INTERNSHIP REPORT

Roles and perspectives of key stakeholders on access to health services for labour migrants from Central Asia to Russia

A qualitative study

Chamid Sulchan

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VU SUPERVISOR
Dr. Mitzi Waltz

ATHENA SCIENCE SHOP

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Author: Chamid Sulchan

Commissioning organization: AFEW International

On-site supervisor: Yuri de Boer & Anke van Dam

VU supervisor: dr. Mitzi Waltz

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Athena Institute

Faculty of Science

VU University Amsterdam

De Boelelaan 1085

1081 HV Amsterdam

The Netherlands

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Executive Summary

Introduction: The migration flow between Russia and Central Asia represents one of the world's largest labour migration routes. Labour migrants from Central Asia significantly contribute to the economies of both Russia and their country of origin, however they do not have complete access to health services. Due to the growing number of new HIV cases in Eastern Europe and Central Asia, this is a particular public health concern. The roles and perspectives of key stakeholders on access to health services for labour migrants in Russia have not been studied extensively. The aim of this study was to make research-based recommendations for further research, needed to gain a complete understanding of the challenges and health needs of labour migrants from Central Asia to Russia, and how these can be addressed.

Methods: Ten in-depth semi-structured interviews were conducted between March and May 2020 with key stakeholders in the field of migration health in Russia: researchers, representatives of civil society organizations and staff members of international organizations. Data was analysed by thematic content analysis and open coding using Atlas.ti (Berlin: Scientific Software Development GmbH).

Results: According to all stakeholders, the main barriers that prevent labour migrants from Central Asia from accessing health services are the lack of documents (for obtaining Russian citizenship, work and residence permits), lack of medical insurance, and stigma and discrimination among the general population and within healthcare settings. Furthermore, the current Covid-19 pandemic created challenging situations for labour migrants, as they lost their jobs and were unable to pay for food, housing or accessing health services. To address these issues, the role of researchers is to gather, analyse and process evidence. The role of civil society organizations is to provide migrants with care and support, and advocate for their rights. International organizations can lobby and work closely with governments to improve legislation and access to health services for labour migrants from Central Asia.

Conclusion: Overall, this research has shown that all key stakeholders acknowledge the lack of access to health services experienced by labour migrants from Central Asia to Russia. Stakeholders are taking various actions and anchoring sustainable solutions to improve labour migrants' situation. Significant gaps remain in the global health literature on labour migrants from Central Asia. Further research is needed to explore the current and potential roles of key stakeholders regarding the access to health services for labour migrants.

List of abbreviations

AFEW	AFEW International
ART	Antiretroviral therapy
CSOs	Civil Society Organizations
DoC	Dimensions of Change
EAEU	Eurasian Economic Union
EECA	Eastern Europe & Central Asia
ILO	International Labour Organization
IOM	International Organization for Migration
MSM	Men who have sex with men
NGOs	Non-governmental organizations
PLWHIV	People Living with HIV
PWUD	People who use drugs
STIs	Sexually transmitted infections
SWs	Sex workers
TB	Tuberculosis
ToC	Theory of Change
UNFPA	United Nations Population Fund
WHO	World Health Organization

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1. Introduction

The number of international migrants around the world is estimated to be almost 272 million (IOM, 2020). Approximately 60% of the world's international migrant population are labour migrants (ILO, 2018). The International Organization for Migration (IOM) is an important stakeholder in the field of migration, and provides services and advice concerning migration to governments and migrants. International migration is driven by economic, geographic, demographic and other factors (IOM, 2020). The main driving force for people to migrate is to find a decent or better-paid job. Other driving forces include a lack of economic livelihood and income inequality in their country of origin (UN, 2018). Moreover, people facing stigma and discrimination due to race, religion, sexual orientation and behaviour are more likely to migrate to countries with more inclusive and prosperous societies (AFEW, 2020a). Many labour migrants pass from developing countries to wealthier economies, such as those of the United States, Saudi Arabia and Russia (IOM, 2020).

Figure 1: Geography Central Asia and Russia

The intra-regional migration flow between Russia and Central Asia is one of the largest labour migration routes (UNFPA, 2018). The collapse of the Soviet Union in 1991 caused political, economic and social changes in Central Asian countries, including Kazakhstan, Kyrgyzstan, Tajikistan,

Turkmenistan and Uzbekistan (see *Figure 1*). Economic and social changes included unemployment, great poverty and increased migration (El-Bassel et al., 2016). Citizens of these countries often search for better opportunities in Russia. Many migrants are filling the gap in the Russian labour market by doing jobs that local Russians do not want (ILO, 2018). Hence, labour migration is an important social and economic phenomenon in the Eastern Europe and Central Asian (EECA) region, with Russia being an important destination for migrants from Central Asia. These migrants make a significant contribution to the economies of both the host country and their countries of origin (Malyuchenko, 2015). For example, 31.3% of GDP for Tajikistan and 32.9% for Kyrgyzstan are remittances from Russia (Bhutia, 2019). In addition, labour migrants are estimated to contribute up to 10% of Russia's gross national product (Nechepurenko & Ponomarev, 2020).

Labour migrants commonly work in the informal sector, where there is a lack of legal and social protection. This makes them vulnerable to exploitation and abuse by both employers and local authorities (UNFPA, 2018). Moreover, they are exposed to abuses due to xenophobia and racism, and have less access to health services, largely due to fear of deportation, abrogation of human rights, discrimination, stigma, and linguistic, administrative, legal, financial and cultural barriers (ILO, 2018).

One area of particular concern is the rising HIV epidemic in the EECA region (UNAIDS, 2018). The number of new cases of HIV is growing by approximately 10% per year (Saldanha & Buse, 2016). According to Weine & Kashuba (2012), labour migrants are considered a vulnerable population for HIV infection. Key populations and their sexual partners are more at risk for HIV, and these groups represent the majority of people living with HIV (PLWHIV): people who use drugs (PWUD), men who have sex with men (MSM) and sex workers (SWs)[1]. According to UNAIDS (2018), 1.7 million people are living with HIV in the EECA region. However, only 38% have access to antiretroviral therapy (ART). Access to treatment for people living with HIV is a crucial need (AFEW ToC, 2020), as treatment suppresses the viral load and thereby prevents HIV transmission. Previous research (El-Bassel et al., 2016) has identified higher rates of sexually transmitted infections (STIs) and sexual risk behaviour among labour migrants compared to non-migrants, which represents an increased risk for contracting HIV. Numerous studies (King & Dudina, 2019; Amirkhanian et al., 2011; Weine et al., 2012) have shown that migrants from Central Asia have very limited knowledge on communicable diseases such as HIV/AIDS, tuberculosis (TB) and viral hepatitis. This research will primarily focus on HIV/AIDS.

[1] These key populations (MSM, PWUD and SWs) will be abbreviated in the following chapters. However, it should be noted that these key populations are not just "abbreviations," but human beings who should be respected and whose human rights are being violated.

Previous research (Kovcheg-ANTI-AIDS & Southern District AIDS Centre, 2019) by AFEW's partners assessed the level of awareness and knowledge of HIV among migrants in the southern regions of Russia. The results of this study identified the problems of labour migrants in the context of HIV. This included lack of knowledge on the health needs of labour migrants amongst key stakeholders —health professionals, researchers, civil society organizations (CSOs), policymakers and international organizations— and limited understanding of how their roles within Russia influence labour migrants' access to health services. Moreover, the roles and perspectives of key stakeholders on access to health services for labour migrants in Russia have not been studied extensively.

Consequently, the research objective of this study is: to make evidence-based recommendations on further research needed to gain a complete understanding of the challenges and health needs of labour migrants from Central Asia to Russia by exploring the perspectives and roles of key stakeholders. The research question is: "*what are the roles and perspectives of key stakeholders on access to health services for labour migrants from Central Asia to Russia?*" The results of this research will provide data that can be used in developing needs-based approaches for health, social and legal services for migrants, and to raise awareness among national and international authorities about the current situation of labour migrants in Russia. The expectation is that the results of this study will contribute to the improvement of migrants' access to prevention, testing, treatment and care services in Russia.

2. Contextual Background

2.1 Labour migration from Central Asia to Russia - demographics

Russia is one of the major destination countries for economic migration, with the majority of labour migrants coming from countries that were formerly part of the Soviet Union (Uzbekistan, Tajikistan, Kyrgyzstan, Kazakhstan and Turkmenistan[2]). According to King & Dudina (2019), there were 11.7 million migrants in Russia in 2017, and it is estimated that the number of labour migrants from Central Asia to Russia is between 2.7 million and 4.2 million people (Ryazantsev, 2016). This accounts for 10% to 16% of the economically active population of Central Asia. A majority of the Central Asian labour migrants move to St. Petersburg and Moscow, the two largest cities in Russia (King & Dudina, 2019).

As of September 2017, migrants from Central Asia to Russia included 441,853 migrants from Kazakhstan, 640,102 migrants from Kyrgyzstan, 1,586,885 migrants from Tajikistan, 48,173 migrants from Turkmenistan and 3,109,341 migrants from Uzbekistan (UNFPA, 2018). Although the majority of these migrants are male, due to an increase in job opportunities in the service sector in Russia, there are also many women who migrate. In 2016, women made up 16% of the labour migrant population from Tajikistan, 18% from Uzbekistan and 38% from Kyrgyzstan. According to Malyuchenko (2015), the actual number of foreign citizens staying in Russia is hard to calculate and it is expected that the actual number of migrants is likely to be even higher than current statistics show.

2.2 Factors contributing to labour migration from Central Asia to Russia

Various factors contribute to labour migration, including economic, social, cultural, historical, infrastructural, geographic and political factors (Ryazantsev, 2016; UNFPA, 2018; Malyuchenko, 2015; ILO, 2018; Di Bartolomeo, 2014).

