

Model of remote HIV linkage to care at the AIDS center: utilizing the EECA region as an example

D.Korenev¹, K.Barskiy^{1,2}, Z.Abrosimova², A. Soliev³

¹Fund for prevention of socially significant diseases "Steps", Moscow, the Russian Federation; ²Regional Expert Group on Migration and Health, EECA; ³Republican AIDS prevention center, Dushanbe, Tajikistan

Background:

According to the Russian's Law on Prevention the Spread of HIV, migrants who have been diagnosed with HIV are notified by the State that they must leave the country within 30 days or they will be deported. But many migrants are unable to return to their country of origin due to socioeconomic factors. As a result, the majority of them stay in the host nation illegally after the disease is revealed. In Russia, as of 2021, there were 42,642 foreigners with HIV who were officially registered, while the real figures could be much higher. Lack of access to healthcare services, including those funded by the Global Fund programs, instigates health deterioration of migrants living with HIV and contributes as a catalyst for HIV epidemic in the EECA.

Methods:

A novel approach in order to address migrants' needs in healthcare while being in a host country was introduced in the EECA region in 2021 by the "Steps" Foundation in collaboration with the Regional Expert Group on Migration and Health — "A Remote registration mechanism of citizens in migration with AIDS centres in the countries of origin". The basic idea of the strategy is that migrants can get in touch with partner NGOs in their country of destination, who can assist them prepare the required by AIDS Centre paperwork for submission remotely and connect them with physicians at the AIDS center for ART receiving in their country of origin. Migrants are not required to travel back to their country to enroll to treatment.



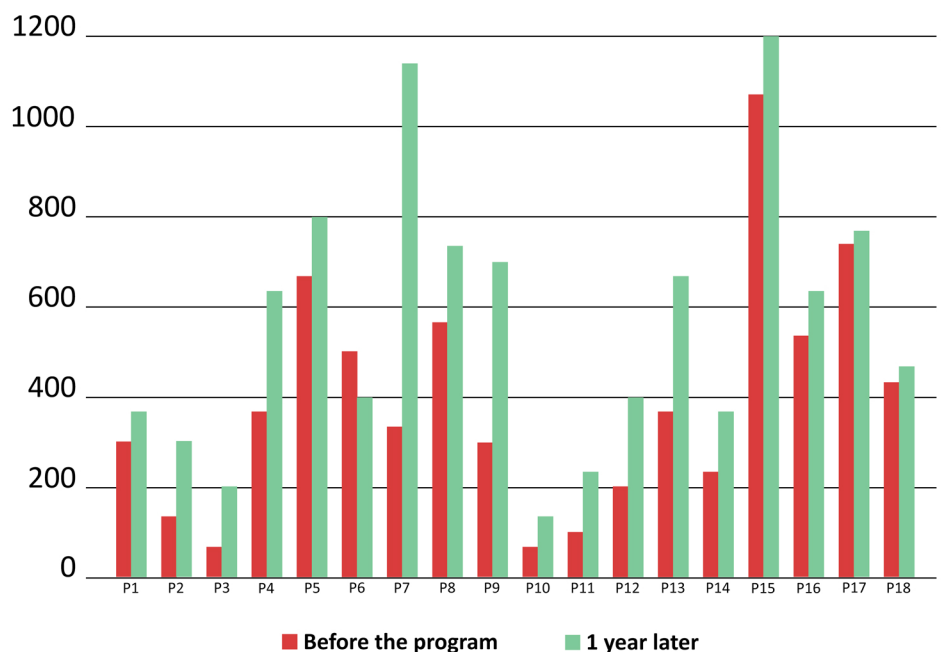
Results:

For today, several countries in EECA region developed "A Protocol for remote treatment for citizens in migration". Moldovan migrants have been able to utilize this mechanism starting 2021. Similar protocols have been implemented since 2022 by the Health Ministries of Kyrgyzstan and Tajikistan. As for 2023, the "Steps" Foundation assisted to remote registration for 39 migrants from Tajikistan, Kyrgyzstan, Moldova in respective countries. In 2024, this model of assistance was launched in Kazakhstan and Uzbekistan. The "Steps" Fund has served as a reliable hub for the point of ART delivery for Tajikistan and Armenia migrants since 2023.

Viral load measurement

	Before the program	1 year later
P1	68 000	53
P2	84 478	0
P3	160 000	0
P4	63 000	0
P5	1 700	0
P6	5 720	0
P7	850 000	0
P8	10 000	0
P9	1 800 000	0
P10	110 000	0
P11	3 021 070	584
P12	100 000	214
P13	800 000	0
P14	31 588	100
P15	280	0
P16	49 555	0
P17	1 400	0
P18	25 000	0

CD4 measurement



Conclusions:

This model is unique and shows high efficiency. Receiving ART from the country of origin is a sustainable health care delivery model for countries with restrictive migrant laws. Migrants with HIV show high adherence and reach undetectable loads as shown on figures above. Additionally, it prevents epidemiological consequences for the entire region. Cross-border collaboration is essential in preventing the spread of the HIV.

