

<https://doi.org/10.32921/2225-9929-2023-1-50-26-34>

UDC 614; 614.2; 614:33

IRSTI 76.75.75

Review article

Main problems and aspects of HIV prevention

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Abstract

Migration processes affect not only public health issues, but also public health ethics. The migration policy of the host country should take into account ethical issues at all stages of migration and be based on the principles of humanity, respect for human rights and that adequate public health should not be limited to the borders and citizens of the host country. The UNAIDS Report "On the Global AIDS Epidemic, 2022" reports on the growth of the HIV epidemic in Eastern Europe and Central Asia. And at the same time, regional coverage of HIV prevention and treatment services is assessed as insufficient. The adherence of HIV-infected persons to taking antiretroviral drugs determines the effective suppression of the human immunodeficiency virus and, thereby, reduces the risk of progression of the clinical picture and the risk of HIV transmission.

The problems faced by migrants are untimely provision or inability to obtain drugs, low medical and legal literacy, the presence of elements of discrimination and lack of social support in the country of arrival, which become much more acute for migrants with HIV. The presence of a symbiosis of an epidemic of infectious and non-communicable diseases among migrants increases the negative consequences for health, which causes an increase in the number of new cases among migrants. The lack of health insurance is an additional source of difficulties in obtaining medical care for uninsured migrants and has a huge impact on sick patients with chronic diseases. Creating access for migrants to HIV prevention and treatment services in the destination country will not only improve the quality of life of migrants, but also improve public health in general.

Currently, issues related to the COVID-19 pandemic are likely to remain a priority, and therefore it is necessary that responses to other infectious diseases, in particular HIV, are not jeopardized. One of the ways to solve this issue is the need to take a step towards the harmonization of legislation between neighboring countries in relation to HIV-positive migrants.

Keywords: HIV infection, prevention, migration, migrant.

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J Health Dev 2023; 1 (50): 26-34

Received: 18-02-2023

Accepted: 03-03-2023



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Introduction

Migration processes are quite complex and are becoming increasingly important in an era of growing globalization. This affects all countries and all spheres of human life. These processes, in particular, have a complex impact on the healthcare system of the host country, which is manifested in the emergence of new and growing needs in the health sector. The key to effective infection management has been health literacy, improved health outcomes and overall healthcare system performance. In addition, medical literacy is one of the important aspects in relation to decisions related to human behavior and, accordingly, to human health. A low level of medical literacy, in particular in the use of preventive measures for HIV infection, adherence to treatment leads to an increased risk of morbidity and mortality, as well as an increase in the number of hospitalizations, emergency treatments, and an increase in the cost of financing the healthcare system.

The number of HIV infections in the CIS countries has continued to grow over the past ten years. The main route of HIV transmission in these countries is through communities of people who inject drugs, but is now also emerging among heterosexual and homosexual populations. In addition, as a result of migration processes in the CIS countries, high-risk groups that should be in the focus of attention are people who inject drugs, heterosexual populations and labor migrants [1].

At the technical workshop regarding HIV and migration for the countries of Central Asia and the Russian Federation on February 19-20, 2018, which was held in Astana by the Government of the Republic of Kazakhstan with the support of UNFPA, together with UNAIDS and the Government of the Kingdom of the Netherlands, specialists from government authorities and civil society noted that no countries collect data on the number of outward migrants from among key populations at high risk of HIV exposure who need to be involved in targeted HIV prevention programs in both countries of origin and countries of destination. In addition, data on the proportion of migrants with HIV who know their HIV-positive status and the proportion of migrants with HIV diagnosed at a late stage (low CD4 count) are not collected. The prevalence of HIV among the population of Kazakhstan

