoea) | Yes | - Humanitarian NGO "New Generation" Tel.: +37460 37 89 89 89, +37455 47 89 80 Website: https://ngngo.net/en/public-health/ |
| 9. Free STIs treatment (syphilis, gonorrhoea) | Yes | Provided only by NGOs. - Humanitarian NGO "New Generation" Tel.: +37460 37 89 89 89, +37455 47 89 80 Website: https://ngngo.net/en/public-health/ |
| 10. Free specialised care for depression and other mental health disorders | Yes | Available only in mental health centres, not specialised for specific groups. - Yerevan: Mental Health Centre "Avan" Tel.: +374-60-860108 - Gyumri: JSC "Gyumri Centre for Mental Health" Tel.: +374-312-56830 - Sevan: "Sevan Mental Health Center" Tel.: +374-261-22101 |
| 11. Free legal counselling in cases of abuse or human rights violations | Yes | Provided only by NGOs. - Humanitarian NGO "New Generation" Tel.: +37460 37 89 89 89, +37455 47 89 80 Website: https://ngngo.net/en/public-health/ |

Armenia

| Question/Condition | Situation | Explanation and Contacts |
|--|-----------|--|
| 12. Free shelter in case of violence, homelessness or other issues | Yes | Provided only by NGOs. - Humanitarian NGO "New Generation" Tel.: +37460 37 89 89 89, +37455 47 89 80 Website: https://ngngo.net/en/public-health/ |
| 13. Food and/or financial support | Yes | Provided only by NGOs. - Humanitarian NGO "New Generation" Tel.: +37460 37 89 89 89, +37455 47 89 80 Website: https://ngngo.net/en/public-health/ |
| 14. Free endocrine consultation for transgender people | No | |



Map

Belarus

| Question/Condition | Situation | Explanation and Contacts |
|---|----------------|---|
| 1. Laws Criminalizing Same-Sex Relations | No | |
| 2. Compulsory HIV testing upon entry into the country | No | |
| 3. Risk of deportation if HIV is diagnosed after entry | No Deportation | |
| 4. Free HIV diagnostic | Yes | <p>Polyclinics, Centres for hygiene, epidemiology and public health. Rapid tests are only available in NGOs.</p> <p>- Minsk: City Clinical Hospital of Infectious Diseases Tel.: +37517 334-14-52</p> <p>- Minsk: Republican Centre for Hygiene and Epidemiology Tel.: +375 17 398 74 43</p> <p>- NGO "Vstrecha" Tel.: +375 17 397 27 18 Website: https://www.vstrecha.by/</p> |
| 5. Free ARV-Therapy | Yes | <p>Only for foreigners with a valid residence permit.</p> <p>- Minsk: Republican Centre for Hygiene and Epidemiology Tel.: +375 17 398 74 43</p> <p>- NGO "Vstrecha" (medical consultation) Tel.: +375 17 397 27 18 Website: https://www.vstrecha.by/</p> |
| 6. Possibility to buy ARV therapy on own expense | No | |
| 7. Free medical care for PLHIV (except for ARV therapy) | Yes | <p>Only for foreigners with a valid residence permit.</p> <p>For undocumented migrants: only available in a public hospital and only in case of a serious threat to their lives.</p> <p>NGO "Vstrecha" (medical consultation) Tel.: +375 17 397 27 18 Website: https://www.vstrecha.by/</p> |
| 8. Free STI diagnostics (Syphilis, Gonorrhoea) | Yes | <p>At state medical institutions offer services only for people with a valid residence permit.</p> <p>Undocumented migrants can contact an NGO.</p> <p>- NGO "Vstrecha" (medical consultation and rapid tests) Tel.: +375 17 397 27 18 Website: https://www.vstrecha.by/</p> |

