



Regional  
Expert Group  
on Migration and Health

# POLICY BRIEF

based on the results of an operational study  
«Legal and policy barriers to migrants' access to  
HIV services in Armenia»

2022

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# “Legal and policy barriers to migrants’ access to HIV services in Armenia”

### Context

In recent years, there has been an increase in the number of registered HIV cases in the Republic of Armenia due to the advances of laboratory diagnostics, increased access to HIV testing, and intensified counseling and testing. According to data collected by the Republican AIDS Center, by mid-2021, there were 4,366 people living with HIV (PLHIV) in Armenia, including 659 citizens of Armenia living with HIV who had returned to the country after migration. Most registered HIV cases in Armenia are migrants and their partners (77%). Heterosexual transmission is the most common method of HIV transmission among Armenians who migrated abroad and later returned to the country (85.3%). At the same time, there are some institutional and legal barriers affecting migrants with HIV who live both in and outside Armenia, which are mostly related to their access to HIV services.

### Research objectives and methods

The research study consisted of two parts. The first, a desk review, included comparative legal analysis to identify gaps in Armenian legislation. The second, field research, included analysis of in-depth interviews with labor migrants living with HIV as well as professionals working in HIV/AIDS prevention and treatment (representatives of the Ministry of Health, Global Fund to Fight AIDS, Tuberculosis, and Malaria, National Center for Infectious Diseases, Migration Service, health facilities as well as social workers).

## Summary of results

Armenian legislation on HIV/AIDS complies with the international conventions and recommendations. The laws of Armenia stipulate migrants, who live with HIV, including foreign citizens and stateless persons, have the same rights, freedoms and obligations as Armenian citizens, in particular the right to equality and freedom from discrimination on any grounds (e.g., on the grounds of their health status affecting their ability to access health care and relevant services). According to HIV prevention, diagnosis and treatment guidelines and policies, foreign migrants with HIV arriving in Armenia can access HIV diagnosis and treatment services on equal terms with Armenian citizens. This is one of Armenia’s best practices. Data from the HIV Policy Lab show that Armenia is one of only five countries in Eastern Europe and Central Asia (EECA) that allow all migrants to access HIV services on equal terms with citizens. There is a special HIV testing program for Armenian migrants. Foreign migrants can access information about the HIV services available in Armenia from civil society organizations (CSOs) working with PLHIV in their countries of origin and destination, as well as in health institutions offering HIV/AIDS services in Armenia. However, there are still some issues in the current legislation, particularly in certain regulatory provisions on HIV prevention. One such provision is the obligation to disclose one’s HIV positive status when seeking medical services in health institutions, which contradicts the principles of legality and voluntary consent.

### **Foreign citizens in Armenia.**

The process of getting treatment for foreign citizens and stateless people living with HIV is complex and confusing in Armenia, as are the obligations set forth by this procedure. The law on social assistance and relevant by-laws have some discriminatory norms and stipulate a differentiated approach depending on HIV status. It leads to discrimination and unlawful restriction of the fundamental rights and freedoms of people and migrants living with HIV.

### **Armenian citizens abroad.**

When Armenians living with HIV leave the country, no special action is legally required. However if they choose, Armenian migrants living with HIV who live and work in Europe or in the United States are able to continue their treatment by designating an authorized representative in Armenia who can collect and transfer ARVs to them while they are abroad. The National Center for Infectious Diseases recommend such patients issue powers of attorney designating authorized representatives so they can receive and transfer ARVs to them. According to the respondents, the opportunity to receive therapy by authorized persons is a “good practice” of Armenia, since it allows for uninterrupted and stable provision of treatment to Armenian citizens. The situation with Armenian migrants living with HIV working in the Russian Federation or in other post-Soviet countries remains challenging. Reasons for which Armenian labor migrants refuse to get tested for HIV in other countries include lack of information as well as financial constraints, since in other countries (especially in Russia) most tests are not free. Other reasons include fears and concerns about confidentiality of test results, as well as the fear of deportation if the results become known to the authorities.