is 0.2% (against the global average of 1.1%) and is in the concentrated stage of infection. HIV prevalence varies by region from 0.06% in the western regions of Kazakhstan to 0.35% in Pavlodar oblast, which borders three regions of Russia with high HIV incidence (Omsk, Novosibirsk oblasts and Altai Krai). For the period from 2019 to 2021, HIV was detected in 3.74% of foreign citizens, out of the total number of identified HIV cases in Kazakhstan. The majority of foreigners diagnosed with HIV in Kazakhstan are citizens of Uzbekistan (35.82%) and Russia (33.76%). The Government of Kazakhstan funds all HIV programs, including the Harm Reduction program, namely promotion of condom and lubricant use, provision of clean syringes and needles, services for the diagnosis and treatment of sexually transmitted infections, anonymous HIV testing, and further antiretroviral therapy (hereinafter ART). External migrants, foreign citizens, can use preventive services. Foreign citizens are not entitled to free ART, as well as periodic medical examinations and laboratory testing, including CD4 count and viral load from the government, however, it should be noted that these services are provided, but only at the expense of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which does not give confidence in the duration of this funding in light of the development of a widespread economic crisis. In this connection, the relevant healthcare organizations are making attempts to change this situation in Kazakhstan [2].

In a Silk Road Health project study using a self-constructed sample (RDS) as primary seed, potential subjects for the study were selected from the category of non-migrants, internal migrants and external migrants. One of the conclusions from these studies was that HIV prevention programs should directly address the social contexts of HIV risk among migrants. This study shows that structural and policy reforms are critical in the field of HIV prevention, which should include confronting the HIV risk environment for migrant workers in Kazakhstan [3].

The purpose of the review: to identify the main problems of migrants with HIV in the Republic of Kazakhstan and aspects of HIV prevention among them.

The situation of HIV in Kazakhstan and the level of dynamics of population migration in the Republic of Kazakhstan

Kazakhstan is characterized by significant migration flows within the region, which has become one of the largest labor migration corridors. According to official data in 2019, excluding temporary movements and labor migration, 1,173.2 thousand people were involved in migration processes, which amounted to 6.38% of the total population of the country. In terms of external and internal migration, the distribution was as follows: 57.5 thousand to external migration processes (4.90%) and 1,115.7 thousand to internal one (95.09%).

Kazakhstan, as an integral element of the Eurasian migration system, simultaneously influences global migration processes, although to a much lesser extent. Therefore, the migration processes within the country, both external and internal migration, are

affected by the situation with migration at all levels: global, regional, national.

In particular, at the global level, it is necessary to note the impact of competition for qualified and highly qualified human resources and, of course, the growth of the category of educational migration has its influence, where young people are trying to expand their life opportunities and self-realization. The regional level is characterized by a high level of labor migration, where most of the labor migrants have higher education. It should be noted that the Russian Federation is an attractive country for external migration, both in terms of labor migration and education, which increases the risk of a decline in the quality of human potential for Kazakhstan. At the national level, it is necessary to pay special attention to the balance of external migration

and the scale of internal migration; this will allow a comprehensive assessment of the situation with migration in Kazakhstan. An analysis of migration data, combined with statistical data on the incidence of HIV in Kazakhstan, will provide an opportunity to give a real assessment of the current situation in the country regarding migration with HIV [4].

According to the world database of international migration statistics MIGRATION DATA PORTAL, as of mid-2020, the total number of international migrants in Kazakhstan amounted to 3.7 million (Figure 1).



Figure 1 - Total number of international migrants as of mid-2020. Source: UNDESA, 2020

According to the statistical data on migration as of mid-2020 in Kazakhstan (Table 1), the following conclusions can be drawn:

- the proportion of international migrants was 19.9% of the total population, which is an additional public health concern in the context of HIV;
- 50.4% is the proportion of women among the total number of migrants, if considered from the

perspective of preventing the vertical route of HIV transmission, then the possibility of implementation in this respect takes place;

- in relation to the age category that makes the main contribution to the development of HIV infection from 15 to 49 years, according to the available data, we can assume that this category of people is less than 72.6%.