The economic factors in the country of origin are: declining production, low salaries, high unemployment rates, increasing poverty and an ineffective workforce. Russia is an attractive destination country due to its large labour market, diversified economy, the need for workers in many economic sectors and regions, higher salaries and a better standard of living compared to the home countries (Ryazantsev, 2016; UNFPA, 2018; Malyuchenko, 2015; ILO, 2018; Di Bartolomeo, 2014).

[2] Although there are many labour migrants from Turkmenistan, this research will not focus on Turkmenistan as the AFEW partnership does not work there and thus there is limited data available.

The social factors contributing to labour migration from Central Asia to Russia include: search for (better) education, new (career) opportunities, and reunification with family and friends (Ryazantsev, 2016; UNFPA, 2018; Malyuchenko, 2015; ILO, 2018; Di Bartolomeo, 2014).

The cultural and historical factors include the socio-economic relationship between the countries of the former Soviet Union and Russia, which is relatively good. Migrants' knowledge of the Russian language and mentality greatly increases their chances of finding employment in Russia. Labour migrants mainly find jobs through their social networks, relatives and private intermediaries. Governmental and private employment agencies play only a minor role in incorporating migrants into the Russian workforce (Ryazantsev, 2016; UNFPA, 2018; Malyuchenko, 2015; ILO, 2018; Di Bartolomeo, 2014).

The infrastructural and geographic factors include the fact that Central Asian countries are more connected to Russia in terms of transportation infrastructure, by rail, road, sea or air, and due to open borders for short visits and tourism. The number of flights in the region has recently also increased, and tickets are more affordable. The availability of inexpensive transportation and geographic proximity play a major role in stimulating labour migration (Ryazantsev, 2016; UNFPA, 2018; Malyuchenko, 2015; ILO, 2018; Di Bartolomeo, 2014).

The political factors include the fact that in many Central Asian countries, citizens are prosecuted based on their political views, sexual orientation or resistance towards official governmental policy. The criminal prosecution and high level of hostility of key populations contribute to a large migration to Russia (IOM, 2018). The Eurasian Economic Union (EAEU), of which Russia, Kazakhstan and Kyrgyzstan are member states, also positively influences labour migration to Russia (Ryazantsev, 2016; UNFPA, 2018; Malyuchenko, 2015; ILO, 2018; Di Bartolomeo, 2014).

2.3 HIV statistics & Key Populations

EECA is the only region in the world where the HIV epidemic continues to rise rapidly, with an 57% increase of new HIV infections between 2010 till 2017. Russia has the largest and growing HIV epidemic in the EECA (UNFPA, 2018). For labour migrants, there are three layers of vulnerability for HIV infection: key populations, migrants and migrant key populations.

Key populations, such as SWs, PWUD, MSM and transgender people, are particularly affected by HIV. According to UNAIDS (2019), the risk of acquiring HIV is 22 times higher among MSM and PWUD, 21 times higher among SWs and 12 times higher among transgender persons.

Migrants are particularly vulnerable to HIV. Testing for HIV is mandatory in Russia in order to obtain a working permit for legal employment. However, persons diagnosed with HIV are deported from the country. This legislation pushes migrants living with HIV into irregular migration, making them vulnerable to labour exploitation. HIV infection in migrants is commonly diagnosed at a later stage, due to low awareness of a need for regular testing and fear of deportation. HIV-positive migrants in Russia are not entitled to receive free ART (UNFPA, 2018).

Migrant key populations experience additional, intersectional vulnerability compared to other migrant groups. Migrant key populations experience lack of access to health services due to their (illegal) employment status and the extent to which they are persecuted or harassed on the basis of their sexual orientation, gender identity, sex work or drug use in Russia. Migration of key populations is often caused due to the same repressive laws and negative attitudes in society in their countries of origin (AFEW, 2016c). Globally, key populations and their sexual partners account for 54% of new HIV infections and more than 95% of new HIV infections in EECA (UNAIDS, 2019). *Table 1* shows the HIV and migration data in Russia. It is important to note that only limited data is available on HIV infection among migrants representing key populations in EECA.

Table 1: HIV and Migration - Russian Federation (UNFPA, 2018)

Population (World Bank, 2018)	144 million
International migrants as percentage of the total population (2017)	8.1%
HIV Incidence per 100 000 populations (2016)	53.9

2.4 Risk factors of labour migrants

Research (El-Bassel et al., 2016) has shown higher rates of STIs and sexual risk behaviour among labour migrants compared to non-migrant men, and identified the following risk factors:

- Unstable housing, poor living conditions, adverse employment situations and poverty
- Lack of social support and loneliness
- Strict migration policies and policing

A number of labour laws and agreements in Russia further stigmatize the migrant population (El-Bassel et al., 2016). These will be further explained in *Section 2.6*. According to UNFPA (2018) labour migrants face additional vulnerabilities due to socio-cultural, environmental, political and health factors, which include:

- Undocumented status (no registration means no residence permit)

- Family separation and lack of social protection systems
- Xenophobia based on ethnic differences, stigma and discrimination against migrants living with HIV (PLWHIV), MSM, SWs and PWUD.

2.5 Accessibility of health services and health needs of labour migrants

Accessibility to health services

For migrants, ART is not regularly available through the healthcare system in the host country, and only available on a paid basis, 30-100 US dollars per month. Due to fear of deportation, migrants are frightened to access healthcare facilities, even when aware of their HIV-status. It is expensive to get a medical examination and treatment in Russia, because labour migrants need to pay for all health services themselves (Cook, 2014). According to UNFPA (2018), emergency care is provided to migrants free of charge, regardless of their status in Russia. Other types of care, such as acute and regular care, are provided on a paid basis or through private health insurance. This insurance can only be acquired by migrants with a legal status in Russia. The treatment of communicable diseases can be provided to migrants only on a paid basis. Migrants from Kazakhstan and Kyrgyzstan are guaranteed basic health insurance due to the Eurasian Economic Union (King & Dudina, 2019).

Health needs of labour migrants

Several studies have been conducted on male Central Asian (labour) migrants in Russia and their health needs. Amirkhanian et al. (2011) found that male labour migrants had very limited knowledge of HIV/AIDS, were susceptible to mental health problems, and had poor social support. Condom use among migrants was low, with a percentage of 52% with casual partners and 35% with permanent partners. Labour migrants who contract HIV in Russia and move back home can expose their home-country sexual partners to HIV when they do not know their status or do not disclose their HIV-status. Jing et al. (2012) found that Tajik migrants rarely sought HIV testing, and their knowledge of HIV/AIDS was also limited. A study by Bakhromov and Levy (2013) found that Tajik male migrants who use drugs "are at a double jeopardy for social marginalization from both Russian society and their own Tajik migrant community" (p.2). Due to rejection from society, migrant drug users form social groups with other drug users and share needles together, increasing the risk of HIV. Weine et al. (2013) found that male labour migrants were at higher risk for HIV due to sexual behaviours, including (unprotected) sexual relationships with SWs and multiple partnering.

Most women migrating from Central Asia to Russia are of reproductive age. King & Dudina (2019) reported that while female labour migrants are more likely to use health care services if urgently needed (e.g. pregnancy and childbirth), most women wait till they return to their home country to

seek health services. The stress of migration can cause mental health issues, and access to mental health care can be inhibited by issues such as language barriers, low levels of information, and differing cultural and social norms (King & Dudina, 2019; Zutova, 2020).

2.6 Policy in Russia on (labour) migration

According to the UNFPA (2018), Russia did not sign the *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families* (UN, 1990). However, equal rights of migrants, and protection of their rights and freedoms, are integrated and combined within the national migration policy. The rights of migrants in Russia are secured by mutual agreements with Kyrgyzstan, Tajikistan and Uzbekistan. Kazakhstan and Kyrgyzstan are members of the EAEU, therefore their citizens do not require work permits (Malyuchenko, 2015).

Russian legislation states that an HIV-positive status is a barrier for entering Russia and a reason for deportation (UNFPA, 2018; ILO, 2018). However, exemptions are made when relatives are citizens or have a residence permit in Russia. The legal protection of labour migrants and their access to legal and other aid services remain relatively low in Russia. In order to acquire an official working permit, migrants are required to provide evidence of HIV-negative status and negative status for other diseases (including drug dependence) (Chiovenda, 2013; Malakhov & Simon, 2018). A negative HIV-test result is required for long-term stays (more than three months) for students and foreign employees. According to the Constitution Court of the Russian Federation, relevant authorities and courts may take into account family status, health status of a person with HIV/AIDS and other exceptional circumstances when deciding on the necessity of deportation or allowing temporary residence (AFEW, 2016c).

A recent policy brief by Poletaev (2019) argued that after the dissolution of the Federal Migration Service, migration to Russia became uncontrollable, with 30% of all labour migrants not having the opportunity to formalize their employment through registration. The large numbers of undocumented migrants and informal employment is mainly due to "unreasonably complicated administrative and bureaucratic procedures" in Russia (*ibid*.: p. 1). This leads to Russian employers abusing and exploiting labour migrants through human trafficking, and forced and slave labour (Poletaev, 2019).

3. Theoretical Background & Conceptual Framework

AFEW's Theory of Change (ToC) represents the change that the organisation strives to create, and reflects AFEW's values, policies, priorities, context, strategic reviews and evaluations. Based on the concept of the Theory of Change by Taplin & Clark (2012), AFEW's ToC reflects a participatory process of change in which various stakeholders share their long-term goals and identify the conditions needed to reach those goals. In *Appendix 11.1* a more detailed explanation is included, and *Appendix 11.2* includes a visual representation of AFEW's ToC.

AFEW wants to achieve change for people whose human rights are violated and those who face various barriers, such as people who have a lack of access to health services, information, legal, and social services; and key populations, such as migrants, youth, MSM, PWUD, people in prisons, SWs and transgender persons. Access to healthcare is multi-layered and consists of physical, economic and information accessibility (WHO, 2013). Barriers to accessing health services are related to gender, age, sexual orientation, perceived (health) behaviour and health status (e.g. HIV-positive status) (AFEW ToC, 2019), amongst other criteria. Individual and environmental factors can also be involved, e.g. distance to care.

