

IAS Educational Fund and Kyrgyz Indigo workshop for central Asia 25-26 May 2023

HIV Science and Community: Progress and Challenges in Central Asia Meeting report

This report was developed in collaboration with Kyrgyz Indigo. The views expressed in the report do not necessarily reflect the views of IAS – the International AIDS Society.

The Educational Fund of IAS – the International AIDS Society – with the Kyrgyz Indigo Community Association held a workshop, titled "HIV Science and Communities: Progress and Challenges in Central Asia", in Bishkek, Kyrgyzstan, on 25-26 May 2023.

It focused on innovative HIV prevention, integration and differentiated HIV care, best practices in central Asian countries towards ending the HIV epidemic, and scientific highlights from AIDS 2022, the 24th International AIDS Conference, in Montreal, Canada. Increasing HIV transmission in the region was highlighted, along with civil society involvement in the HIV response.

The aim was to create a platform to provide the best information and methods in the response to HIV, organize a dialogue between stakeholders, and address gaps and barriers exacerbated by crises in the region, including the COVID-19 pandemic and armed conflict. Participants were invited to share their experiences of success and elaborate on gaps and challenges in building a roadmap for an effective HIV response.

Opening the workshop, Kyrgyz Indigo Executive Director **Adilet Alimkulov** urged participants to express their intentions, approach issues from a practical point of view, and work out concrete steps for programmes and involvement. He expressed appreciation to the IAS Educational Fund whose mission is to provide inclusive educational opportunities for all stakeholders in the

HIV response to minimize barriers, segregation and gaps between evidence-based approaches, communities, policies and actions.

IAS Director of Governance, Membership and Learning **Erika Lundström** welcomed participants.

Opening session

Key messages from AIDS 2022

Current situation of the HIV epidemic in the Kyrgyz Republic.

Andriy Klepikov, an IAS Governing Council member and eastern Europe representative and the Executive Director of the Alliance for Public Health in Ukraine, expressed concerns about the LGBTQI+ community in Kyrgyzstan where stigma and discrimination are a barrier to accessing services and service delivery. He stressed that the workshop would bring representatives of central Asian countries to share and integrate their best practices to overcome the barriers and difficulties in the HIV response in the region.



Highlights from AIDS 2022 in Montreal

- ✓ Vaccine and cure research
- ✓ ART and co-infections
- ✓ HIV prevention and sexual health
- ✓ Communities at the centre
- ✓ Improving HIV care
- ✓ Sustainability and economics
- ✓ Eastern Europe and central Asia (EECA)-related agenda

The Deputy Director of the Republican Center for Control of Blood Born Viral Hepatitis and HIV, **Aibek Bekbolotov**, pointed out that as of April 2023, 12,512 people were living with HIV in the Kyrgyz Republic and 3,146 people had died of AIDS-related causes. Of people living with HIV, 85% have tested for HIV, 72% of those tested are on treatment, and 85% of those on treatment are virally suppressed (63% of these people are male and 37% are female). Prevalence is highest in large cities. Most HIV transmission (54%) is sexual; 37% is parenteral.

The number of HIV tests conducted in the country is increasing every year: about 662,000 tests have been carried out at ELISA laboratories, 83,000 tests at NGOs, and 20,000 tests in hospitals. An increase in the number of HIV acquisitions among gay and bisexual people and sex workers has been noted. Some 87% of ART regimens are based on TLD and 9% on efavirenz. The state budget is promoting pre-exposure prophylaxis for vertical transmission.

Integrated biological and behavioural surveillance surveys (IBBS) were conducted in 2021 among people who inject drugs and men who have sex with men. Both groups have seen an increase in acquisitions of HIV, hepatitis B virus and syphilis. A total of 89% of people who inject drugs and 41% of men who have sex with men know their status. Another such survey is planned for 2024.

Mobile clinics provide services in areas where internal migrants work, trade, live etc. These clinics have started to register migrants living with HIV for dispensary care and to dispense medication. Medical services are being decentralized and staff are being trained on adherence to treatment, prevention, and communication with representatives of key populations.



