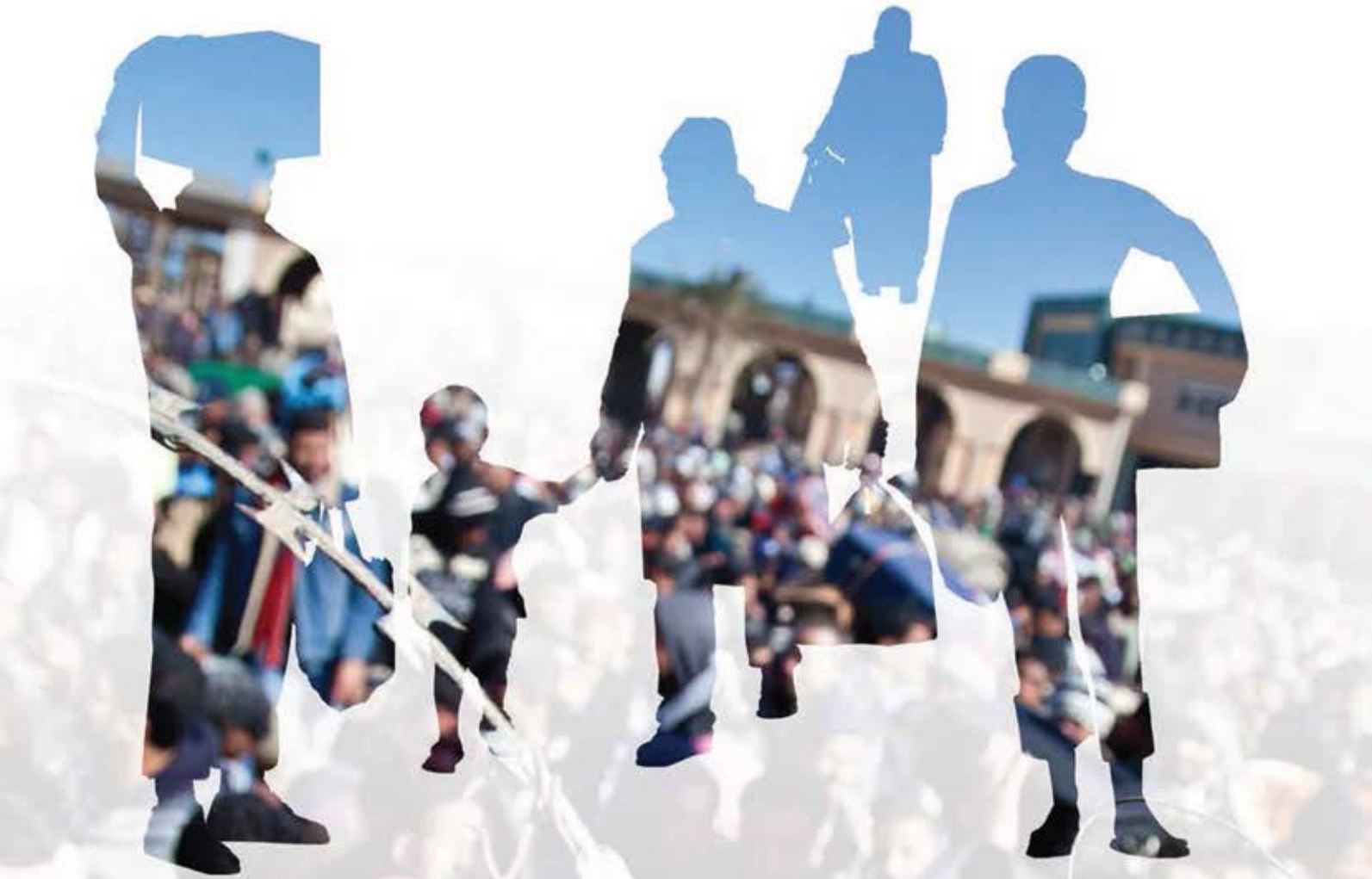
Central Tuberculosis Research Institute

Federal Centre on Monitoring of TB Spread Counteraction
in the Russian Federation

Federal Research Institute for Health Organization and Informatics
of Ministry of Health of the Russian Federation

ACCESS OF MIGRANTS TO SERVICES ON EARLY DETECTION, DIAGNOSIS, PREVENTION AND TREATMENT OF TUBERCULOSIS AND TUBERCULOSIS ASSOCIATED WITH HIV INFECTION

(*Analytical Review*)



Moscow
2016

Editing, cover and interior design: VES MIR PUBLISHERS, Moscow, www.vesmirbooks.ru/.
Printing: Buki-Vedi, Moscow.

Central Tuberculosis Research Institute

Federal Centre on Monitoring of TB Spread Counteraction in the Russian Federation

Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation

ACCESS OF MIGRANTS TO SERVICES ON EARLY DETECTION, DIAGNOSIS, PREVENTION AND TREATMENT OF TUBERCULOSIS AND TUBERCULOSIS ASSOCIATED WITH HIV INFECTION

(*Analytical Review*)

Moscow
2016

Abstract

The document offers an analytical review of the scientific literature, international legal acts and Russian regulatory instruments covering the issues of migrants' access to services on early detection, diagnosis, prevention and treatment of tuberculosis and tuberculosis associated with HIV infection.

Scope of application: organizations working in the field of TB control, health care service providers, phthisiologists, advocacy groups and international NGOs working in the domain of migrant health.
The review has been prepared with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC) in association with the Russian Red Cross (RRC). The research has been completed under the auspices of the international non-government non-commercial organization United Way Worldwide with financial support by the Lilly Foundation on behalf of the Lilly MDR-TB Partnership.

Overview

Access of Migrant to Services on Early Detection, Diagnosis, Prevention and Treatment of Tuberculosis and Tuberculosis Associated with HIV Infection (Analytical Review).

Key words: tuberculosis; MDR-TB; TB/HIV co-infection; HIV infection; diagnosis; prevention; treatment; migration; migrants; refugees.

The goal of this review is to make the reader acquainted with the international and Russian legislative and regulatory framework in the aforementioned field as well as with research data on migrants' access to services on early detection, diagnosis, prevention and treatment of tuberculosis and tuberculosis associated with HIV infection in Russia and CIS countries, highlighted in various publications in 2011–2015.

The authors pay special attention to the analysis of the Russian legislative and regulatory base on migration-related issues, regulating provision of TB aid to foreign citizens on the territory of the Russian Federation, risk factors and the study of available opportunities to work out organizational and epidemiological mechanisms allowing to improve the efficiency of TB and TB/HIV detection in migrant communities with a special emphasis on elaboration of medical and social mechanisms motivating migrants for early examination, diagnosis and consequent treatment both in the country of stay (Russia) and in the country of origin.

Target audience: health care service providers, phthisiologists, advocacy groups and international NGOs.

Table of Contents

Acronyms 4

Foreword by Professor A.E. Ergeshov,
Director of Central Tuberculosis Research Institute 5

Foreword by V.I. Starodubov, Director of Federal Research Institute
for Health Organization and Informatics of Ministry of Health
of the Russian Federation 6

Welcome address by the International Federation of Red Cross and Red Crescent Societies 7

Welcome address by the Lilly MDR-TB Partnership 8

Welcome address by the Russian Red Cross 9

Referee report by Professor P.K. Yablonsky,
Director of St. Petersburg Research Institute of Phthisis Pulmonology 10

Introduction 11

Description of key terms and notions used in the domain
of TB and HIV infection among migrants 14

Epidemiological data on TB incidence and the spread of this disease including that
related to TB associated with HIV infection in migrant communities
as well as evaluative comparison with data for general population 16

International legal framework and the legal framework of the Russian Federation, regulating
the issues of rendering TB aid to foreign citizens in the Russian Federation 22

Risk factors, barriers and available opportunities for elaboration of organizational and
epidemiological mechanisms allowing to enhance the efficiency of TB and TB/HIV
detection in migrant communities. Proposals for elaboration of medical and social
mechanisms motivating migrants for early examination, diagnosis and consequent
treatment in the country of stay (Russia) and the country of origin 37

Role, experience and good practice of cooperation of public and international organizations
with the government institutions rendering TB aid aimed at creation and maintenance of
effective TB control mechanisms in migrant communities 47

Conclusions 56

References 58

Acronyms

ATD	Anti-TB drugs and other medical agents for chemotherapy of TB
CDC	Centers for Disease Control and Prevention (USA)
CHE	Center for Hygiene and Epidemiology
CHI	Compulsory Health Insurance
CT	Chemotherapy of tuberculosis
DFMS	Directorate of the Federal Migration Service
EDR	Extensive drug resistance.
FMS	Federal Migration Service
FSM	Federal Statistical Monitoring
HIV infection	Disease, caused by Human Immunodeficiency Virus
HIV	Human Immunodeficiency Virus
HLWG	High Level Working Group on Tuberculosis in the Russian Federation
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations
MA	Medical agents to fight associated diseases and adverse effects of chemotherapy for TB
MDGs	Millennium Development Goals
MDR	Multidrug resistance
MDR-TB	Tuberculosis with multidrug resistance of Mycobacterium tuberculosis to TB and other drug preparations
MTB	Mycobacterium tuberculosis
NGO	Non-governmental organization
RF	Russian Federation
Rospotrebnadzor	Federal Service on Customers' Rights Protection and Human Well-being Surveillance
RRC	Russian Red Cross
STIs	Sexually transmitted infections
TB	Tuberculosis
TB/HIV	Tuberculosis in HIV infected patients
VHI	Voluntary Health Insurance
WHA	World Health Assembly
WHO	World Health Organization

Foreword by Professor A.E. Ergeshov, Director of Central Tuberculosis Research Institute

Over the past decade, one could evidence the intensification of migration processes on the territory of the former USSR caused by both economic reasons and the consequences of various crises. These processes exert major influence upon the change of the epidemiological situation on a whole range of infectious diseases and first of all in respect of TB and HIV infection.

At present, Russia happens to be one of the world major migration centers, receiving millions of migrants every year. An important element of the government migration policy of the Russian Federation is creation of environment for migrant adaptation and integration, protection of their rights and freedoms, ensuring social security, granting access to basic healthcare services, in particular in the domain of prevention, early detection and treatment of socially significant diseases: tuberculosis, HIV infection and sexually transmitted diseases, what happens to be one of the vital priorities of social adaptation and integration of migrants into host communities.

An analytical review *Access of Migrants to Services on Early Detection, Diagnosis, Prevention and Treatment of Tuberculosis and Tuberculosis Associated with HIV Infection* is dedicated to the analysis of the available research data as well as the statutes and regulations adopted by the Russian Federation on these issues. This publication is a topical one, the first in its kind in Russia and happens to be of great interest for both the Russian Federation and other CIS countries.

A.E .Ergeshov,
Director of Central Tuberculosis Research Institute,
Professor

Foreword by Professor V.I. Starodubov, Director of Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation

The analytical review of literature as well as of the Russian legislative and regulatory base on the issues of access to services on early detection, diagnosis, prevention and treatment of tuberculosis and tuberculosis associated with HIV infection, presented in this publication, raises the issues of great importance which are topical not only for Russia. Special attention is being given to the analysis of documents regulating provision of TB aid to foreign citizens on the territory of the Russian Federation, risk factors, and the study of available opportunities for elaboration of organizational and epidemiological mechanisms allowing to enhance the detectability of tuberculosis and co-infection (TB/HIV) in migrant communities. A special emphasis has been made on elaboration of medical and social mechanisms motivating migrants for early examination, diagnosis and consequent treatment in both the country of stay (Russian Federation) and the countries of migrants' origin.

The Review will be of interest to both the migrants arriving in Russia and migration specialists not only in Russia, but also in other European and Asian countries.

V.I. Starodubov,
Director of Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation
Doctor of Medical Sciences, Professor,
Academician of the Russian Academy of Sciences,
Honored Doctor of the Russian Federation

Welcome address by the International Federation of the Red Cross and Red Crescent Societies

Dear Friends,
Providing support to the most vulnerable categories of migrants happens to be one of the key activities of the International Federation of Red Cross and Red Crescent Societies (IFRC). In this connection, particular attention is being given to ensuring adequate access of labor migrants to medical aid and to a complex of services on early detection, diagnosis, prevention and treatment of tuberculosis, HIV infection and tuberculosis associated with HIV infection (TB/HIV).

In our opinion, the most topical tasks are migrant advocacy, protection of the most vulnerable categories of migrants and improvement of assistance mechanisms on the basis of advocacy practice with the use of modern scientifically based data allowing to elaborate and mainstream effective forms and methods of TB and HIV control on the whole way along migration routes: in the countries of their origin, transit and stay respecting their dignity and not admitting any forms of discrimination in respect of migrants.

This analytical review has been prepared by the prominent Russian scientists, representing the leading scientific research institutions and happens to be a unique and the first in its kind research and practical material. It contains profound analysis of the current situation in the field of TB epidemiology and the international and Russian legislative and regulatory base regulating the complex of measures ensuring migrant access to healthcare services as well as evaluation of factors hindering the attainment of effective results. A special emphasis has been made on examples of successful cooperation of the Government Tuberculosis Service of the Russian Federation and the Russian and international non-government organizations as well as the complex of practical recommendations on how to address the challenges in the field of trans-border TB control.

An effective platform created by IFRC and the Lilly MDR-TB Partnership, close cooperation with the Central Tuberculosis Research Institute of the Russian Academy of Sciences allowed to take a new look at the problem of tuberculosis in migrant communities having proved that the settlement of this problem goes far beyond the framework of a single country and requires mobilization of efforts by quite a number of the regional states.

In this respect the present analytical report reflecting the latest modern tendencies may truly serve as a manual for a wide range of health professionals, migration specialists and employees of public organizations contributing to practical efforts on TB control in Russia and the other CIS countries.

D.M. Mukhamadiev,
Head of the IFRC Regional Representation in Russia,
Doctor of Medical Sciences

Welcome address by the Lilly MDR-TB Partnership

The Lilly MDR-TB Partnership was launched in 2003 to settle the global problem of Multidrug-resistant Tuberculosis (MDR-TB). Since then, along with a number of other organizations working in the domain of global health, we have already managed to reduce the pain and sufferings caused by this malady.

Despite the existence of various methods of treatment and prevention, MDR-TB keeps causing damage all over the world, while the number of MDR-TB cases remains rather high. To settle the problem of MDR-TB we need to work out a complex strategy and coordinated efforts considering a huge number of social, economic and medical aspects related to this disease.

Since its establishment, the Lilly Partnership has united 45 international organizations to strive for higher quality and accessibility of TB aid in those places where it was most vital. In Russia, we are honored to work in cooperation with such partners as the International Federation of the Red Cross and Red Crescent Societies and many others.

In the world of increasing mobility and growing contacts, where the flow of people moving across the borders has reached unprecedented scale, to effectively address the global challenges one needs to think big, going beyond the limits of the geographical borders. Prevention strategies we are helping to develop along with the methods of epidemiological surveillance and sanitary control among the representatives of the risk groups and migrants, in particular, may considerably reduce the scale and possibly sooner or later bring to zero the incidence of tuberculosis both in Russia and abroad. We recognize the importance and the need of partnership in addressing this challenge.

Lilly commitment to the idea of combating tuberculosis as well as our cooperation with the Red Cross and a whole range of other partners aims to provide aid to people who suffer and happens to be a handsome contribution that will help to change the life of future generations for the better.

Evan Lee,
Vice-President
Department of the Lilly Global Health Programs,
Lilly MDR-TB Partnership

Welcome address by the Russian Red Cross

For the Russian Red Cross the issues of preventing the spread of tuberculosis have always belonged to the top priorities within the framework of its statutory activities. Throughout history of our organization, we have always tried to raise public awareness paying special attention to the most vulnerable groups of population in order to prevent the spread of any socially dangerous diseases.

In this connection, I would like to stress that the Russian Red Cross has always welcomed any theoretical and methodological research providing assistance and support to the general public and the government institutions in the field of prevention of the spread of tuberculosis, and actively participated in its conduct and promotion. We all know, how acute are these days the problems related to social adaptation of migrants and ensuring their rights as far as access to the basic medical services is concerned. We also know, how dangerous it is to ignore complex social problems and pretend they do not exist. Tuberculosis in migrant communities as well elaboration of mechanisms to fight this disease and protect the whole population of our country happen to be the most topical humanitarian challenges nowadays that require active discussion by all the stakeholders – the government, the healthcare system, the scientific and public organization. At the same time, constructive dialogue and elaboration of effective solutions always base themselves upon objective analytical data.

I would like to extend my sincere gratitude to the International Federation of Red Cross and Red Crescent Societies as well as to the Lilly MDR-TB Partnership for their active continuous support to the Russian Red Cross and their direct involvement in the joint process of preparation and publication of this analytical review. For no doubt, this research will be instrumental in our common fight with tuberculosis and protection of public health.

Raisa Lukutsova,
Chair of the Russian Red Cross

Referee report by professor P.K. Yablonsky, Director of St. Petersburg Research Institute of Phthisis Pulmonology

All over the world, migrants are moving from the countries experiencing acute social and economic problems to more secured countries. Over the past few years, social orientation of the Russian government policy has made itself evident in transition from the paradigm of protection of Russia's native population from diseases that may be brought in by migrants to the idea of promoting migrants' health.

As it has been shown in this research, Russia is mostly receiving young men and women whose main goal is employment. The Review offers the distribution of migrants on working areas and living conditions and proves that the incidence of tuberculosis is higher among those whose living conditions happen to be poor. It also presents basic indicators characterizing the epidemic process among migrants

Setting the task of early detection and prevention of tuberculosis among migrants as one of the top priorities of the work being done, the authors prove that the problem splits into to parts: insufficient information awareness of tuberculosis among migrants and the difficulties, including pecuniary burdens, in addressing diagnostic and especially consequent treatment challenges.

The Review contains a profound and comprehensive list of regulatory documents regulating Russia's obligations in respect of migrants' health not only in respect of tuberculosis, but also HIV infection and other diseases what makes the overview an important document that should become an indispensable guide for both the policy makers and the migrants arriving in our country. One should stress that the Review moves beyond the regulatory documents: it gives a broad overview of the scientific publications related to the social and medical aspects of migration process and contains the description of personal experience of the authors who presented their *Recommendations on the Issues of TB Control Among Migrants* as far back as December, 2015.

The work obviously demonstrates the complexity of the problem of protection of migrants' health and stresses the importance of interacting with not only the services inside the healthcare system, but also the other government and public organizations what corresponds to the international strategy of eliminating tuberculosis.