In this study, the ToC by AFEW was used to investigate the roles and perspectives of key stakeholders on access to health services. *Figure 2* shows the conceptual framework for this research, derived from AFEW's ToC. The main focus will be on "access to good quality health services for labour migrants in Russia." Other dimensions of change (legal and social justice, power to voice and appreciation of diversity) may also have an influence on accessing health services.

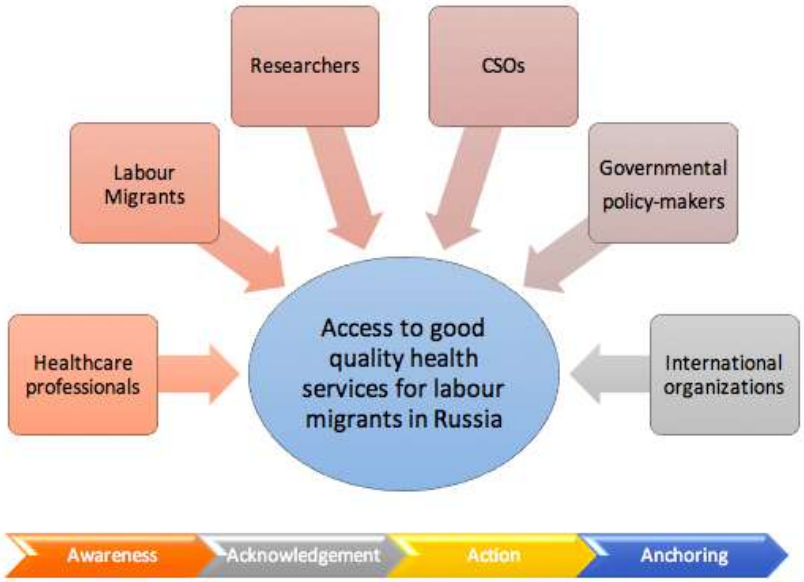

Figure 2: Conceptual Model based on AFEW's ToC (2020)

The model in *Figure 2* shows the goal (change) that needs to be achieved, and how this is influenced by various key stakeholders. The stakeholders should have certain behavioural characteristics or take certain actions to achieve the change. In order to achieve the end goal, stakeholders should follow the pathway of **awareness, acknowledgement, action** and **anchoring**. The stakeholders should first be **aware** that labour migrants face barriers and that there is a lack of access to health services. Then, they should **acknowledge** that the current situation requires change. Then, **action** should be taken to address labour migrants' health needs and rights. Finally, **anchoring** should take place, where stakeholders take successful action to ensure sustainability, and consider what can be done in the future to maintain good access to health services for labour migrants.

This research focused on the following stakeholders: researchers, CSOs and international organizations. The **researchers** consisted of researchers in the field of labour migrants, HIV/AIDS, and key populations in Russia. The behaviours, attitudes and actions for researchers include: gathering evidence to create a factual basis for the development of policies and practice, contributing to developing evidence-based practices for Central Asian labour migrants in Russia, ensuring surveillance and monitoring of health, and liaising with patients to identify new research ideas.

The **CSOs** include those providing social support services in Russia, such as social workers, including substance use social workers and community social workers (partners of AFEW). The behaviour, attitudes and actions that should be taken by CSOs include: checking and ensuring social support systems are in place for patients, advocating for improved quality of care, and establishing good referral and collaboration systems with medical professionals and non-governmental organizations (NGOs), social services, law enforcement and employment agencies.

The **international organizations** include World Health Organization (WHO), United Nations Population Fund (UNFPA), Global Fund, IOM, International Labour Organization (ILO), UNAIDS, and other relevant people mainly working in the field of HIV/AIDS and (labour) migration in the EECA region. International organizations should: increase their focus on EECA region, coordinate their (health) programmes to ensure better coverage and impact, allocate funds to the full range of needs, educate donors in a coordinated way about the region and the specific health concerns that require attention and financial support, and coordinate advocacy efforts aimed at mobilizing governments and international bodies focused on health.

4. Sub-research questions

The main research question is: "*what are the roles and perspectives of key stakeholders on access to health services for Central Asian labour migrants to Russia?".* Based on the conceptual framework, the following sub-research questions were formulated:

1. To what extent are stakeholders (researchers, CSOs and international organizations) aware of the situation of labour migrants in Russia and their access to health services?
2. To what extent do stakeholders acknowledge the need for change for labour migrants' access to health services?
3. To what extent do stakeholders take action to improve the situation of labour migrants in Russia and their access to health services?
4. To what extent do stakeholders anchor (consider what can be done in the future to maintain/improve) the situation of labour migrants in Russia and their access to health services?
5. To what extent do stakeholders meet the behaviour characteristics of the ToC?

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5. Methodology

Ten in-depth semi-structured interviews were held with key stakeholders in the field of labour migration (health) in Central Asia and Russia. This was important to gain in-depth understanding of their roles and perspectives on accessibility of health services for labour migrants in Russia. According to Nyanchoka et. al (2019), qualitative research is an appropriate method to gain in-depth understanding of key stakeholders' roles and perspectives in describing and identifying gaps in public health research.

5.1 Study population, sampling and recruitment

The research population were key stakeholders within the context of labour migrants' health in Russia: healthcare professionals, researchers, CSOs, policymakers, and international organizations. Labour migrants are also an important stakeholder, but for practical reasons they were not included in the population for this research to limit the scope of the research objective. Healthcare professionals and policymakers were planned to be interviewed, but were unable to be recruited for this research. The researcher also planned to travel to EECA to recruit and interview relevant stakeholders, but due to Covid-19 this was not possible. Therefore, all interviews took place online.

The inclusion criteria of the participants were: English and/or Russian speaking, belonging to one of the stakeholder groups, and adequate knowledge of or experience with (labour) migrants in Russia and Central Asia. The exclusion criteria of the participants were: labour migrants, not Russian or English speaking, not involved in labour migrants/key populations' health, and refusal to participate in an interview.

For this research, purposive sampling was utilised: only participants relevant to the research objective were sampled (Gray, 2014). The researcher made a list of participants who met the inclusion criteria, and recruitment was done with the support of AFEW and its partners.

5.2 Data collection

In-depth semi-structured interviews were used to gain a better understanding of the roles and perspectives of various stakeholders. A semi-structured interview guide, based on the conceptual framework, was used (see *Appendix 11.3*), consisting of open questions, which triggered the participants to elaborate on their answers and gave the researcher the opportunity to probe. Participants also had the opportunity to discuss in greater detail and length their own perspectives on the topic. The interviews were conducted in English and Russian (with assistance of a Russian interpreter from AFEW). The interviews took place from March 27th until May 13th 2020 and were conducted through online platforms Skype and Zoom. The interviews were audio recorded with

consent of participants, transcribed verbatim, and coded using a coding guide. Duration of the interviews varied between 45 minutes and two hours.

5.3 Data analysis

The researcher transcribed and thoroughly read the interviews to become acquainted with the data. Thematic content analysis based on the conceptual framework and open coding was utilised to analyse the data. Thematic content analysis began by using concepts from the theoretical and conceptual framework. Prior to analysing the data, a codebook was developed. This codebook included 32 codes, derived from the theoretical and conceptual framework. Codes that were similar were combined and codes that were not found within the data removed. Open coding was used to capture emerging concepts not derived from theory, but the interview data. The data analysis was performed using Atlas.ti (Berlin: Scientific Software Development GmbH), a qualitative data analysis software programme. The *Results* section of this study provides quotations from the participants, as well as the researcher's interpretations of the data.

5.4 Validity and reliability

The reliability of the data was secured by member-checking, which means that participants were asked during the interview to confirm the researcher's interpretation of their answers. This was done by probing further to obtain clarity, or summarizing their answer and asking for confirmation. At the end of the interview, participants were asked to summarize their views on labour migrants' health, and migrants' access to health services in Russia. In addition, the interview data was coded twice in order to reach consistency of data interpretation by the researcher.

The validity of the data was further secured by literature review and desk research, in order to compare the findings with previous research (e.g. roles and perspectives of key stakeholders in other contexts of the globe). In order to overcome language, translation, cultural and interpretation barriers a Russian interpreter was consulted, clarification of interpretation during interviews was performed by the interviewer, and interview questions were asked and translated precisely from English to Russian.

5.5 Ethical considerations

Prior to every interview, participants were informed about their rights during the interview and informed consent was collected (verbally) for using the audio-recording as research data. A data management plan was submitted to the VU supervisor and approved. The participants were assured verbally that the data will be used solely for the purpose of the study. The data was destroyed after transcribing. The participant had the right to withdraw from participating in the study at any time for any reason, without any consequences or explanation. All interviews were conducted in confidence. All data obtained during the interview was anonymised: each participant was given a unique identification code to prevent the possibility of identification of the participant's identity. All the research materials for this study were stored on a password-protected computer. Moreover, all personal information of the participants was kept in confidence and in accordance with data protection laws. Due to these measures, participants were not harmed in any way.

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6. Results

6.1 Participants' characteristics

Ten semi-structured interviews were conducted with key stakeholders in the field of migration health in Russia. The stakeholders consisted of four researchers, three people working at civil society organisations and three people working for international organizations. *Table 2* provides a list of all stakeholders.

Table 2: List of stakeholders, including their position

#	Position	Stakeholder group
1	PhD researcher	Researchers
2	Social worker	Civil society organizations
3	Regional Programme Coordinator	International organizations
4	President / Director	Civil society organizations
5	Director & Researcher	Researchers
6	Assistant Professor & Researcher	Researchers
7	National Professional Officer	International organizations
8	Project Manager	Civil society organizations
9	Medical anthropologist	Researchers
10	Regional advisor EECA	International organizations

6.2 Current actions taken by stakeholders

Researchers are taking actions to improve access to health services for labour migrants from Central Asia by gathering, analysing and processing reliable information on migrants. One of the stakeholders reported that there are few research organizations working on migration health in Russia.