Highlights of innovative integration of care and differentiated care for HIV, TB and hepatitis

- ✓ Decentralization of HIV health services
- ✓ Community-based pre-exposure prophylaxis (PrEP) dispensing
- ✓ Support with treatment and prevention for migrants
- ✓ Integrated biological and behavioural surveillance (IBBS) survey among migrants, men who have sex with men, and people who use drugs
- ✓ Calibration of statistics on HIV transmission routes
- ✓ Hepatitis B vaccination in outpatient clinics

Session 1. How can we improve the involvement of key populations in the HIV response?

This session discussed successful practices and lessons learnt in responding to HIV in central Asian countries.

Meerim Sarybaeva, the Country Director of UNAIDS, presented key findings of the People Living with HIV (PLHIV) Stigma Index. The COVID-19 pandemic undoubtedly had an impact on the process and result of the index survey, which ran from 2019 to 2021. It was conducted by civil society, people living with HIV with the support of the Global Fund and UNAIDS, and the Regional Association of People Living with HIV. It took place in two major cities, Bishkek and Osh, and six oblasts, with 708 participants. The age ranged from 18 to 71; 44% were women and 56% were men.

Key findings were:

- In recent years, there has been progress in reducing stigma and discrimination against people living with HIV. However, stigma and discrimination are still a barrier to living a fulfilling life.
- The survey revealed several economic, social and psychological problems for respondents, more than half of whom live on the brink of poverty.
- The multiple layers of stigma faced by sex workers, men who have sex with men and trans people make it challenging to address HIV-related needs. Due to fears of being "exposed" and humiliated, of attitudes of healthcare providers, and of prosecution and imprisonment, members of marginalized key populations do not seek services promptly, delay initiation of HIV treatment, and avoid communicating with medical staff and civil society.
- The main issues identified in the study were:
 - Low standard of living
 - Low level of education of the respondents
 - Limited access to employment (56% have no job or earnings are variable)
 - High levels of stigma towards communities of LGBTQI+ and people living with HIV
 - Restrictions on rights promoted by public opinion based on religious and/or "traditional values"
 - High levels of violence against women and girls

Meerim pointed to four legislative initiatives in Kyrgyzstan, most of which are discriminatory and threaten further implementation of programmes among key population groups. The advocacy strategy should fully reflect the realities in the country and region so that it is possible to identify trends and build ways to respond.

Key recommendations from the PLHIV Stigma Index:

- ✓ Develop a multi-sectoral strategy to eliminate stigma and discrimination.
- ✓ Raise awareness among decision makers.
- ✓ Develop and implement a training programme for allied health professionals on HIV, including a component on human rights, stigma and discrimination.
- ✓ Strengthen the human rights monitoring system through the ReACT platform to include community-led monitoring.

- ✓ Build capacity of key populations in the HIV response, document rights violations, support people living with HIV in addressing rights violations, and train service provider professionals.
- ✓ Oppose discriminatory initiatives and legislation at the state level.

Pavel Savin, an HIV and AIDS advocacy specialist from Almaty, Kazakhstan, spoke about the Committee of Key Affected Populations in the context of HIV and TB in Kazakhstan (KAR) and involvement of key populations in preparing the national proposal to the Global Fund. KAR includes 28 representatives of NGOs and affected communities: people living with HIV, people affected by TB, sex workers, men who have sex with men, people who use drugs, people formerly in prisons, and trans people. KAR aims to develop national HIV and TB programmes, decide on the implementation of government funding and international donor funding, strengthen service delivery management systems, and engage affected communities in the response to HIV and TB.

In 2022, with support from the Country Coordinating Mechanism, a working group was formed with representatives from all affected communities. KAR served as a platform for effective communication between the communities. All representatives were actively involved in writing the national proposal.

Recommendations:

- Strengthen the capacity of committee members to be more involved in decision making.
- Expand the number of KAR members.
- Strengthen the committee's position in building dialogue with the public sector.
- Involve KAR members in implementation of Global Fund programmes.

Provide technical, educational and organizational assistance to KAR on Global Fund mechanisms.

Panel discussion 1

How to ensure the inclusion of key populations in the HIV response

Evgeniya Korotkova started the discussion by describing activities of the ISHONCH VA HAYOT Public Foundation in Tashkent, Uzbekistan. Over 3.5 years, the project, with AFEW International and EJAF, trained outreach workers in assisted testing procedures, HIV awareness and prevention. It created a monitoring system for quality assessment of staff, strengthened relationships with medical staff of AIDS centres, and created a social support centre for people living with HIV and key populations. Due to this project, 702 people were able to resume therapy and 445 were diagnosed. Within 18 months, 1,147 people started or resumed therapy.