Belarus

| Question/Condition | Situation | Explanation and Contacts |
|--|-----------|---|
| 9. Free STIs treatment (syphilis, gonorrhoea) | Yes | Only for foreigners with a valid residence permit. - NGO "Vstrecha" (medical consultation) Tel.: +375 17 397 27 18 Website: https://www.vstrecha.by/ |
| 10. Free specialised care for depression and other mental health disorders | Yes | Only for foreigners with a valid residence permit. Free of charge only in centers for mental health and not specialized on a particular group. - NGO "Vstrecha" (medical consultation) Tel.: +375 17 397 27 18 Website: https://www.vstrecha.by/ |
| 11. Free legal counselling in cases of abuse or human rights violations | Yes | Only in NGOs. - Online legal assistance system Website: https://hiv-prava.by/ - Open Society "Belarusian Helsinki Committee" Website: https://www.belhelcom.org/ru/for-people |
| 12. Free shelter in case of violence, homelessness or other issues | No | |
| 13. Food and/or financial support | No | Only for transgender people. The support is limited by the duration of the project (only until December 2020). - TGBelarus Facebook: https://www.facebook.com/groups/helpitgbelarus |
| 14. Free endocrine consultation for transgender people | Yes | Only for foreigners with a valid residence permit. - NGO "Vstrecha" (medical consultation) Tel.: +375 17 397 27 18 Website: https://www.vstrecha.by/ - TGBelarus (medical consultation) Facebook: https://www.facebook.com/groups/helpitgbelarus |



Map

Estonia

| Question/Condition | Situation | Explanation and Contacts |
|--|----------------|---|
| 1. Laws Criminalizing Same-Sex Relations | No | |
| 2. Compulsory HIV testing upon entry into the country | No | |
| 3. Risk of deportation if HIV is diagnosed after entry | No Deportation | |
| 4. Free HIV diagnostic | Yes | <p>For everyone.</p> <ul style="list-style-type: none"> - National Health Institut Website: https://www.hiv.ee/ru/projdite-testirovanie/gde-mozhno-projti-testirovanie-na-vich/ - Tallinn, Estonian Network of PLHIV Website: www.ehpv.ee - Tallinn, Center for infectious diseases LTKH Website: www.keskaigla.ee - Narva, "Narva Haigla" Website: www.narvahaigla.ee - Tartu, "Tartu kliinik" Website: www.kliinikum.ee - Pärnu, "Pärnu Haigla" Website: https://www.ph.ee/glavnaja |
| 5. Free ARV-Therapy | Yes | <p>Only for people with valid residency permit.</p> <ul style="list-style-type: none"> - Tallinn, Estonian Network of PLHIV (medical consultation) Website: www.ehpv.ee |
| 6. Possibility to buy ARV therapy on own expense | Yes | <ul style="list-style-type: none"> - Tallinn, Estonian Network of PLHIV (medical consultation) Website: www.ehpv.ee |
| 7. Free medical care for PLHIV (except for ARV therapy) | Yes | <ul style="list-style-type: none"> - Tallinn, Estonian Network of PLHIV (medical consultation) Website: www.ehpv.ee |
| 8. Free STI diagnostics (Syphilis, Gonorrhoea) | No | |
| 9. Free STIs treatment (syphilis, gonorrhoea) | No | |
| 10. Free specialised care for depression and other mental health disorders | No | |

Estonia

| Question/Condition | Situation | Explanation and Contacts |
|---|-----------|--|
| 11. Free legal counselling in cases of abuse or human rights violations | Yes | For everybody. - National Centre for Human Rights Website: https://humanrights.ee/ru/teemad/pagulased/varjupaigataotlejate-noustamine/ |
| 12. Free shelter in case of violence, homelessness or other issues | Yes | For everybody. - National Centre for Human Rights Website: https://humanrights.ee/ru/teemad/pagulased/varjupaigataotlejate-noustamine/ |
| 13. Food and/or financial support | No | |
| 14. Free endocrine consultation for transgender people | No | |



Map

Georgia

| Question/Condition | Situation | Explanation and Contacts |
|--|----------------|--|
| 1. Laws Criminalizing Same-Sex Relations | No | |
| 2. Compulsory HIV testing upon entry into the country | No | |
| 3. Risk of deportation if HIV is diagnosed after entry | No Deportation | HIV-positive people may be refused a residence permit. |
| 4. Free HIV diagnostic | Yes | Available for everyone. - NGO "Equality Movement" Website: http://www.equality.ge/en/ - NGO "Tanadgoma" Hotline: +995 32 2 25 18 19 Website: http://www.tanadgoma.ge/ |
| 5. Free ARV-Therapy | Yes | Only for foreigners with a valid residence permit. - NGO "Tanadgoma" (medical consultation or or assistance in a medical institution, if necessary) Hotline: +995 32 2 25 18 19 Website: http://www.tanadgoma.ge/ |
| 6. Possibility to buy ARV therapy on own expense | Yes | - NGO "Tanadgoma" Hotline: +995 32 2 25 18 19 Website: http://www.tanadgoma.ge/ |
| 7. Free medical care for PLHIV (except for ARV therapy) | Yes | Only for foreigners with a valid residence permit. - NGO "Tanadgoma" Hotline: +995 32 2 25 18 19 Website: http://www.tanadgoma.ge/ |
| 8. Free STI diagnostics (Syphilis, Gonorrhoea) | No | |
| 9. Free STIs treatment (syphilis, gonorrhoea) | No | |
| 10. Free specialised care for depression and other mental health disorders | No | |