One researcher recommended in a policy brief that the registration policy for labour migrants should be improved. This was acknowledged by the government, which had positive implications regarding work permits and medical insurance for labour migrants. Other researchers discussed the importance of doing community-based participatory research (CBPR) to investigate the health needs of labour migrants. CBPR is important, because it gives access to community groups and collects the views of key populations, their challenges and their understanding of issues and solutions. Researchers also

investigated the perspectives of healthcare providers, which are important stakeholders in labour migrants' access to health services.

CSOs are supporting and preventing deterioration of the health of labour migrants by implementing harm reduction projects, outreach work, providing free HIV/TB/viral hepatitis testing, psychosocial support, peer-to-peer consultations (also online) and initiating telephone hotlines for (HIV-positive) labour migrants. One of the CSOs has access to deportation centres and temporary shelters for migrants, and can provide these migrants with care. Awareness-raising events are also organized for migrants to increase their knowledge on STIs. CSOs support migrants in getting citizenship, provide legal consultations, provide support with filling out the documents (including residence and work permits), and solve legal problems with the assistance of a (human rights) lawyer.

International organizations are taking action for migrants by advocating for their health with the government, by training specialists, setting up information campaigns, promoting self-testing, providing special education programmes on STIs in the Central Asian countries, organizing joint events and conferences and inviting specialists and authorities to these events. Also, international organizations are mobilizing NGO networks, providing "hotlines" for support and referral for migrants, and providing capacity building training for employers, prosecutors, healthcare providers, migration services, and governments. Projects on HIV and TB prevention also take place among migrants and their families in Central Asia.

6.3 Barriers to access health services

Stakeholders discussed various barriers for labour migrants in accessing health services: lack of documents, lack of medical insurance, stigma and discrimination, and healthcare providers' attitudes and knowledge.

Lack of proper documentation

According to stakeholders, when labour migrants lack residence or work permits or have an illegal immigration status, they do not have access to free medical services. In particular, the residence ban on HIV-positive migrants affects the extent to which migrants access health services. However, when migrants are in life-threatening conditions, they still have the right to free emergency care. If it is not urgent, migrants have to pay medical costs out-of-pocket. Stakeholders reported that when migrants are registered for residence in Russia, they can obtain a work permit that includes medical insurance, and have free access to health services. In order to obtain a work permit, migrants need to pay for the HIV and TB tests themselves. Many migrants are afraid to go to the doctor, because doctors ask for documents, and undocumented migrants are afraid of being deported. Many migrants who do not pass the medical exam still hide in Russia and work illegally. Undocumented migrants have many

difficulties getting tested for HIV and receiving ART, because their illegal status leaves them completely out of the legal framework. Some stakeholders mentioned that it is not clear exactly how many undocumented migrants there are and where they live, which makes it hard to help them.

Some stakeholders noted that landlords often do not register migrants as tenants, in order to avoid paying taxes. This leaves migrants without an official rental history or fully finalized residence documents, which they need for obtaining Russian citizenship or a work permit. Also, labour migrants have to reapply for work permits every year, except those from the Eurasian Economic Union. They may refuse medical check-ups for HIV or TB to get a work permit, because they fear deportation or getting caught without documents by authorities. One stakeholder did research among labour migrants in Yekaterinburg and found that those without Russian citizenship, residence permits or working permits, have the least access to health services.

Lack of medical insurance

Some stakeholders reported that most labour migrants are not aware that they need medical insurance. The Ministry of Internal Affairs is also not very active on this issue. Stakeholders discussed that medical insurance for Central Asian labour migrants includes very limited offers and does not include dental care, rehabilitation care, or HIV and TB services. Migrants often cannot afford extended medical insurance.

When migrants do have private medical insurance, stakeholders report that they are still treated poorly by healthcare providers. Insurance does not necessarily improve access and quality of care. Stakeholders argued that without Russian citizenship or a residence permit, there is no mandatory health insurance for labour migrants. Also, due to the many different *oblasts* (regions) in Russia, there is no unified health insurance system in the whole country. One stakeholder reported the following:

> "*A lot of insurance companies are actually trying to make money out of migrants. They provide them with some documents that say they have access to health services, but usually migrants are from rural areas, they don't know Russian very well. They don't even read these papers, they just pay and they think they have insurance, but once something happens and the doctor asks for their papers, the doctor says: no this is just for emergency services.* "
> – Participant #7, International organization

A large number of stakeholders reported that migrants would rather save money than spend it on healthcare. It is important to note that the main priority of labour migrants is to send remittances to their families. The lack of medical insurance remains one of the main barriers to access health services.

Stigma and discrimination

Stakeholders argued that a negative image of labour migrants from Central Asia is widely propagated in the Russian media. They are portrayed in the media as economic migrants stealing jobs of Russian citizens, as people with low wages, living in crowded, dirty apartments. This fuels the current stigma and discrimination that many labour migrants face. Some stakeholders reported that people in Russian society see migrants as a threat to the national economy and their lifestyles, due to their different culture and religion. This is ironic, according to stakeholders, because labour migrants take jobs in the construction and services sectors that Russian citizens do not want. Other stakeholders discussed that mass media does not offer real information about migrants' situations and only focuses on the negative side of migration. One stakeholder reported the following on the effect of stigma and discrimination on the rising HIV epidemic in the EECA region:

> "*In other regions of the world, the HIV epidemic goes down. In the EECA region it is not. We have a constant increase in new cases. I firmly believe that the reason why EECA is doing so bad globally is due to stigma and discrimination. People who are stigmatized and discriminated against within healthcare settings and in society, especially migrants and other key populations, will not access health services as long as this is present.*"
> – Participant #10, International Organization

Migrants are stigmatized and discriminated against due to their "phenotypes" and are often referred to as "blacks". They may also speak Russian poorly, and can therefore not always insist on their rights. Some stakeholders explained that the basis of stigma and discrimination is mainly rooted in a conflict between rural migrants from Central Asia moving to large metropolitan areas where Russian citizens live. People in these cities often perceive migrants as poorly educated and unsanitary.

Healthcare providers

Some stakeholders reported that healthcare providers lack understanding of the social determinants or culture of labour migrants from Central Asia. There are no culturally sensitive interventions in healthcare settings aimed at migrants from Central Asia. The attitudes of healthcare providers towards migrants influence their access to health services. According to most stakeholders, racism in healthcare settings, especially from doctors, still takes place. One stakeholder argued that doctors sometimes ask migrants for money ("mandatory gratuity") and treat them poorly, especially women seeking reproductive care or childbirth. One stakeholder mentioned that some doctors even set local conditions for migrants to pay for health services. The following was reported by a stakeholder on healthcare providers:

"*There are many doctors who do not actually realize that key populations, including migrants, have different needs, especially when they talk about their sexual and reproductive health rights. As long as you have this misunderstanding, you will not reach those people and they will not go to the health services.*" – Participant #10, International organization

Other factors

Other factors discussed by stakeholders were the general tendency of labour migrants to delay their visit to the doctor until it is too late, or go home to get treatment. Labour migrants often have no free days, do extensive labour work and prefer to work to get their income. One stakeholder argued that it is impossible for labour migrants to visit the doctor during working hours, due to large queues at the clinics. They are also afraid to lose their job if they go. Some stakeholders also argued that labour migrants have limited knowledge on HIV, TB and other diseases. Overall, there is no social protection for labour migrants from Central Asia to Russia, especially those that are not part of the EAEU. Labour migrants do not feel safe and confident enough to access health services.

6.4 Russian government and legislation

A majority of stakeholders agreed on Russian legislation being the biggest barrier for labour migrants to access health services. Stakeholders discussed how they feel and perceive the role of Russian government and legislation. They argued that authorities are not ready to provide free medical services to migrants, because of a lack of funding and political will. The Ministry of Internal Affairs is a very conservative body, and not concerned with providing humanitarian aid for migrants. This makes it hard for stakeholders to make any changes at governmental level.

Some stakeholders reported a lack of strategy from the Russian government in the integration of labour migrants from Central Asia into Russian society, let alone a strategy oriented to provide medical support to migrants. This gap is mostly filled by NGOs. One stakeholder reported the following:

"*Russian authorities are not sensitive to what civil society is saying. So you need to create a very strong and enabling environment and change the public opinion. So it is important to work with journalists, to have a lot of publications on migrants with HIV living in Russia and to work with civil society organizations in order to convince the Russian government on the situation of labour migrants.*" – Participant #5, Researcher

A substantial number of stakeholders agree that the travel restrictions on HIV positive migrants, who cannot travel to Russia to work and live, is a primary problem. This makes it impossible for them to go

home, get treatment and then return to Russia. Stakeholders reported that healthcare in Russia needs change, and should include all migrants working and living in Russia.

6.5 Facilitators to access health services

Some stakeholders discussed facilitators enhancing the access to health services for migrants. One of these facilitators are so-called "Kyrgyz clinics," which are clinics founded by Kyrgyz migrants. Labour migrants prefer to visit these clinics, due to the understanding of their culture by healthcare providers. One stakeholder explained the following on "Kyrgyz clinics":

> "*When you talk about your health, about your body, it is quite intimate. People from Central Asia prefer not only to speak in their native language, but also to speak to a person who understands them, who understands their social determinants of health, their culture and the way you live in Russia.*" – Participant #1, Researcher

One stakeholder reported an interesting opposite trend that is also seen, which could imply that there may also be intercultural issues between people from the various Central Asian countries. If the clinics are run by migrants from Kyrgyzstan, migrants from Tajikistan would still face language and cultural barriers, and maybe stigmatising attitudes:

> "*An interesting thing that I found when I was in Moscow, was that some Tajiks and other migrants said they preferred to approach Russian doctors if they have money, rather than go to these Kyrgyz clinics. They have more trust in Russian providers than people from Central Asia. They asked us to advise them on Russian clinics which they can approach. At the same time, I know that Russian citizens prefer these Kyrgyz clinics.* – Participant #9, Researcher

Other facilitators to accessing health services for labour migrants reported by stakeholders included community-based organizations for key populations, who provide peer-to-peer consultations. Also, by creating transnational networks, NGOs in Russia also connect with other NGOs abroad to provide migrants with, for example, ART treatment.