Table 1 - Key statistics on migration in Kazakhstan [5]

#	Indicator	Value
Immigration and emigration		
1	Total number of international migrants as of mid-2020. Source: UNDESA, 2020	3.7 МИЛЛИОНА
2	Contingent of international migrants as a percentage of the total population as of mid-2020. Source: UNDESA, 2020	19,9%
3	Proportion of female migrants in the international contingent of migrants in mid-2020. Source: UNDESA, 2020	50,4%
4	Proportion of international migrants aged 19 and under living in the country/region as of mid-2020. Source: UN DESA, 2020	11,6%
5	Proportion of international migrants aged 65 years and over residing in the country/region as of mid-2020. Source: UN DESA, 2020	15,8%
Forced migration		
6	Total number of refugees in the host country. Source: UNHCR Refugee Population Statistics Database, 2022 352	352
7	Total number of refugees by country of origin. Source: UNHCR Refugee Statistics Database, 2022 3.2 thousand	3,2 thousand
Context		
8	Total population as of mid-2020. Source: UN DESA, 2020	18,8 million
9	Population aged 0-14 (% of total in 2018). Source: UN DESA, 2019	28,3%
10	Human Development Index Ranking in (1 = High; 188 = Low). Source: UNDP	59
11	Projected total population for 2050 (medium version). Source: UN DESA, 2019	24 million
12	Percentage of the population living in urban areas in 2018. Source: UN DESA, 2018	57,4%

These statistics show that there is a risk of worsening the epidemiological situation and the issue of considering and making decisions that are crucial in the field of HIV prevention, which should include confronting the HIV risk environment for labor migrants in Kazakhstan, remains a matter of time.

However, it should be noted that during the existence of the independence of Kazakhstan, the competent authorities of the Republic of Kazakhstan adopted legislative and international treaties that ensure the level of protection of the rights of stateless persons. Kazakhstan has ratified the Convention relating to the Status of Refugees, the provisions of which also apply to stateless persons. A law on refugees has been adopted. The legislation of the Republic of Kazakhstan provides for legal norms that meet international standards of the “principle of non-refoulement” [6].

To date, the Government of the Republic of Kazakhstan has adopted a Decree dated November 24, 2022 No. 945 “On approval of the Concept for the development of healthcare in the Republic of Kazakhstan until 2026”. This Decree states that due to ongoing consistent work on prevention, the level of spread of the HIV epidemic remains in the concentrated stage (0.2%) [7]. Annually in the Republic of Kazakhstan, an average of 3.5 million studies, or about 16% of the population is tested for HIV under the GVFMC. In accordance with the recommendations of clinical protocols, the AIDS prevention service has an approved three-component complex tariff. However, further work is required to allocate additional budgetary funds to implement all existing recommendations for the management of patients with HIV, key populations and population testing for HIV.

The Healthcare Development Concept of the Republic of Kazakhstan notes that there is a problem with the implementation of the CSMI system. Therefore, more than 3 million people remain outside the CSMI system: groups such as the self-employed population, the unemployed who are not registered in employment centers, employees, people who have been laid off and people sent on leave without pay. Incomplete involvement of the population in the CSMI system is manifested in the inaccessibility of medical services, and as a result of which there are problems with ensuring the sanitary and epidemiological well-being of the population. One of the directions within the framework of improving the financing of medical care is the planning of the volume of financing of medical care, taking into account the epidemiological and demographic characteristics of the regions.

According to the experience of European countries, early diagnosis of infectious, non-communicable diseases and risk factors for their development, and the formation of a healthy lifestyle contribute to a relative reduction in costs. According to the WHO, today, as a result of the COVID-19 pandemic, there is a real threat of losing the global progress made over the past two decades in the field of global health, for example, in the fight against infectious diseases, in particular HIV.

Based on the problematic issues and existing international experience identified in the course of the analysis of the situation in the country, in order

to implement the Concept, the main directions for the development of the healthcare sector of the Republic of Kazakhstan were identified. The priority is the principle of prevention in the field of health protection and the formation of a healthy lifestyle, meeting the needs of the population and improving the quality of life, ensuring equal access to safe, high-quality and effective medical care. As part of the formation of a healthy lifestyle, one of the directions is to increase the prevention of behavioral risk factors, which are key to the spread of HIV. For further developing the existing HIV prevention service, it is planned to introduce innovative approaches to HIV testing of the population, key groups, and contact persons using combined rapid tests for HIV, VH, syphilis and self-testing tests. It is proposed to continue work on the further implementation of the international Strategy 95-95-95 of the Joint United Nations Program on HIV/AIDS. To this end, a personalized approach will be used in prescribing antiretroviral therapy, which will eliminate the spread of drug-resistant forms among people living with HIV and reduce mortality. In addition, at the level of local executive authorities of all regions, the allocation of state social orders by non-governmental organizations will be ensured for carrying out preventive work among key population groups.