Georgia

| Question/Condition | Situation | Explanation and Contacts |
|---|-----------|--|
| 11. Free legal counselling in cases of abuse or human rights violations | Yes | <p>Only in NGOs.</p> <ul style="list-style-type: none"> - NGO "Equality Movement" (for LGBT-People) E-mail: info@equality.ge Tel.: +995 32 247 97 48 - NGO "Women's Initiatives Supporting Group" (for Transgender people) Tel.: +995 32 237 14 15 - TEMIDA Queer Association (Social and psychological support for transgender people) Facebook: https://www.facebook.com/Temida.LGBTQI - NGO "Rights Georgia" (Legal support for all migrants) Website: https://article42.ge/en |
| 12. Free shelter in case of violence, homelessness or other issues | No | |
| 13. Food and/or financial support | Yes | <p>Only for foreigners with a valid residence permit.</p> <ul style="list-style-type: none"> - NGO "Tanadgoma" Hotline: +995 32 2 25 18 19 Website: http://www.tanadgoma.ge/ |
| 14. Free endocrine consultation for transgender people | No | |



Map

Kazakhstan

| Question/Condition | Situation | Explanation and Contacts |
|---|----------------|--|
| 1. Laws Criminalizing Same-Sex Relations | No | |
| 2. Compulsory HIV testing upon entry into the country | No | |
| 3. Risk of deportation if HIV is diagnosed after entry | No Deportation | |
| 4. Free HIV diagnostic | Yes | <p>Only for foreigners with a valid residence permit. Some testing services are not free of charge.</p> <p>- Republican AIDS Centre Website: http://www.kncdiz.kz/</p> <p>- Kazakh Association of PLHIV (medical consultation) Tel.: +7 727 225 225 78 38 Website: http://plwh.kz/</p> |
| 5. Free ARV-Therapy | Yes | <p>Only for foreigners with a valid residence permit. The availability of medicines is limited.</p> <p>- Republican AIDS Centre Website: http://www.kncdiz.kz/</p> <p>- Kazakh Association of PLHIV (medical consultation) Tel.: +7 727 225 225 78 38 Website: http://plwh.kz/</p> |
| 6. Possibility to buy ARV therapy on own expense | No | |
| 7. Free medical care for PLHIV (except for ARV therapy) | No | |
| 8. Free STI diagnostics (Syphilis, Gonorrhoea) | Yes | <p>Only for foreigners with a valid residence permit.</p> <p>- City Aids Centres Addresses under: http://www.kncdiz.kz/</p> |

Kazakhstan

| Question/Condition | Situation | Explanation and Contacts |
|--|-----------|---|
| 9. Free STIs treatment (syphilis, gonorrhoea) | Yes | <p>Only syphilis. Only for foreigners with a valid residence permit.</p> <p>Only at the governmental health institutions at the place of registration with compulsory hospitalisation.</p> <p>- Almaty Tel.: +7 727 274 01 95, +7 727 274 09 42 Website: https://www.almaty-kvd.kz/index.php?lang=ru</p> <p>- Nur Sultan (Astana) Tel.: +7 7172 22 70 70 Website: https://mgb3.kz/ru/</p> |
| 10. Free specialised care for depression and other mental health disorders | Yes | <p>Only for foreigners with a valid residence permit.</p> <p>- AIDS Centre Website: https://key-help.mentalcenter.kz/ru</p> |
| 11. Free legal counselling in cases of abuse or human rights violations | Yes | <p>Only for foreigners with a valid residence permit.</p> <p>- "Human Rights Office" Website: https://bureau.kz</p> |
| 12. Free shelter in case of violence, homelessness or other issues | No | |
| 13. Food and/or financial support | No | |
| 14. Free endocrine consultation for transgender people | No | |