6.6 Eurasian Economic Union

According to stakeholders, migrants from countries that are part of the EAEU are better situated now. These migrants do not have to pay for a work permit, they only need a residence permit to live and work in Russia. Stakeholders argued that the entrance of Kyrgyzstan and Kazakhstan in this union is a major breakthrough. Citizens of the EAEU are covered under the Russian medical state insurance,

which now leads to more opportunities for Kyrgyz and Kazakh migrants in Russia to access health services.

However, this means that migrants from Tajikistan and Uzbekistan, which are not part of EAEU, have to reapply every year for a work permit, decreasing their chance of permanent residency in Russia.

6.7 Covid-19

Stakeholders reported that the current Covid-19 pandemic has strongly influenced the lives of labour migrants and their access to services. Migrants have been placed in challenging situations, as they lost their jobs and cannot afford to pay for housing and food. Migrants are not able to go home to see their families, because the borders are closed. They are stuck in Russia, while their families are suffering. Also, those who are on ART treatment have a lack of access to this treatment in Russia.

Various stakeholders are providing humanitarian aid to labour migrants in these situations. Migrants can call hotlines to receive medication, and are also referred to other health and social services. Social media has been deployed to spread reliable information on Covid-19 and to educate migrants on prevention. Some stakeholders reported the need for rapid response to support HIV-positive migrants, who are very vulnerable to Covid-19 due to their weakened immune systems. One stakeholder took rapid action:

> "*Now with the current coronavirus pandemic, we initiated rapid response by handing out masks to labour migrants, and also by getting access to temporary shelters for migrants to provide them with support and care."* – Participant #4,

Some stakeholders agree that due to the Covid-19 pandemic, there will be renewed attention for healthcare in Russian society, and they hope that the Russian government will allocate more funding to healthcare. In terms of health equity, some stakeholders hope that this public health threat leads to changes within governmental policy. Mainly, that people become more aware that it is wrong to divide people based on socioeconomic status. Stakeholders also argued that the Russian government should provide more education and outreach on Covid-19 to migrants.

6.8 Mental health

According to some stakeholders, it is also important to address the mental health of labour migrants, and more research is needed on their mental health needs. Getting treated poorly by doctors or being discriminated against on a daily basis affects migrants, which can lead to depression or anxiety, or have an impact on physical healthcare usage and treatment compliance. One stakeholder argued that

migration is also challenging due to family separation, social pressure, and the hard living and working conditions:

> "*The migrants have a lot of stress and it is often hard to live in the destination country, especially in Russia, because discrimination and racialization is everywhere. Being under pressure, every day, as an under classed citizen, affects their self-esteem, their moods and their mental health."* – Participant #9, Researcher

Stakeholders also reported that there is a complete lack of access to mental health services for migrants in Russia and Central Asia, except for the psychosocial support provided by CSOs. Generally, in Russian society, mental health issues are heavily stigmatised.

6.9 Advocacy

Many stakeholders reported that a broad range of advocacy work is being done. Special workgroup meetings with the government are held, in order to improve migrants' access to health services. During these meetings, drafts of proposed changes to policies and legislation are discussed, including the extension of medical services to labour migrants, their inclusion in medical insurance schemes, and creating medical trust funds to which Central Asian countries can contribute. Efforts are also made to stop deportation.

Some stakeholders reported that they organize awareness-raising events, during which the current situation of migrants' access to health services is discussed. One stakeholder in particular is the chairperson in sessions on migrants' health, where researchers and NGOs are brought together to bridge the gap between academia and civil society organisations. These sessions have included topics such as how to advocate for migrants' rights, and how to bring evidence-based information to policymakers. Stakeholders claimed that making changes in legislation is a long and slow process. Hence, it is important to come up with strong evidence on labour migrants' access to health services. One of the ways to do this is to improve the collection of data on migration, migrants and their health. One of the arguments used by stakeholders when advocating for migrants' rights is that migrants are of great economic importance and social value to Russia. One stakeholder mentioned that public health providers can be good advocates for migrants to authorities, when it comes to their "right to health":

"*I think healthcare providers and healthcare professionals, who understand that everyone should have access to health services, could be good advocates for migrants' right to health. They can convince authorities that it's not rational to divide people when you provide services, especially when we talk about communicable diseases.*" – Participant #7, International organization

Stakeholders from international organizations argued that they are in a position to lobby with the government, as they work closely together. They use this opportunity to convey to governments that nobody, and notably key-populations, should be left behind in terms of access to health services.

6.10 Solutions for improvement

Stakeholders discussed various solutions for improving access to health services for labour migrants. One of the important things to do is to work with medical insurance companies, which can provide special packages for migrants. Stakeholders agree that insurance for labour migrants should cover all the medical services that are also available for Russian citizens. In order to decrease the HIV epidemic, both basic access to health services and HIV-specific services should be included.

Organizing awareness-raising events for migrants on the Russian healthcare system and HIV/AIDS, TB and other communicable diseases, organised both in Russia and Central Asian countries, are a good way of improving understanding of health issues and increase the likelihood of migrants accessing health services. Stakeholders reported the importance of informing migrants about regular testing for HIV and other communicable diseases, before they come to Russia, but also when they return to their home country. This information can be spread through flyers and brochures. Materials should include detailed information on where to find health services. This information should not only be provided in Russian, but also in Tajik, Uzbek or Kyrgyz languages. Other solutions suggested by stakeholders include: organizing joint events for parliamentarians or interparliamentary groups with specialists in the field of migration health to address the issue of labour migrants. This will aid in improving legislation. Migrants should also be encouraged to raise their voices, to create trade unions and to secure the right to social entitlements, such as pension funds or paid sick-leave.

Some stakeholders argued that more intergovernmental agreement should take place between Central Asian countries and Russia on the importance of migrants and their access to healthcare. The deportation legislation should be removed, so migrants are able to get ART in their home country and simultaneously keep their job in Russia. The fear of deportation among migrants should be reduced. Stakeholders mentioned that AIDS centres in home countries can provide ART and can cooperate with CSOs in Russia to provide ART to migrants in Russia. Governments should provide more information to migrants on the legal implications of migration.

One stakeholder mentioned the importance of using qualitative methods to understand the barriers that labour migrants face. More research should be done on the social networks of migrants, their mental health needs, and the root causes of migration. Data collection on migrants' health should be increased and improved continuously to provide hard evidence that can convince authorities of the need to improve access to health services.

Other solutions for improvement reported by stakeholders included:

- Work permits are expensive. One stakeholder mentioned that these permits should include some basic access to health services, such as one doctor's visit a month.
- It is important to work with CSOs, to make sure key populations are not left behind.
- Health services should be strengthened to make them more user-friendly, so migrants feel safe and confident about visiting health services.
- Healthcare providers should be trained to reduce stigma and discrimination in healthcare settings.
- More funding should go to NGOs to deliver services to support migrants.

6.11 Opportunity to change

Overall, stakeholders are quite positive about the future when it comes to labour migrants' access to health services in Russia. There is still an increase of labour migrants coming from Central Asia to Russia. With its expanding economy and shrinking demographic, Russia will continue to provide a labour market and opportunities for migrant workers. Many people in Russia are also getting used to diversity within society. Slow, positive developments in migration policy are leading to slight improvements for labour migrants. One stakeholder reported:

> "*I hope that the situation will be better. I see a very active civil society that advocates for migrants' rights and their access to HIV services. Russia also understands and realizes that they need migrants and I know that there are changes in legislation, in terms of getting citizenship. For example, in this Covid-19 situation, it is clear that no matter who the person is, it's not rational to provide services to one person and ignore migrants.*"
>
> – Participant #7, International organization

7. Discussion

7.1 Key Findings

The aim of this research was to explore the roles and perspectives of key stakeholders on access to health services for labour migrants from Central Asia to Russia. This research has shown that all stakeholders are aware of the lack of access to health services for labour migrants, and acknowledge that change is needed. Stakeholders are taking various actions and anchor solutions to improve labour migrants' access to health services. The role of researchers in the field of migration health is to gather, analyse and process evidence-based information, and to share this information with other organizations to raise awareness. The role of CSOs is to provide migrants with care, treatment, education, psychosocial and legal support, and to advocate for migrants' rights. International organizations are in a position to lobby and work closely with the government to improve legislation and situations of labour migrants in Russia.

The findings of this study also indicated that all stakeholders agree that access to health services for labour migrants from Central Asia depends on their legal status and medical insurance. This legal status can only be achieved when they have a valid work and residence permit or Russian citizenship. Other important barriers are stigma and discrimination in Russian society, especially within healthcare settings.

The current Covid-19 pandemic has created challenging situations for labour migrants. Many labour migrants lost their jobs, and are unable to pay for food and housing or see their families. The pandemic also negatively affects their access to health services.

One argument used by stakeholders when advocating for migrants is their valuable economic contribution to the Russian economy.

Mental health among labour migrants is another important issue that needs to be addressed, as there is a complete lack of access to mental health services.

All stakeholders agreed that Russian legislation is the biggest barrier for labour migrants in accessing health services. Stakeholders reported a lack of strategy from the Russian government for integrating labour migrants from Central Asia into Russian society and into the national health policy.

