



Joint statement of EECA Constituency and WHO EURO on migrants, developed with support from UNAIDS Regional Office for EECA region

The COVID-19 pandemic has further exacerbated the health inequalities and increased populations' vulnerabilities. Migrants are among the key vulnerable population whose health are at stake under the pandemic situation. They often face hardship, precarious living and working conditions, inadequate or nonexistent social support and face stigma and discrimination due to stereotypes and discriminative attitude and legislation. In addition they often lack health insurance, have language barriers, have no access to local health services, no funding to seek diagnosis and treatment, and no access to health information and psychological counseling. In particular, people living with HIV and those suffering from TB fear further discrimination or deportation and hence prefer not to disclose their status.

Eastern Europe and Central Asia is estimated to be home for 30 million labour migrants, which is 15% of global migrant population and of whom 54% are women. More than 2 million migrants from Uzbekistan and 1 million from Tajikistan and Kyrgyzstan work abroad, mainly in Russia. Majority of migrants from Turkmenistan work in Turkey. Up to 30% of Moldovan adult population has labor migration experience to the European countries. Ukrainians form one of the largest groups of all third-country nationals living and working in the European Union. One study showed that 38,7% of migrants in EECA had experience of drug use. PLHIV labour migrants cannot get treatment and fear to open their status. Migrant among key populations face bigger challenges with access to prevention.

Western Balkans is also facing a huge challenge with irregular migration of population from Middle East countries trying to reach the European Union, with Bosnia and Herzegovina and Serbia being the main route due to their direct borders to EU countries. Migrant camps are often over-crowded with poor hygienic conditions, with presents serious health risks, especially considering the fact that many migrants come from key populations. Romania has one of Europe's weakest economies and an important destination or transit site for the hundreds of thousands of migrants and refugees who entered Europe.

Migrants account for more than half of all newly-diagnosed HIV cases in 10 EU/EEA countries (ECDC, 2015). 14 EU/EEA countries reported that ART is provided for undocumented migrants (2016). Some countries (Denmark, Germany, Slovenia) provide only for emergency services for irregular migrants, not providing access to anti-retroviral treatment. Belgium, France and Portugal entitled irregular migrants to access health care including anti-retroviral treatment on equal grounds as nationals, but the administrative procedures constitute a barrier for migrants to enjoy their entitlements.

Universal access to timely diagnosis and treatment is an essential human right and in line with the UHC and leaving no one behind principles. In addition to individual benefit, access to treatment would break transmission cycle. Innovative and alternative solutions might be sought and implemented to bring TB and HIV diagnostic, treatment and care services close to migrants, especially during and after COVID-19 pandemic.

The time of COVID-19 opens a window of opportunity for innovative and radical solutions in access to TB and HIV diagnostics, treatment and care services by migrants.

We address the Global Fund to initiate together with partners a programmatic discussion on the ways how to ensure gender and right-based approach to testing and treatment for HIV and TB for migrants now, and particularly during the COVID-19 pandemic. Among possible ways the following might be considered:



- establish a regional pool of resources for TB and HIV diagnostic and treatment for migrants from the Global Fund grants in all implementing countries. The pool might be managed either by a regional grant or by a regional network.
- develop distribution system under civil society organizations or PLHIV networks management in partnership with clinics/doctors. Irregular undocumented migrants avoid public health systems but might find support and linkage to services (testing/treatment) based on communities/COs.
- conduct assessment of possible scenarios for each country willing to join this initiative and lessen administrative barriers for access to treatment to undocumented migrants in donor countries

EECA constituency remains gravely concerned about developing epidemics within the migrant populations in the Eastern Europe and Central Asia and we are urging the Global Fund to address this issue before it becomes a driver of the epidemics in the region and much greater challenge to the health systems and economies.

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