Map

Kyrgyzstan

| Question/Condition | Situation | Explanation and Contacts |
|--|----------------|---|
| 1. Laws Criminalizing Same-Sex Relations | No | |
| 2. Compulsory HIV testing upon entry into the country | No | |
| 3. Risk of deportation if HIV is diagnosed after entry | No Deportation | |
| 4. Free HIV diagnostic | Yes | <ul style="list-style-type: none"> - NGO "Kyrgyz Indigo" Tel.: +996 555 23 12 15 Website: https://indigo.kg/ - NGO "Association against AIDS" Website: http://antiaids.org.kg/ - Republican AIDS Centre Facebook: https://www.facebook.com/aidscenter.kg/ - AIDS Centre Bishkek Tel.: +996 312 486 617 |
| 5. Free ARV-Therapy | Yes | <ul style="list-style-type: none"> - Republican AIDS Centre Facebook: https://www.facebook.com/aidscenter.kg/ - AIDS Centre Bishkek Tel.: +996 312 486 617 - NGO "Kyrgyz Indigo" (medical consultation) Tel.: +996 555 23 12 15 Website: https://indigo.kg/ |
| 6. Possibility to buy ARV therapy on own expense | No | |
| 7. Free medical care for PLHIV (except for ARV therapy) | Yes | <ul style="list-style-type: none"> - Republican AIDS Centre Facebook: https://www.facebook.com/aidscenter.kg/ - NGO "Kyrgyz Indigo" (medical consultation) Tel.: +996 555 23 12 15 Website: https://indigo.kg/ |
| 8. Free STI diagnostics (Syphilis, Gonorrhoea) | No | |
| 9. Free STIs treatment (syphilis, gonorrhoea) | No | |
| 10. Free specialised care for depression and other mental health disorders | Yes | <ul style="list-style-type: none"> - NGO "Kyrgyz Indigo" Tel.: +996 555 23 12 15 Website: https://indigo.kg/ |
| 11. Free legal counselling in cases of abuse or human rights violations | Yes | <ul style="list-style-type: none"> - NGO "Kyrgyz Indigo" Tel.: +996 555 23 12 15 Website: https://indigo.kg/ |

Kyrgyzstan

| Question/Condition | Situation | Explanation and Contacts |
|--|-----------|--|
| 12. Free shelter in case of violence, homelessness or other issues | Yes | - NGO "Kyrgyz Indigo" Tel.: +996 555 23 12 15 Website: https://indigo.kg/ |
| 13. Food and/or financial support | Yes | - NGO "Kyrgyz Indigo" Tel.: +996 555 23 12 15 Website: https://indigo.kg/ |
| 14. Free endocrine consultation for transgender people | Yes | - NGO "Kyrgyz Indigo" Tel.: +996 555 23 12 15 Website: https://indigo.kg/ |



Map

Moldova

| Question/Condition | Situation | Explanation and Contacts |
|--|----------------|---|
| 1. Laws Criminalizing Same-Sex Relations | No | |
| 2. Compulsory HIV testing upon entry into the country | No | |
| 3. Risk of deportation if HIV is diagnosed after entry | No Deportation | |
| 4. Free HIV diagnostic | Yes | <p>- Kishinev, NGO "GENDERDOC-M" Tel.: + 373 22 28 88 61, +373 22 28 88 63 Website: http://gdm.md/</p> <p>- Kishinev, NGO "Initiativa Pozitiva" Tel.: +373 22 00 99 74 Website: https://www.positivepeople.md/</p> <p>- Belci, NGO "ATIS-Balti" Facebook: https://www.facebook.com/ykAtis.Balti</p> |
| 5. Free ARV-Therapy | Yes | <p>- Kishinev, NGO "GENDERDOC-M" (medical consultation) Tel.: + 373 22 28 88 61, +373 22 28 88 63 Website: http://gdm.md/</p> |
| 6. Possibility to buy ARV therapy on own expense | No | |
| 7. Free medical care for PLHIV (except for ARV therapy) | Yes | <p>Only for foreigners with a valid residence permit and with a valid health insurance.</p> <p>- Kishinev, NGO "GENDERDOC-M" (medical consultation) Tel.: + 373 22 28 88 61, +373 22 28 88 63 Website: http://gdm.md/</p> |
| 8. Free STI diagnostics (Syphilis, Gonorrhoea) | Yes | <p>Only in NGOs.</p> <p>-Kishinev, NGO "GENDERDOC-M" (medical consultation) Tel.: + 373 22 28 88 61, +373 22 28 88 63 Website: http://gdm.md/</p> |
| 9. Free STIs treatment (syphilis, gonorrhoea) | Yes | <p>- Kishinev, NGO "GENDERDOC-M" (medical consultation) Tel.: + 373 22 28 88 61, +373 22 28 88 63 Website: http://gdm.md/</p> |
| 10. Free specialised care for depression and other mental health disorders | No | |