7.2 Reflection on key findings

Lack of documents, lack of medical insurance, and stigma and discrimination as barriers to access health services for migrants from Central Asia have been described in previous studies by Weine et al. (2007), DeHovitz et al., 2014; Ehmsen et al., 2014; Demintseva & Kashnitksy (2016), Kashnitsky & Deminsteva (2015, 2018), King, Dudina & Dubrovskya (2019); Agadjanian et. al (2017) and Agadjanian

& Zotova (2019). Cook (2014) showed that undocumented status resulted in lack of access to health services. Also, a majority of migrants remain without formal registration, and many migrants return home to seek care, because they are unable to pay for it in Russia. Deblonde et al. (2015) reported that limited access to services such as health care, housing, employment, protection and justice for undocumented migrants contributes to a larger risk for contracting HIV. Chudinovskikh (2019) reported on public opinion on migrants, and found that 72% of the Russian people believe that Russian authorities should limit the influx of foreign citizens coming to Russia to work. This could explain the stigma and discrimination many labour migrants from Central Asia face. The negative attitude has decreased in the past five years, but in general this attitude towards migrants remains negative (Chudinovskikh, 2019). In this study, stakeholders stressed that the entrance of Kazakhstan and Kyrgyzstan into the EAEU was a positive change for labour migrants from Central Asia to Russia. However, according to Poletaev (2020) the integration processes for migrants from the EAEU in Russia meets barriers, due to a lack of coordination between agencies responsible for regulation of stay and employment, and "the absence of targeted financing of adaptation and integration programmes for migrants workers" (p. 36).

The mental health of labour migrants from Central Asia has been addressed in several studies (Ismayilova et al., 2013; Zotova, 2018; King & Dudina, 2019). A recent study by Zotova (2020) on the relationship between migration, psychological well-being, and mental health among Central Asian migrants in the United States, found that mental disorders are more prevalent among Central Asian migrants in the US compared to native-born US populations. The importance of mental health as a public health consideration has also been reported by WHO (2016). Findings of this study showed more research on mental health needs of labour migrants and improved access to mental health services is needed.

The Covid-19 pandemic has created challenging situations for labour migrants from Central Asia. Ivashchenko (2020), van der Meer & Turgoneva (2020), Nechepurenko & Ponomarev (2020) and NOS (Dutch Public Broadcast, 2020) reported that quarantine restrictions and border closings have worsened the situation of labour migrants in Russia. Many migrants became unemployed and have no protection against the virus. Migrants were unable to pay for their work permits; fortunately, Russian President Putin passed a decision for exemption of paying for work permits and extension of temporary residence. However, migrants live in crowded apartments, which increases the risk of spreading the Covid-19 virus. One solution to this issue is the "council for assistance to migrants" that provides counselling and psychosocial support, helps in calling an ambulance, and provides food and

medicines for migrants living in apartments and hospitals. Also due to the Covid-19 pandemic, the Tajik Embassy in Russia (2020) has "a plan for the gradual and phased return of Tajik citizens who found themselves abroad in connection with the Covid-19 pandemic". The focus will first be on Tajik citizens residing in temporary detention centres in Russia for the past three months.

Russian legislation has been described by stakeholders in this study as the biggest barrier preventing migrants from accessing health services. According to Chudinovskikh (2019), there have been developments in migration policy with the adoption of the new "Concept of Migration Policy of the Russian Federation for 2019-2025." This concept includes simplification of application for permanent and temporary residence permits. Authorities decided to reshape migration policy to open Russia for everyone who wants to live and work there, and simplify rules of entry and procedures for granting Russian citizenship. However, there are no specific changes described on migrants' access to healthcare and medical insurance in the concept of migration policy. This remains an aspect to improve.

As mentioned in the *Introduction*, the intra-regional migration flow between Russia and Central Asia is one of the largest labour migration routes in the world. However, there are also other large flows of labour migrants in other parts of the world, for example, from Central and Latin America to the US, and from Asia to oil-rich Gulf countries (IOM, 2018). Migrants from Mexico face challenges in accessing health services in the US due to health insurance status (Martinez-Donate et. al, 2017). Joshi et al. (2011) found that Nepalese labour migrants' barriers to access health services in Gulf countries were lack of leave for illness, cost and fear of losing their job. Also, only a third of the labour migrants were provided with medical insurance by their employer. Polish labour migrants are the largest group of immigrants in Norway (Czapka, 2012). Most of them are unregistered and have no rights to health care services. These migrants are considered a vulnerable group due to their work in the construction sector (similar to labour migrants from Central Asia). Many studies on labour migrants' access to health services have also been done in other regions of the world, for example in China (Huang & Pan, 2017), Malaysia (Loganathan et al., 2019) and Canada (Hennebry et al., 2016). These studies also highlighted the importance of proper documentation and health insurance to access health services. In other words, the issues facing labour migrants in Russia, and the solutions, are similar to those experienced by labour migrants worldwide. IOM (2020) reported that migrants face barriers in accessing essential health services due to a number of factors, including lack of migrant-inclusive (health) policies and irregular immigration status.

7.3 Strengths and limitations

Several strengths and limitations were identified in this research. To our knowledge, this has been one of the few qualitative studies done among key stakeholders covering their roles and perspectives on access to health services for labour migrants from Central Asia to Russia. The global health literature on Central Asian migration health is not comprehensive, and this study adds to the body of knowledge and research on labour migrants in Russia. Another strength of this research is the diversity of the stakeholders who participated. Stakeholders in the field of migrant health from different institutions and countries were included in this research, with a variety in gender and occupation, resulting in multiple perspectives. The use of online platforms Skype and Zoom is also a strength, because it removes the barrier for both participant and researcher to travel to a certain location. Skype and Zoom were easily accessible for both parties, and made it possible for the researcher to interview stakeholders living in different countries including Tajikistan, Sweden and the US. The interviews could also easily be recorded with these online platforms for the purpose of transcribing and analysing. According to Lo Iacono (2016), advantages of using Skype in conducting qualitative interviews are that participants are already at home and feel comfortable in their own environment. This makes it easier for participants to express their perspectives on the topic. Hence, they also tend to talk longer and more in-depth. This was useful for the researcher to gather valuable information. In addition, no stakeholders refused to participate in this research.

One limitation of this study was the language barrier during the interviews. Four out of ten interviews were conducted in Russian, using a Russian interpreter. Hence, these interviews took more time and patience to understand. It gave the researcher less opportunity to go in-depth and to probe on answers. It also did not allow the participant to talk more in-depth about the topic, as they had to stop in between for interpretation by the translator. Online interviewing also limits possibilities for the researcher to build rapport, because there is a lack of physical social connection between the two parties. Due to Covid-19, the researcher was unable to travel to Central Asia to recruit and interview relevant key stakeholders face-to-face. Some technical glitches in audio and video occurred due to Internet connection issues. This sometimes made it hard to understand participants, and could also cause slight irritation. Healthcare providers and policymakers were also not recruited, because it was harder to reach them due to the Covid-19 pandemic. Also, one researcher was involved in coding the interview transcripts. However, the transcripts were coded twice in order to reach consistency in analysing the data.

7.4 Recommendations for further research

Significant gaps remain in the global health literature on labour migrants from Central Asia, and on the roles and perspectives of key stakeholders. In order to fill this gap, further research is needed to explore the role of governmental policymakers, healthcare providers, international organizations, CSOs and researchers on access to health services for labour migrants.

This research indicated that Russian legislation on migration is one of the greatest barriers when labour migrants need to access health services. Therefore, clear new perspectives on migrant health in Russia should be developed on a governmental and political level. This research also showed the urgency of more qualitative, quantitative, mixed-methods and targeted research on health needs of labour migrants in light of the Covid-19 pandemic, and the need to develop responses to this pandemic in the EECA region. A quantitative study may be a fast method to gain more understanding on this particular issue.

Very little research is done on the experiences of migrants who have returned to their home countries, and this is a field of study that should be further explored. The experiences of returned migrants are potentially a key evidence source for improving the living conditions of current migrants in Russia. Their experiences can also provide meaningful insight into how they have previously overcome some of the barriers, for instance regarding access to health services, that migrants continue to face in Russia.

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8. Conclusion

The aim of this study was to explore the roles and perspectives of key stakeholders regarding access to health services for labour migrants from Central Asia to Russia. Based on my findings, all stakeholders are aware that labour migrants from Central Asia to Russia lack access to health services, and acknowledge the need for change. Stakeholders are taking various actions and anchoring sustainable solutions to improve labour migrants' situation. The role of researchers in the field of migration health is to gather, analyse and process evidence-based information, and to share this information with other organizations to raise awareness. The role of CSOs is to provide migrants with care, treatment, education, psychosocial and legal support, and to advocate for migrants' rights. International organizations are in the position to lobby and work closely with governments to improve legislation and access to health services for labour migrants from Central Asia to Russia.

According to all stakeholders, the main barriers for labour migrants from Central Asia regarding access to health services are:

- lack of documents (for obtaining Russian citizenship, work and residence permits),
- lack of medical insurance, and
- stigma and discrimination (among the general population and within healthcare settings).

The current Covid-19 pandemic also created challenging situations for labour migrants.

Stakeholders agreed that the Russian government should decriminalize illegal migration and working without permits in order to improve their access to health services. This is important, because labour migrants from Central Asia strongly contribute to the economic growth and development of both Russia and their countries of origin.

9. Recommendations

Based on the findings of this research, recommendations were formulated on further research needed to gain a complete understanding of the challenges and health needs of labour migrants from Central Asia to Russia and on improving their access to health services.