The present review is especially valuable as soon as its authors, moving beyond the description of regulatory directives, point to the remaining challenges and gaps in the legislation on migrants' healthcare what allows to outline the ways of further development of healthcare system in terms of migrants' health promotion. At the same time, it is being proposed to take a new approach to the attainment of performance targets which is a bit unusual for phthisiology, however, being in line with the common policy the authors suggest moving from the task of "how to protect ourselves from migrants infected with tuberculosis and prevent them from penetrating into our environment" to ensuring protection of migrants from the possibility of being infected with tuberculosis and consequent high-quality medical and sanitary support of the infected patients.

Dissemination of this new approach to promotion of migrants' health stipulates both the need for the publication of this analytical review and its broad promotion among physicians of different specialties primarily representing the primary healthcare institutions, as well as the medical educational establishments of different level.

Director of St. Petersburg Research Institute of Phthisis Pulmonology
of Ministry of Health of the Russian Federation, President
of the National Association of Phthisiologists,
Doctor of Medical Sciences, Professor

P.K. Yablonsky

INTRODUCTION

Human migration associated with the change of the place of residence has always been a pervasive phenomenon. According to the definition adopted by the UN, migrant is an individual who has changed his/her place of residence either by crossing an international border or by moving within his/her country of origin to another region, district or municipality *[8]*. As far as international migration is concerned, it is usually meant to be the movement of people from the country of their usual residence – either on permanent or temporary basis – to another country *[65]*. Migration happened to be the cause of emergence and medley of races, land reclamation, development of productive forces. Migration allows to join resources and manpower; due to migration population gets a chance to recognize its demand for employment and accommodation; migration also promotes social and professional growth. Human migration fulfills vital function in the life of the states and community.

Over the past year various government, non-government and international organizations have been carrying out multiple research projects highlighting specific aspects of migrant access to healthcare services primarily in connection with prevention, diagnosis and treatment of TB and HIV infection. Besides, here in Russia a consolidated overview of literature allowing to highlight all the aforementioned problems and summarize all the data in this domain, has never been made.

The International Federation of Red Cross and Red Crescent Societies (IFRC) in association with the Russian Red Cross (RRC) have initiated the efforts to prepare an overview of literature contacting the results of available studies conducted in Russia and CIS countries on the issues of migrant access to the complex of measures on early detection, diagnosis, prevention and treatment of TB and TB/HIV over the years 2012–2015.

This review offers clinical and epidemiological statistics on TB incidence and prevalence in migrant communities along with evaluative comparison with the data for general population. The authors have completed the analysis of the actual legislative and regulatory base of the Russian Federation regulating the issues of rendering medical aid to TB-infected foreign citizens on the territory of the Russian Federation, outlined the risk factors, existing barriers and available opportunities for elaboration of organizational and epidemiological mechanisms allowing to enhance the detectability of tuberculosis and TB/HIV co-infection in migrant communities with a special emphasis on elaboration of medical and social mechanisms motivating migrants for early examination, diagnosis and consequent treatment in both the country of stay (Russian Federation) and the countries of migrants' origin.

An important place in this review has been awarded to the analysis of the role and best practices of cooperation of the public and international organizations with the government TB aid institutions, aimed at creation and maintenance of effective mechanisms of TB control in migrant communities.

* * *

The intensity and composition of migration flows considerably differ on different stages of human development. During the wars and other social cataclysms refugees and displaced persons form the basis of migration flows. In this context, migration starts playing not only a positive, but also a negative role, especially for the local population of the territories receiving huge numbers of migrants, adding to social determinants of tuberculosis. Tuberculosis is considered to be a public health problem in the majority of the countries, especially among the vulnerable population groups (i.e. those individuals who are mostly exposed to the risk of discrimination and hostility as well as those who live in poor environment conditions). Being a social determinant of human health, migration enhances the incidence of tuberculosis in migrant communities on the whole way along migration routes, also increasing the mortality rate, inter alia owing to reactivation of latent TB infection. The risk factors for

infection contamination, transmission and adverse TB outcome (overcrowding and unfavorable working conditions, low social and economic status, enhanced vulnerability to being exposed to HIV, malnutrition/ abrosia, substance abuse) are quite topical for these population groups.

Over the past decade, considerable acceleration of migration processes may have been observed on the territory of the former USSR. This has been caused by both the economic reasons and the consequences of a number of crisis developments considerably influencing the change of epidemiological situation on a whole range of infectious diseases and primarily in respect of TB and HIV infection. Against this background, the task of following the *Global Strategy and Targets for Tuberculosis Prevention, Care and Control After 2015* turns out to be of special importance.

At present, Russia happens to be one of the world largest migration centers annually receiving millions of migrants. According the Russian Federal Migration Service (FMS), the Russian Federation annually receives about 13–14 millions of foreigners. *[70]*. Over 80% of them migrate from the CIS counties, what comes to about 9,5 million people. Among the vital elements of the government migration policy of the Russian Federation are facilitation of migrant adaptation and integration, protection of their rights and freedoms and ensuring social security mechanisms *[16]*.

In this context, ensuring migrant access to basic healthcare services, in particular in the field of prevention, early detection and treatment of socially significant diseases – TB, HIV infection and sexually transmitted diseases – happens to be one of the top priorities in the field of social adaptation and integration of migrants into host communities.

According to the Russian Federal Migration Service, among the foreign citizens staying on the territory of the Russian Federation about 87% have come from the former USSR counties and primarily from Ukraine (24.5%), Uzbekistan (19.2%), Tajikistan (9.1%) and Kazakhstan (6,6%) *[19]*. Gender (men – 68%, women – 32%) and age composition of migrants (0–17 years of age – 12%, 18–29 years of age – 34%, 30–39 years of age – 21%, 40–49 years of age – 16%, 50 years of age and above – 17%) *[20, 67, 68]* evidence, that the major part of these people have come to Russia in search of employment. One third of foreign citizens living in Russia are women, while every eights migrant is a child. Hence, many people are coming with families what requires elaboration of specific measures ensuring accessibility of medical care.

Incidence of tuberculosis in the regions being a home to the major part of labor migrants arriving in Russia – the Central Asian countries and Trans-Caucasian region – remains rather high. If the rate of TB incidence among the foreign citizens remains at the same level as in the countries of their origin, the number of newly infected patients in Russia would annually amount to 10,500 people holding foreign citizenship, including 85% representing the former Soviet Republics *[58]*.

According to WHO, in 2013, the estimated figure of TB incidence amounted to: in Uzbekistan – 80 (68–97), in Tajikistan – 100 (89–114), in Kyrgyzstan – 141 (124–157), in Moldova – 159 (142–180), in Ukraine – 96 (87–110) per 100,000 inhabitants.

Considerable influx of refugees from Ukraine beginning from 2014 stipulates the need of increasing the funds spent for fighting TB as well as improving the relevant financial mechanisms. A high rate of TB and HIV incidence in the South-Eastern regions of Ukraine allows to also suspect high rate of TB and HIV prevalence among those who fled from these territories and were granted a right to stay in Russian on either permanent or temporary basis. In 2013, the incidence of tuberculosis in the Donetsk region came up to 71.3, while in the Lugansk region – to 78.6 per 100,000 inhabitants. These figures happen to be considerably higher than in the territorial entities of the Central Federal District of the Russian Federation, the aforementioned Ukrainian regions are bordering on (41.4 per 100,000 inhabitants).

All those who were granted a refugee status or provisional asylum have a right for medical aid on an equal basis with the Russian citizens and for humanitarian reasons may not be deported from the Russian territory. In case of TB detection, the treatment shall be completed in Russia on account of public funds borrowed at various levels.

One should also consider the threat of delayed tuberculosis: TB detection occurs not only in the course of the primary inspection while the application for the refugee status is being submitted, but also within a few years after the individual had moved to the territorial entities of the Russian Federation as soon as a large number of these people happen to be already infected with Mycobacterium tuberculosis. A strict medical control over the new citizens of the Russian Federation is required as well as their involvement in the national TB control program.

States bordering on the Russian Federation and being the countries of origin for the major part of

labor migrants leaving for the Russian Federation, as well as the latter itself are among the countries with high TB-burden. The influx of migrants to the Russian Federation over the past few years stipulates the need for improvement of the Russian legislative and regulatory base on the issues of rendering TB aid to foreign citizens on the territory of the Russian Federation; the study of risk factors and available opportunities for elaboration of organizational and epidemiological mechanisms allowing to enhance the detectability of TB and TB/HIV infection in migrant communities with a special emphasis on elaboration of medical and social mechanisms motivating migrants for early examination, diagnosis and consequent treatment both in Russia (being the country of stay) and the countries of origin; the study of role and best practices of cooperation of public and international organizations with the government TB aid institutions aimed at creation and maintenance of effective TB control mechanisms in migrant communities.

DESCRIPTION OF KEY TERMS AND NOTIONS USED IN THE DOMAIN OF TUBERCULOSIS AND HIV INFECTION IN MIGRANT COMMUNITIES

Active form of tuberculosis	Tuberculosis, whose signs of process activity have been established as a result of clinical, laboratory and x-ray examinations.
Contagious form of tuberculosis	Active form of tuberculosis characterized by the expel of Mycobacterium tuberculosis.
Deportation	Under the Russian law – forcible removal of a foreign citizen from the Russian Federation in case of forfeit or cessation of legal grounds for his further stay (residence) in the Russian Federation.
Expatriates	Individuals who have resettled outside the country.
Foreign citizen	An individual who is not a citizen of the Russian Federation and has a proof confirming that he holds the citizenship (allegiance) of a foreign state.
Foreign citizen permanently residing in the Russian Federation	An individual who has been granted a residence permit
Foreign citizen who is legally present in the Russian Federation	An individual having a valid residence permit, or a stay permit, or a visa and (or) migration card, or any other documents envisaged by the Federal Law or an International Agreement signed by the Russian Federation confirming his right to stay (reside) in the Russian Federation.
Foreign citizen who is temporary residing in the Russian Federation	An individual who has been granted a temporary residence permit.
HIV infection	Chronic illness caused by HIV.
HIV-infected	Individuals infected with HIV.
Immigrants	Individuals who have resettled to the given country.
Incidence of tuberculosis	The number of newly registered patients infected with TB per 100,000 inhabitants.
Individual infected with Mycobacterium tuberculosis	An individual infected with Mycobacterium tuberculosis. Contamination with Mycobacterium tuberculosis is not a disease and manifests itself as a positive TB test (Mantoux test with 2 TE, DST – test with recombinant tuberculosis allergen in standard dilution).
Medical certification	A set of methods for medical check-up and medical examination used to confirm such a health condition of an individual that entails legally significant consequences.
Medical check-up	Screening strategy for different population groups, industrial and educational teams or particular individuals, implemented with the purpose of evaluating health condition and detecting early forms of diseases.
Medical examination	1. A complex of trials conducted to reveal the individual peculiarities of a patient, disclose a disease, determine the relevant treatment, ensure a follow up, determine the forecast; it envisages the history taking, check-up, fiscal, laboratory and instrumental examination; 2. Examining one individual or a group of persons who, being probably healthy, belong to the risk group for the development of a certain disease; it is used for detection of curable diseases at an early stage.
Medical TB organizations	Medical organizations rendering TB aid and implementing TB prevention measures.
Migrant	Here – a foreign citizen, a refugee or a stateless person.
Migration of population	Any territorial movement of population connected with the crossing of both external and internal boundaries of jurisdictions with the purpose of changing the place of permanent residence or temporary stay for educational or employment reasons irrespective of the factors that cause such a movement. There are different types of migration: external migration (inter-continental, inter-state) and internal migration (inside the country – between the regions, cities, rural areas).
Mortality from tuberculosis	The number of people who died of TB within a year per 100,000 inhabitants.

Patient with tuberculosis	Patient with active form of tuberculosis.
Prevention of tuberculosis	A complex of measures aimed at prevention of occurrence and spread of TB as well as its early detection.
Readmission	Consent of a state to receive back its citizens and foreigners who had previously stayed or resided on its territory and who are subjected to deportation from another state.
Recurrence of tuberculosis	The number of repeatedly detected patients with active TB per 100,000 inhabitants.
Refugee	Under the Russian law – an individual, who is not a citizen of the Russian Federation and due to well-founded fears of becoming a victim of persecution because of his racial background, religion, citizenship, nationality, certain social group affiliation or political beliefs is staying beyond the boundaries of the country of his citizenship and may not enjoy protection of this country or doesn't wish to enjoy this protection because of such fears; or, having no definite citizenship and staying beyond the boundaries of the country of his previous usual residence as a result of similar happenings may not or doesn't wish to return to it because of such fears.
Removal	Under the Russian law – a form of administrative punishment applied to the foreign citizens or stateless persons for administrative violations envisaged by the Administrative Violations Code of the Russian Federation. Forced or supervised movement (removal) of foreign citizens or stateless persons across the Russian state boundary outside the national territory of the Russian Federation, or supervised independent departure from the country.
Stateless person	Under the Russian law – an individual who is not a citizen of the Russian Federation and has no proof confirming that he holds the citizenship (allegiance) of a foreign state.
TB aid	A complex of social, medical, sanitary, hygiene and anti-epidemic measures aimed at detection, examination and treatment (including obligatory examination and treatment, follow-up care and medical rehabilitation) of patients with tuberculosis, conducted within the framework of providing medical aid in either in-patient or out-patient medical facilities in accordance with the procedure established by the Federal Laws and other regulatory legal acts of the Russian Federation as well as the other regulatory legal acts adopted by the territorial entities of the Russian Federation.
Temporary asylum	An opportunity for a foreign individual or a stateless person to temporary stay on the territory of the Russian Federation; it is being granted in case they: a) have grounds to be recognized as refugees, however confine themselves to submitting a written application requesting permission for temporary stay in Russia; b) have no grounds to be recognized as refugees, however for humanitarian reasons may not be removed (deported) from Russia.
Tuberculosis	Infectious disease caused by Mycobacterium tuberculosis.
Undocumented labor migrants	In case labor migrants originating from the countries, whose citizens may enter another country on a visa-free basis have no valid working permit or registration documents or these documents have expired, they should be called “labor migrants with unsettled status” or “undocumented labor migrants”.

EPIDEMIOLOGICAL DATA ON TB INCIDENCE AND THE SPREAD OF THIS DISEASE IN MIGRANT COMMUNITIES. EVALUATIVE COMPARISON WITH DATA FOR GENERAL POPULATION

In accordance with the laws and regulations of the Russian Federation, with the purpose of preventing the spread of infectious diseases by foreign citizens arriving in the Russian Federation in search of employment, about 1 – 1.5 million foreign citizens annually undergo medical certification for the presence (absence) of diseases posing a risk to the wider public.

However, expert research and the data provided by the Federal Service on Customer's Rights Protection and Human Well-being Surveillance evidence that only 10% of foreign citizens undergo medical certification for TB, HIV and STIs incidence. So, according to *Rospotrebnadzor* monthly institutional monitoring form *[35]*, over the period of 2007–2013 over 7,4 million foreign citizens have undergone medical certification. In total, 56 206 patients suffering from various infectious diseases have been revealed, which includes HIV infected individuals – 11,358 (20.2% of the total number of persons with infectious diseases revealed), TB patients – 20,881 (37.2%), individuals with STIs – 23,967 (42.6%).

In 2013, 1,495,113 people were examined, with 6,226 individuals suffering from infectious diseases revealed (0.42% of the total amount of those who underwent medical certification), which included HIV infected individuals – 1,607 (25.8% of the total amount of individuals suffering from infectious diseases revealed), TB patients – 2,440 (39.2%), individuals with STIs – 2,179 (35%). The most frequent reasons for the adoption of draft decisions on undesirability of the stay of foreign citizens of the territory of the Russian Federation are TB incidence – 45.3%, HIV incidence – 36.8%, and STIs incidence – 17.9%.

The detectability rate per 100,000 examined individuals in 2014 came up to: HIV infection – 107.5; TB – 163.2; STIs – 145.7.

In 2013, on the average detectability rate for HIV infection in Russia (FSN form № 30 "Data on medical organizations" and № 61 "Data on contingents infected with HIV") came up to 315.1 per 100,000 examinations for HIV, which is 2.93 higher than the detectability of HIV infection in foreign citizens.

In 2013, on the average detectability rate for Tuberculosis in Russia (FSN form № 30) came up to 61.6 per 100,000 individuals who underwent fluorography which is 2.65 times lower than TB detectability in foreign citizens.

So, in comparison to the average data for Russia the detectability rate for tuberculosis evaluated in the course of examinations (2013: 163.2 against 61.6 per 100,000 inhabitants) is higher among foreign citizens,

Expert research and the data provided by the Federal Service on Customer's Rights Protection and Human Well-being Surveillance evidence that only 10% of foreign citizens undergo medical certification for TB, HIV and STIs incidence.

Table 1

Foreign citizens detected in the course of examinations in 2007–2013

Nosology	Data source, Indices		Year							Total
			2007	2008	2009	2010	2011	2012	2013	
HIV infection	Letter by *Rospotrebnadzor* of 27.02.2014 № 01/2159-14-32		1676	1579	1179	1385	1215	1403	1607	11 358
	FSM form № 61 «Data on contingents infected with HIV»	Absolute value	2238	2029	1789	1980	1943	2281	2412	14 672
		% of newly registered	4.5	3.5	2.9	3.2	2.9	3.0	3.0	
TB	Letter by *Rospotrebnadzor* of 27.02.2014 № 01/2159-14-32		3360	3449	2498	2196	2563	2330	2440	20 881
	FSM form № 8 «Data on active TB cases»	Absolute value	2123	2500	2217	2110	2821	2689	2432	16 892
		% of newly registered	1.5	1.8	1.6	1.5	2.0	1.9	1.7	

while for HIV infection among the same category the detectability rate is lower (correspondingly 107.5 against 315.1).

A comparison (Table 1) has been completed drawing a parallel between TB and HIV cases detected in the course of examination of foreign citizens on the basis of *Rospotrebnadzor* data obtained in the course of its monthly monitoring and the cases of registration of newly detected processes on the basis of FSM (Federal Statistical Monitoring) forms № 61 "Data on contingents infected with HIV" and № 8 "Data on active TB cases" *[18]*. The comparison allows to conclude, that conducting their monthly monitoring activities, the territorial entities of the Russian Federation do not submit all the data on foreign citizens diagnosed with HIV to *Rospotrebnadzor*. The annual FSM form № 61 evidences that the number of the registered foreign citizens happens to be 1.5 times greater. At the same time one should note that the share of foreigners among all the newly registered cases of HIV infection is decreasing – from 4.5% in 2007 to 3.0% in 2013.