Moldova

| Question/Condition | Situation | Explanation and Contacts |
|---|-----------|---|
| 11. Free legal counselling in cases of abuse or human rights violations | Yes | <p>- Kishinev, NGO "Initiativa Pozitiva" Tel.: +373 22 00 99 74 Website: https://www.positivepeople.md/</p> <p>- Institute for Human Rights (IDOM) Tel.: +373 22 838 408 Facebook: https://www.facebook.com/drepturileomuluiMoldova/</p> <p>- Law Centre (Centrul de Drept al Avocaților) Website: https://cda.md/index.php/en/</p> |
| 12. Free shelter in case of violence, homelessness or other issues | No | |
| 13. Food and/or financial support | No | |
| 14. Free endocrine consultation for transgender people | No | |



Map

Russia

| Question/Condition | Situation | Explanation and Contacts |
|--|-----------|--|
| 1. Laws Criminalizing Same-Sex Relations | No | |
| 2. Compulsory HIV testing upon entry into the country | Yes | Only for those migrants who have a work certificate or an official work permit for Russia. |
| 3. Risk of deportation if HIV is diagnosed after entry | Yes | There are some court cases in which HIV-positive foreigners are given the opportunity to stay in the country. |
| 4. Free HIV diagnostic | Yes | - NGO "PSIOS", Project LaSky (Moscow) Website: https://lasky.ru/ |
| 5. Free ARV-Therapy | Yes | Due to the COVID-19 pandemic, the NGO "PSIOS", Project LaSky (Moscow) provides ARV treatment for two month to migrants from EECA region free of charge. - NGO "PSIOS", Project LaSky (Moscow) Website: https://lasky.ru/ |
| 6. Possibility to buy ARV therapy on own expense | Yes | - Moscow, "H-Clinic" Website: https://h-clinic.ru/ |
| 7. Free medical care for PLHIV (except for ARV therapy) | Yes | - NGO "PSIOS", Project LaSky (Moscow) Website: https://lasky.ru/ |
| 8. Free STI diagnostics (Syphilis, Gonorrhoea) | Yes | Only in NGOs. - NGO "PSIOS", Project LaSky (Moscow) Website: https://lasky.ru/ |
| 9. Free STIs treatment (syphilis, gonorrhoea) | Yes | The treatment is not free of charge, but there are LGBT-friendly doctors. - NGO "PSIOS", Project LaSky (Moscow) Website: https://lasky.ru/ |
| 10. Free specialised care for depression and other mental health disorders | Yes | - NGO "PSIOS", Project LaSky (Moscow) Website: https://lasky.ru/ - National Assosiation "Russian LGBT-Network" Website: https://www.lgbtnet.org/ru/newseng/psihologicheskaya-konsultaciya - St. Petersburg, From person to person (group of gender psychologists) Facebook: https://www.facebook.com/groups/psygender/ |

Russia

| Question/Condition | Situation | Explanation and Contacts |
|---|-----------|---|
| 11. Free legal counselling in cases of abuse or human rights violations | Yes | <p>Only in NGOs.</p> <ul style="list-style-type: none"> - Moscow LGBT Initiative Group "Stimul" Hotline for crisis situations: 8 800 707 69 42 Tel.: +7 495 968 35 63 Website: https://www.msk-stimul.eu/ - National Association "Russian LGBT-Network" Website: https://www.lgbt.net.org/ru/newseng/psihologicheskaya-konsultaciya |
| 12. Free shelter in case of violence, homelessness or other issues | Yes | <p>Only in NGOs.</p> <ul style="list-style-type: none"> - "Moscow Community Center LGBT" Tel.: +7 977 456 04 37 Website: https://mcclgbt.com/ru/queer-house/ |
| 13. Food and/or financial support | Yes | <p>Not in all cities and only in NGOs.</p> <ul style="list-style-type: none"> - Ekaterinburg, "LGBT Resource Centre" Website: https://center-r.com/ |
| 14. Free endocrine consultation for transgender people | Yes | <p>Only in NGOs.</p> <ul style="list-style-type: none"> - St. Petersburg, From person to person (group of gender psychologists) Facebook: https://www.facebook.com/groups/psygender/ - Novosibirsk, "T9" Website: https://ru.t9nsk.org/ - NGO "PSIOS", Project LaSky (Moscow) Website: https://lasky.ru/ |