1. More research (including the release of scientific publications and epidemiological data) on documented and undocumented migrants from Central Asia should be done to provide valuable evidence to convince authorities to improve migrants' access to health services. The research topics should include: mental health needs, social networks of migrants, returned migrants, root causes of migration, perspectives of governmental policymakers and health needs, including needs due to the Covid-19 pandemic. Both qualitative and quantitative methods, with meaningful involvement of migrants, should be in place to gather data. Improving data collection by focusing on key populations is important for needs-based approaches, developing health interventions and monitoring changes in the migration landscape.

2. Systematically collect data and follow trends for advocacy purposes. There is sufficient evidence to demonstrate the economic importance of labour migrants from Central Asia to Russia and their important economic value for the Russian economy (Ryazantsev, 2016; UNDP, 2015; Bhutia, 2019). For advocacy, it can be argued that labour migrants contribute to the growth and development of the Russian economy, and fill gaps in the Russian labour market by taking jobs Russian citizens decline. Labour migrants generally work long hours for low wages, and provide support to their families by sending remittances home.

3. Assess the political climate and attitudes of the general population towards migrants to create space for advocacy. This is needed to eliminate the following important barriers, as confirmed by the stakeholders in this research: reduced access to health services, lack of medical insurance, lack of documents (to obtain Russian citizenship, residence and work permits), and stigma and discrimination among the general population and within healthcare settings.

4. The Russian government should research and develop a programmatic response to integrate migrants from Central Asia into Russian society. Programmes should improve

access of labour migrants into the national health policy of Russia, guaranteeing the same rights as Russian citizens in terms of accessing health services.

5. Assess the health knowledge of migrants, increase this knowledge, and adapt health information and health programmes if necessary. Migrants should be educated on HIV/AIDS, TB, viral hepatitis, STI prevention, safe sex, the Russian healthcare system, and where and how to find and access health services. They should also be educated about the necessary documentation to access services and to obtain work and residence permits, insurances, and eventually Russian citizenship. This information should be provided within Central Asian countries, when migrants arrive in Russia, and when they return to their home countries. Information should be available in Russian, Tajik, Uzbek and Kyrgyz languages. The use of social media should be deployed to spread information among migrants.

6. Stigma and discrimination towards labour migrants from Central Asia should be reduced. A baseline study should be done, and trends regarding stigma and discrimination should be followed. Journalists can play an important part by sketching real-life situations of labour migrants in Russia. Healthcare providers should work in a culturally sensitive manner. Public awareness campaigns on labour migrants could help break down stereotypes.

7. Civil society organizations, researchers and international organizations should continue to organize awareness-raising events and joint events focused on migrants to evaluate impact, and adapt legislation. Different specialists from the EECA region should be invited, but also employers, prosecutors, healthcare providers, migration services and government officials should be present during these events to facilitate meaningful discussion. Migrants should also have the possibility to raise their voices during these events and participate in discussions.

8. Collect personal stories for advocacy purposes, in order for the government to decriminalise those aspects of (labour) migration that limit migrants' access to health services, and to reduce their fear of deportation. The government should not persecute illegal migrants and detain them in deportation centres for extended periods of time. When they are placed in detention centres, detainees should have access to health

services. Migrants should be considered as an important group in Russia, because they help reduce labour shortages, taking low-paid, low-skilled jobs.

9. Evaluate and adapt legal support services, psychosocial support services and health services according to the needs of labour migrants. Make sure that these services are continuously in place. Referral systems should be present to guide them to the appropriate services when needed (for example by using “hotlines” or social media).

10. Governments from Central Asia (Kyrgyzstan, Kazakhstan, Tajikistan and Uzbekistan) should actively support migrants who return to their home countries in seeking adequate medical care by giving appropriate information and referral.

"I see an opportunity for change in Russia to improve the access to health services for labour migrants from Central Asia. I really hope that the Russian government will be more sensitive to migrants. That would be beneficial for both Russian citizens and migrants who live and work in Russia, because in the end we are all in this together."

- Participant 9

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11. Appendix

11.1 Theory of Change Basics

AFEW's ToC is based on the Theory of Change Basics developed by Taplin and Clark (2012). The ToC reflects a participatory process of change in which various groups and stakeholders share their long-term goals and identify the conditions that are needed to reach those goals. The conditions that are needed are described as **desired outcomes**, which are arranged in a **causal framework**. The ToC consists of interventions, indicators, rationales, assumptions and a narrative (Taplin and Clark, 2012.)

The ToC is used to describe interventions that reach the desired outcomes. Each intervention is linked to an outcome in the causal framework. Subsequently, these outcomes are given one or more **indicators** of success in order to keep the process of implementation and evaluation transparent. The indicators show whether changes are taking place or not, what works and does not work. Moreover, the **rationales** in a ToC describe the connections between the outcomes. In addition, the ToC is used to describe **assumptions** and explain the contextual background of the theory. Both the rationales and assumptions are based on previous research. The graphic model created using the ToC is guided by a narrative, which explains the logic of the framework (Taplin and Clark, 2012).

The ToC can be used as a planning, monitoring and evaluation tool. In setting long-term outcomes, preconditions and interventions, the ToC provides the basis of strategic plans and goal-setting processes. One of the key components in using the ToC is "backwards mapping," which starts with the long-term (desired) outcome and works back to the earliest changes that need to be ensured (Taplin & Clark, 2012).

11.2 Theory of Change AFEW

Barriers for change

There are various barriers for change. For example, people facing barriers experience lack of coverage of their basic socio-economic needs, lack access to information about their health and rights, are born into disadvantage, experience stigma and self-stigma (due to a strong normativity in society) and experience a legal situation that criminalises certain conditions.

There are also social markers that function as a barrier for change, such as religion (generally conservative in Russia and Central Asia and therefore oppressive to particular people in society), conservative values of many people, the crisis of the education system, and certain widespread features of society that affect post-Soviet generation. The latter include the way they deal with hierarchy and bureaucracy, fear of openly opposing the state government, adjusting their lives to regulations, not saying what they really think, and paying respect to governmental officials.

The government can also act as a barrier for change, due to the poor quality of the public health systems in Russia and Central Asia. Other barriers involving the government include: laws that criminalize people (especially key populations and migrants), Soviet-style thinking (centralized, bureaucratic and not people-centred) and centralised governmental systems that are difficult to engage and influence (AFEW ToC, 2019).

Vision for success

When all barriers and their root causes disappear, the following vision for success would be achieved: "all people in Eastern Europe and Central Asia participate fully and confidently concerning their health and rights, in an inclusive and just society" (AFEW ToC, 2019). The vision for success is based on the Universal Declaration of Human Rights, specifically the right to health and the right to justice (UDHR, 1948).

Dimensions of Change

In order to remove barriers and to reach the vision for success, people in the EECA region need to have access to good quality health services that meet their needs, have the ability to voice their needs and be heard, should not be held back by inequitable laws, and their contributions should be appreciated. There are four dimensions of change, which include:

1. Access to good quality health services: defined by WHO as "a state of complete, physical, mental and social well-being, and not merely the absence of disease or infirmity" (WHO, 2013). Good quality health services need to include prevention, medical treatment, care and support, early detection of diseases, rehabilitation and psychological support. *Access* implies that healthcare is available within suitable parameters and experienced as being accessible (inclusive, non-judgemental and affordable). Good quality health services are responsive to the needs of specific communities (including needs related to sexual and reproductive health rights) and able to respond to a context of high levels of HIV, TB and viral Hepatitis.
2. Legal and social justice: defined by AFEW as equality before the law and protection against human rights violations (AFEW, 2020a). Moreover, social justice also includes welfare services, shelter and education. There needs to be a legal framework to ensure there is no possibility to discriminate on the basis of law.
3. Power to voice, participate and decide: ensure full participation of citizens in society, which means that people need to be able to access accurate information and have the ability to organize themselves autonomously. People need platforms where they can voice their experiences and their needs, and experience dialogue. This requires a strong civil society, a support network and political commitment, but also a well-balanced relationship between communities and decision-makers.
4. Appreciation of diversity: defined by AFEW as the acceptance of and respect for the fact that each individual is unique, and recognition of individual differences, which can include race, ethnicity, gender, sexual orientation, SES-status, age, physical abilities, religious beliefs, political beliefs or other ideologies (AFEW, 2020a). The post-Soviet legacy strives for uniformity, but diversity should be seen as something that adds value and richness to society (AFEW ToC, 2019).

Pathway steps in each Dimension of Change

The DoC has four level pathway steps: awareness, acknowledgement, action and anchoring. First, awareness means that stakeholders should be aware of the people facing barriers and that there is a lack of appropriate response or service provision. Acknowledgement refers to the fact that stakeholders should acknowledge that people need something and that there is a need and opportunity to change. Action means that stakeholders should take action to address these (health) needs. Finally, anchoring means that stakeholders should take successful action for sustainability, and should consider what can be done in the future to maintain access to and quality of health services (AFEW, 2020a).

Drivers for change:

The drivers for change in the ToC are actors, also referred to as stakeholders, that need to be activated in order to contribute to the vision for success. They sometimes need to act themselves, sometimes support change by others, or at least not block any change. These actors form a system of "changemakers," each with their own specific role, and they all need to play their own part. Each DoC has different drivers. Each driver has specific "behaviour" characteristics that is often lacking and are addressed by the ToC. In this research, the main focus will be on the dimension "access to good quality services," with the following stakeholders and behaviour characteristics involved:

1. Health professionals: should respect patients' privacy, have a patient-centred approach and a friendly attitude, form multidisciplinary teams that include psychological and mental care, deliver appropriate services, be equipped with the latest knowledge and information about new scientific developments, and offer opportunities to access and share knowledge and information.