### **Civil society response.**

A number of organizations in Armenia are taking steps to prevent violations of the rights of PLHIV. Some CSOs offer PLHIV legal and psychological counseling, and general protection of the rights of and vulnerable populations. In addition, Armenian CSOs work closely with those in Georgia, Belarus, Russia, and especially in Ukraine, which allows for the delivery of ART to PLHIV in these countries. Human rights violations, stigma, and discrimination against PLHIV in Armenia are caused by a number of factors. Public awareness of HIV/AIDS is quite low due to obstacles preventing it from being raised and publicly discussed. There are many misconceptions and biases in this area. Public intolerance and criticism exacerbate discrimination against PLHIV and lead to human rights violations, which becomes an additional

obstacle particularly in diagnosing and treating HIV among migrants. Generally, HIV prevention and treatment programs are funded from the Armenian government’s budget within the framework of targeted state programs, as well as from other funds not prohibited by law.

At the same time, it should be noted that the funds provided by the Global Fund have decreased every year, and the government should invest in this area as well as regulate the drug procurement mechanism.

## Key recommendations

Based on the above, we recommend civil society organizations, and governmental agencies and institutions take the following key measures:

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1. Continue implementing HIV prevention programs among returned Armenian migrants and their partners by providing them with a comprehensive package of health services, scaling them up to the whole country; carry out regular awareness campaigns in regions with high labor migration rates.
  2. Raise public awareness, among health workers in particular, on HIV/AIDS and human rights; carry out information campaigns.
  3. Take measures to strengthen cooperation among governmental and civil society organizations working in migration and/or HIV/AIDS; establish a partner network among international, governmental, and civil society organizations to ensure sustainability and adherence to HIV treatment among Armenian migrants.
  4. Revise the regulations containing any norms discriminating against PLHIV, abolishing the existing mechanisms leading to PLHIV being denied access in care institutions and recognizing the problematic and legally invalid nature of the procedure of entering Armenia for the purpose of treatment.
  5. Ensure the delivery of all HIV services at the government’s expense, including the procurement of drugs, and develop an effective drug procurement mechanism.
  6. Take measures to protect the rights of Armenian migrants with HIV living on Russian Federation territory and to prevent their deportation. Ensure access to ART, in particular signing memorandums with Russian health authorities on mutual surveillance and treatment of Armenian citizens living in Russia territory to ensure their legal stay and their ability to receive HIV services with support and at the expense of the Armenian government.
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**“ Most of our people go to Russia. One of the biggest problems that we face when working with our beneficiaries is deportation because of the HIV-positive status. Sometimes people do not even know or do not understand that they are deported. For instance, when a person receives confirmation of their HIV-positive status in a Russian hospital and is told that they cannot access any services, that they have to go back to their home country. They go back to Armenia and start treatment here. When they want to go back, in the airport they find out that they had been deported and are banned from re-entering Russia, sometimes forever.”**

— From an expert interview

**“ There are people in Russia who are very concerned [as] some law has been amended there, which applies to the citizens of Armenia or maybe to foreign citizens, who enter Russia, they have to get tested for HIV. If they test positive, they have to face deportation or restrictions. There have been cases, when people, for instance, were receiving urgent care, but were not able to access proper treatment due to the lack of financial means. ... There [in Russia] it was very difficult to get registered, there was a need to leave and re-enter the country, get tested for HIV, tuberculosis, syphilis. No pre-testing counseling was provided [in Russia]. ...They gave me information, but later I realized that their recommendations were false.”**

— From an interview with a former Armenian labor migrant, male, age 45

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

For full text of the Study (in Russian), please follow:

[migrationhealth.group/wp-content/uploads/2021/12/STUDY\\_Armenia\\_RUS\\_FINAL.pdf](https://migrationhealth.group/wp-content/uploads/2021/12/STUDY_Armenia_RUS_FINAL.pdf)