Map

Ukraine

| Question/Condition | Situation | Explanation and Contacts |
|--|----------------|--|
| 1. Laws Criminalizing Same-Sex Relations | No | |
| 2. Compulsory HIV testing upon entry into the country | No | |
| 3. Risk of deportation if HIV is diagnosed after entry | No Deportation | |
| 4. Free HIV diagnostic | Yes | <p>- AIDS-Centre</p> <p>- For Kiev, Kharkov, Dnipro, Krivoy Rog, Chernigov: "ALIANCE.GLOBAL" Website: http://ga.net.ua Facebook: https://www.facebook.com/AllianceGlobalKyiv</p> <p>- Online-Registration for HIV, GCV and STI diagnostic (8 cities) Website: https://gettest.com.ua</p> <p>- Zaporizhia: BF "Gender Z" Website: https://genderz.org.ua</p> <p>- Odessa, Nikolaev, Kherson: LGBT-Organisation "Liga" Website: https://lgbt.com.ua</p> |
| 5. Free ARV-Therapy | Yes | <p>- AIDS-Centre</p> <p>- For Kiev, Kharkov, Dnipro, Krivoy Rog, Chernigov: "ALIANCE.GLOBAL" Website: http://ga.net.ua Facebook: https://www.facebook.com/AllianceGlobalKyiv</p> <p>- Zaporizhia: BF "Gender Z" Website: https://genderz.org.ua</p> <p>- Odessa, Nikolaev, Kherson: LGBT-Organisation "Liga" Website: https://lgbt.com.ua</p> <p>- In all ukrainian big cities, regional offices of "100% Life" (Network of PLWHIV) Website: https://network.org.ua</p> |
| 6. Possibility to buy ARV therapy on own expense | Yes | <p>- In all ukrainian big cities, regional offices of "100% Life" (Network of PLWHIV) Website: https://network.org.ua</p> |

Ukraine

| Question/Condition | Situation | Explanation and Contacts |
|--|-----------|---|
| 7. Free medical care for PLHIV (except for ARV therapy) | Yes | <p>- In all ukrainian big cities, regional offices of "100% Life" (Network of PLWHIV) Website: https://network.org.ua</p> <p>- For Kiev, Kharkov, Dnipro, Krivoy Rog, Chernigov: "ALIANCE.GLOBAL" Website: http://ga.net.ua Facebook: https://www.facebook.com/AllianceGlobalKyiv</p> |
| 8. Free STI diagnostics (Syphilis, Gonorrhoea) | Yes | <p>- For Kiev, Kharkov, Dnipro, Krivoy Rog, Chernigov: "ALIANCE.GLOBAL" Website: http://ga.net.ua Facebook: https://www.facebook.com/AllianceGlobalKyiv</p> <p>- Zaporizhia: BF "Gender Z" Website: https://genderz.org.ua</p> <p>- Odessa, Nikolaev, Kherson: LGBT-Organisation "Liga" Website: https://lgbt.com.ua</p> |
| 9. Free STIs treatment (syphilis, gonorrhoea) | No | |
| 10. Free specialised care for depression and other mental health disorders | Yes | <p>- For Kiev, Kharkov, Dnipro, Krivoy Rog, Chernigov: "ALIANCE.GLOBAL" Website: http://ga.net.ua Facebook: https://www.facebook.com/AllianceGlobalKyiv</p> <p>- Zaporizhia: BF "Gender Z" Website: https://genderz.org.ua</p> <p>- Odessa, Nikolaev, Kherson: LGBT-Organisation "Liga", Website: https://lgbt.com.ua</p> |
| 11. Free legal counselling in cases of abuse or human rights violations | Yes | <p>- National Para-Lawyers network (MSM/LGBTIQ) Facebook: https://www.facebook.com/paralegals.ua</p> |