2. Researchers: should gather evidence to create a factual basis for the development of policies and practice, contribute to developing evidence-based practices, ensure surveillance and monitoring of health, and liaise with patients to identify new research ideas.
3. CSOs and social workers: should check and ensure that social support systems are in place for patients, advocate for improved quality of care, and establish good referral and collaboration systems with medical professionals, NGOs, social services, law enforcement and employment agencies.
4. Ministries and administrations (policymakers): should provide adequate budget allocations to cover the costs of appropriate systems, staff and service delivery; remove criminalizing laws that block equal access to healthcare; develop and implement enabling strategies, standards and policies (based on evidence); and negotiate/ensure affordable prices of medicines and services.
5. International organizations (e.g. WHO, UNFPA, UNAIDS, UNICEF, Global Fund): should increase their focus on the EECA region, coordinate their (health) programmes to ensure better coverage and impact, allocate funds to the full range of needs, educate donors in a coordinated way about the region and the specific health concerns that require attention and financial support, and coordinate advocacy efforts aimed at mobilizing governments and international bodies focused on health.

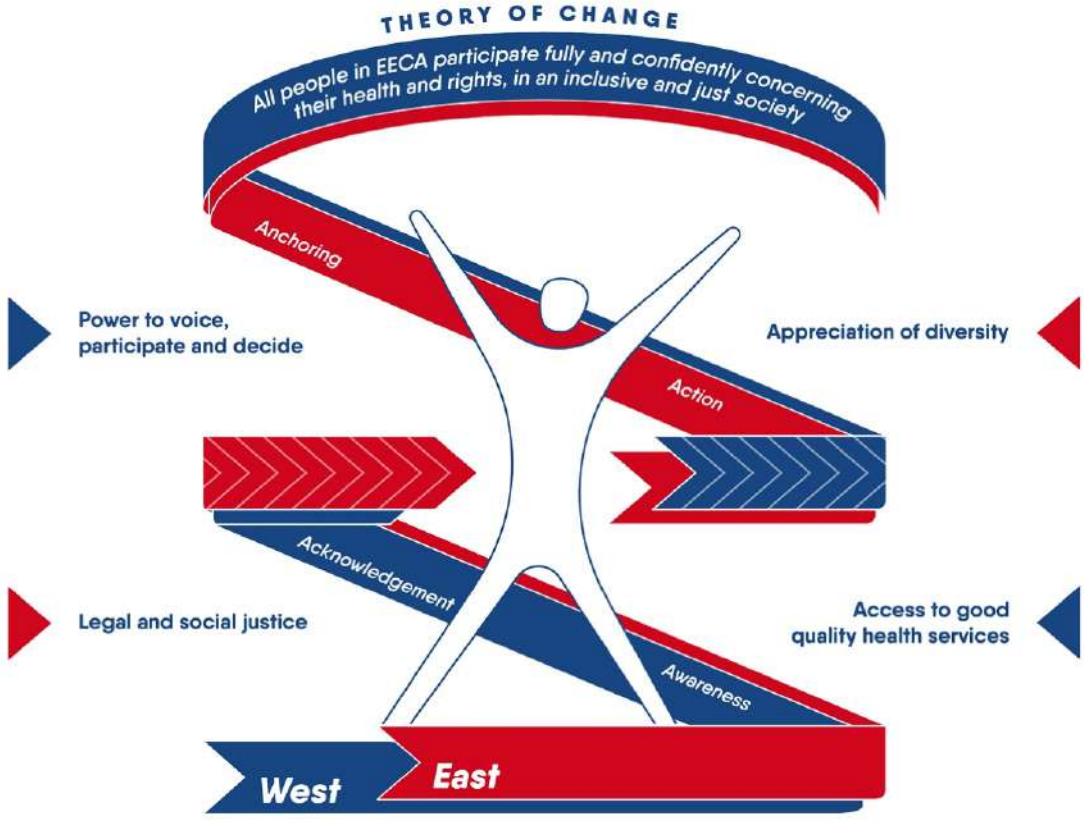

Figure 3: AFEW's Theory of Change visual representation (AFEW ToC, 2020)

11.3 Interview guide

Introduction

Labour migrants from Central Asia to Russia generally have less knowledge of HIV/AIDS and limited access to health services. In order to gain a better understanding of labour migrants and to improve their access to health services, the role of key stakeholders (healthcare professionals, researchers, CSOs and social workers, governmental policymakers and international organizations) will be explored. This will be done by conducting in-depth semi-structured interviews with various key stakeholders. The interviews are conducted through Skype or face-to-face, in a place where interviewer and interviewee cannot be disturbed. A topic list based on AFEW's Theory of Change will be used to conduct the interview.

The topic list serves as a guideline and the subjects listed should be discussed during the interview. The questions serve as a tool to start up the interview, but both interviewer and interviewee have the freedom to probe and discuss topics related to or deviating from the topic list. The interview will be tape-recorded and transcribed, only with consent of the participant, and field notes will be taken by the interviewer.

Topic list

Introduction

Prior to the interview, the following topics will be explained to the participant:

Who am I?

- Doing this research on behalf of AFEW and VU University Amsterdam on the role of key stakeholders in providing access to health services for labour migrants from Central Asia to Russia.
- Thank you in advance for participating and contributing to this research
- Results will be used to identify the role of key stakeholders (healthcare professionals, researchers, CSOs and social workers, governmental policy-makers and international organizations) and to improve the access to health services for labour migrants from Central Asia to Russia.

What are we going to do?

- Conduct an interview, lasting approximately 45 minutes to one hour.
- Interviewing various stakeholders (n=10) in the field of (labour) migration health in Russia and Central Asia.

Why do we do this?

- Role of key stakeholders is relatively unknown (within current literature)
- Want to improve (the access to) health (services) for labour migrants from Central Asia to Russia
- Data will be used to gain better understanding on: labour migrants from Central Asia to Russia, the role of various stakeholders and to raise awareness among (national and international) authorities

Important notes:

- Do I have your permission to record the interview?
- Recording will be transcribed and analyzed by the researcher, recording will be removed after transcribing, participant details will be kept anonymous in the transcript.
- There are no wrong answers, everything can be said. Answers will be kept anonymous, and participants' details will be kept confidential.
- Participant is not obligated to answer if they do not want to.
- Research report will be written based on the data and can be sent to the participant on request.

Start Interview

- Do I have your permission to record the interview? It will be used for research purposes only.
- Explain structure of the interview

General questions:

- Can you tell me something about yourself and the work you do?
- Why do you do this work?
- How would you describe migration to Russia? (e.g. What do you know of it?)
- How would you describe labour migration in Russia? (e.g. What do you know of it?)

Awareness:

- How would you describe the situation of labour migrants from Central Asia to Russia?
- How would you describe the access to health services for labour migrants from Central Asia to Russia?
- What are the consequences of labour migrants having a lack of access to health services?
- What are the factors that influence the lack of access to health services for labour migrants from Central Asia to Russia according to you?
- Can you tell me about your experience with working with labour migrants from Central Asia to Russia?
- How would you describe the severity of the following issue: labour migrants from Central Asia to Russia having a lack of access to health services?

Acknowledge:

- What have you and your organization done to address the issue of: labour migrants from Central Asia to Russia having a lack of access to health services?
- To what extent are you and your organization ready to improve the access to health services for labour migrants from Central Asia to Russia?
- What do you think should be done to improve the access to health services for labour migrants from Central Asia to Russia?
- What is the level of interest in your organization on improving the access to health services for labour migrants from Central Asia to Russia
- What is the impact of the issue: a lack of access to health services for labour migrants from Central Asia to Russia on you/your organization?
- Do you see an opportunity and need for change? Can you explain more?

Action:

- What are actions that you and your organization are taking to improve the access to health services for labour migrants from Central Asia to Russia?
- Which actions are missing (actions that your organization cannot take, but other organizations could)?
- Do you work with other organizations and if so, which one and how well did it go?
- How well have these actions worked?
- What are barriers you encounter when taking actions? What makes it complicated to take action?
- What facilitators would accompany the actions to improve the access to health services for labour migrants from Central Asia to Russia?

Anchoring:

- What do you need / what are you lacking in order to provide access to health services for labour migrants from Central Asia to Russia (can be: funds, political supports, legal gaps etc.)
- How do you see the (health) situation of labour migrants from Central Asia to Russia in the future?
- What are the gaps that need to be filled in order to provide (better) access to health services for labour migrants from Central Asia to Russia?

- What actions has been and will be successful in the future?
- What role would you/your organization play in providing better access to health services for labour migrants from Central Asia to Russia?
- What other stakeholders should be talked to (besides: the five key stakeholders)? Or within your organization?

Behaviour characteristics:

For researchers, the following questions should be asked:

- Do you gather evidence to create a factual basis for the development of policies and practices? If so, can you explain how? If not, can you explain why not?
- Do you contribute to developing evidence-based practices? If so, can you explain how? If not, can you explain why not?
- Do you ensure surveillance and monitoring of health and liaise with patients to identify new research ideas? If so, can you explain how? If not, can you explain why not?

For CSOs and social workers, the following questions should be asked:

- Do you check and ensure social support systems are in place for patients and advocate for improved quality of care? If so, can you explain how? If not, can you explain why not?
- Do you establish good referral and collaboration systems with medical professionals and NGOs, social services, law enforcement and employment agencies? If so, can you explain how? If not, can you explain why not?

For international organizations, the following questions should be asked:

- Do you/your organization focus on the EECA region and coordinate their (health) programs to ensure better coverage and impact? If so, can you explain more about it? If not, can you explain why not?
- Do you/your organization allocate funds to the full range of needs and educate donors in a coordinated way about the region and the specific health concerns that require attention and financial support? If so, can you explain how? If not, can you explain why not?
- Do you/your organization coordinate advocacy efforts aimed at mobilizing governments and international bodies focused on health? If so, can you explain how? If not, can you explain why not?

Conclusion:

- Summarize key points of the interview (done by interviewer) and ask for clarification
- What is essentially needed from your stakeholder group to improve access to health services for labour migrants from Central Asia to Russia and what can be done now and in the future by your stakeholder group?
- Do you have any other final comments you would like to make (regarding the topic)?
- Thank you so much for your participation! Report will be send to you afterwards.