Same-sex sexual relations are criminalized in Uzbekistan, which creates significant barriers in accessing treatment and support for men who have sex with men.

Recommendations:

- Undertake legislative reform.
- Raise awareness of staff working with key populations.
- Take an interdisciplinary approach to social support of people living with HIV.
- Engage communities at all stages of HIV treatment and prevention programmes.

Often, young people are left out of health programmes in Kyrgyzstan. **Ulugbek Batyrgaliev**, an international trainer-consultant on sexual and reproductive health, a health officer at ECOM and a

member of the Board of the Reproductive Health Alliance, presented on inclusion of young people in sexual and reproductive health.

A recent study, conducted on #UPROOT Scorecards as a community-led monitoring tool supported and implemented by young people for young people, concluded:

- Youth participation often includes elements of tokenism or manipulation, where young people do not feel they have a meaningful say in decision making (within organizations and at the state level).
- Young leaders lack opportunities for effective participation in decision making due to the absence of youth engagement mechanisms at the state level.
- A high level of self-stigma among young members of key populations is a main barrier to participation in HIV and sexual and reproductive health (SRH) education programmes.
- Fragmentation of youth organizations working in the field of HIV and a lack of consolidation make it difficult to communicate about HIV and SRH issues.



Recommendations:

- Establish policies of organizations that promote participation of young people in project planning, implementation and evaluation.
- Formulate procedures for systematic involvement and support of young leaders in government HIV prevention programmes and promotion of SRH.
- Donors, when funding programs and projects of organizations or national programmes, should ensure meaningful participation of young people.
- Develop, and attract funding for, national youth health programmes.
- Fund youth initiatives from the state and donors based on needs analysis and dialogue with young people.
- Strengthen youth groups and youth networks: support self-organizing youth groups and their connection to youth networks.

Alexandra Li, Project Manager, AFEW Kazakhstan, resented the main findings of an assessment of stigma and discrimination against women living with HIV, conducted with the support of Gilead in four countries (Kazakhstan, Kyrgyzstan, Ukraine and Russia) in 2022. The objective was to identify aspects where women living with HIV were most vulnerable to stigma. A total of 91 women living with HIV in Kazakhstan participated. The study found: 41% of participants

experienced stigma 1-3 times in the previous year; 55% noted unprofessional attitude of medical staff; and 32% experienced difficulties in employment due to requests for an HIV status certificate.

Recommendations:

- Improve the knowledge of women living with HIV about their rights in accessing health services, employment and the workplace.
- Engage with medical staff.
- Attend support groups for people living with HIV to reduce self-stigma.
- Conduct public information campaigns.

Natalia Shumskaya, the Director of AFEW Kyrgyzstan, shared key findings of the survey in Kyrgyzstan:

- 80% of respondents had experienced prejudice towards themselves or their child living with HIV (31% of the respondents are raising children living with HIV).
- 78% experienced stigma and discrimination from healthcare providers.
- 27.6% faced difficulties in finding employment.
- 90% experienced shame, guilt and fear of rejection when they first learnt about their HIV-positive status.
- More than one-third of respondents felt an inner anger towards themselves and their environment in connection with their positive HIV status.

Conclusions:

- Stigma and discrimination against women living with HIV and families affected by HIV remain major barriers to accessing services.
- The majority of mothers of children living with HIV believe that it is safer not to disclose their HIV status in order to protect the child.
- Guilt, anxiety, fears and mothers' protection of children living with HIV might lead to adolescents having an inferior "self-concept", which might negatively affect their future.

Recommendations:

- Psychologists should be engaged to work with women and adolescents living with HIV to correct false attitudes and improve self-esteem.
- Implement support group programmes to work with the immediate community of women living with HIV and families affected by HIV.
- Conduct information campaigns in Kyrgyz and Russian on positive stories of people living with HIV and develop community schools.
- Focus on women- and gender-specific programmes to ensure a multisectoral approach to HIV prevention.