Ukraine

| Question/Condition | Situation | Explanation and Contacts |
|--|-----------|--|
| 12. Free shelter in case of violence, homelessness or other issues | Yes | Only in NGOs. - Kiev, "ALIANCE.GLOBAL" Website: http://ga.net.ua Facebook: https://www.facebook.com/AllianceGlobalKyiv |
| 13. Food and/or financial support | No | |
| 14. Free endocrine consultation for transgender people | Yes | For everybody in NGOs. For people with valid residency permit by general practitioners. - NGO "Kogorta" Facebook: https://www.facebook.com/cohort.ngo - NGO "Trans*Generation" Facebook: https://www.facebook.com/groups/transgeneration |



Map

Appendix 2: Safety and Health. Memo for social workers working with migrants from among MSM and trans people

This leaflet has been compiled to assist social workers and peer counselors working with prospective or current migrant from among MSM and trans people. It suggests actions that can reduce the health and safety risks that migrants face during the process of moving and upon arrival in a new country.

Before moving

- Collect information on the availability of medical, psychological and legal assistance in the country where you plan to move to.
- Find out what documents about health condition you may require in order to enter and stay in the country, pass the necessary tests, collect the necessary certificates.
- Find the addresses of organizations providing medical, psychological and legal assistance to migrants from among LGBT in the country where the move is planned.
- Take an HIV test.
- Take an STIs test.
- If you have STIs, get them cured.
- If you have HIV, get registered with an AIDS center, start ARV therapy, learn about the risk of refolement of people with HIV from the country where you plan to relocate to, resolve the issue of receiving ARV therapy after relocation (directly in the country you are moving to, or from the country of citizenship).
- If you are taking ARV therapy or other medications that require long-term consumption, find out the rules for the transport of medications for personal consumption.
- Agree with a friend, relative, or the staff of a local LGBT organization to monitor your relocation (leave information about where and by what means of transport you are going, and that if you move successfully, you will contact this person within 24 hours and inform that everything is fine with you).
- It is preferable to contact LGBT organizations in the country where you plan to move and clarify with which of the employees and how you can contact after the relocation, in case there is requirement for medical, psychological or legal assistance.

During the move

- Collect a package of documents, including all the necessary health condition certificates and prescribed medications that you are transporting, and have them with you, it is better to put them in a plastic bag/file, which can always be with you.
- Do not carry with you a significant amount of money in cash, it is better to carry large amounts on a bank card, there should be no more cash than is needed to travel from home to the station/airport, lunch before departure + travel from the station/airport of arrival to the place of residence in a new country + a small amount for contingencies.
- If you are taking ARV therapy or other medications that require long-term consumption, put them in hand luggage in the amount necessary for taking within a week, in case of luggage loss when moving.
- Have 2-4 medical masks with you.
- Have money on the mobile number account in an amount sufficient for using Internet roaming for 1-2 days and/or for 15 minutes of calls in roaming.
- Fully charge the phone and try to keep the battery from dropping to less than 50% during the trip.

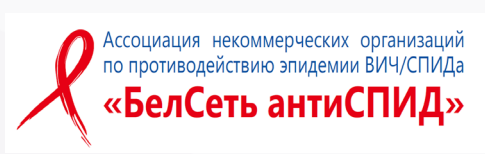
After moving

- Find out if you are entitled to free health insurance in the country where you arrived, and if so, carefully study the rules for using the insurance.
- If free health insurance is not available to you, buy a health insurance policy that covers at least emergency medical care.
- If you plan to look for sex partners, contact your local LGBT organization for information on the necessary safety measures when meeting online, in clubs and other places.
- Make sure to use condoms, as HIV and other infections are not only harmful to health, but also additional costs, and in Russia it is also a risk of refoulement.
- If there is a possibility, start taking pre-exposure prophylaxis of HIV infection (PrEP).
- Get tested for HIV and STIs at least once every 6 months, in case of HIV infection, contact an HIV service NGO to find out how you can start ARV therapy, and in case of STIs - where you can get treatment in a timely manner.
- Have with you the contact information of LGBT organizations, which can help, if you require medical assistance, as well as in case of violence or violation of your rights.

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