As far as tuberculosis is concerned, the situation is different. From 2007 to 2011, the share of foreigners among the newly registered TB cases in accordance with FSM form № 8 has raised form 1.5 to 2.0%, and then began to decrease – down to 1.7% in 2013. The data contained in FSM form № 8 and the *Rospotrebnadzor* monitoring data have got closer to each other. Meanwhile, this was not to happen, because in the course of examination of foreign citizens TB is diagnosed not only for the first time, but also repeatedly (recurrence of the process).

So, one could come to a conclusion on the insufficient interaction between the *Rospotrebnadzor* agencies and the healthcare institutions that submit their data on the registration of cases of TB and HIV infection in foreign citizens.

Among those who have been diagnosed with TB for the first time, the share of foreign citizens has increased from 2.7% in 2013 to 3.1% in 2014 and up to 3.8% in 2015. As of 2015, the share of foreign citizen sick with tuberculosis is especially high in the cities of Moscow (18.7%) and St. Petersburg (19.7%), as well as in the Kaluga and Ryazan districts (20.7 and 16.9%, correspondingly). Besides, the share of foreign citizens (4.3%) does not considerably influence HIV incidence rate. However, one should stress that in 2014–2015 the share of HIV infected foreign citizens has increased (in 2013 – 3.0%), as well as the total number of foreign citizens who have been diagnosed with tuberculosis for the first time (in 2013 – 2,432 people; in 2014 – 2,690 people; in 2015 – 3,188 people).

Though reliable statistical data on tuberculosis among migrants is not available at the moment, one could reasonably assume that the share of TB cases detected constitutes at most ¼ of the possible number of such cases. It is explained by the fact that only a small number of migrants undergo examination for tuberculosis when they face a necessity to obtain the documents permitting them to work in Russia or complete all the necessary formalities to

get the certificate of domicile. A serious obstacle considerably decreasing the interest of foreign citizens in undergoing TB examination is their concern about the possible detection of TB that may become the reason for a ban for their stay on the territory of the Russian Federation.

No reliable statistical data on the incidence of TB among migrants is available at the moment.

The incidence of TB among migrants as well as the timeliness and completeness of TB cases' registration is determined by the affiliation of foreign citizens with the risk groups, their awareness of this disease and its symptoms as well as by how quickly they turn for help to the healthcare institutions.

A whole range of aspects describing the problem of migrant awareness of TB and HIV as well as the factors hindering migrant access to services in the field of early detection and treatment of TB and HIV infection have been figured out in a research by D. V. Poletayev and Yu. F. Florinskaya "Migrants' awareness of TB and HIV infection" *[50]*, carried out by the Center for Migration Studies (CMS) in association with IFRC and RRC with the support of the international non-government organization *United Way Worldwide* and the Lilly MDR-TB Partnership.

The researchers approached migrants from Central Asia and four Russian regions (Moscow, Volgograd, Tambov, Orenburg), as well as inhabitants of Kazakhstan, Tajikistan and Kyrgyzstan. The total number of respondents amounted to 1,750 people aged 18-60 possessing migration experience (400 in Kyrgyzstan, 400 in Tajikistan, 400 in Kazakhstan, 650 in Russia, including 100 people who were questioned once again after they had completed a training course). The share of male respondents amounted to 75%, the share of female respondents – to 25%.

About one fourth of the respondents do not know anything about tuberculosis. This year 22% underwent fluorography examination, last year – 24%, over a year ago – 44%. About 10% have never undergone fluorography examination. 10% of all the respondents have either relatives or friends in their home countries who have been infected with TB, while 2% have either relatives or friends who have acquired TB in Russia. The incidence of HIV infection in migrants is not so high, however, over a half of the respondent have never been tested for HIV infection.

Among those who confirmed they had certain knowledge about tuberculosis, the rate of awareness of TB curability in all the respondents on the average does not exceed 73%. Only just a bit more than a half of those who think they have some knowledge about tuberculosis are aware of the fact that TB treatment may not be interrupted. The research proved that among those who are preparing for migration, the level of knowledge about TB curability was higher (83%) than among those migrants who already work in Russia (73%). One should note that training sessions arranged for migrants have not resulted in everyone's awareness of TB curability: 4% of those migrants who have undergone training found it difficult to reply whether tuberculosis was curable, while 1% affirmed it was a fatal illness.

The question regarding the possibility of interrupting TB treatment turned out to be the most difficult for the respondents. So, among all those questioned before the training only a bit more than a half of respondents (54%) revealed they knew that the prescribed course of TB treatment might not be interrupted. On completion of the training, the average knowledge rate has raised up to 65%, however did not reach 100% (31% of those who have undergone training found it difficult to answer the relevant question, while 4% replied the course of treatment could be interrupted).

The majority of migrants being employed in the receiving country do not apply for medical aid

A serious obstacle considerably decreasing the interest of foreign citizens in undergoing TB examination is their concern about the possible detection of TB that may become the reason for a ban for their stay on the territory of the Russian Federation.

postponing the visit to a doctor "for the future", when they return home. Among the reasons preventing the individuals infected with TB from applying for medical aid the respondents mentioned the following: lack of money for treatment (35%), lack of information (32%), fear of cessation of contacts with the loved ones (30%).

In terms of health concerns, this strategy seems to be clear, however far from rational: it will result in the spread of advanced diseases that are difficult to cure among migrants, as well as in the development of the chronic forms of illnesses. On the other hand, the behavioral strategies of those who have already migrated and those who are still staying in their home countries and only preparing to leave considerably differ from each other. Those who are still staying in their home countries and have not yet migrated, turn to doctors quite often: over the past year almost $^{4}/_{5}$ of the respondents have had such an experience. At the same time, among those who are working in Kazakhstan and Russia the share of such people constitutes 7 and 17% correspondingly.

On the whole, the majority of migrants prefer not to turn to doctors for prophylactic purposes, though while staying in their home countries 17% of future migrants resort to preventive medicine. At the same time, the strategy of rejecting the treatment is seldom used by migrants who are still staying in their home countries, while happens to be rather popular with migrants in receiving countries – from 21% in Russia to 63% in Kazakhstan are trying to "hang in" without turning to the doctors. So, the issues of migrants' attitude to their health and the choice of the behavioral strategy in the field of applying for medical aid require special attention, in particular on behalf of the healthcare bodies of the sending states – as soon as these bodies will finally be responsible for treatment and rehabilitation of sick migrants after they chose to return home.

The overwhelming majority of labor migrants live in overcrowded conditions as soon as there is a tendency of saving money on rental fees. Only one in ten of those questioned rents a private apartment. Renting an apartment along with other migrants; residing in premises furnished by an employer (including accommodation of domestic workers, serving employer's family), or renting a bed in a hostel – these are the three basic accommodation options for Middle Asian migrants. Almost one in ten migrants is residing in premises hardly suitable or even unsuitable for living: in accommodation trailer, engineering equipment premises, in a cellar, a shed or at a market place.

The overcrowding increases the risk of the spread of tuberculosis among the neighbors, if one of migrants turns sick. That is why, launching awareness raising TB prevention campaigns, it is important to sensitize migrants to constant monitoring and self-control of their health condition, including close attention to those they share accommodation with: the disease may spread quickly, if the one who has turned sick doesn't care about his condition posing a threat to those who share accommodation with him. One should also note, that both in sending and receiving countries the majority of migrants apply for commercial, not gratuitous medical aid. It is clear that the cost of commercial medical aid in the sending and receiving state is quite different due to the difference in the income level, however there is also a positive aspect in it: if commercial aid doesn't happen to be something unusual for a migrant, he should be seeking medical advice in due time, as soon as the need arises, despite the fact that the cost of medical care may be higher than at home.

A great challenge for a labor migrant and a big advantage for an employer is the absence of social guarantees. The research evidences that in many cases a migrant worker from Middle Asia who has turned sick may not pretend for compensation on the basis of a sick-leave certificate or the payment of his treatment by employer: on the whole only 5–6% of all the respondents confirmed their employer supported them while they were sick.

One of the new requirements that came into force in Russia in 2015 is compulsory (commercial) health insurance for migrants. This requirement will hardly be immediately met, as soon as the results of the poll conducted evidence that at this stage such a document has not yet become popular with migrants: only 7% of the respondent confirmed they had medical insurance purchased in receiving countries.

Other studies conducted also evidence that the number of migrants having voluntary health insurance policies is rather low: only 5 to 13% of the respondents working in Russia had voluntary health insurance policies *[9, 11]*. Most likely a special awareness raising campaign for both migrants and employers is required to demonstrate all the advantages of the medical insurance and clarify its role in obtaining medical aid in receiving country.

The data given above, correlates with results of an opinion survey "St. Petersburg Migrants: Incidence of

Behavioral Risks in Respect of Infectious Diseases (HIV, STIs, TB), Social and Economic Conditions of Life and Factors Influencing the Appealability to the Russian Medical Institutions" conducted by the Finnish Lung Health Association (FILHA) in cooperation with the Russian representational office of the International Organization for Migration and the Sector of Social Health Problems of the Institute of Sociology of the Russian Academy of Sciences with the support of the Ministry of Foreign Affairs of Finland *[48]*.

In the course of research, the number of respondents questioned amounted to 150: 69.3% of men and 30.7% of women. The average age of respondents was about 33. The majority of those questioned have graduated form secondary and vocational schools. Educational level in women was higher than in men. A sample consisted of the citizens of Tajikistan, Ukraine, Moldova and Kyrgyzstan. However, the dominating group represented Uzbekistan.

The overwhelming majority of migrants (94.7%) have come to Russia in search of employment. Men are involved in construction and repairs (49.4%), manufacturing (12.7%), transportation and communication activities (11.4%). Women are involved in trade (27.0%), manufacturing (16.2%), hotel and restaurant business (13.5%). Annual income of 46.8% of men and 64.9% of women amounted to 10,000 to 25,000 Rubles. The share of those earning 25,000 to 40,000 Rubles per month constituted 38.0 and 24.3% of respondents correspondingly.

As far as the living environment is concerned, some 40% of the respondents share the room with one or two neighbors. An equal amount is sharing a room with three to five people. The rest of the respondents are sharing a room with over six people. Furthermore, 6.8% of the respondents pointed out that among their contacts there was at least one person who kept coughing for more than three weeks. Almost all the respondents confirmed they had access to basic utilities (running water, heating).

Only 13.6% of men and 43.5% of women have turned to Russian doctors in the course of the previous 12 months preceding the interview. As far as the reasons for which labor migrants had not applied for qualified medical aid are concerned, the majority stated "they had no need in that". However, 9.3% of men and 61.5% of women used to self-medicate as soon as the "cost of medical services in Russia was too high". According to the respondents, the cost of medical aid when they last turned to the doctor came up to almost 3,000 Rubles; 71.3% of the approached respondents have heard of the Voluntary Health Insurance System, however 49.0% of them haven't got such an insurance policy.

Over 90% of the respondents are aware of tuberculosis. At the same time, only 54.8% (47.3% of men and 71.4% of women) gave correct answer to the question regarding the diagnostic examination revealing pulmonary TB. Over 90% of the respondents, however, confessed they had undergone either fluorography or chest x-ray over the past two years. 43.6% of men and 61.9% of women revealed their knowledge of the airborne nature of tuberculosis. Prevention methods turned out to be known to 56.4 and 52.4% of the approached respondents correspondingly.

Replying to the question regarding the sources of information about infectious diseases they turned to, the respondents mentioned TV programs (1st place in men, 2d place in women), awareness raising sessions in educational institutions (2d and 4th places), friends and associates (3th–4th and 4th places), parents and other relatives (5th and 1st places) and doctors of out-patient clinics (3th–4th and 5th places). Talking about the information sources, most of the women referred to their family, while men – to TV programs.

Better educated respondents as well as those who think they have a good command of Russian have been better informed of the dangerous socially induced diseases. At the same time, women turned out to be better informed than men (it is worth reminding that women are better educated than men). Representatives of the Central Asian countries revealed lower levels of awareness.

The approached migrants proved to be interested in information on how to protect themselves from infectious diseases. This was evidenced by replies given by 64.4% of men and 78.3% of women. 23.5% and 5.4% correspondingly would like to get this information in their native language, 33.8% and 51.4% – in Russian language, while 41.2% and 43.2% confessed it made no difference to them which language would the information be furnished in (in their native language or in Russian).

So, summarizing the results of the survey on the incidence of behavioral risks in respect of infectious diseases conducted among the St. Petersburg migrants, one could speak of comparatively poor awareness of migrants of the dangerous socially significant diseases, especially among the persons originating from Central Asia, poorly educated and having bad command of Russian. On the other hand, these people have a need for information on how to protect themselves from

infectious diseases. Because of the high cost of medical services and lack of employers' interest in purchasing medical insurance, labor migrants often resort to self-medication. Despite the requirement of compulsory annual fluorography, over the past two years one in ten migrants has not been examined.

Considering the poor awareness of the respondents of the possible ways of transmission and methods of prevention of such infectious diseases as tuberculosis, it is necessary to elaborate and disseminate printed materials explaining the ways of transmission, the duration of latency period as well as the symptoms of these infectious diseases and available prevention techniques. These materials may be offered to migrants undergoing medical examination while applying for working permit, patent and residence permit in Russia. Considering the fact that not all the migrants have equal command of Russian, some of these materials need to be published in national languages and, above all, in the languages of Central Asian states.

The results of the survey also point to the vital role played by the doctors in medical facilities, who turn out to be the source of information for migrants. In this connection, it is suggested to evaluate the possibility of redistribution of funds allocated for prevention activities in favor of the individual consultations in medical establishments and elaborate guidance manuals for medical staff to inspire doctors to hold prevention conversations regarding infectious diseases with migrants when they turn to them for medical aid.

Such conversations (pre- and post-test counseling) should be also held in the course of the migrants' screening for infectious diseases, which happens to be a regulatory requirement in the Russian Federation. It is also important to bring attention of the medical staff to the fact that all the patients and migrants in particular should be informed of the purposes of examinations and manipulations they are being subjected to.

Interesting data has been revealed in the course of a single-step opinion survey on TB risk factors conducted among migrants in Central Asian countries by the Center for Global Health Studies in Central Asia under Columbia University (USA). The survey concerned Kazakhstan, Kyrgyzstan and Tajikistan *[62]*. The authors also compared data on migration in receiving countries – Kazakhstan and Russia. The survey has revealed that the major part of those, leaving for Russia are male migrants migrating for economic reasons. In most of the cases, migrants have all required registration documents, a working permit and a working agreement with employer. At the time the poll was conducted, they were staying in receiving countries on legal basis. The majority was involved in construction and trade. At their working places they received special uniform and were offered training on safety methods. Vast minority of the respondents confirmed they had medical insurance. Those who had applied for medical services, gave a high appraisal of the medical aid they received having assessed it as "good" or even "excellent". Most frequently, those approached turn for medical aid to the government organizations. The overwhelming majority of the respondents confirmed they were aware of tuberculosis. The respondents confirmed they were afraid of being deported, becoming unable to work for a long time or being challenged by serious health consequences in case they were diagnosed with TB. Besides, migrants said they were afraid of TB transmission to their contacts and public disapproval. It is worth noting that the major part of respondents have either never undergone x-ray examination in their home country or undergone it quite a long time ago. The survey confirms the importance of arranging preventive x-ray examinations for migrants arriving in Russia from Central Asian states.

INTERNATIONAL LEGAL FRAMEWORK AND THE LEGAL FRAMEWORK OF THE RUSSIAN FEDERATION, REGULATING THE ISSUES OF RENDERING TB AID TO FOREIGN CITIZENS

The right to health protection is one of the fundamental elements of human rights, which doesn't depend on one's race, nationality, gender, citizenship or legal status. The world community recognizes the universal right to health and calls for state-members of the international agreements to support and improve its effective implementation by all possible means. Preamble of the WHO Constitution establishes the principle according to which "The health of all people is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and states" *[64]*. Due to that, foreign citizens staying on the territory of the Russian Federation, have indisputable right for medical aid in cases and to the extent envisaged by the Russian legislation and the international agreements ratified by the Russian Federation.

As soon as the norms of the international law are rather significant for the Russian legal system, it is reasonable to give a list of international acts containing the norms on health services provision to foreign citizens:

- **Universal Declaration of Human Rights (adopted by UN General Assembly Resolution 217A (III) of December 10, 1948)** [URL: http://www.un.org/en/universal-declaration-human-rights/index.html];
- **Convention relating to the Status of Refugees (adopted on 28 July 1951 by the UN Conference of Plenipotentiaries on the Status of Refugees and Stateless Persons, convened under General Assembly resolution 429 (V) of 14 December 1950)** [URL: http://www.ohchr.org/EN/ProfessionalInterest/Pages/StatusOfRefugees.aspx];
- **International Convention on the Elimination of All Forms of Racial Discrimination (adopted by UN General Assembly Resolution 2106 (XX) of 21 December 1965)** [URL: http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx];
- **International Covenant on Economic, Social and Cultural Rights (adopted by UN General Assembly resolution 2200 A (XXI) of 16 December, 1966)** [URL: http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx];
- **International Covenant on Civil and Political Rights (adopted by UN General Assembly resolution 2200A (XXI) of 16 December 1966)** [URL: http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx];
- **Declaration on the Human Rights of Individuals Who Are Not Nationals of the Country in Which They Live (adopted by UN General Assembly resolution 40/144 of 13 December 1985)** [URL: http://www.un.org/documents/ga/res/40/a40r144.htm];

Besides, it's reasonable to mention a few other documents that have not been ratified by the Russian Federation:

- **The International Labour Organization Convention No. 97 (Migration for Employment Convention)** [URL: http://blue.lim.ilo.org/cariblex/pdfs/ILO_Convention_97.pdf]; and
- **International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (adopted by UN General Assembly resolution 45/158 of 18 December 1990)** [URL: http://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx].

In 2008, The 61st Session of the World Health Assembly (WHA) adopted a resolution **"Health of**

migrants" (WHA61.17), calling upon member states: "(1) to promote migrant-sensitive health policies; (2) to promote equitable access to health promotion, disease prevention and care for migrants … (3) to establish health information systems in order to assess and analyze trends in migrants' health … (5) to gather, document and share information and best practices … (6) to raise health service providers' and professionals' cultural and gender sensitivity to migrants' health issues; (7) to train health professionals to deal with the health issues associated with population movements; (8) to promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migratory process; (9) to contribute to the reduction of the global deficit of health professionals …" *[55]*.

In 2009, the 62[d] Session of the World Health Assembly adopted a Resolution **"Reducing health inequities through action on the social determinants of health" (WHA62.14)** *[56]*

In 2010, the 63[d] Session of the World Health Assembly adopted a Resolution **"Monitoring of the achievement of the health-related Millennium Development Goals" (WHA63.15)**, aimed at protection of health of the most vulnerable population groups through continuous monitoring of the achievement of the health-related Millennium Development Goals *[57]*.