Within the framework of the Concept, an action plan for its implementation is defined, which, in relation to the problem we are considering, provides for measures to increase the level of awareness, conduct information and explanatory work on the prevention of sexually transmitted infections, form effective mechanisms for covering labor migrants and foreign students with voluntary medical insurance, students in the Republic of Kazakhstan and expanding the coverage of the uninsured population by the CSMI system.

Yet, the issues of migration and mobility of the population are still relevant, and migration processes require management and control due to the fact that the development of policies in the field of security and development can contain the negative impact of migration processes [8].

The state of the problem of migrants with HIV in various countries and their monitoring.

The analytical report “On the legalization of migrants with HIV”, which was released in 2018 with the support of the Eastern European and Central Asian Association of People Living with HIV (hereinafter ECA PLHIV), states that a migrant with HIV in the countries of EE and CA cannot work legally, obtain a temporary residence permit, apply for a residence permit and citizenship. In addition, the presence of HIV infection threatens the migrant with deportation, followed by a ban on entry. All this contributes to limiting access to ART, which leads to an increased risk of HIV transmission [9].

A review of published legislative documents and statistical materials of the Central Asian countries shows that in many places migrants are beyond the guarantees of health protection at the proper level [10].

The worsening of the epidemic situation, both in the host country and in the country of origin, can be facilitated by a low level of education, a low level of knowledge or lack thereof in the prevention of sexually

transmitted infections, which is exacerbated by an irresponsible attitude to medical examinations and unprotected sexual contacts [11].

The presence among migrants of a symbiosis of epidemics of infectious and non-communicable diseases exacerbates negative health consequences, which causes an increase in the number of new cases among migrants from the former CIS countries. Poor nutrition, living conditions, unskilled manual labor, lack of knowledge about safe sexual practices, limited access to medical services, high levels of anxiety, and stress also affect the prevalence of both communicable and non-communicable diseases [12].

The solution to the problem may be the existence of legislation between the CIS countries regarding migrants with HIV [13].

The countries of the European Union and the European Economic Area (hereinafter referred to as the EU/EEA) highlight an important role for migrants in their national HIV response, however, despite the evidence base on the health benefits associated with timely HIV treatment, most countries of the EU/EEA do not provide antiretroviral treatment to undocumented migrants [14].

Undocumented migrants in Europe face particular challenges in needing and using health care and services [15].

A review of recent evidence shows that stigma, limited access to health services and treatment for migrants from low- and middle-income countries living in high-income countries is a major factor in poor HIV outcomes and increased mortality [16].

In Italy, with free access to ART, migrants still have troubles in obtaining adequate medical care in connection with HIV treatment [17].

According to some studies, migrants fear the negative consequences of undergoing medical screening, including HIV testing. The absence of symptoms, the

Prevention approaches and medical care measures

UNAIDS and global leadership are paying special attention to hard-to-reach key populations (hereinafter referred to as KPs), but to date, the processes of migration and population mobility in general have received little attention. At the same time, many sources argue that migration processes and population mobility are one of the driving forces that can threaten the HIV care cascade and the promise of “treatment as prevention”, especially in regions with high HIV prevalence and limited resources, and could not be implemented. The ambitious goals of the UNAIDS 95-95-95 strategy, which aim to end the AIDS epidemic by 2030, are a response to the therapeutic and preventive benefits of HIV treatment. A strategy to achieve the goals 95-95-95, in the development of this scenario, which does not take into account the complex processes of migration and the dynamics of population mobility in specific prevailing conditions, may not be able to be successful.

Voluntary testing with pre- and post-test counseling for HIV followed by rapid initiation of ART in the event of a diagnosis of HIV infection, an approach known as universal testing and treatment, is now seen as the main tool to achieve the ambitious goals set by UNAIDS 95-95-95 [23].

presence of expenses associated with screening in order to find a job and obtain immigration status, in the opinion of migrants, devalue the screening and treatment procedure [18].

