



CORRESPONDENCE

Central challenges for Central Asia: addressing migrants' health in 2016

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With the adoption of the Sustainable Development Goals, 2016 should be a defining moment for global health and for the response to the human immunodeficiency virus (HIV) epidemic. Not only will the United Nations convene a high-level meeting on HIV/AIDS (acquired immune-deficiency syndrome) to re-commit to a global partnership to end the epidemic, the world will also be reviewing the international drug control regime and the implications it may have on the health of people who inject drugs (PWID), including the HIV, hepatitis C virus (HCV) and tuberculosis (TB) epidemics. This should occur in the United Nations General Assembly Special Session on drugs, with the hope that it will provide the impetus to address these closely interlinked health issues that transcend national borders.

Central Asia reflects the trans-border nature of the quadruple epidemic of drug use, HIV, HCV and TB.¹ In Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, substantial parts of the population work abroad part of the year, mostly in the Russian Federation or Kazakhstan. Injecting drug use has boomed and persisted in the region over the past two decades. Migrants are often themselves PWID,² and are vulnerable to infectious diseases through high-risk behaviours such as unprotected sex or sharing injection material.³ In addition, as they often face deportation on disclosing their health status, diagnoses are hidden and treatment is at times interrupted. When they return home, fear of being stigmatised or ignorance of their status can prevent them from seeking health care, placing them at higher risk of

transmitting their diseases to their partners or family.⁴

Two major and immediate changes could make a difference in addressing the quadruple epidemic among migrants. First, the Central Asian countries should implement cross-border health packages for HIV and HCV, following the example of TB,⁵ to better control the spread of these epidemics among the migrant population. They should also recommend that the international community recognises migrants as a key HIV-affected population group to address this epidemic in all areas in the world with concentrations of migrant populations. These two changes need strong political commitment, regional collaboration and sustainable financial mechanisms to implement the urgently needed reforms and lower the burden of these four epidemics on migrants.

References

- 1 Alcorn K. Eastern Europe facing quadruple epidemic while governments do nothing, warns UN Special Envoy. *AIDS Map*; 2013. <http://www.aidsmap.com/Eastern-Europe-facing-quadruple-epidemic-while-governments-do-nothing-warns-UN-Special-Envoy/page/2781070/> Accessed 29 January 2015.
- 2 Weine S M, Kashuba A B. Labor migration and HIV risk: a systematic review of the literature. *AIDS Behav* 2012; 16: 1605–1621.
- 3 Schluger N W, El-Bassel N, Hermosilla S, et al. Tuberculosis, drug use and HIV infection in Central Asia: an urgent need for attention. *Drug Alcohol Depend* 2013; 132 (Suppl 1): 532–536.
- 4 El-Bassel N, Gilbert L, Terlikbayeva A, et al. Implications of mobility patterns and HIV risks for HIV prevention among migrant market vendors in Kazakhstan. *Am J Public Health* 2011; 101: 1075–1081.
- 5 Dara M, de Colombani P, Petrova-Benedict R, et al. Minimum package for cross-border TB control and care in the WHO European region: a Wolfheze consensus statement. *Eur Respir J* 2012; 40: 1081–1090.

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