The problem of migrant health has been given a special place within the framework of the **Global Strategy and Targets for Tuberculosis Prevention, Care and Control after 2015 (A67/11)**, approved by WHA Resolution WHA67.1 of May 19, 2014, adopted by the 67[th] Session of the World Health Assembly: considering migrants within the framework of the national strategic TB elimination plans, providing aid and rendering prevention services taking into account migrants' needs and demands, innovative cross-sectoral strategies and systems, operational research *[5]*.

Resolution of the **Thirty First International Conference of Red Cross and Red Crescent Societies** (Geneva, 2011) contains a call upon all the states and governments to ensure access to the necessary aid and retain dignity of all the categories of migrants irrespective of their legal status *[17]*.

In pursuance of multiple international legal instruments, treaties and agreements Russia represented by its authorized public authorities ensures proper implementation of the international norms on the provision of medical aid to foreign citizens staying on its territory. First of all, we are dealing here with the establishment of the legal framework as well as the conditions for unimpeded execution of laws.

Clause 15 of the **Constitution of the Russian Federation** states that all the universally acknowledged regulations and principals of the international law as well as the international agreements signed by the Russian Federation happen to be an integral part of its legal system. Besides, it is also mentioned that in case the international agreements establish the rules which are different from those prescribed by law, the rules of international agreement should apply.

The peculiarity of the legal base regulating health service support to foreign citizens in the Russian Federation is that the statutes in place to the greatest possible extent equalize the rights and duties of foreign and Russian citizens, allowing the foreign citizens to enjoy the so-called principle of equality between aliens and nationals.

According to Section 3 of Clause 62 of the Constitution of the Russian Federation, foreign and Russian citizens enjoy equal rights, in particular in respect of the right to healthcare and medical aid, except for the cases established by legislation or an international agreement involving the Russian Federation *[15]*.

General aspects of legal status of foreign citizens on the territory of the Russian Federation are regulated by the Federal Law **№ 115-FZ "On the legal status of foreign citizens in the Russian Federation" of June 25, 2002**. It identifies the following categories of foreign citizens:

- Foreign citizen temporary staying in the Russian Federation, i.e. an individual who has arrived in the Russian Federation on the basis of a visa or following the procedure that doesn't require the receipt of a visa, or an individual who has obtained a migration card however hasn't got a residence permit or a temporary stay permit;
- Foreign citizen temporary residing in the Russian Federation – an individual who has been granted a temporary stay permit; and
- Foreign citizen permanently residing in the Russian Federation – an individual who has been granted a residence permit *[32]*.

Procedures regulating the provision of medical aid as well as the citizens' rights in this field are stipulated by the **Federal Law № 323-FZ of November 21, 2011 "On the basis of public healthcare in the Russian**

Federation" *[41]* and the Federal Law **№ 326-FZ of November 29, 2010 "On compulsory health insurance in the Russian Federation"** *[39]*. If an international agreement doesn't establish a different procedure, medical aid to the foreign citizens on the territory of the Russian Federation is rendered in accordance with the aforementioned laws. Besides, there is a plenty of bylaws (key decrees, orders and letters) devoted to the rules of rendering medical aid to the foreigners that have been basically adopted in pursuance of Clauses of the Federal Laws №№ 115-FZ, 323-FZ and 326-FZ.

The scope of medical service support as well as the relevant procedures applied to the foreign citizens depends on their labor status (employed, unemployed) and residence status in Russia (residing on permanent basis, staying on temporary basis). Considering the foreigners' status in the sphere of medical service support, they may be divided into two groups:

- Employed foreigners, permanently or temporary residing in the Russian Federation and those unemployed, however staying in the Russian Federation on permanent basis.
- Employed foreigners, temporary staying in the Russian Federation and unemployed ones with temporary residence or temporary stay status.

Thereinafter, you can find a brief characteristic of the basic clauses of the most important legal and regulatory instruments of the Russian Federation related to the access of foreign citizens to healthcare services on the territory of the Russian Federation.

1. Federal Law "On the legal status of foreign citizens in the Russian Federation" № 115-FZ of June 25, 2002 (amended and revised) *[32]*

This law occupies a special place in legal regulation of medical service support rendered to foreign citizens in the Russian Federation. Clause 4 of this law, along with the Constitution of the Russian Federation establishes the principle of equality in rights of the citizens of the Russian Federation and foreigners. According to this law, foreign citizen is an individual who is not a citizen of the Russian Federation and has a document confirming he holds the citizenship (allegiance) of a foreign state.

The law identifies the following categories of migrants in Russia: "foreign citizen" and "stateless person". The notion of a "foreign citizen" comprises the notion of a "stateless person", unless the Federal Law establishes special rules for stateless persons which are different form those established for the foreign citizens.

For the majority of such individuals staying on the Russian territory on either long-term or permanent basis envisages obtainment of a permit for temporary stay or a residence permit; both procedures envisage medical certification. Besides, the requirement of medical certification may be applied irrespective of the period of stay in the country, if the aforementioned individuals intend to work on the territory of the Russian Federation.

To obtain a permit for temporary stay or a residence permit, a foreign citizen needs to furnish the documents, confirming his is not suffering from substance addiction and infectious diseases that may pose a danger to the wider public, envisaged by the list of diseases adopted by the executive power body authorized by the government of the Russian Federation, as well as certificate evidencing he is not suffering from a disease caused by the human immunodeficiency virus (HIV infection).

First of all, it's worth mentioning that Section 14 of Clause 13.2 and Section 6 of Clause 13.5 of this Federal Law stipulate the employer's duty to either make sure that the foreign worker has got a medical insurance policy, or to independently conclude an agreement for medical insurance services in favor of an employee with medical organization in cases of employment of highly skilled professionals and individuals assigned to work in Russia-based representation offices, subdivisions and branch organizations of foreign commercial companies of WTO member states.

2. In accordance with Clause 16 of the Federal Law "On the legal status of foreign citizens in the Russian Federation", **the Russian Government Decree № 167 of March 24, 2003 "On the procedure of providing guarantees of material, medical and housing support to foreign citizens and stateless persons for the period of their stay in the Russian Federation" (with amendments as of January 23, 2007)** approved the **Regulations on provision of guarantees of material, medical and housing support to foreign citizens and stateless persons for the period of their stay in the Russian Federation** *[31]*.

This document determines the procedure for providing guarantees by the receiving party for supplying a foreign citizen with a valid medical insurance policy for the period of his stay in the Russian Federation if no alternative procedure

has been envisaged by an international agreement signed by the Russian Federation or the procedure of supplying a foreign citizen, if necessary, with money means so that he could apply for medical aid.

3. Federal Law of the Russian Federation № 4528-1 of February 19, 1993 "On refugees" (amended and revised) *[21]*

An individual recognized as a refugee as well as the accompanying family members should undergo compulsory medical certification meeting all the requirements established for obtaining a medical certificate. An individual recognized as a refugee as well as the accompanying family member is entitled to medical aid and pharmaceutical support. The same refers to an individual who has been granted provisional asylum in the Russian Federation.

Those who have been granted a refugee status or provisional asylum and undergone medical check-up, receive a corresponding certificate. They are entitled to medical aid on equal basis with the citizens of the Russian Federation and for humanitarian reasons may not be deported outside the territory of the Russian Federation. Hence, in case of detection of TB, HIV and STIs the treatment of these diseases should be conducted in Russia on account of budgets of various levels. Provision of international aid within the framework of arranging the treatment of Ukrainian citizens staying in Russia is possible in case they are awarded a status of refugee by the UN Refugee Agency (UNHCR).

To date, there are no regulatory instruments in the Russian Federation, regulating the measures on TB prevention and treatment among those who are not the citizens of the Russian Federation, while the work of phthisiologist is not regulated, separately considered and paid for.

4. Federal Law № 323-FZ of November 21, 2011 "On the basis of public healthcare in the Russian Federation" (amended and revised) *[41]*

According to Section 3 of Clause 19 of this law, the right to medical aid of the foreign citizens, residing and staying on the territory of the Russian Federation is established by the legislation of the Russian Federation and corresponding international agreements signed by the Russian Federation. Besides, Section 3 of the aforementioned Clause establishes significant guarantees for all people, no matter whether or not they possess a nationality of a particular state. So, the individuals who do not hold the citizenship of the Russian Federation or any other state (apatrides) are equated in rights with the citizens of the Russian Federation unless otherwise stipulated by an international agreement. Moreover, according to Section 1 of Clause 79, the medical organizations are obliged to render emergency medical aid without paying attention to whether or not the patient is a citizen of the Russian Federation and whether or not he has a compulsory health insurance policy.

The rights of the foreign citizens in this field are determined by special instruments, however the rule on the special legal regulation is not always observed. So, in accordance with Clause 10 of the Federal Law № 326-FZ of November 29, 2010 "On compulsory health insurance in the Russian Federation", foreign citizens are considered to be insured on equal basis with the Russian citizens.

Nevertheless, certain differences still exist. To a major extent, they are linked to different approach to Russian and foreign citizens in terms of the payment for medical aid. For example, emergency medical aid is being rendered free of charge, while non-emergency – on a commercial basis..

4.1. In certain cases, relations connected with provision of medical aid to foreign citizens are regulated by international agreements. Such agreements may be either multilateral or bilateral. An example of a multilateral agreement is a Special Legal Instrument in the field of Healthcare valid at the CIS level - **"Agreement on the provision of medical aid to the citizens of CIS member states of March 27, 1997"** *[60]*.

The main goal of this document is regulation of issues related to provision of emergency aid that frequently happens to be crucial for a patient's life, on the territory of a "state of temporary stay". The state of

temporary stay is a state providing medical services to a patient who doesn't happen to be its national.

According to the aforementioned Agreement, the state, on the territory of which a citizen of a CIS member state is presently staying assumes the obligation to defray the expenses on emergency medical aid in case of sudden emergency conditions and diseases threatening patient's life or posing a danger to the health of other people, accidents, intoxications, traumas, childbirth and acute medical emergencies in the course of pregnancy.

Such an aid should be rendered to a foreign citizen without impediment, free of charge and to the fullest required extent on the territory of the state of temporary stay by healthcare facilities irrespective of organizational and legal forms, departmental affiliation and form of ownership.

The Agreement also envisages the procedure for provision of medical aid on commercial basis.

4.2. As an example of bilateral international treaty, one could mention the **Order by the Ministry of Healthcare of the Russian Federation №19 of January 21 "On implementation of the regulations stipulating the procedure for rendering medical aid to the citizens of the Republic of Belarus in medical facilities of the Russian Federation and to the citizens of the Russian Federation in medical facilities of the Republic of Belarus"** *[22]***.** This document validates the approach on the gratuitous provision of medical aid to a foreign citizen in life-threatening conditions, that has been analyzed above. However, it also contains special sections allowing the citizens of Belarus, for example, to get any kind of medical aid free of charge. We are dealing here with medical service support rendered to the patients who have been awarded the title of the Hero of the Soviet Union or happen to be chevaliers of three classes of the Order of Glory.

Protocol on the agreement implementation mechanism stipulates that since the moment life-threatening condition of an individual has been tackled or the threat to the health of other people eliminated and the transportation of the sick became possible, consequent provision of medical aid should be conducted on commercial basis. Protocol on the agreement implementation mechanism also prescribes that the patient's agreement for transportation or that of his attendant should be obtained. In case the patient needs to be transported to the state of his permanent residence, the information on his condition should be communicated to the Embassy and the Ministry of Health of the state, whose national the patient happens to be. The possibility of safe transportation of the patient shall be determined by clinical-expert commission or a case management team of the medical facility rendering medical aid, which is authorized to make a decision on the transportability of the sick patient. Consent for transportation should be confirmed by the patient and his attendants. Reimbursement of expenditures for the transportation of a patient is being conducted on account of the state whose national the patient happens to be.

In case of a favorable decision by the authorized representative of the state, whose national the patient happens to be, confirming the necessity of transporting the patient by means of sanitary aviation, the payment for this service has to be made by the state of the patient's permanent residence or out of his private means. In such cases, the bill for transportation of the patient should be sent to the Ministry of Health of the corresponding state no later than 10 days after the patient's discharge from the medical facility.

In accordance with the agreement implementation protocol, guarantee liabilities for the payment of the cost of the non-emergency medical aid may be furnished by a legal entity (private individual), acting in the name of the patient. In case the patient has to continue his treatment in medical facilities of a state of his temporary stay after an immediate threat to his life or the health of people around has been eliminated, the payment of the actual cost of the services rendered should be made as per tariff or contract price either by the patient himself or the legal entity (private individual) acting on his behalf.

In the absence of guarantees on behalf of the sending country ensuring that the actual cost of the non-emergency medical aid will be duly paid (i. e. if the citizen has not been sent by his state to Russia for obtaining medical aid), such an aid shall be rendered after the receipt of an advanced payment amounting to a minimum of the estimated cost of treatment. On completion of treatment, the final clearing payments on the basis of actual expenditure should be settled between the medical facility and the patient (or a legal entity/private individual, acting on his behalf).

At the same time, the Agreement admits, that in certain cases following the agreement between Russia and the state, whose national the patient happens to be and on whose territory he permanently resides, to those foreign citizens who suffer from serious diseases,

non-emergency counseling as well as diagnostic and treatment support may be offered on different terms.

The same way, in accordance with the agreement implementation protocol, in case the follow-up treatment of the patient may not by paid, as well as in cases of the patient's incapacity and the absence of attendants, information on the patient's condition should be communicated to the Embassy of the state of the patient's permanent residence. In case of the favorable decision by the authorized representatives of the state, whose national the patient happens to be, on the reasonability of continuing his treatment in the state of his temporary stay, the bill for medical services rendered should be forwarded to the Ministry of Health of the state of permanent residence.

Non-emergency medical aid to individuals, working on the basis of employment agreement (contract) in a state of their temporary stay, is provided on account of employer in the manner and scope envisaged by the agreement (contract) or out of the individual's private means.

It is worth noting that Russia does not belong to the CIS countries for which the Agreement has entered into force (as of 2009). At the same time, provisions of the Agreement on the general rule of medical service support to the foreigners duplicate the norms of the Russian legislation. And as far as the exemption requirements, containing in the Agreement, are concerned, one can say that the Russian legislation puts no obstacles in the way of their implementation in practice. Let's consider specific examples of the mechanism of implementation of the norms of the Russian legislation taking into account the provisions of the Agreement.

Example 1. Kazakh citizen with a status of an individual temporary residing in the Russian Federation (the individual has a temporary residence permit), is working at the Russian enterprise (or has been hired by a businessman) on the basis of a labor contract or a civil law contract.

According to the Russian legislation, an employer has to pay a fee for this individual to cover his compulsory health insurance and get an insurance policy issued in his name (Compulsory Health Insurance Policy).

Such an individual is entitled to receiving first aid and emergency medical aid in life-threatening situations, as well as the medical aid (including non-emergency one) within the framework of the compulsory health insurance system, the range and procedure for which are regulated by the territorial compulsory health insurance program of the RF region that has issued the CHI policy. Besides, such individuals have to undergo professional medical check-ups in case they are involved in certain types of professional activities, while women are entitled to receipt of a maternal certificate.

Example 2. A Kazakh citizen is temporary staying in Russia (i. e. has neither a residence permit nor a temporary residence permit).

Such an individual is not considered to be insured within the framework of the compulsory health insurance system, so the CHI policy is not being issued for him.

He/she may be rendered first aid and emergency aid free of charge in case of life-threatening conditions and diseases or in case his condition poses a threat to the wider public, as well in case of exigent conditions in the course of the pregnancy.

In any case, the scope of medical aid may not be smaller than that envisaged by the minimal list of medical services established by the Order of the Ministry of Health of the Russian Federation № 315 of August 6, 1999 *[4]*.

4.3. On the mutual provision of equal rights in obtaining first and emergency aid to the citizens of the Republic of Belarus, Republic of Kazakhstan, Republic of Kyrgyzstan and the Russian Federation. Agreement of November 24, 1998 *[23]*.

This Agreement does not change general rules of the Russian legislation concerning the provision of medical aid to the foreigners and only clarifies the sequence of actions to be followed while rendering first and emergency aid to the citizens of the countries being a party to the Agreement.

First and emergency medical aid in case of emergency conditions and diseases threatening the life of a patient or the health of the wider public, accidents, intoxications, traumas, childbirth and exigent conditions in the course of the pregnancy is rendered to the citizens of contracting countries without impediment, free for the patient and to the extent required, in healthcare government and municipal medical facilities of the state of temporary stay of the individuals (irrespective of the availability of a valid health insurance policy).

5. Federal Law № 326-FZ of September 29, 2010 "On compulsory health insurance in the Russian Federation" (amended and revised) *[39]*

One of the basic principles of the Compulsory Health Insurance system is safeguarding the guarantee of gratuitous provision of medical aid to the insured individuals on account of CHI funds in case of occurrence of the insured event, within the framework of the territorial CHI program and the basic CHI program.

According to Clause 10 of the Law, those insured include the citizens of the Russian Federation, foreign citizens permanently or temporary residing in the Russian Federation, stateless persons (with only a few exceptions), as well as the individuals who are entitled to medical aid in accordance with the Federal Law "On refugees".

Foreign citizens, temporary or permanently residing in the Russian Federation, i.e. possessing a permit for temporary stay or a residence permit, hold equal rights and duties within the framework of the CHI system with the citizens of the Russian Federation. In case of occurrence of the insured event, they are entitled to gratuitous medical aid in the manner and scope established by CHI basic program. The basic program of compulsory health insurance envisages provision of primary medical aid, including prevention activities, emergency medical aid (except for sanitary-aviation evacuation, conducted by aircrafts), specialized medical aid, including high-tech medical aid in the following cases:

1) infectious and parasitic diseases, except for sexually transmitted diseases, tuberculosis, HIV infection and AIDS;
2) neoplasms;
3) endocrine disorders;
4) nutritional and metabolic diseases;
5) diseases of the nervous system;
6) hemopathy and diseases of the blood-forming organs;
7) sporadic disorders, involving immune mechanism;
8) diseases of the eye and its adnexa;
9) diseases of the ear and mastoid process;
10) diseases of the circulatory system;
11) diseases of the respiratory system;
12) diseases of the digestive system;
13) diseases of the genitourinary system;
14) diseases of the skin and subcutaneous tissue;
15) diseases of the musculoskeletal system and connective tissue;
16) injuries, intoxications and certain other consequences of external courses;
17) congenital abnormalities (developmental defects);
18) malformation and chromosomal defects;
19) pregnancy, childbirth, puerperal period and pregnancy termination;
20) sporadic conditions, developing in children in perinatal period.