Lack of health insurance creates additional difficulties in accessing health care for uninsured migrants and has a huge impact on sick patients with chronic diseases. In Germany, non-governmental organizations provide medical care for persons who do not have a legal resident status and citizens of the European Union, who do not have health insurance. Such medical care is not an adequate substitute and does not provide regular access to health care services, because, in this case, there is a strong influence of limited resources of non-governmental organizations and the presence of possible arbitrariness [19].

A study among migrants living with HIV in Sweden found that many of the issues that cause problems among migrants are related to their migrant status and not to HIV-positive status [20].

The problems of migration and related problems of the healthcare system are recognized at the global level as one of the important public health problems. However, despite the recognition of this problem, the migrants' health remains in the shadow of other global public health processes, and many migrants still do not have free access to adequate medical services [21].

For the time being, issues related to the COVID-19 pandemic are likely to remain a priority, making sure that the response to other infectious diseases, in particular HIV, is not compromised. Since the delay in diagnosis, treatment may lead to long-term consequences [22].

In this case, the healthcare system must consider how to build on changes in the long-term management of HIV and the provision of adequate services.

In this perspective, it is necessary to pay attention to good adherence of patients to the prescribed treatment, which implies effective suppression of the HIV virus and, thus, reduces the risk of not only disease progression, but also the risk of HIV transmission itself [24].

Today, access to pre-exposure prophylaxis (PrEP) - prophylactic use of highly active antiretroviral therapy by people who do not have HIV, in order to reduce the risk of possible infection with this virus, is a necessity for people with a high risk of HIV infection [25].

To ensure broad access to health care and ensure adequate provision of health services to migrants, it is necessary that a migrant has access to health insurance without increasing costs and undesirable consequences for further residence [26].

That is, to pay attention to the fact that health insurance aimed at protection does not impede access by administrative and social barriers [27].

A special attention should be given to approaches to screening migrants for infections, including HIV. Earlier detection and earlier initiation of treatment lead to improved health outcomes [28]. The use of digital technologies in this matter can help to raise the

level of testing and, accordingly, its diagnostic potential within the framework of primary health care [29].

Creation of temporary forms of public-private partnership, based on the example of Israel, when the Ministry of Health of this country financed medical supervision and pharmaceutical companies provided drugs for ART free of charge. Subsequently, this experience was integrated into the Israeli healthcare system, which was the main success of the public-private partnership program [30].

We indicated that there are problems with the lack of information or its scarcity regarding access to medical care and medical and social assistance. In this direction, it is possible and necessary to use digital resources. It is necessary to pay attention that that information from various agencies providing assistance to migrants is located on a single website and is available in several languages. A single digital portal for access to information should be provided also in several languages [31].

Migration processes affect not only public health issues, but also public health ethics. The migration policy of the host country should take into account ethical issues at all stages of migration and be based on the principles of humanity, respect for human rights and the fact that adequate public health should not be limited to the borders and citizens of the host country [32].

Thus, the problems that migrants face, such as untimely provision or inability to receive drugs, low medical and legal literacy, the presence of elements of discrimination and the lack of social support in the host country, become much more acute for migrants with HIV. The presence of a symbiotic epidemic of communicable and non-communicable diseases among migrants amplifies the negative health consequences, which causes an increase in the number of new cases among migrants. Lack of health insurance is an additional source of difficulty for uninsured migrants in accessing health care and has a huge impact on chronically ill patients.

The problems of migration and related problems of the health system are recognized at the global level as one of the important public health problems. However, despite the recognition of this problem, other global public health processes overshadow the health of migrants, and many migrants still do not have easy access to adequate health services. Creating access for migrants to HIV prevention and treatment services in the country of destination will not only improve the quality of life of migrants, but also improve public health in general.

For the time being, issues related to the COVID-19 pandemic are likely to remain a priority,

Conclusions

The work requires a more detailed assessment of the level and structure of the incidence of HIV infection among foreign citizens, especially in regions with a high level of migration and the spread of HIV.

