

## POLICY BRIEF

based on the results of an operational study

# “Assessment of Access to Health Services, Care, and Support for Labor Migrants Living with HIV: Uzbekistan”

### Context

International labor migration became a priority issue for Uzbekistan at the end of the 20<sup>th</sup> century and the beginning of the 21<sup>st</sup>. The key drivers pushing people in Uzbekistan to go abroad in search of employment included growing economic problems, which led to job deficits, and a general decline in household income. This trend was largely reinforced by the demographic situation in the country – persistent growth of the population and a high birth rate, as well as the dominance of young, working-age people in the population structure.

Uzbekistan has a population of over 34.5 million and approximately 20% of its economically active population (about 1.6 million people) work abroad. About 1.1 million are migrants in the Russian Federation.

Among labor migrants are vulnerable populations, such as people living with HIV (PLHIV), on whom, until now, there has been no systematic data on the labor migration.

### Study objective

To determine the range of problems experienced by Uzbek PLHIV while working abroad, a study was carried out to examine the state of health protection for them in the context of labor migration. To achieve the study objective, it was necessary to: describe legal and institutional barriers for labor migrants living with HIV in the country; analyze the national policies on health and migration, in particular those regarding Uzbek migrants living with HIV abroad as well as treatment and other HIV services available for migrants in Uzbekistan; and analyze the activities of civil society organizations aimed at protecting the health of labor migrants.

## Main Findings

Analysis of the external environment created for labor migrants leaving the Republic of Uzbekistan to work in other countries shows that there have been significant changes in this area. Over the past few years, the government has put in significant effort to reform the legal framework in the sphere of labor migration, in particular, signing intergovernmental agreements, establishing new mechanisms for the employment of Uzbek citizens abroad, creating agencies responsible for these issues within the Ministry of Employment and Labor Relations, etc.

However, these reforms in the legal framework regulating the issues of labor migration failed to cover one of the most vulnerable groups – people living with HIV. Thus, in the Russian Federation, which is the host country for the majority of migrants from Uzbekistan, there are still restrictions on the ability of migrants living with HIV to work legally, obtain temporary residence permits or citizenship. The main obstacle is the requirement for migrants to undergo mandatory HIV testing as one of the key conditions to obtaining any legal documents. In practice, the legal obstacles for PLHIV in employment are ineffective: migrants with HIV still go abroad stating other reasons for their trips (“visiting relatives”, “tourism/travel”, “treatment”, etc.) and stay in the host countries, working illegally in the informal sector (in private business, street markets, construction sites, etc.) Illegal employment status often puts migrants at risk of deportation and subsequent bans on re-entry to the Russian Federation.

Staying and working in such uncertain environments has negative consequences for labor migrants: their restricted access to treatment, care, and support leads, on the one hand, to health deterioration, and on the other, to increased risks of HIV transmission, a growing number of violations of labor laws, tax evasion, corruption, and delinquency. Social isolation and stigma, lack of long-term relationships, language barriers, unstable economic conditions, and limited access to health services are among the many problems faced by labor migrants living with HIV.

As for the foreigners with HIV living in Uzbekistan, despite the fact that the law mandating the deportation of foreign citizens diagnosed with HIV has been abolished (in the new version of the law on HIV/AIDS prevention) there is still a formal requirement to submit documents confirming HIV-negative status for all foreigners who work in the Republic of Uzbekistan. Data from the HIV Policy Lab show that Uzbekistan’s laws and policies do not allow all foreign migrants and stateless persons to access HIV services on equal terms with citizens. Uzbekistan is one of ten Eastern European and Central Asian (EECA) countries that fail to comply with international conventions and recommendations regarding access to healthcare for migrants living with HIV.

This analysis showed that there are not enough civil society organizations working with PLHIV and those that do lack experience, and that there are neither funding nor programs for CSOs implementing initiatives to support PHIV who are labor migrants abroad and/or who return to their home country.

## Key recommendations

Based on the study results, a number of key recommendations can be offered to create a more favorable environment for people living with HIV who go abroad as labor migrants.

1. Uzbekistan should adopt laws/policies that allow all migrants, regardless of their status or country of origin, to access HIV services on the same terms as Uzbek citizens.
2. Discuss labor migration of people living with HIV and foreign citizens arriving to Uzbekistan to work within the Interdepartmental Expert Council to ensure interaction with international and foreign organizations in countering HIV, tuberculosis, and malaria and attract donor funding. Assess the threats and opportunities associated with the illegal stay of Uzbek citizens living with HIV abroad and foreign citizens living with HIV in the country. Consider establishing a working group on this issue engaging specialists from the External Labor Migration Agency under the Ministry of Employment and Labor Relations.
3. Lift the requirements on mandatory HIV testing both for people who go abroad for the purpose of employment and for foreign citizens entering Uzbekistan for the same purpose in the domestic regulations. Define the main steps required to initiate a dialogue on this issue with key stakeholders.
4. Improve the mechanisms to providing access to ART, testing, treatment, care and support to PLHIV abroad. For this purpose, consider the possibility of using the potential of civil society organizations to provide support to PLHIV who go abroad for work.
5. Strengthen public awareness programs on HIV prevention, testing, and counseling.
6. Introduce information on HIV into the existing training programs for labor migrants: how HIV is and is not transmitted, testing methods, counseling and testing sites, support programs for PLHIV, etc.
7. Strengthen the efforts to raise the awareness of PLHIV about the requirements for HIV testing when going abroad for work in different host countries, about the need to maintain high adherence to treatment and ensure access to ART, testing and treatment of co-morbidities.
8. In cooperation with international donors, discuss the possibility for establishing special grant programs to support CSOs providing support to labor migrants living with HIV. In such programs, stipulate separate areas of support for women living with HIV during labor migration.
9. Promote programs aimed at knowledge exchange among CSOs that have experience in providing support to labor migrants living with HIV by establishing network associations (both within the CIS and with the engagement of CSOs beyond CIS, including international agencies), as well as virtual and in-person seminars, conferences, workshops, consultations, etc.

**“In the beginning, I got a three-month stock of medicines at the AIDS Center. Then my daughter sent me my therapy every three months. But then COVID broke out, all borders were closed, and I was left without my medicines.”**

— Migrant from Uzbekistan living with HIV in Moscow, Russia

**“My neighbors’ daughter invited me to come. I told her, if there is work, give me a call. I didn’t tell her about my disease, I just said that I wouldn’t be able to get my documents done when I arrived. I have a disability. I told her I have a heart disease. She told me: you come and we will arrange exit and entry every 3 months.”**

— Migrant living with HIV from Uzbekistan, Russia, Novosibirsk

The publication is developed by the Regional Expert Group on Migration and Health in Eastern Europe and Central Asia (EECA) ([migrationhealth.group](http://migrationhealth.group)) in partnership with TB Europe Coalition ([tbcoalition.eu](http://tbcoalition.eu)) and HIV Policy Lab ([hivpolicylab.org](http://hivpolicylab.org)).

For full text of the Study (in Russian), please follow: [http://migrationhealth.group/wp-content/uploads/2021/12/STUDY\\_Uzbekistan\\_RUS\\_FINAL.pdf](http://migrationhealth.group/wp-content/uploads/2021/12/STUDY_Uzbekistan_RUS_FINAL.pdf)