Staying on the territory of the territorial entity of the Russian Federation, where the CHI policy has been issued, foreign citizens may count on medical aid within the framework of the territorial CHI program. In case a foreign citizen lacks temporary residence permit or a residence permit, he has the right to apply to the insurance company with the purpose of obtaining a voluntary health insurance policy or to turn to the medical facility for medical aid on commercial basis.

Foreign citizens may purchase a CHI policy only after they obtain either a temporary stay permit or a residence permit.

5.1. In accordance with the **Order of the Ministry of Health and Social Development № 158n of February 28, 2011 "On the adoption of compulsory health insurance rules" (amended and revised)** *[45]*, to obtain a CHI policy, foreign citizens permanently or temporary residing in the Russian Federation, need to either personally or via their representative submit the following documents:

- Application indicating the choice of a health insurance company (or a wish to change it for another one);
- Identity paper (foreign passport, birth certificate or other document recognized in the Russian Federation as an identity paper);
- Residence permit with a household registration note (only for those residing on permanent basis); foreign citizens residing in Russia on temporary basis present their passport or another document, recognized in the Russian Federation as an identity paper with a note confirming permission for temporary residence in the Russian Federation;
- State pension insurance certificate (SNILS) (if available).

Among the documents required for obtainment of a CHI policy there is no mention of Individual Taxpayer Number (INN).

5.2. Letter by the Ministry of Health and Social Development № 20-1/253427 of January 26, 2010

<On the procedure of compulsory health insurance of foreign citizens temporary staying in the Russian Federation and stateless persons> *[29]* clarifies the procedure (introduced in 2010) of compulsory health insurance of foreign citizens temporary staying in the Russian Federation and stateless persons, working on its territory on the basis of labor and civil law contracts, including commissioning contracts, and foreign citizens who happen to be self-employed entrepreneurs disbursing no payments or other kind of remunerations to private individuals.

5.3. Minimal list of medical services (including medical transportation services), rendered within the framework of the health insurance system to the insured foreign citizens temporary staying in the Russian Federation established by the **Order by the Ministry of Health of the Russian Federation № 315 of August 6, 1999 "On the minimal list of medical services rendered within the framework of the health insurance system to the insured foreign citizens, temporary staying in the Russian Federation"** *[25]***.**

The aforementioned minimal list includes:

- Medical aid rendered by first aid stations (facilities);
- Medical aid in in-patient and out-patient medical facilities in case of sudden health disorders and accidents in the scope required to eliminate the threat to patient's life and (or) remove acute pain;
- Transportation by medical transport or any other transport vehicle, including medical convoy (medical team, doctor, nurse), from the place of occurrence (accident) to the medical facility;
- repatriation (transportation) of the deceased.

Arrangement and funding of medical aid (including medical transportation services) rendered to foreign citizens temporary staying in the Russian Federation, whose health insurance has been arranged for by a foreign insurance company that has concluded a cooperation agreement with the Russian insurance company having a license for insurance activities of a given kind or with a service organization providing for the arrangement of medical aid, is being conducted by the Russian insurance company (service organization).

6. Decree by the Government of the Russian Federation № 186 of March 6, 2013 "On the approval of the rules on provision of medical aid to the foreign citizens on the territory of the Russian Federation" *[46]*

The rules attached to the aforementioned Decree, establish the right of foreign citizens (irrespective of the status of their stay on the territory of the Russian Federation) to obtain medical aid from medical and other organizations carrying out medial activities irrespective of their institutional legal structure as well as from private entrepreneurs executing medical activities. Besides, these rules contain precise definitions of various kinds of medical aid rendered to foreign citizens:

- acute medical care (including acute specialized medical care);
- rescue emergency care (except for acute care and specialized aid);
- non-emergency medical aid.

These rules establish the procedure for rendering medical aid of each kind, what happens to be an essential innovation.

Let's consider the new procedure for rendering medical care to foreign citizens in more detail.

Depending on the status of stay on the territory of the Russian Federation (temporary staying, temporary residing, permanently residing), foreign citizens are entitled to medical aid on either gratuitous or commercial basis.

As a rule, the right for obtaining medical aid is certified by health insurance policy: in case of gratuitous aid – by compulsory health insurance policy (CHI); in case of commercial medical services – by voluntary health insurance (VHI). In the absence of an insurance policy the obtainment of medical aid on commercial basis is documented by agreement for the provision of medical services.

Foreign citizens temporary or permanently residing on the territory of the Russia Federation are entitled to gratuitous medical aid. Such foreign citizens are being referred by the legislator to the insured persons. Medical aid is being rendered to them in accordance with the Federal Law "On compulsory health insurance" on the basis of CHI policy. According to Clause 10 of this law, among the foreign citizens temporary or permanently residing in the Russian Federation, the following categories are referred to the insured individuals:

- individuals employed on the basis of labor

contracts, civil law contracts (execution of work, rendering services), commissioning contracts as well as the authors receiving payments and other kind of remuneration in accordance with the agreements on the alienation of the exclusive rights for works of science, literature and art; publishing license agreements and license agreements stipulating the right for the use of the works of science, literature and art;

- self-employed individuals (private entrepreneurs, notary officers, lawyers and insolvency practitioners engaged in private practice).

Gratuitous medical aid on the basis of CHI policy is provided by the medical facilities of the government and municipal healthcare system. As far as the foreign citizens temporary staying on the territory of the Russian Federation are concerned, they are being rendered medical aid on commercial basis. To receive medical aid this category of foreigners needs to either obtain a VHI policy or conclude agreements for provision of medical aid on commercial basis for each concrete case.

Acute medical care (including acute specialized aid) is being rendered to foreigners by the medical facilities being a part of the government and municipal healthcare systems on gratuitous basis irrespective of the status of their stay. In particular, such kind of aid is being provided on gratuitous basis in case of diseases, accidents, injuries, intoxications and other conditions requiring urgent medical intervention.

Emergency and non-emergency medical aid to foreigners (except for the insured foreigners in accordance with Clause 10 of the Law "On compulsory health insurance") is being rendered on commercial basis. To obtain medical aid it is necessary to have an agreement for the provision of medical services on commercial basis or a medical insurance contract (VHI policy).

The rules also stipulate that non-emergency medical aid may be rendered only if a foreign citizen provides a written guarantee that the actual cost of medical services will be paid or makes an advance payment for the medical services proceeding from supposed scope of intervention. A foreign citizen should also furnish all necessary medical documents (abstract of medical record, data on clinical, x-ray, laboratory and other examinations), if available.

Once the treatment of a foreign citizen has been completed, a hospital discharge report indicating the period of treatment in a medical facility as well as the executed prevention, diagnosis, treatment and rehabilitation procedures is being sent either in his private address or in address of a legal entity or a private individual acting in his name, on agreement with the foreign citizen.

Moreover, these rules establish the requirement of submitting a bill for the actual medical services rendered by means of sending it in the private address of a foreign citizen or in address of a legal entity or a private individual acting in his name within 10 days after completion of treatment unless otherwise specified by agreement, on the basis of which medical aid has been rendered.

7. Decree by the Government of the Russian Federation №715 of December 1, 2004 "On the adoption of a list of socially significant diseases and a list of diseases posing a danger to the wider public" (amended and revised) *[44]*

Among other diseases, the list of socially significant diseases and the list of diseases posing a danger to the wider public include, in particular, tuberculosis, HIV infection and sexually transmitted infections.

8. Order by the Ministry of Health of the Russian Federation № 384n of June 29, 2015 "On the approval of the list of infectious diseases posing

Acute medical care (including acute specialized aid) is being rendered to foreigners by the medical facilities being a part of the government and municipal healthcare systems on gratuitous basis irrespective of the status of their stay. In particular, such kind of aid is being provided on gratuitous basis in case of diseases, accidents, injuries, intoxications and other conditions requiring urgent medical intervention.

a danger to the wider public and being a ground for denial or cancellation of temporary residence permit for foreign citizens or stateless persons, or residence permit, or patent, or permission to work in the Russian Federation, and the procedure for confirming the presence or absence of these diseases and the form of medical opinion on the presence (or absence) of the mentioned diseases" *[42]*

The list of infectious diseases posing a danger to the wider public and being a ground for denial or cancellation of temporary residence permit for foreign citizens or stateless persons, or residence permit, or patent, or permission to work in the Russian Federation includes: tuberculosis, HIV infection, leprosy and syphilis.

9. Order by *Rospotrebnadzor* №336 of September 14, 2010 "On the procedure of preparing, presenting and considering in *Rospotrebnadzor* system the decision-making materials regarding the undesirability of stay (residence) of a foreign citizen or a stateless person in the Russian Federation" (registered by the Ministry for Justice on 22.10.2010, registration number – 18792) (amended and revised) *[30]*

Detection of tuberculosis and HIV infection in foreign citizens may lead to their deportation from Russia according to Clause 25.10 of the Federal Law № 114-FZ of August 15, 2008 "On the procedure of departure from the Russian Federation and the entrance to the Russian Federation."

One of the grounds backing the decision on the undesirability of stay (residence) is detection in a foreign citizen or a stateless person of infectious diseases mentioned in the List of diseases approved by the Order by the Ministry of Health of the Russian Federation № 384n of June 29, 2005 "On the approval of the list of infectious diseases posing a danger to the wider public and being a ground for denial or cancellation of a temporary residence permit for foreign citizens and stateless persons, or a residence permit, or patent, or permission to work in the Russian Federation and the procedure for confirming the presence or absence of these diseases, and the form of medical opinion on the presence (or absence) of the mentioned diseases."

10. Federal Law of the Russian Federation № 114-FZ of August 16, 1996 "On the procedure of departure from the Russian Federation and the entrance to the Russian Federation" (amended and revised) *[28]*

Clause 25.10 reads that foreign citizens and stateless persons who have entered the territory of the Russian Federation in violation of the valid rules, or those who have no documents confirming their right for stay (residence) in the Russian Federation, or those who have lost such documents without submitting a corresponding application to the competent territorial body, or those shrinking from departure on expiration of the term of stay (residence) in the Russian Federation, or those who have violated the rules of transit through the territory of the Russian Federation, are recognized to be illegally staying on the territory of the Russian Federation and bear responsibility as set forth by the Russian law.

In respect of the individuals who are illegally staying on the territory of the Russian Federation, a judgment may be passed on the undesirability of their stay (residence) in the Russian Federation. A foreign citizen or a stateless person who has not left the territory of the Russian Federation within the legal period is subject to deportation. Judgment on the undesirability of stay (residence) of a foreign citizen or a stateless person in the Russian Federation is a ground for consequent denial of entry to the Russian Federation.

In accordance with Clause 27, Section 5 a foreign citizen or a stateless person is not allowed to enter the Russian Federation if he does not present a health insurance policy valid on the territory of the Russian Federation, – unless an individual presents this document. So, health insurance policy is one of the documents, that confirms the individual's right to stay in Russia.

11. Federal Law № 438-FZ of December 30, 2015 "On the introduction of amendments into certain legal instruments of the Russian Federation with regard to the right of foreign citizens and stateless persons suffering from disease caused by human immunodeficiency virus (HIV infection) to stay and reside in the Russian Federation" *[24]*.

In respect of the foreign citizens and stateless persons suffering from disease caused by human immunodeficiency virus (HIV infection), in case the given foreign citizens and stateless persons have family members (spouse), children (including those adopted), parents (including adoptive parents) who happen to be the citizens of the Russian Federation or foreign citizens or stateless persons permanently residing on the territory of the Russian Federation, suppose they do not violate the Russian legislation on prevention of the spread of HIV infection:

- neither a judgment on the undesirability of stay (residence) in the Russian Federation or the denial of entrance to the Russian Federation with the purpose of ensuring protection of public health, in case there are no other grounds for passing the judgment on the undesirability of stay (residence) in the Russian Federation in respect of the given foreign citizens and stateless persons, envisaged by Section 4 of Clause 25.10 of the Federal Law № 114-FZ of August 15, 1996 "On the procedure of departure from the Russian Federation and the entrance to the Russian Federation," nor a judgment on the denial of entrance to the Russian Federation, envisaged by Clause 26 and Section 1 of Clause 27 of the aforementioned Federal Law, may be passed;
- provisions of Subsection 1 of Section 5 of Clause 6.1 of the Federal Law № 115-FZ of July 25, 2002 "On the Legal Status of Foreign Citizens in the Russian Federation" do not apply as far as the presentation of a certificate on the absence of disease caused by human immunodeficiency virus (HIV infection) is concerned, as well as the provisions of Subsection 13 of Section 1 of Clause 7 and of Subsection 13 of Section 1 of Clause 9 of the aforementioned Federal Law as far as the presence of a certificate on the absence of a disease caused by human immunodeficiency virus (HIV infection) is concerned.

12. Federal Law № 38-FZ of March 30, 1995 "On prevention of the spread of disease caused by human immunodeficiency virus (HIV infection) in the Russian Federation" (amended and revised) *[33]*

The Federal Law № 438-FZ of December 30, 2015 introduced a few changes in this law related to medical examination, presentation of a certificate and passing the judgment on impossibility of the stay in the country due to HIV infection in a foreign citizen (Clause 11), if foreign citizens and stateless persons have family members (spouse), children (including those adopted), parents (including adoptive parents) who happen to be the citizens of the Russian Federation or foreign citizens or stateless persons permanently residing on the territory of the Russian Federation, suppose they do not violate the Russian legislation on prevention of the spread of HIV infection.

Migrants, infected with HIV who have close relatives in Russia are not subject to deportation from the country, and the relevant section of the Federal Law "On the legal status of foreign citizens in the Russian Federation" concerning the availability of a certificate evidencing their HIV negative status does not apply to them.

13. Federal Law of the Russian Federation № 4015-1 of November 27, 1992 "On organization of insurance business in the Russian Federation" (amended and revised) *[40]*

Foreign citizens, stateless persons and foreign legal entities on the territory of the Russian Federation are entitled to insurance protection on equal basis with the citizens and legal entities of the Russian Federation.

The Bank of Russia has the right to determine in its regulatory acts the minimal (standard) requirements to conditions and procedures of implementation of certain types of voluntary insurance.

14. Direction by the Central Bank of the Russian Federation № 3793-U of September 13, 2015 (registered by the Ministry of Justice of Russia on December 31, 2015, registration number 40461) "On the minimal (standard) requirements to conditions and procedures of health insurance with regard to voluntary health insurance of foreign citizens and stateless persons staying on the territory of the Russian Federation with the purpose of employment." "…2. Maintaining voluntary health insurance of labor migrants, the insurer applies the rules for voluntary health insurance of labor migrants corresponding to the requirements set by the aforementioned Direction and comprising the program for VHI of labor migrants elaborated by the insurer that contains the list of medical services paid by the insurer and outlines the procedure for their provision ensuring the obtainment by the insured legal migrant of primary medical care and emergency specialized medical care in case of disease and conditions that under Part 6 of Clause 35 of the Federal Law № 326-FZ dated November 29, 2010 "On the compulsory health insurance in the Russian Federation" are included into the basic program of compulsory health insurance with consideration of peculiarities set forth by Section 3 of the aforementioned Direction.

The Program of Voluntary Health Insurance of labor migrants should envisage that the insurer covers the expenditures for medicines used by the medical staff, while providing emergency medical aid in accordance with the standards of primary medical aid and specialized medical aid within the framework of the program of voluntary health insurance of labor

migrants, and included into the List of vital and essential drugs for medical use approved by the Government of the Russian Federation, and medical products included into the List of medical products implanted into the human body while rendering medical aid within the framework of the Program of government guarantees of gratuitous medical aid approved by the Government of the Russian Federation, including the payment for the clinical nutrition in in-patient clinics, donated blood and blood components.

3. While elaborating the Program of Voluntary Health Insurance of Labor Migrants the insurer has a right not to include the payment for medical services:

- on provision of medical aid, that has not been prescribed by the doctor rendering medical aid to the insured individual within the framework of the insurance program;
- on provision of medical aid to the insured individual in case of especially dangerous infectious diseases (smallpox, poliomyelitis, malaria, SARS), diseases included into the List of diseases posing a danger to the wider public approved by the Government of the Russian Federation, malignant neoplasms, diabetes, psychic disorders and behavioral disorders;
- on provision of hi-tech aid to the insured individual;
- on provision of medical aid to the insured individual in case of malconditions, intoxications and injuries that occurred owing to alcoholic intoxication, effects of other psychoactive substances and/or drug preparations that were not prescribed by the doctor;
- on provision of medical aid to the insured individual in case of injuries or other health problems occurred as a result of purposeful illegal actions committed by the insured individual;
- on provision of medical aid to the insured individual in case of his suicide attempts, unless the insured individual has been driven to suicide by illegal actions by third parties;
- on provision of medical aid in case the insured individual has purposefully caused grievous bodily harm to himself;
- related to pregnancy, childbirth, postpartum period and termination of pregnancy by the insured individual.

4. The condition for maintaining voluntary health insurance of a labor migrant is the establishment by the insurer of the insured amount at the minimum level of 100,000 Rubles for each insured individual for the period of validity of a VHI agreement with labor migrant …

In case the aggregate insured amount is exhausted to an end, the insurer's obligations under the VHI agreement are considered to be met and the agreement for voluntary health insurance of labor migrant shall terminate.

The Insurer is obliged to inform the Insurant and the insured individual of the reduction of the insured amount within 5 days since the moment of reduction of the insured amount below 10,000 Rubles".

So, if a primary medical examination conducted on arrival of the labor migrant in Russia has not revealed TB infection and the migrant has been given a CHI policy, in case of consequent infection the treatment of tuberculosis in TB clinic will be paid for and the migrant will not be threatened with the prospects of deportation from the country.

In 2016, the Interagency Committee regulating the entrance and the stay of foreign citizens and stateless persons in the Russian Federation at the level of heads of relevant Ministries and Government Agencies made a decision on the possibility of providing treatment to TB-infected labor migrants entering the Russian Federation on visa-free basis on account of CHI funds proceeding from the cost of CHI insurance product and also recommended to Rospotrebnadzor in association with the relevant Ministries and Government Agencies to prepare legal and regulatory instruments envisaging immediate hospitalization of a sick labor migrant who has been diagnosed with a dangerous infectious disease.

15. Federal Law of the Russian Federation № 52-FZ of March 30, 1999 "On sanitary-epidemiological safety of population" (amended and revised) *[38]*

Sanitary-epidemiological safety of population is ensured inter alia by means of execution of sanitary-antiepidemic (preventive) measures and compulsory observance of sanitary rules by citizens, private entrepreneurs and legal entities in the course of implementation of their activities.