Solving the tasks that were identified in our work: assessing the level and structure of the incidence of HIV infection among external migrants, identifying risk regions and assessing the impact of HIV-infected people on the level of prevalence and sustainability of HIV services, which will help to find mechanisms for

and therefore it is necessary that the response to other infectious diseases, in particular HIV, is not compromised. Since the delay in diagnosis, treatment can lead to long-term consequences. In this case, the healthcare system must consider how to build on changes in the long-term management of HIV and the provision of adequate services.

The Republic of Kazakhstan, taking into account the geopolitical situation in neighboring countries, will remain attractive for migrant workers, and primarily from the EAEU countries. According to the approved Concept of the Migration Policy of the Republic of Kazakhstan for 2023-2027, there is an increase in the growth of illegal labor migration due to "seasonal migrants" from the CIS countries, such as Uzbekistan, Kyrgyzstan and the Republic of Tajikistan [33]. This situation is due to the flow from the Russian Federation, as well as the fact that the territory of Kazakhstan is used as a transit territory for entry into third countries. There is also an increase in migration pressure in the border regions of Kazakhstan with the Russian Federation.

As a rule, illegal and transit migration is associated with a lack of medical insurance, which leads not only to problems associated with the provision of quality medical care, but also to additional costs associated with the onset of force majeure situations that our state bears. In this regard, the process of ensuring accounting and monitoring the dynamics of the flow of foreign citizens, especially those who carry out labor activities, is important.

The concept defines the main problems and trends in the field of external and internal migration, in the field of ethnic and labor migration. The identified problems lie in the fact that the system of control of migration processes is not perfect, and in relation to the processes of internal migration, it is not controlled and unregulated.

This document proposes an initiative to develop compulsory liability insurance for citizens entering the Republic of Kazakhstan for more than 90 days, that is, repatriation insurance. However, it is assumed that insurance should cover the costs of acquiring travel documents, paying a fine for violating visa or migration laws. The issue of health insurance is not raised, and there is no definition of submitting this issue for interdepartmental consideration. The issue of fulfillment of international obligations to work with refugees, stateless persons, asylum seekers is being considered. The Concept for the Development of Migration Policy for 2023-2027 provides for the development of a mobile application, which is supposed to host the necessary reference materials.

improving interdepartmental interaction of services to provide services in the field of HIV and to contain the infection at a concentrated stage.

One of the ways to resolve this issue is the need to take a step towards harmonization of legislation between neighboring countries in relation to HIV-positive migrants. Unfortunately, in neighboring countries there is no single document regulating the issues of prevention, diagnosis and treatment of HIV-infected migrants.

The legal status is not defined, there is no possibility of obtaining the necessary medical services in the territory of the host country. The solution to the problem may be the existence of legislation between the CIS countries regarding migrants with HIV.

Conflict of Interest: The authors declare no conflict of interest.

Contribution of the authors: Conceptualization, verification – M.A.A.; data collection and analysis, writing, editing – A.A.И.

This work was performed as part of a master's thesis on the topic "Evaluation of the impact of HIV-infected persons among migrants on the level of HIV infection".

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АИТВ-ның алдын алудың негізгі мәселелері мен аспектілері

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Түйіндеме

Көші-қон процестері тек қоғамдық денсаулық сақтау мәселелерін ғана емес, сонымен қатар, қоғамдық денсаулық сақтау этикасын да қозғайды. Қабылдаушы елдің көші-қон саясаты көші-қонның барлық кезеңдеріндегі этикалық мәселелерді ескеруі керек және адамгершілік, адам құқықтарын құрметтеу қағидаттарына негізделуі керек және тиісті қоғамдық денсаулық сақтау қабылдаушы елдің шекаралары мен азаматтарымен шектелмеуі керек.