Hilola Mahmudova from Uzbekistan is the coordinator of the Global Fund project, "Expanding access to palliative care for people living with HIV and building adherence to ART through the mobilization of people living with HIV in Uzbekistan", and the NGO, the Anti-Cancer Society of Uzbekistan. The NGO employs 150 people (such as doctors, psychologists, outreach workers and nurses) who work directly with people living with HIV. Eighteen stationary multidisciplinary teams and 14 mobile teams have been set up in all regions of Uzbekistan, and they provide humanitarian assistance to people living with HIV in need.

Sultana Valentina Kali, an activist from Kazakhstan in the field of rights and health among trans people, spoke about the inclusion of trans people in the HIV response in Kazakhstan. Trans people often face social isolation, experience violence and discrimination, and have difficulties in accessing health services, including HIV services. In central Asia, the trans community faces barriers and difficulties in the legal environment and in accessing quality medical services for transition, treatment and prevention of HIV due to a lack of identity documents.

No country in central Asia has comprehensive anti-discrimination legislation to ensure that rights are respected and upheld for the LGBTQI+ community. In the ICD 10, which is used in all central Asian countries, being transgender is still regarded as abnormal. Research has shown higher vulnerability of trans people to HIV, and it is imperative that appropriate HIV prevention, testing and treatment measures are implemented.



Recommendations:

- Provide access to accurate information specifically targeted at the transgender community.
- Improve the professional competence of medical staff.
- Create an inclusive and trusting environment.
- Combat stigma and negative discourse about the LGBTQI+ community.
- Develop policies and programmes tailored to the needs of the trans community.
- Strengthen partnerships and initiatives.

***Session 2. Prevention: access and differentiated service delivery of PrEP and self-testing.
Access to differential provision of services to PrEP HIV and self-testing***

This session focused on achievements in HIV prevention, organization of access to health services, and mobilization of communities in the response to HIV. It was moderated by **Rishat Azikhanov**, head of the Community Empowerment Unit, clinician, core member of the Country Coordinating Mechanism for HIV and TB in the Kyrgyz Republic, and member of the ECOM Steering Committee.

Aisuluu Bolotbaeva, an expert in HIV and working with key populations and a consultant for central Asia and Caucasus countries, providing technical assistance in developing strategies, spoke about analysing clinical protocols in five EECA countries. ECOM conducted an analysis with the World Health

Organization (WHO) within the framework of the SoS 2.0 project, aimed at determining the sustainability and institutionalization of voluntary counselling and testing services in the EECA region; it covered Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan. In 2020, almost one million people worldwide had used a PrEP service at least once. However, the regional situation lags the global situation.

In all analysed countries, apart from Uzbekistan, PrEP is available for key populations. WHO recommends that there be no restrictions on prescribing PrEP for cis, sexually active men who are not taking exogenous estradiol-based hormones. However, this scheme is authorized in only two countries (Kyrgyzstan and Ukraine), where protocols require testing for hepatitis B before starting PrEP. In all countries, continuing with PrEP requires regular HIV testing.

Also, most other countries have abolished mandatory renal function screening for PrEP initiation. Kazakhstan, Kyrgyzstan and Ukraine, where the latest WHO guidelines have been adopted, recommend age-appropriate creatinine clearance screening.

Almost all countries in the region emphasize early diagnosis of viral hepatitis and offer rapid testing before starting PrEP. Syndromal treatment for STIs is offered in Kyrgyzstan and Ukraine. PrEP services are available in Georgia and Kyrgyzstan (as pilots), which will undoubtedly not only have a positive impact on the popularization of this prevention method, but will also increase access, decentralize these services and make them more attractive and in demand among key populations.

Recommendations for improving access to PrEP services

- ✓ Facilitate access to PrEP services.
- ✓ Align national protocols with WHO recommendations.
- ✓ Include CAB-LA & DVR in the protocols.
- ✓ Improve gender sensitivity.
- ✓ Consider providing PrEP at the client's request.
- ✓ Begin PrEP according to the results of self-testing and NGO-based testing.
- ✓ Provide clear instructions on the next steps in the event of a positive HIV screening result on PrEP according to the latest WHO recommendations.

Anna Deryabina, the Regional Director of EECA ICAP, spoke about innovative methods for expanding coverage of testing and prevention services in central Asia. ICAP supports two HIV initiatives: CDC/PEPFAR and the Almaty model on HIV epidemic control with the support of EJAF. These two projects expand access to self-testing services through an online service that issues HIV self-testing kits, also for index testing (partners of people living with HIV and people who inject drugs). The service was launched in Almaty in February 2022, and adopted and launched in Bishkek and Dushanbe in August 2022 and Ust-Kamenogorsk (Kazakhstan) and Osh (Kyrgyzstan) in March 2023.