With the purpose of preventing the occurrence and the spread of infectious diseases as well as high incidence of non-communicable diseases (intoxications), it is necessary to ensure the execution of sanitary-antiepidemic (preventive) measures, envisaged by the sanitary rules and other regulatory instruments of the Russian Federation, in due time and to the full necessary extent.

Patients with infectious diseases, individuals with suspected cases of infectious diseases as well as those who have been in contact with individuals suffering from infectious diseases and circulators of infectious agents, are subject to laboratory examination and medical supervision or treatment in case they pose a danger to the wider public, compulsory hospitalization or isolation following the procedure established by the Russian Federation.

All cases of infectious diseases and mass non-communicable diseases (intoxications) are subject to registration at those locations where the disease (intoxication) has been revealed, state recording and completion of accounting formalities by the government bodies executing federal state sanitary and epidemiological surveillance.

16. Federal Law of the Russian Federation № 77-FZ of June 18, 2001 "On prevention of the spread of tuberculosis in the Russian Federation" (amended and revised) *[34]*

Provision of TB aid to those infected with TB is guaranteed by the state and is executed on the basis of the principals of legality, observance of human rights and the rights of a citizen, gratuitous aid and common availability in the scope envisaged by the program of government guarantees of providing gratuitous medical aid to population.

Preventive medical check-ups with the purpose of revealing TB are being organized from time to time following the procedure and schedule established by the federal executive power body authorized by the Government of the Russian Federation.

Under this law, medical TB facilities are conducting state statistical monitoring in the field of prevention of the spread of TB following the procedure established by the federal executive power body authorized by the Russian Federation

Information about the individuals infected with TB obtained by the TB medical facilities and private entrepreneurs executing medical activities, must be forwarded to the territorial medical TB facilities and bodies executing federal state sanitary and epidemiological surveillance following the procedure established by the Federal executive power body authorized by the government of the Russian Federation.

New TB cases among migrants are to be registered in a form FSN № 8 "Data on incidence of active tuberculosis."

Migrants may apply for follow-up treatment to TB facilities on regular basis. They should be registered in a form № 33 "Data on TB patients" in Section 8 "Rendering aid to TB patients temporary residing on the serviced territory (except for those who are on file with this TB facility)," Table 2800.

On a national scale, information on the health condition of a migrant who has undergone medical examination in one city does not reach other settlements. As a result, one evidences the phenomenon of multiple repeated medical certifications and, certainly, the possibility of repeated examinations in different medical facilities for some migrants who have been diagnosed with various diseases, who frequently secure "normal" results of the tests for themselves on account of their compatriots or choose to become "illegal" (undocumented) migrants despite their health condition.

17. Decree by the Government of the Russian Federation № 892 of December 25, 2001 "On implementation of the Federal Law "On prevention of the spread of tuberculosis in the Russian Federation" (amended and revised) *[37]*

The Decree establishes the procedure and schedule for preventive medical check-ups of the citizens of the Russian Federation, foreign citizens and stateless persons with the purpose of detecting TB. Annual preventing medical check-ups with the purpose of detecting TB are compulsory for migrants, refugees and internally displaced persons.

As far as recording and registration required for the state statistical monitoring with the purpose of prevention of the spread of TB are concerned, this

procedure is compulsory for both the citizens of the Russian Federation and the foreign citizens and stateless persons in case the active form of TB has been revealed in them for the first time.

All lethal cases caused by TB infection are also subject to recording and registration in the course of the state statistical monitoring with the purpose of prevention of the spread of TB.

18. Decree by the Government of the Russian Federation № 1273 of November 28, 2014 "On the program of government guarantees of gratuitous provision of medical aid for the year 2015 and the scheduled period of 2016 and 2017" *[36]*

In accordance with the Program of government guarantees of gratuitous provision of medical aid for the year 2015 and the scheduled period of 2016 and 2017, approved by the Decree of the Government of the Russian Federation № 1273 of November 28, the basic CHI program does not include sexually transmitted diseases, TB, HIV infection and AIDS, psychic disorders and behavioral disorders. Medical aid for these diseases is being rendered on account of budgetary allocations. In such cases, provision of treatment to migrants happens to be problematic, as soon as the latter do not possess the citizenship of the Russian Federation. Scheduled medical aid may be rendered on account of employer or migrant's private funds.

A CHI policy, which since 2015 has become compulsory for all foreign citizens and stateless persons staying on the territory of the Russian Federation with the purpose of employment, does not envisage the coverage of medical services on diagnosis and treatment of TB.

A separate issue is the situation with children and family members of migrants, who do not work, however reside in Russia. Their medical certification on arrival to the country has not been provided for, if a temporary stay permit is not being issued, however they nevertheless get an opportunity to attend preschool and other educational establishments.

19. Order by the Ministry of Health of the Russian Federation № 932n of November 15, 2012 "Procedure for rendering medical Aid to TB patients" (amended and revised) *[51]*

The order established the procedure for rendering medical aid to patients diagnosed with TB as well as those suspected of being infected with TB irrespective of their citizenship and place of residence.

20. Decree by the Chief State Medical Officer of the Russian Federation № 60 of October 22, 2013. "TB prevention. Sanitary and epidemiological rules SP 3.1.2.3114-13" (registered by the Ministry of Justice of the Russian Federation № 32182 on 06.05.2014) *[53]*

Under sanitary-epidemiological rules SP 3.1.2.3114-13 "TB prevention" foreign citizens and stateless persons applying for a permit for temporary residence in the Russian Federation, residence permit, citizenship or a permit to work in the Russian Federation shall undergo preventive medical screening for TB on expedite basis, consequently repeating the check-ups once in a year. Besides, all foreign citizens and stateless persons with newly detected active form of tuberculosis are subject to recording and registration within the framework of the state statistical monitoring.

Under sanitary-epidemiological rules SP 3.1.2.3114-13 "TB prevention", organization of preventive screening for TB as well as of control over this procedure should be executed by executive power bodies of the territorial entities of the Russian Federation working in the field of public healthcare.

Conclusions

Having analyzed the legislation on the point in question, it is easy to see that the legal and regulatory instruments forming a legal framework for medical service support of foreign citizens are rather fragmented. Each of them has its own topic area, each fulfills only particular functions and tasks, each has its own subject composition. At the same time, they are inter-dependent and happen to be closely interrelated. Only being taken together, they are capable of becoming a "lever" ensuring complex legal regulation of the issue of medical service support to foreign citizens in the Russian Federation and hence the implementation of the right to healthcare of this category of individuals.

This is the way legal regulation of healthcare of foreign citizens temporary staying on the territory of the Russian Federation is being executed today. Implementation of the rights of foreign patients happens to be under the state control.

Despite the availability of a whole range of legal regulatory instruments, regulating provision of medical aid to foreign citizens, Russia currently lacks regulatory instruments regulating the measures on prevention and treatment of tuberculosis among foreign citizens, while the work

of phthisiologists with patients belonging to this group is not regulated, specially considered and paid for. Besides, the mechanisms of compulsory and voluntary insurance of foreign citizens require considerable improvement what will allow to ensure implementation of relevant measures on well-timed detection, diagnosis, prevention and treatment of tuberculosis.

The mechanisms of compulsory and voluntary insurance of foreign citizens require considerable improvement what will allow to ensure implementation of relevant measures on well-timed detection, diagnosis, prevention and treatment of tuberculosis.

RISK FACTORS, BARRIERS AND AVAILABLE OPPORTUNITIES FOR ELABORATION OF ORGANIZATIONAL AND EPIDEMIOLOGICAL MECHANISMS ALLOWING TO ENHANCE THE EFFICIENCY OF TB AND TB/HIV DETECTION IN MIGRANT COMMUNITIES. PROPOSALS ON ELABORATION OF MEDICAL AND SOCIAL MECHANISMS MOTIVATING MIGRANTS FOR EARLY EXAMINATION, DIAGNOSIS AND CONSEQUENT TREATMENT IN THE COUNTRY OF STAY (RUSSIA) AND THE COUNTRY OF ORIGIN

Analysis of available literature has revealed the availability of research reflecting the risk factors and existing barriers hindering the adequate access of migrants to the complex of services on early detection, diagnosis and treatment of tuberculosis.

For example, the research "Migrants' awareness of TB and HIV Infection" *[51]*, conducted by the Center for Migration Studies in cooperation with IFRC, RRC and the Lilly MDR-TB Partnership has evidenced that in general respondents who reported they knew something about TB turned out to be well aware of the risks of contracting this infection (82% have given correct answer to the relevant question). Due to the training sessions arranged for migrants, the scale of awareness of the risk of being infected with TB has reached 100%, what evidences the importance and efficiency of outreach activities in migrant communities. The research has shown that migrants staying in Russia have poorer knowledge of the risks of TB infection - only 70% of the approached respondents have given the correct answer, while the average level of awareness amounted to 82% with the same result shown among those who were preparing to migrate.

As a rule, migrants do not even think of the possibility of contracting TB. On the average, 60% of the approached respondents have given such an answer. According to the poll conducted among those who have undergone training, one can talk of the sharp increase of the migrants' concern about the possibility of contracting TB: 2% of respondents confirmed they were "very much concerned" about this prospect, while 88% were thinking of the risks of being infected with TB. At the same time the average share of those seriously concerned about the possibility of being infected with TB amounted to 6%, and of those who only think of this threat – to 21%. Among those migrants who are staying in Russia, the level of concern amounted to 27%, while in Kazakhstan – to 1%. Among all those who were planning to migrate, the average level of concern amounted to 38%.

In case of suspected TB, the majority of respondents intend to consult the doctor. Such an answer was given by 84% of the approached respondents. About a half of them confessed they were going to consult their family members, while 10% – their close friends. Almost none of the approached respondents was going to consult his employer (0.7%), but at the same time these people were not going to conceal they we ill (only 1.4% affirmed they were not going to consult anyone).

Due to the training sessions arranged for migrants, the scale of awareness of the risk of being infected with TB has reached 100%, what evidences the importance and efficiency of outreach activities in migrant communities.

It is curious that migrants who have undergone training are more inclined to consult their family members in case of suspected TB (67% of the approached respondents), while on the average among those who haven't undergone training such an intention is declared be only about a half of the respondents. On completion of the training, migrants also show a higher level of confidence in their close friends (32% would consult them in case of suspected TB, in contrast to the index of 10% throughout the whole sample).

Among those who are going to migrate the level of confidence in doctors is very high: 90% of the approached respondents confirmed they were going to consult them. Among those migrants who are staying in Russia, 66% confirmed they were going to turn to the doctor, while in Kazakhstan – 92%.

Only about a half of the approached migrants (47%) are aware of the concrete facilities they can turn to for TB treatment in case they turn sick. Among the migrants staying in Russia, only 11% know the address of the medical facility they need to turn to in case they are infected with TB. Among those preparing to migrate the share of such people amounts to 79%, and these are mainly the citizens of Tajikistan and Kyrgyzstan. Training in Russia allows to considerably increase the level of knowledge of the location of a medical facility one needs to turn to in case he is infected with TB: 96% of those who have undergone training are aware of that.

Why does it happen so that those who are infected with TB do not seek medical advice? The approached migrants mention several basic reasons: lack of money for treatment (35%); lack of information on medical facilities one should turn to (32%); fear, that their loved ones cease socializing with them (30%); fear of loosing the job (21%); fear of deportation to the country of origin (16%); lack of trust in recovery (11%); ill-treatment on behalf of medical staff in medical facilities (9%). 33% happened to be at loss to answer.

On completion of the training, migrants considerably change their view on the reasons explaining people's reluctance to seek treatment: 83% think they are afraid of losing the job; 82% suspect they are afraid of deportation; 69% think, that lack of information is one of the key reasons.

On the average, throughout the whole sample the main reasons mentioned were the "lack of money for treatment" (35%), "lack of information" (32%), "fear, that friends and relatives cease socializing with the sick" (30%).

Among all the approached respondents the number of those who underwent fluorography this year amounted to 22%, last year – to 24%, over a year

Why does it happen so that those who are infected with TB do not seek medical advice? The approached migrants mention several basic reasons: lack of money for treatment (35%); lack of information on medical facilities one should turn to (32%); fear, that their loved ones cease socializing with them (30%); fear of loosing the job (21%); fear of deportation to the country of origin (16%); lack of trust in recovery (11%); ill-treatment on behalf of medical staff in medical facilities (9%). 33% happened to be at loss to answer.

ago – to 44%. About 10% of the respondents have never undergone fluorography. Trainings arranged by the Russian Red Cross positively influence the number of those who undergo fluorography: the number of those who have never undergone this examination reduced down to zero, while the share of those who underwent fluorography this year amounted to 54% (among those who have not undergone training – 22%). Among those who are planning to migrate the share of those who have recently undergone fluorography is almost the same as among all the approached respondents. For example, this year among those who are planning to migrate the number of people who have undergone fluorography amounted to 21% (among the migrants staying in Russia – 35%, while among those staying in Kazakhstan – 12%), last year – to 25% (in Russia – 31%, in Kazakhstan – 10%), over a year ago – to 47% (in Russia – 29%, in Kazakhstan – 56%).

Unfortunately, not all the respondents remember the results of their fluorography. On the average, 13% do not remember what the results were. Among the migrants staying in Russia 22% do not remember the results of their fluorography, while among those who are planning to migrant the share of such people amounts to 11%, and among the Uzbeks in Kazakhstan – 6%.

The results of the conducted research evidence that the mere fact of migration does not happen to be a risk factor in respect of TB, however, in many cases migration is linked to a whole range of unfavorable circumstances that may drive the development of TB in migrants. These factors include:

- *living and working conditions* of the major part of migrants, including overcrowding and accommodation in non-habitable premises, intensive physical and nervous exertion, as well as irregular eating schedule and poor diet. These problems are most topical for refugees who fled to Russia as a result of the armed conflict in the Ukraine;
- *limited access to services on diagnosis and treatment of TB*, depending on the legal status of migrants in Russia. Besides, in certain cases contacts with the medical services are complicated by the poor knowledge of Russian and certain peculiarities of the national and religious traditions typical for a number of cultures;
- *poor motivation of migrants for TB examination*, considering the possibility of recognizing their stay in Russia undesirable, once the diagnosis has been confirmed;
- *high level of mobility*, that may hinder the execution of necessary treatment procedures and determination of the whole range of individuals who have been in contact with the patient.

The aforementioned problems are most usual for migrants with unsettled legal status or those who are working in Russia without necessary permits. Owing to unsettled legal status, epidemiological investigations among this category of migrants as well as ensuring strict medical control over the treatment and the follow-up medical support of both the patient and his contacts turns out to be complicated.

As far as diagnosis and treatment methods used with migrants are concerned, they happen to be the same as those used with regular contingent, however one should consider that the issues of identification of patients, observance of their legal rights and interests as well as provision of preventive information require special attention. Lack of control over the conduct of preventive check-ups required for registration by the Federal Migration Service in order to extend the immigration status and obtain a working permit may become the reason of the issuance of a relevant permit to a person infected with TB and undermine the efficiency of anti-epidemic

The results of the conducted research evidence that the mere fact of migration does not happen to be a risk factor in respect of TB, however, in many cases migration is linked to a whole range of unfavorable circumstances that may drive the development of TB in migrants.

measures. In this connection, it's worth stressing that handling of work with migrants is not possible without the establishment of a system of control and monitoring, including the unified interagency database (Department of the Federation Migration Service, Rospotrebnadzor, TB medical facilities and medical organizations conducting medical certification of foreign citizens).

Migrants subjected to examination for TB, may be roughly categorized the following way:

1. foreign citizens and stateless persons undergoing medical certification while obtaining the temporary residence permit or a residence permit, or a patent for business activities or a permit to work in the Russian Federation;
2. foreign citizens and stateless persons undergoing regular preventive medical check-ups and belonging to decreed groups, as well as those who are subject to regular preventive examinations within the framework of preventive medical examination programs for certain population groups (university and college students, medical staff, teachers and etc.);
3. foreign citizens and stateless persons undergoing medical examination once they apply to the primary medical facilities in connection with health disorders or while being hospitalized;
4. foreign citizens and stateless persons undergoing preventive medical examination at the sites of TB infection in the capacity of contact persons.

All kinds of migrants' medical check-ups are conducted in accordance with the norms regulating diagnosis and treatment of tuberculosis in the Russian Federation and, in particular, with the Federal Law "On prevention of the spread of tuberculosis in the Russian Federation" (№ 77-FZ), Federal Law "On public healthcare in the Russian Federation" (№ 323-FZ), as well as the Decree by the Government of the Russian Federation № 892 of December 25, 2001 "The procedure and schedule for the conduct of preventive medical check-ups in population with the purpose of detecting TB cases", and Sanitary and epidemiological rules SP 3.1.2.3114-13 "TB prevention".

Conducting medical certification and preventive medical check-ups of migrants with the purpose of detecting TB cases is important to ensure the observance of the following conditions:

- All migrants irrespective of their gender and age, intending to obtain a temporary residence permit or a residence permit or a patent or a permit to work in the Russian Federation are subject to medical certification;
- Medical certification has to be conducted in accordance with the procedure, norms and provisions approved by the bodies, authorized by the Russian Government and executive power bodies of the territorial entities of the Russian Federation;
- Women in the first trimester of pregnancy are granted a possibility of medical certification providing an alternative to x-ray examination (sputum test). All the patients, undergoing check-ups, shall be supplied with the means of radiological protection;
- Patients undergoing medical certification shall be informed that in case of detection of TB, their stay in Russia may be considered undesirable. In this case they will obtain the results of examination and recommendations on consequent treatment in written form. Before the decision on the undesirability of their stay in Russia is made, they will be offered TB treatment in accordance with recommendations in effect on the territory of the Russian Federation;
- Before the medical certification is conducted it shall be reasonable to conduct a survey with the purpose of specifying factors of social and epidemiological risk, as well as the results and the dates of previous examinations;
- The results of medical certification shall be entered in a medical certificate using the established proforma, verified by the signature and a personal stamp of the doctor as well as the stamp and signature of the head of the medical facility;
- Preventive medical check-ups shall be conducted for migrants engaged in certain industries or being a part of decreed groups following the procedure envisaged by the regulatory documents in place;
- The results of preventive check-ups shall be entered in approved forms for consequent presentation to the territorial subdivisions of the Centers for Hygiene and Epidemiology, authorized to issue (extend) individual medical records and medical history sheets of individuals subject to annual preventive medical examination (students and etc.);
- Upon detection of individuals with symptoms of suspected tuberculosis, these individuals must be

referred to the medical facilities of the second level for a follow-up examination;

- Upon detection of active TB cases, their registration, arrangement of regular follow-up check-ups and anti-epidemic activities at the sites of TB infection shall be conducted in accordance with the statutes and orders in place. All the measures shall be executed by the medical facility of the second level – a TB dispensary;
- Medical facility that has diagnosed tuberculosis in a foreign citizen shall in due time process a package of documents on the undesirability of stay of a foreign citizen on the territory of the Russian Federation in connection with the revealed disease posing a danger to the wider public and pass these documents on to the territorial Directorate of *Rospotrebnadzor*. Information on the final diagnosis shall also be forwarded to the medical facility of the first level that has referred a migrant or a stateless person for a follow-up examination;
- Treatment of the foreign citizen shall begin immediately after the diagnosis of tuberculosis has been confirmed and continue till *Rospotrebnadzor* makes a decision on the undesirability of his stay in Russia what ensures control over the spread of tuberculosis; TB treatment may be organized either in a TB in-patient clinic, day patient facility or out-patiently in a TB dispensary at the stage of completion of the basic treatment course;
- Foreign citizens diagnosed with TB, newly registered on the territory of the Russian Federation irrespective of the form and localization of the process and presumable duration of disease, shall be recorded as newly detected in the absence of documents confirming the presence of TB-infection in a patient before his arrival in Russia;
- To inform migrants and their friends of the methods of TB prevention it shall be reasonable to distribute among them a relevant factsheet in Russian (if possible – in a language of their home country).