ЮНЕЙДСІҢ "ЖҚТБ-ның жаһандық эпидемиясы туралы, 2022" есебінде Шығыс Еуропа мен Орталық Азияда АИТВ-ның өсуі туралы хабарланды. Сонымен бірге АИТВ-ның алдын алу және емдеу жөніндегі қызметтермен өңірлік қамту жеткіліксіз деп бағаланды. АИТВ жұқтырған адамдардың антиретровирустық препараттарды қабылдауды ұстануы адамның иммунитетінің вирусын тиімді басуды айқындайды және осылайша клиникалық көріністің даму қаупін және АИТВ жұқтыру қаупін азайтады. Мигранттардың ұшырасатын мәселелері – дәрі-дәрмектермен уақтылы қамтамасыз етілмеуі немесе мүлде ала алмау, медициналық және құқықтық сауаттылықтың төмендігі, кемсітушілік элементтерінің болуы және АИТВ-мен ауыратын мигранттар үшін анағұрлым маңызды болатын келіп отырған еліндегі әлеуметтік қолдаудың болмауы. Мигранттар арасында жұқпалы және жұқпалы емес аурулар эпидемиясының симбиозының болуы денсаулыққа жағымсыз әсерлерді күшейтеді, бұл мигранттар арасында жаңа жағдайлардың көбеюіне әкеледі. Медициналық сақтандырудың болмауы сақтандырылмаған мигранттарға медициналық көмек көрсетудегі қиындықтардың қосымша көзі болып табылады және созылмалы аурулары бар науқастарға үлкен әсер етеді.

Мигранттардың баратын елдегі АИТВ-ның алдын алу және емдеу қызметтеріне қолжетімділігін ұйымдастыру мигранттардың өмір сүру сапасын ғана емес, жалпы қоғамдық денсаулықты да жақсартады. Қазіргі уақытта COVID-19 пандемиясына байланысты мәселелер басым болып қалуы ықтимал, осыған байланысты басқа жұқпалы ауруларға, атап айтқанда АИТВ-ға қарсы іс-қимылдар қауіп төндірмеуі қажет. Бұл мәселені шешудің бір жолы – жақын шет елдер арасындағы АИТВ-позитивті мигранттарға қатысты заңнаманы үйлестіру бағытында қадам жасау қажеттігі.

Түйін сөздер: АИТВ-инфекциясы, профилактика, көші-қон, мигрант.

Основные проблемы и аспекты профилактики ВИЧ

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Резюме

Процессы миграции затрагивают не только вопросы общественного здравоохранения, но и этики общественного здравоохранения. Миграционная политика принимающей страны должна учитывать этические вопросы на всех этапах миграции и основывается на принципах гуманности, уважения прав человека и на том, что адекватное общественное здравоохранение не должно быть ограничено границами и гражданами принимающей страны.

В Докладе ЮНЕЙДС «О глобальной эпидемии СПИДа, 2022» сообщается о росте эпидемии ВИЧ в Восточной Европе и Центральной Азии. И в тоже время региональный охват услугами по профилактике и лечению ВИЧ оценивается как недостаточный. Приверженность ВИЧ-инфицированных лиц к приёму антиретровирусных препаратов определяет эффективное подавление вируса иммунодефицита человека и, тем самым, снижает риск прогрессирования клинической картины и риск передачи ВИЧ-инфекции. Проблемы, с которыми сталкиваются мигранты, это несвоевременное обеспечение либо невозможность получение препаратов, низкая медицинская и правовая грамотность, наличие элементов дискриминации и отсутствие социальной поддержки в стране прибытия, которые становятся гораздо острее для мигрантов с ВИЧ. Наличие среди мигрантов симбиоза эпидемии инфекционных и неинфекционных заболеваний усиливают негативные последствия для здоровья, что вызывает рост числа новых случаев среди мигрантов. Отсутствие медицинского страхования является дополнительным источником для трудностей в получение медицинской помощи незастрахованным мигрантам и оказывает огромное влияние на больных пациентов с хроническими заболеваниями.

Создание доступа мигрантов к услугам по профилактике и лечению ВИЧ в стране назначения повысит не только качество жизни мигрантов, но и улучшит общественное здравоохранение в целом. В настоящее время, вопросы связанные с пандемией COVID-19, вероятнее всего останутся приоритетными, в связи с чем необходимо чтобы ответные меры на другие инфекционные заболевания, в частности ВИЧ, не были поставлены под угрозу. Одним из путей решения данного вопроса это необходимость сделать шаг в направлении гармонизации законодательства между странами ближнего зарубежья в отношении ВИЧ-положительных мигрантов.

Ключевые слова: ВИЧ-инфекция, профилактика, миграция, мигранты.