ICAP provides test kits, prints information materials and shares information in social networks and mass media. The service involves distribution of kits through test machines (Almaty, Ust-Kamenogorsk), pick up at private pharmacies, self-delivery from AIDS centres, courier delivery (Almaty, for a fee) and self-delivery from NGOs (Almaty). About 4,500 tests have been ordered in three countries since the start of the model launch. Most people prefer anonymous methods of test delivery (test machines and pharmacies) to minimize communication.

Conclusions:

- The online service is an effective tool to increase the uptake of testing services, especially among young and key populations with sexual behaviour that could increase vulnerability.
- The use of social connections is an effective way to increase HIV testing coverage among key populations.
- The SNS approach requires fewer human resources, but is more effective than traditional outreach testing among people who use drugs.

Panel discussion 2

Access and differentiated delivery of pre-exposure prophylaxis HIV prevention and self-testing services



Nikolay Lunchenkov, an infectious disease doctor and the ECOM Health Coordinator, spoke about PrEP pilot projects in the region. The good news is that most countries in the region (except for Russia and Turkmenistan) have included PrEP in a comprehensive package. However, analyses show that most protocols in these countries are not in line with the latest WHO recommendations. They don't address PrEP as a community-based prevention model, although it is a WHO priority that NGO workers act as guides and service providers.

Few countries in the region have government funding for PrEP. The access of men who have sex with men to PrEP remains low. There is a high level of stigma towards key populations and people taking PrEP, from the medical community and within communities themselves. Communities are regarded as heterogeneous. There are many subgroups in the LGBT community (including men who have sex with men who are migrants and who practice chemsex) and each has its own needs. Low levels of community awareness about PrEP are due to a lack of large information campaigns and financial resources.

Call to action and recommendations:

- Health services should be based on the principles of medical ethics, avoidance of stigma and discrimination, and respect for the fundamental right to health.
- Groups and organizations led by key populations should be key partners and leaders in the design, planning, implementation and evaluation of PrEP services.
- Adopt decentralized and differentiated models of PrEP provision, including community-based provision.
- Simplify requirements for laboratory tests for monitoring, aligning protocols with the latest WHO recommendations, especially on the assessment of renal function and viral hepatitis.
- Collect and assess information on the needs of specific PrEP user groups to adjust services to achieve better outcomes.

Nikolay said that, in his opinion, it was necessary to “sell” people the idea of staying healthy: “PrEP is the product we want to ‘sell’ to people so that they will take it and maintain their HIV-negative status. We cannot effectively ‘sell’ without asking the consumer if they like our product and how we ‘sell’ it.”

Nino Tsereteli, the Director of the Information Medical and Psychological Centre, Tanadgoma, in Tbilisi, Georgia, presented on innovative methods to increase testing coverage among key populations. HIV prevalence among the general population in the country is low (0.3%), but among men who have sex with men, prevalence is 16.2% (2018) and among trans people, it is 23.8% (2021).

In 2022, Georgia adopted a National HIV/AIDS Plan for 2023-2025. It aims to:

- Strengthen the utilization, scope and quality of HIV prevention services, with a focus on key and vulnerable populations (particularly at the community level).
- Expand service delivery and geographical coverage (syringe dispensing machines and prevention packages for key populations).
- Reinforce online ordering and delivery of prevention packages.
- Develop and expand online HIV, STI and SRH counselling and information for key populations.
- Support HIV and STI self-testing.

Syringe dispensers are available only in Tbilisi, with expansion to other cities starting in 2023. These dispensers provide anonymity, privacy and continuous and free access to sterile instruments. An online ordering platform for self-testing kits has been operating for several years, and prevention kits for men who have sex with men practicing chemsex are also distributed. For trans people, there is a shelter in Tbilisi offering social, legal and psychological support.

Recommendations:

- Update and develop standards: expand mental health and SRH; make realistic costing and funding assessments.
- Expand approaches tested in the capital to the regions.
- Develop a self-testing protocol (saliva test).
- Implement community-based monitoring.
- Improve law enforcement, which will reduce stigma, discrimination and violence.