Conducting medical certification and preventive check-ups of migrants with the purpose of detecting TB, one shall consider the following social and demographic peculiarities of this population group:

1. Limited knowledge of the Russian language and local environment;
2. Quite often lack of information on the consequences occurring in case of TB detection and related incidence of myths and speculations causing with-draw behavior and disinterest in TB check-ups;
3. Ethnic peculiarities affecting the execution of medical procedures;
4. High level of mobility, complicating the follow-up examinations requiring repeated visits to TB dispensary by migrants;
5. Common practice of concealing the actual place of work and accommodation.

The "**Recommendations on the issues of TB control in migrant population**" *[20]*, drafted by the Task Force on TB control in migrant population, refugees and other categories of individuals crossing the national borders within the framework of the High Level Task Force on Tuberculosis of the Russian Federation with the support of the World Health Organization, contain proposals on arrangement of TB detection in migrant population.

Decision on the issuance of permits for medical certification of foreign citizens and stateless persons is being made by the medical facility authorized to issue relevant documents on the territory of the territorial entity of the Russian Federation. A license for execution of medical activities should contain the works and services on medical certification for the presence of infectious diseases posing a danger to the wider public and being a ground for denial or cancellation of a temporary residence permit or a residence permit or a permit to work in the Russian Federation for foreign citizens and stateless persons.

Within the framework of a three-level Russian public system of medical aid, the screening of foreign citizens for TB is conducted by medical facilities of the *first level* (outpatient medical facilities of the general medical network of the government and non-government healthcare systems) and the *second level* – facilities rendering primary specialized medical aid (TB dispensaries).

Medical facilities of both the first and second level should possess sufficient capacity to receive migrants within the serviced territory. It is necessary to ensure that the waiting period for advanced appointment may not exceed 10 working days. It is recommended to arrange the preferential receipt of organized groups referred to the medical facility by an employer or employment agency and etc. In case it is impossible to meet the prescribed time requirements the medical facility should inform the relevant executive power body.

It is reasonable for the representatives of the executive power bodies to monitor the activities of the medical facilities in order to meet their actual requirements in the area of health services.

In the regions bearing serious migration burden it is reasonable to establish specialized medical centers for medical certification of labor migrants integrated into the system of measures implemented by the Directorate of the Federal Migration Service of the Russian Federation. This will allow to arrange the work on the basis of one-stop principle.

Medical facilities of the first level are operating on the basis of a relevant license. Medical certification is a particular kind of medical activities that has to be confirmed by a valid license. Medical facilities of the first level bear responsibility for the arrangement of preventive screenings for TB and migrant health assessment, the quality and consistency of the whole range of preventive and diagnosis measures; bear responsibility for furnishing information to the authorized government institutions in a proper way; supply migrants with medical certificates of the established standard form and (or) enter corresponding data in these documents.

The head of the medical facility of the first level is responsible for the quality of medical certification and preventive screening for TB as well as for interaction with medical facilities of the second level.

In case a follow-up examination is required, its results are being forwarded from the medical facility of the *second level* to the preventive examination office for a medical report to be made.

As far as the children of migrants (0–17 years of age) are concerned, it is reasonable to conduct their medical certification for the obtainment of a temporary residence permit or a residence permit right in the medical facilities of the second level with the involvement of a pediatric phthisiologist, as soon as the certification procedure requires the conduct of Mantoux test and a skin test with recombinant antigens of M. tuberculosis with competent interpretation of the results obtained.

Medical facilities of the second level (outpatient subdivision of TB dispensaries) happen to be subcontractors that operate on the basis of an agreement with medical facilities of the first level, supplementing the range of services on certification and preventive examination of migrants and satisfying the need for additional methods of TB screening and specialized medical aid which is irrational to be arranged for in medical facilities of the first level.

An example of such a functional differentiation is cooperation between the medial facilities, when a primary health care facility in accordance with its license arranges for medical certification and preventive check-ups of migrants referring individuals with positive findings suspicious of tuberculosis to TB dispensary, it is cooperating with on the basis of a treaty. In this case, TB dispensary renders additional services to migrants conducting profound TB examination and differentiated diagnostics.

However, other schemes of cooperation between the medical facilities may not be excluded when the medical facility of the second level (TB dispensary) possessing more favorable capacities for arrangement and control of the whole process of medical certification and preventive screening of migrants for TB, fulfills the functions of the medical facility of the first level. This option seems to be optimal, as soon as it's reasonable to arrange retraining courses for the doctors of the medical facilities of the first level with the purpose of ensuring high quality of their work within the framework of the migrants TB screening program, while the specialists representing the medical facilities of the second level already possess necessary qualification and have a vast experience of TB-related activities. This would also

In the regions bearing serious migration burden it is reasonable to establish specialized medical centers for medical certification of labor migrants integrated into the system of measures implemented by the Directorate of the Federal Migration Service of the Russian Federation. This will allow to arrange the work on the basis of one-stop principle.

allow to avoid the "leakage" of migrants at various stages of examination.

A migrant who has completed a course of treatment for TB up to abacillation and is leaving for his home country or a third country should at least get a medical certificate and recommendations on the follow-up treatment in a written form.

Foreign citizens originating from the CIS countries and arriving in Russia on a visa-free basis happen to form one of the essential risk groups for the development of TB, however at present the documents regulating interaction of medical services of the CIS countries in the field of diagnosis and treatment of TB among migrants do not exist. The system of TB diagnostics starts working only after the migrant's arrival in the destination country. In particular, for those who apply for a patent, temporary stay permit or a residence permit in Russia, the system in place envisages presentation of documents confirming the absence of drug addiction and infectious diseases posing a danger to the wider public. At the same time, as it has already been mentioned, a part of those who arrive in Russia are working without obtaining necessary documents and do not undergo medical certification. That is why it seems to be a high time to evaluate the experience of conducting medical examination of potential migrants before their arrival in the destination country, gained by a number of foreign states.

Experience of conducting medical check-ups in the countries of origin (on the basis of available printed materials)

Who is conducting? The experience of conducting medical (preventive) check-ups of migrants in the countries of origin is available in: (1) the countries being members of the Cooperation Council for the Arab States of the Gulf and (2) the countries implementing special programs inviting migrants for permanent residence (for example, in Australia, Canada, New Zealand and USA). As far as the European countries are concerned, the experience of conducting TB screening is available in the Great Britain.

(1) *Medical check-ups, conducted by the Persian Gulf countries.*

A check-up including the diagnostics of infectious diseases is compulsory for all labor migrants planning to enter a number of Persian Gulf countries, such as Saudi Arabia, Oman and Qatar. Migrants are obliged to undergo a medical check-up not only in the certified medical facilities in their home country, but also on arrival in the country of destination. In case of detection of tuberculosis an applicant will be denied a working visa, while a labor migrant, already staying in the country is subject to deportation on completion of treatment which comes to an end at the stage of abacillation *[72, 88]*.

(2) Medical check-ups, conducted by countries that have immigration programs.

One of the focal points of the government policy of these countries is providing the opportunity of permanent residence to foreign citizens. Relevant immigration programs focus on attraction of individuals having qualification and age characteristics being of interest to the economies of these countries.

Medical certification of the applicants happens to be a compulsory stage in the process of consideration of their immigration case. For example, medical check-ups within the framework of the American immigration programs are being conducted by doctors of the country of origin, appointed by the US Consular Service (panel physicians). In their work they are guided by technical guidelines issued by the US Centers for Disease Control and Prevention (CDC). The work of physicians is being regularly controlled by CDC specialists, based in the relevant region. A check-up includes a chest x-ray examination, and in case of some deviations discovered the patients are being sent for a sputum test. Once the diagnosis has been confirmed by the sputum test, the patient is deprived of the right to enter the USA before he recovers from TB (visa status "Class A"), that also has to be confirmed in the country of origin. If the sputum test does not confirm active tuberculosis even in case of pathological changes in lungs, the applicant gets the right to enter the USA, however is obliged to undergo regular check-ups in the US medical facilities on arrival (visa status "Class B1" or "Class B2"). Individuals, entering the USA on the aforementioned terms are being registered with the local medical facilities and get a direction to undergo medical certification on arrival in the USA. In case of necessity, they receive treatment at public expense *[74]*.

Purpose of conducting diagnostics in the country of origin. A medical check-up in the country of origin is conducted with the purpose of treatment of active tuberculosis before migrants' departure for the country of destination in order to protect its native population. An additional factor is the intention to

reduce budget expenditures and the load upon the healthcare system of the receiving country *[71]*. At the same time, considering the limited opportunities for diagnosis and treatment of TB in a number of countries of origin, the USA, for example, allows the entrance of migrants with revealed pathology in the absence of active tuberculosis in order to complete necessary treatment in American medical facilities *[73]*.

These two groups of countries have certain peculiarities in conducting TB diagnostics consisting in the low TB incidence rate among the native populations, while the major part of migrants are originating from the countries with a high rate of TB incidence. The major part of TB patients in USA are arriving from Mexico, Philippines, Vietnam, China, India, Haiti and Korea *[74]*. A similar situation is observed in Canada, where 92% of TB cases among those who had migrated to the province of Ontario were revealed among the citizens of countries with a high rate of TB incidence *[90]*. Those who have entered the country are confronted with the highest risk of TB development within the first year of their stay, which is related to activization of Mycobacterium tuberculosis received in the country of origin. The probability of re-activization remains high for a period of up to five years since the date the individual with non-active tuberculosis enters the country*[77]*. As a result the share of migrants among the patients with tuberculosis in receiving countries comes up to 70% and even 80% of all the cases *[71, 77]*. At the same time, transmission of TB from migrants to native population may be limited. The overview of available research dedicated to the topic of passing infection on to the native population evidences transmission of Mycobacterium tuberculosis in 2% to 17% of cases *[77]*.

Detectability of tuberculosis in the course of preliminary certification. The overview of research on the results of TB screening in the countries of origin evidences that the level of TB detectability in the course of such examinations is several times higher than that inside the country *[87]*. Although there are cases when initial diagnosis does not turn out to be confirmed in the course of repeated check-ups, the share of such cases is rather limited. For example, according to the Ministry for Immigration, Refugees and Citizenship of Canada, among 450 thousand applicants who have undergone medical certification in the country of origin, 55% consequently arrived in Canada. On arrival, 6 thousand migrants, or 2,5% of the total amount of those arrived, were referred for repeated certification in connection with TB, Syphilis and HIV *[78]*. In Taiwan, over the period of 2001 – 2007, in the course of repeated medical certification of labor migrants the presence of diseases was revealed in 3,7% of those who have undergone medical check-ups in the country of origin *[91]* .

Advantages of diagnostics in the country of origin. The available data allows to conclude that the conduct of TB examination among migrants, including that in the countries of origin, allows to ensure earlier detection of TB cases, reduction of duration of its symptoms and the terms of hospitalization as well as reduces the period of bacterioexcretion down to 33% [*88*]. It has been also noted, that in case of networking with the healthcare system of the countries of origin it becomes possible to ensure the timeliness of treatment and reduce the risk of development of MDR-TB *[76]*.

Economic aspect. The funding of TB diagnosis programs for migrants in the countries of destination is ensured by government bodies. In the beginning of the 1990-s, these expenditures in the USA were assessed at the rate of 350 million USD *[90]*. At the same time, the precondition for the conduct of medical check-ups for TB in the country of origin is the payment of its cost by migrants themselves, while the treatment is being carried out by local medical facilities *[71]*. Considering the fact that in Canada, the Great Britain and Western

The available data allows to conclude that the conduct of TB examination among migrants, including that in the countries of origin, allows to ensure earlier detection of TB cases, reduction of duration of its symptoms and the terms of hospitalization as well as reduces the period of bacterioexcretion down to 33%.

Europe over a half of TB patients are individuals who were born outside these countries, the arrangement of TB examination in the countries of origin allows to considerably reduce the cost of migrants' treatment in the receiving countries.

Discussion on the economic aspects also includes the debates on the methods of conducting TB diagnostics. As a rule, all the applicants applying for corresponding visa categories have to undergo compulsory chest x-ray. However, due to comparatively high cost of this procedure proposals have been made on the introduction of alternative approaches. For example, it was suggested to replace the universal x-ray diagnostics by epidemiological investigation of TB cases concentrated inside diasporas *[72]*. At the same time, providers of antiepidemic services admit that the conduct of such investigation in such countries as USA could be challenging *[74]*.

Russia has not only introduced a visa-free regimen with CIS countries, but has also given up the requirement of presenting the documents evidencing the absence of infectious diseases in those CIS citizens who enter our country. In this context, undergoing check-ups for TB in the country of origin may not be compulsory for those who are planning to come to the Russian Federation. As a consequence, there are getting less opportunities of conducting additional preventive and treatment procedures among those leaving for Russia whose diagnosis in the course of check-ups in the countries of permanent residence was admitted to be requiring clarification. On the other hand, for decades the healthcare system in all the former Soviet Republics has been developing as an integral whole, and till nowadays one can evidence the similarities in medical approaches to diagnosis and treatment of TB in these countries. The first two of the three mentioned factors complicate the execution of check-ups for TB in CIS countries, while the third one makes their organization and implementation much easier.

Execution of a preventive check-up for TB in the country of origin – even in a situation when migrants with revealed disease retain the possibility of entering the Russian Federation, – may contribute to the improvement of the epidemiological situation in the Russian Federation as soon as a certain number of patients will receive treatment in their home countries. Receiving treatment in the country of origin meets the interests of potential migrants giving them a chance to avoid removal expenses as well as those associated with living arrangements at the new place of residence having a disease that will not allow them to get a legal job in Russia, and may also become the reason of their deportation from the country. Besides, executing check-ups for TB in the country of origin is also advantageous as soon as it provides for an opportunity of preventing and treating TB in a situation when the representatives of the target group have a fixed home address, live in a usual environment and do not have to search for a job or care about the living arrangements at the new location. In the presence of an agreement on the mutual notification between the corresponding medical services of the Russian Federation and the other CIS countries, it could be possible to arrange for preliminary notification of the Russian authorities about TB cases or suspected TB cases revealed in the course of preventive examinations in the countries of origin.

Execution of a preventive check-up for TB in the country of origin – even in a situation when migrants with revealed disease retain the possibility of entering the Russian Federation, – may contribute to the improvement of the epidemiological situation in the Russian Federation as soon as a certain number of patients will receive treatment in their home countries.

Transmission of this information will allow to arrange for the necessary diagnosis and treatment procedures on arrival of these individuals in Russia what may also contribute to the improvement of the epidemiological situation. Effective measures to counteract the spread of TB may be carried out only in case of effective transborder cooperation between the medical and social services of the Russian Federation, the CIS countries and the member countries of the Eurasian Economic Union.

Effective measures to counteract the spread of TB may be carried out only in case of effective transborder cooperation between the medical and social services of the Russian Federation, the CIS countries and the member countries of the Eurasian Economic Union.

ROLE, EXPERIENCE AND GOOD PRACTICES OF COOPERATION OF PUBLIC AND INTERNATIONAL ORGANIZATIONS WITH THE GOVERNMENT INSTITUTIONS RENDERING TB AID AIMED AT CREATION AND MAINTENANCE OF EFFECTIVE TB CONTROL MECHANISMS IN MIGRANT COMMUNITIES

Elaboration of mechanisms ensuring close cooperation of the public and international organizations with the government TB aid institutions on the issues of creation and maintenance of effective mechanism of TB control in migrant communities is a topical task for the public healthcare. The need for cooperation between the government healthcare services and the public and international organization as well as for enhancement of a role of the local communities is emphasized in a whole range of WHO and IFRC documents.

So, the 76th Session of the World Health Assembly adopted the **Global strategy and targets for tuberculosis prevention, care and control after 2015 (A67/11)** *[5]*. This document offers a conceptual basis for the global strategy of combating TB for the mentioned period:

VISION
A world free of tuberculosis:
– zero deaths, disease and suffering due to TB

The first basic element of the Global strategy is integrated patient-centred care and prevention. This element is especially significant for the treatment of people being a part of the risk group – migrants and refugees. The other basic elements of the global strategy are bold policies and supportive systems; and intensified research and innovation.

Among the principles underpinning the global strategy the document names the following:

"(…) **Strong coalition with civil society organizations and communities**

• The affected communities must also be a prominent part of proposed solutions. Community representatives and civil society must be enabled to engage more actively in programme planning and design, service delivery, and monitoring, as well as in information, education, support to patients and their families, research, and advocacy. To this end, a strong coalition that includes all stakeholders needs to be built. Such a coalition of partners can assist people in both accessing high-quality care and in demanding high-quality services. A national coalition can also help drive greater action on the determinants of the tuberculosis epidemic.

(…) **Protection and promotion of human rights, ethics and equity**

• Policies and strategies for the design of the overall national tuberculosis response, and the delivery of tuberculosis care and prevention, have to explicitly address human rights, ethics and equity. Access to high-quality tuberculosis care is an important element of the right to health. This strategy is built on a rights-based approach that ensures protection of human rights and promotion of rights-enhancing policies and interventions. These include engagement of affected persons and communities in facilitating implementation of all pillars and components of the strategy with special attention to key affected populations.

