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on HIV among MSM and Trans\* People in EECA  
November 18-19, 2019 | Tallinn, Estonia



# HEALTH DISPARITIES LINKED WITH MIGRATION OF LGBT COMMUNITIES

*Translating the Literature Review Results for the Practice*

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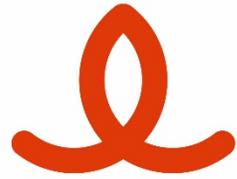


**Goal:** to assess and analyze the situation of LGBT migrants and refugees in the CEECA region in the context of HIV and health.

### Objectives

- to collect and analyze published data (qualitative and quantitative) about voluntary and forced migration of LGBT people in the CEECA
- to develop a report that can support ECOM programming in the future.

**Final Output:** a report on LGBT migration in the CEECA region with an emphasis on related public health/HIV issues, and on gaps in existing research (63 sources were reviewed)

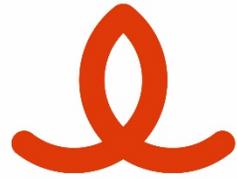


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## The literature review addressed the six research questions :

1. What data is available about various types of LGBT migration within/from CEECA?
2. What are the patterns of LGBT migration in terms of geography (from and to which countries)?
3. What are the reasons for the migration of LGBT people in the region?
4. How are the reasons for migration linked with violations of the rights of the LGBT community?
5. How is LGBT migration linked to public health problems, and to HIV epidemics specifically?
6. What gaps in the study and in published literature exist in relation to the topic being researched, and how do such gaps affect the quality of programs/services targeting LGBT communities?



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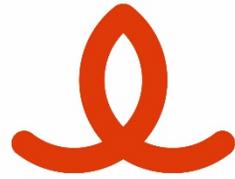


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## TERMS

**MIGRANT** : any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of the person's legal status, causes for the movement, length of the stay and whether the movement is voluntary or involuntary

Other related to migration terms: immigrant/emigrant, asylum seeker, refugee, IDP



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## Driving Factors for Migration

ROOT CAUSES	PUSH FACTORS	PULL FACTORS
Safety Factors	Persecution Violence War	Safety Stability Freedom
Economic Factors	Poor Wages Lack of Jobs	Higher Wages Job Opportunities
Environment Factors	Crop Failure Pollution Natural Disasters	Food Availability Better Environment
Social Factors	Limited Opportunities Lack of Services (i.e. health) Family Separation	Better Quality of Life Available Services Family Reunification



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### *Findings (1): Data on LGBT migration*

- Most issues related to LGBT human rights, health and migration are discussed in isolation (limited research of crosscutting themes).
- Human rights and health issues, in relation to gay, bisexual and other MSM, are relatively well explored.
- Data on LGBT migration is very scarce, and the majority of countries worldwide do not even keep statistics on asylum claims that are based on SOGI.
- The countries worldwide, even within the EU, use different concepts and methodologies to collect data on migration, including on migration flows and migration stocks. As a result, global data on migration is not harmonized.



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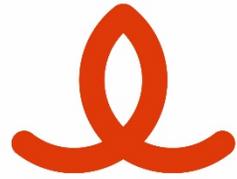
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- No quantitative data exists on which countries have the highest levels of inflow and outflow of LGBT migrants.
- Belgium and Norway are the only countries that track decisions on asylum applications based on SOGI claims
- Even if migration offices worldwide kept accurate statistics on SOGI-based asylum claims, it would be very difficult to ascertain the real level of LGBT-migration caused by SOGI-based discrimination, since many migrants do not disclose their SOGI when migrating, or even when claiming asylum.



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## *Findings (2): Patterns and trends*

- European countries are both sources and hosts of migrant populations. The dynamics of intraregional migration in Europe is largely determined by the border-free Schengen Area, which allows people in 22 EU member states and 4 non-EU countries to move freely across borders.
- Emigration from Eastern European countries to Western Europe has been a growing trend, particularly since the expansion of the European Union in 2004 and 2007 to include more Eastern European member states.



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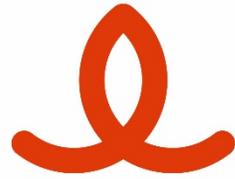
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- The largest sources of migrants in Europe are Eastern European countries such as the Russian Federation, Ukraine, Poland and Romania.
- The numbers of migrants from certain Eastern European countries (Belarus, Bosnia and Herzegovina) are not high in terms of absolute numbers, but often do represent large percentages of the countries' populations.
- The top two largest migration corridors within Europe are migration flows from Ukraine and from Kazakhstan to the RF.
- There are also significant migrant flows to the RF from Uzbekistan, Azerbaijan, and Belarus.
- In total, eight of the top twenty migration corridors within Europe are interregional and are between countries of the former USSR.