Zhanyl Zhaanybaeva, a gynaecologist at the Bishkek City AIDS Centre, Kyrgyzstan, spoke about the role of partnerships in improving access to PrEP services. The NGOs, Kyrgyz Indigo and Anti AIDS, provide the services of an infectious disease doctor who conducts rapid testing for HIV, syphilis

and hepatitis B and C, counsels clients, and connects clients to PrEP services. During the implementation of this pilot project, there were difficulties for immigrants from Russia as PrEP drugs, purchased with state funds, are intended for Kyrgyz citizens. So far, this service has connected 47 clients to PrEP services; by the end of April 2023, the City AIDS Centre had provided PrEP to 186 clients (155 men who have sex with men, 15 trans people and 23 bisexual people). The plan is to expand this service with more specialist doctors and working hours as there is a strong demand for the service to be provided at NGO offices without the need to visit AIDS centres.

Farishtamokh Gulova and **Mehroj Barotov** from the Equal Opportunities NGO in Tajikistan presented on innovative methods of working with men who have sex with men, sex workers and trans people. In 2022, a comprehensive anti-discrimination law, which protects sexual orientation and gender identity, was passed. But there are other articles of the criminal code under which representatives of key population groups are prosecuted. Arrests of men who have sex with men have increased, so the NGO has engaged lawyers and legal experts and regularly holds information sessions on legislation, prevention of offences, publishing news on online platforms, online outreach and self-testing. This has seen some improvements, reduction of stigma and discrimination, and strengthening of social solidarity within the gay community itself.

Equal Opportunities started providing PrEP for men who have sex with men, and 166 people are currently receiving the service, but commitment is disappointing. Tajikistan's patriarchal society poses significant challenges to providing social services to community members and victims of violence. Tajikistan has started implementing the government social contract, but it covers the needs of only people in prisons and people who inject drugs.

The Russian influence has had a devastating impact on key population groups and the activist and civil society community. Blocking websites, introducing laws against foreign agents and prohibiting gay "propaganda" create additional barriers to people working and living safely. But difficulties and barriers have always been a starting point for growth and development, strengthening community systems and being a platform for constructive dialogue with the public sector.

Session 3. HIV and migration. How to improve HIV treatment during migration?

Daniel Kashnitsky, Academic Liaison Coordinator of the Regional Expert Group on Migrant Health, and postdoctoral researcher at the Laboratory of Sociology and Medicine, University of Paris-Cité, France, provided an overview of migration and health. The number of migrants in the world is steadily growing. Due to Russia's military aggression, the number of refugees is increasing disproportionately. Russia, Kazakhstan, the United States and central and western Europe have the highest share of migrants in their populations.

Migration is a social determinant of health. Barriers to healthcare for migrants and refugees include:

- No health insurance
- Discrimination in medical facilities
- No access to labour rights protection
- Unpredictability of the price of services
- Threat of deportation
- No solution for reproductive health (women)

UNAIDS lists 46 countries that create entry barriers for people living with HIV into their territory, including 19 that deport people living with HIV (in the EECA region, these are Russia, Azerbaijan

and Turkmenistan). The REG study in 2021 showed that the cost of an annual course of ART in Russia is on average three times lower than the cost of emergency treatment for a migrant living with HIV who does not have access to HIV services.

Conclusions:

- An HIV diagnosis is a traumatic, often devastating event in a migrant's life. Despite the availability of ART, repressive legislation and lack of access to HIV treatment leaves migrants "on the sidelines" of treatment opportunities and reinforces stigma and status denial.
- The Regional Expert Group on Migrants' Health recommends that countries of reception and departure work in parallel to organize HIV services for migrants and refugees (with a particular focus on key populations).
- It is necessary to strengthen the availability of cross-border services for migrants and refugees.

Dina Masalimova, the Regional Coordinator of the HIV Prevention Project for Central Asian Migrants in Moscow, AFEW Kyrgyzstan, spoke about late diagnosis of HIV occurring most often among migrants. Migrants, who were on treatment in their home country, are not informed about what services are available in the country of migration and how they can access them.



All foreign citizens in the territory of Russia must undergo a mandatory medical examination, including HIV testing. If a migrant is diagnosed with HIV, they are subject to deportation, and no treatment and care services are provided. An exception is made only for foreigners with close relatives (children, parents, spouses) who are Russian citizens. The project, Health of Migrants, started almost three years ago with financial support from EJAF and assists labour migrants from central Asia in Moscow. So far, it has assisted 3,800 migrants: 3,120 were tested for HIV, with a 13% detection rate, and 426 started ART.

Services provided include: mandatory counselling on healthy and safe migration (legal aspects); HIV testing; additional meetings according to the client's needs; and online contact before transferring the person to the next stage of migration. The plan is to introduce an option for remote registration of people living with HIV who learnt about their status while in Russia.

In Kyrgyzstan, the project is leading to procedures being simplified and doctors remotely counselling clients. It has become possible to register people living with HIV with ELISA results (Tajikistan) and viral load (Kyrgyzstan). With the help of peer navigators, these clients are sent medications for three to six months to support adherence to treatment. After one year, a migrant on ART should visit the AIDS Centre in their home country at least once.

This project:

- Is the only HIV project that is adapted to the needs of migrants
- Combines elements of HIV and migration support
- Targets key migrant groups and helps them address double stigma (migration and HIV)
- Provides services for people living with HIV in settings where they are not available from public health organizations
- Is a cross-border model of working in countries of origin and destination

Panel discussion 3

Vlasta Brodska, the head of the HelpNow Hub project and Director of Alliance Consultancy in Ukraine, presented on key challenges and best practices supporting Ukrainian war refugees in key populations. The HelpNow Hub project was organized in March 2022, providing assistance from the sixth day of the Russian war. A Telegram chatbot was launched initially for three months, but is still working due to the abiding need.

The main challenges are:

- Ongoing effects of the COVID-19 pandemic
- Russia's full-scale invasion of Ukraine
- 5.9 million internally displaced refugees
- Some 8 million people leaving Ukraine
- 17.5 million people in need of assistance

For most refugees, it is not clear what to do next because the situation changes. Issues include: disrupted supply of ART and logistics of in-country distribution; suspension or destruction of ART sites (at the beginning of the war, there were 390 ART sites in Ukraine); non-functioning laboratories and health facilities; and a humanitarian disaster in the occupied and frontline territories. On 1 February 2022, 130,000 people were on ART; by September, more than half had interrupted their treatment.

HelpNow is focusing on:

- Identifying and implementing ways to adapt people living with HIV healthcare delivery
- Introducing new methods of care (telemedicine)
- Keeping people living with HIV and key populations connected to a functioning healthcare system
- Maintaining and developing human resources capacities

HelpNow created a unified information portal and two hubs (in Germany and Poland), as well as a clinical hub. All necessary information and cases have been collected and roadmaps for referrals prepared. Since early 2023, 6,000 referrals have been processed. A multisectoral clinical protocol has been developed, allowing for medical records and data of Ukrainians living with HIV to be transferred to the ministries of health of the countries to which those people went.

Conclusions:

- War and migration have had a disastrous impact on the HIV service delivery sector.
- There is a focus on maintaining existing HIV medical services and continuity of care.
- There is an urgent need to develop new and adapted ways of delivering HIV services.
- The situation must be systematically assessed to respond appropriately.
- A systematic assessment of the number of people living with HIV who receive ART and members of key populations who have had to migrate to other countries is necessary.

Nurali Amanzholov, the President of the Central Asian Association of People Living with HIV, concluded the session with insights into Kazakhstan, where, since 2012, 99% of ART drugs are purchased with government funds. Legally, only citizens of Kazakhstan receive free medication; all others must pay. ART drugs cannot be bought at pharmacy outlets and people have to look for medication from underground sources to continue treatment.

After a long process of advocacy, the association managed to get ARV provisions for people living with HIV who are not citizens of the Republic of Kazakhstan if they are in prison or have a permanent residence permit. The local administration of Almaty is ready to allocate funds to buy drugs and support stateless people living with HIV, but it remains unclear who will carry out these purchases as the legal framework creates barriers and there are no other players who can do this.

Key messages for positive change:

- ✓ Strengthen prevention and testing programmes for migrants.
- ✓ Remove barriers to the provision of services for migrants.
- ✓ Strengthen the evidence base on HIV and migration.
- ✓ Introduce migration counselling into the comprehensive prevention package in NGOs.
- ✓ Adapt health service delivery pathways to the changing realities of migration and military aggression.