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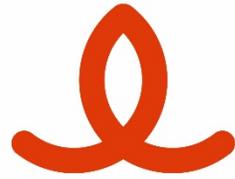
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## *Findings (3): Specific challenges at border and in host countries*

- Anti-LGBT and anti-migrant stigma exists to a certain extent in all countries around the world, and leads to significant disparities between the levels of access of LGBT people and of heterosexual people to a number of services.
- Migrants who are also sexual minorities are potentially affected by social and structural stigma in their native countries and two forms of stigma in their host countries: stigma towards sexual minorities and stigma towards immigrants.
- During displacement and resettlement, LGBT people often face threats, harassment, and discrimination from border officials, and that additional action is needed to improve legal protections for LGBT asylum-seekers
- No unified approach to deciding asylum claims, including ones based on SOGI.
- The fragmentation and other shortcomings of European asylum policies are well recognized. Most European countries do not have explicit and publicly available guidelines on how they handle the asylum applications of LGBT people (exceptions: Netherlands, Sweden, and the United Kingdom).



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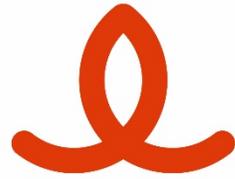
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- Eastern European countries that serve as entry points or corridors for migrants often lack the capacity to welcome refugees, asylum-seekers and LGBT migrants, and may even show an unwillingness to host the migrants.
- Eastern European countries have rigid approaches to migration, and low capacity and inexperience in dealing with ethnic, cultural, and other minorities.
- EU immigration requirements may clash with local, conservative cultures, which may result in slow changes in practice despite existing legal developments.
- Central and Eastern European countries in particular struggle to handle SOGI-based asylum claims. They are bound by international standards concerning refugees and asylum-seekers. Nevertheless, the practices and policies of their national asylum authorities in relation to LGBT people often fall below these standards.

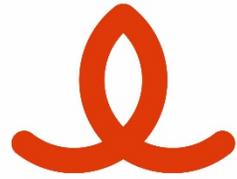


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## *Findings (4): Health disparities associated with anti-LGBT and anti-migrant stigma*

- LGBT health is usually viewed from either a human rights or a public health perspective.
- Social and structural stigma towards LGBT communities lead to their increased vulnerability to health-related problems, such as HIV, other infections, and mental health disorders.
- Adapting to the new cultures, structures and systems of host countries takes time and can be a stressful process, which may negatively influence the physical and psychosocial well-being of migrants.
- Mobile populations are often overlooked by the health and HIV-related policies of host countries. Migrants are not always welcome in host countries, and such attitudes can have a negative impact on health outcomes at the individual, community, and public health levels.
- LGBT people have lower access to healthcare in comparison with heterosexual population in all countries regardless of income level. Furthermore, HIV epidemics among MSM are expanding in countries of all income levels.



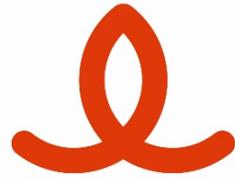
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- Structural stigma towards sexual minorities and immigrants is connected to low access to HIV prevention services, lack of knowledge about HIV transmission, and high levels of risky behavior.
- Newly-arrived MSM migrants demonstrate greater knowledge about HIV prevention and HIV related behaviors than those who have lived in the country longer, especially in anti-gay and anti-immigrant host countries.
- LGBT migrants generally do not integrate within diaspora communities in host countries in order to avoid the same stigma that they experienced in their country of origin. Therefore, they either continue to experience the stress of concealing their SOGI, or are deprived of the support that is usually provided to other migrants from their country of origin.



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### *Findings (5): Trans people related*

- The research on trans group of the LGBT population is limited. There is no disaggregated data on HIV or STI prevalence among this group.
- Medical professionals in most countries lack the specific knowledge and skills to properly handle health problems specific to trans people.
- Trans people who are claiming asylum and who have already started hormonal treatment before migrating to another country, may not receive timely treatment in host countries, as each country has different policies related to this. Even if treatment is provided, procedural requirements may result in significant delays before the person has access to treatment.



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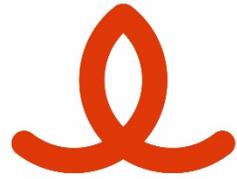
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## KNOWLEDGE OF IDENTIFIED GAPS MAY HELP IN PROGRAM DESIGN

- Data/Statistical Information
- Policies related to SOGI-based asylum claims
- Knowledge and Attitude of Medical Personnel
- Specific Knowledge about Hormonal Treatment for Trans People



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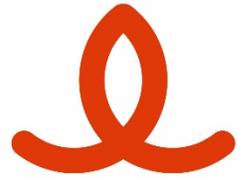
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## DISCUSSION: THE WAY FORWARD

(Co-Author Maksim Kasianczuk)

Any Questions or Ideas?





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THANK YOU!

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