• The strategy aims to promote equity through identification of the risks, needs and demands of those affected, to enable equal opportunities to prevent disease transmission, equal access to diagnosis and treatment services, and equal access to means to prevent associated social impacts and catastrophic economic costs. The process through which to meet the targets, and achieve the goals, of the strategy will be better served by applying a rights-based approach, developing and maintaining the highest ethical standards in every action taken, and ensuring that inequities are progressively reduced and eliminated.

• In a globalized world, diseases like tuberculosis can spread far and wide via international travel and trade. Tackling tuberculosis effectively requires close collaboration among countries. Effective intercountry collaboration also requires global coordination and support to enable adherence to the International Health Regulations (2005) and ensure health security. Countries within a region can benefit from regional collaboration. Migration within and between countries poses challenges and addressing them will require in-country coordination and cross-border collaboration. Global coordination is also essential for mobilizing resources for tuberculosis care and prevention from diverse multilateral, bilateral and domestic sources.

• *Build patient-centred support into the management of tuberculosis*. Patient-centred care and support, sensitive and responsive to patients' educational, emotional and material needs, is fundamental to the new global tuberculosis strategy. Supportive treatment supervision by treatment partners is essential: it helps patients to take their medication regularly and to complete treatment, thus facilitating their cure and preventing the development of drug resistance. Supervision must be carried out in a context-specific and patient-sensitive manner. Patient-centred supervision and support must also help to identify and address factors that may lead to treatment interruption. It must help to alleviate stigmatization and discrimination. Patient support needs to extend beyond health facilities to patients' homes, families, workplaces and communities. Treatment and support must also extend beyond cure to address any sequelae associated with tuberculosis. Examples of patient-centred support include providing treatment partners trained by health services and acceptable to the patient; access to social protection; use of information and communication technology for providing information, education and incentives to patients; and the setting up of mechanisms for patient and peer groups to exchange information and experiences.

(…) **Collaborative tuberculosis / HIV activities, and management of comorbidities**

• *Expand collaboration with HIV programmes.* The overall goal of collaborative tuberculosis/ HIV activities is to decrease the burden of tuberculosis and HIV infection in people at risk of or affected by both diseases. HIV associated tuberculosis accounts for about one quarter of all tuberculosis deaths and a quarter of all deaths due to AIDS. The vast majority of these cases and deaths are in the African and South-East Asia regions. All tuberculosis patients living with HIV should receive antiretroviral treatment. Integrated tuberculosis and HIV service delivery has been shown to increase the likelihood that a tuberculosis patient will receive antiretroviral treatment, shorten the time to treatment initiation, and reduce mortality by almost 40%.

Integrate tuberculosis and HIV services. Although there has been an encouraging global scaleup of collaborative tuberculosis/ HIV activities, the overall coverage of services remains low. Further, the level and rate of progress vary substantially among countries. There remains a mismatch between the coverage of HIV testing for tuberculosis patients and that of antiretroviral treatment, cotrimoxazole preventive treatment, and HIV prevention. Reducing delays in diagnosis, using new diagnostic tools and instituting prompt treatment can improve health outcomes among people living with HIV. Tuberculosis and HIV care should be further integrated with services for maternal and child health and prevention of mother-to-child transmission of HIV in high-burden settings.

• *Co-manage tuberculosis comorbidities and noncommunicable diseases.* Several noncommunicable diseases and other health conditions including diabetes mellitus, undernutrition, silicosis, as well as smoking, harmful alcohol and drug use, and a range of immune-compromising disorders and treatments are risk factors for tuberculosis. Presence of comorbidities may complicate tuberculosis management and result in poor treatment outcomes. Conversely, tuberculosis may worsen or complicate management of other diseases. Therefore, as a part of basic and coordinated clinical management, people diagnosed with tuberculosis should be routinely assessed for relevant comorbidities. WHO's *Practical Approach to Lung Health [85]* is an example of promoting tuberculosis care as an integral part of management of respiratory illnesses. The local situation should determine which comorbidities should be systematically screened for among people with active tuberculosis. A national collaborative framework can help integrated management of noncommunicable diseases and communicable diseases including tuberculosis.

UNITE TO END TB

Patient-centred care and support, sensitive and responsive to patients' educational, emotional and material needs, is fundamental to the new global tuberculosis strategy.

(…) Social protection, poverty alleviation and actions on other determinants of tuberculosis

• *Relieve the economic burden related with tuberculosis.* A large proportion of people with tuberculosis face a catastrophic economic burden related to the direct and indirect costs of illness and health care. Adverse social consequences may include stigmatization and social isolation, interruption of studies, loss of employment, or divorce. The negative consequences often extend to the family of the persons ill with tuberculosis. Even when tuberculosis diagnosis and treatment are offered free of charge, social protection measures are needed to alleviate the burden of income loss and non-medical costs of seeking and staying in care.

• *Expand coverage of social protection.* Social protection should cover the needs associated with tuberculosis such as: (a) schemes for compensating the financial burden associated with illness, such as sickness insurance, disability pension, social welfare payments, other cash transfers, vouchers or food packages; (b) legislation to protect people with tuberculosis from discrimination such as expulsion from workplaces, educational or health institutions, transport systems or housing; and (c) instruments to protect and promote human rights, including addressing stigma and discrimination, with special attention to gender, ethnicity, and protection of vulnerable groups. These instruments should include capacity-building to enable affected communities to express their needs and protect their rights, and to call to account those who impinge on human rights, as well as those who are responsible for protecting those rights.

• *Address poverty and related risk factors.* Poverty is a powerful determinant of tuberculosis. Crowded and poorly ventilated living and working environments often associated with poverty constitute direct risk factors for tuberculosis transmission. Undernutrition is an important risk factor for developing active disease. Poverty is also associated with poor general health knowledge and a lack of empowerment to act on health knowledge, which leads to risk of exposure to several tuberculosis risk factors. Poverty alleviation reduces the risk of tuberculosis transmission and the risk of progression from infection to disease. It also helps to improve access to health services and adherence to recommended treatment.

• *Pursue "health-in-all-policies" approaches.* Actions on the determinants of ill health through "health-in-all-policies" approaches will immensely benefit tuberculosis care and prevention. Such actions include, for example: (a) pursuing overarching poverty reduction strategies and expanding social protection; (b) improving living and working conditions and reducing food insecurity; (c) addressing the health issues of migrants and strengthening crossborder collaboration; (d) involving diverse stakeholders, including tuberculosis affected communities, in mapping the likely local social determinants of tuberculosis; and (e) preventing direct risk factors for tuberculosis, including smoking and harmful use of alcohol and drugs, and promoting healthy diets, as well as proper clinical care for medical conditions that increase the risk of tuberculosis, such as diabetes."

The 65th Session of the WHO Regional Committee for Europe (Vilnius, September 2015) adopted a working document **"Tuberculosis action plan for the WHO European Region 2016–2020"** *[49]*. The plan has been worked out within the framework of the regional consultation process involving a wide range of stakeholders aimed at determination of practical measures for implementation of the global *End TB Strategy* in the context of the WHO European region, in order to consequently adapt it at the national level considering the national peculiarities of various countries. This plan of action agreed with provisions of Health-2020 policy and other basic regional regulatory instruments and healthcare strategies, established regional targets and milestones in the field of treatment and combating TB and MDR-TB for the period of 2016-2020, determining strategic areas, and described the measures that might be implemented by the stakeholders. Basic strategic areas outlined in this document aim to strengthen cooperation of the public and international organizations with the government TB facilities in order to establish and maintain effective mechanisms for TB prevention and control, including those applied in migrant communities. In particular, they include the following:

"(…) Facilitate intersectoral collaboration to address the social determinants and underlying risk factors of tuberculosis.

(…) Work in national, regional and international multistakeholder partnerships, including with civil society and communities.

(…) Promote the rational use of existing resources, identify gaps and mobilize additional resources to ensure sustainability.

(…) Ensure that the promotion of sound tuberculosis ethics, human rights and equity is embedded in all areas of the strategic interventions listed above."

The high-level Meeting on refugee and migrant health, that took place in Rome in November 2015 under the auspices of ERB WHO, adopted an outcome document "**Stepping up action on refugee and migrant health. Towards a WHO European framework for collaborative action"** *[1]*. It identifies "a need for a common framework for collaborative action on refugee and migrant health … with a spirit of solidarity and mutual assistance. … a need for a common framework for collaborative action on refugee and migrant health, acting with a spirit of solidarity and mutual assistance. A solid basis for such a step is being ensured by: the recently adopted document *The 2030 Agenda for sustainable development* entailing the countries' obligation: "no one will be left behind"; Sustainable Development Goals 3 (in respect of health), 5 (in respect of gender equality) and 10 (concerning reduction of inequality within and among countries); the European policy for health and well-being "Health-2020"; as well as the 2008 resolution of the World Health Assembly "Health of migrants".

"It is time to work together, – the document reads, – in a true spirit of solidarity and to align political will with sound health and social policies and technical capacities for implementing public health interventions in order to prevent avoidable morbidity and mortality and to mitigate human suffering among refugee and migrant populations by ensuring cross-national collaboration and access to quality services.

(…) The effective provision of health care, health promotion and preventive measures requires health systems that can adapt and respond to the needs of a changing population and take account of cultural, religious, linguistic and gender diversity. Training of health professionals and relevant non-health actors is a key element to achieve this purpose. Appropriate measures should also be taken to enable involvement and employment of migrating health professionals in the service provision.

(…) Appropriate measures should be taken to promote continuity and quality of care for migrants, including the health care delivered by public institutions, private providers, nongovernmental organizations (NGOs) and other providers, and equal quality standards of care defined, delivered and monitored.

(…) To achieve these goals, strengthened national and international sectoral and intersectoral collaboration is needed across the WHO European Region and with the main countries of origin and transit of the Eastern Mediterranean and African Regions. There is a particular need for broader cross-country information exchanges in order to ensure smooth health information transfer while people are moving across borders. Enhancement of coordination on data collection and relevant communication between countries and all stakeholders are critical to the success of all efforts to secure and promote refugee and migrant health. We should move fast in developing trans-border approaches, transnational databases, respecting privacy of information, and portability of health records/health cards.

(…) Collaboration should also be strengthened with and among United Nations agencies (particularly WHO, UNHCR, UNICEF, UNFPA and UNAIDS), the European Commission, the International Organization for Migration and other national and international organizations having roles in the migration and health landscape. To ensure effectiveness in support for Member States and to avoid duplication of efforts and tools developed, coordination should be strengthened among the different international stakeholders involved."

The participants of the **Wolfheze Transborder Migration Task Force Meeting** in 2012 adopted a **consensus statement**, outlining the basic principles, implementation of which will allow to limit the spread of TB in the course of cross-border movements within the WHO European region. They include a principle on ensuring continuity of care that envisages cooperation between the medical services of the country from which the TB patient is proceeding and the country of his/her destination.

The document offers the minimum package for TB control and care in the WHO European region. The package includes the following elements: the basics of management (legal framework); funding; intercountry correspondence; service delivery (prevention, TB control, diagnosis, treatment, continuity of care); surveillance and monitoring (individual patient data; programme performance); and supportive environment (enablers and incentives); advocacy, communication and social mobilization).

… a need for a common framework for collaborative action on refugee and migrant health, acting with a spirit of solidarity and mutual assistance.

Counselling and advice on treatment adherence shall be an indispensable part of the minimum package for cross-border TB control and care. Psychosocial support and provision of enablers and incentives can play a crucial role for promoting treatment adherence and should be considered a priority intervention.

There is a need to engage civil society organisations, particularly those who can work across the borders and secure treatment of the patients.

Advocacy, communication and social mobilisation should be pursued at national and international levels, and in line with recommendations for provision of migrant sensitive services, to make this information known to both health providers and migrant communities and their leaders *[76]*.

At present, TB Service of the Russian Federation working in migrant communities on TB control issues is actively cooperating with a number of highly respected international institutes, such as WHO, International Organization for Migration and IFRC and their offices in Russia. One of the efficient platforms for such kind of interaction in the High Level Working Group on TB in the Russian Federation founded by the Ministry of Health of the Russian Federation in association with the World Health Organization.

The main tasks of the High Level Working Group are elaboration of coordinated mechanisms for effective TB control and discussion of positive experience and the models of cooperation between the government TB institution and partner public organizations.

In 2015, the Secretariat of the High Level Working Group established a technical group on elaboration of recommendations with the purpose of creating an effective mechanism for early detection, diagnosis and treatment of tuberculosis among migrants. The group united the representatives of scientific research institutes of the Russian Federation, WHO and IOM. The group has worked out "Recommendations on TB control among migrants", that were presented at HLWG meeting in November, 2015 *[58]*.

Complex approaches to enhancement of efficiency of measures on early detection and diagnosis of TB, as well as on shaping motivation for treatment in TB patients representing various risk groups, including migrants, are presented in **IFRC "Guidelines for TB control"** *[79]*. The authors of this document stress the vital role of programs of psychosocial support within the framework of activities aimed at combating TB.

Such programs, first of all, include:

- Enhanced outreach activities aimed at reducing the risk of TB;
- Counteracting stigmatization and discrimination in respect of TB patients;
- Providing aid in organization of treatment (control over drug intake; search for those who have interrupted their treatment);
- Social support (supply with food parcels, compensation of transportation costs);
- Assisting in increasing the income of TB patients by means of trainings on how to increase one's income and participation in mini-projects.

Psychosocial support activities may be integrated in all the aforementioned strategic tasks. Psychosocial support to TB patients, their families and communities plays a positive role in supporting TB patients and their encouragement in the process of treatment, and also helps to relieve negative side effects of the treatment.

Such assistance helps the patients and their family members to find a reason for hope and develop self-confidence. Psychosocial support also helps to create new or restore the old structures of social support in the regions where such structures experienced difficulties in their work or were annihilated owing to stigmatization and discrimination. Evidence shows that psychosocial support considerably improves the treatment outcome, reduces the number of those who interrupt treatment and speeds rehabilitation up due to limitation of the negative psychological influence on the patients and their family members. Such support also strengthens the patients' capacity, creates socially significant environment which allows to effectively combat disease and as a consequence reduces vulnerability of population, shaping public resilience.

Over the past few years, IFRC along with RRC has elaborated and introduced a number of perspective models of providing healthcare services in migrant communities. In the course of implementation of these projects, the mostly popular forms and methods of work are the following:

Enhancement of coordination on data collection and relevant communication between countries and all stakeholders are critical to the success of all efforts to secure and promote refugee and migrant health.

- Organizing and arranging round-table discussions and inter-agency meetings, conferences and public hearings on TB related issues with the representatives of the power bodies, mass media, healthcare facilities and general public at the central and regional levels;
- Healthcare outreach programs for general public, TB patients, their friends and relatives, mass media and power bodies highlighting different aspects of the problem;
- Engaging RRC volunteers representing various age and social groups in provision of direct and indirect aid to TB patients;
- Conducting training session for volunteers, RRC staff and representatives of TB services on various aspects of TB control.

A project called **"Enhancement of advocacy efforts and measures on TB prevention in labor migrant communities,"** which is being implemented since 2014 in association with the Red Crescent Societies of Kyrgyzstan and Tajikistan with the support of the Lilly MDR-TB partnership, has become one of the most effective models of work in migrant communities. This project is being implemented in the Tambov, Orenburg and Moscow regions as well as among potential migrants in Kyrgyzstan and Tajikistan.

So, over the period of 2014–2015, volunteers of the Red Cross and Red Crescent had conducted a series of information sessions on prevention of TB, HIV infection and STIs for over 3,000 migrants in Russia, Kyrgyzstan and Tajikistan. IFRC and RRC have elaborated a working module, allowing to present the basic information in such a form, which is comprehensible for migrants.

Work with migrants carried out in close cooperation with the Federal Migration Service in Moscow, St. Petersburg and the Orenburg and Tambov regions is of special interest. Since 2013, in Moscow and St. Petersburg public Red Cross outer offices have been operational in Moscow and St. Petersburg within the framework of the Directorate of the Federal Migration Service. Over 10,000 migrants annually receive there necessary counseling on a whole range of healthcare and legal issues.

In the Centers for social adaptation of labor migrants under Directorate of the Federal Migration Service of the Orenburg and Tambov regions well-trained RRC specialists offer counseling sessions to labor migrants informing them of the methods of TB, HIV and STIs prevention. Over the mentioned period, over 500 labor migrants who have undergone a course of social adaptation in the aforementioned centers have enhanced their awareness of the healthcare issues.

Evaluation of the level of migrant awareness of TB and HIV issues conducted by the Center for Migration Studies *[49]* has proved that for those who are planning to migrate the key sources of information on TB, except for TV, mass media and Internet (53%), are the special quick reference cards (41%) and information obtained from the doctors (43%), while for those who have already moved to Russia and Kazakhstan, these sources are not the top priorities (in Russia, 15% of the approached respondents have named the special quick reference cards and 17% mentioned the doctors, while in Kazakhstan the figures were 25 and 23% correspondingly). Despite the fact that in Russia mass media, TV and Internet are retaining their importance as a source of information, they loose popularity with migrants in quantity terms (they have been mentioned by only 33% of the respondents).

If on the average about one fourth of respondent confessed they knew nothing about TB, among migrants who have undergone training in the Centers for Social Adaptation in Tambov and Orenburg, the level of awareness constitutes 100%. This evidences

At present, TB Service of the Russian Federation working in migrant communities on TB control issues is actively cooperating with a number of highly respected international institutes, such as WHO, International Organization for Migration and IFRC and their offices in Russia.

that the applied models of interacting with migrants are highly efficient.

Various sources point to the necessity of more close cooperation with non-government organizations and unions playing an important role in the settlement of vital problems for internally displaced people and outer labor migrants and being capable of contributing to their socio-cultural adaptation and settlement in the new country. Among the most efficient organizations of this kind there are the Russian Foundation for Refugee Assistance "Compatriots," The Forum of Displacement Organizations, The Committee for Assistance to Refugees and Internally Displaced Persons, "Migration and Law" Foundation, International Labour Organization, The Global Forum of International Migration, The International Advocacy Assembly and "PARMI" Partnership on migration issues that implements a number of programs for labor migrant support.

Thesis research by F.A. Djatdoeva **"Communication strategies of changes in migrant behavior within the framework of public healthcare programs' elaboration"** (2011) *[7]*, happens to be of great interest. This is the first research evaluating the information and diagnostic needs. Besides, the author has also organized and conducted social mobilization on TB prevention among migrants in refugee camps in Northern Caucasus.

The author has come to a conclusion, that "social mobilization" in public healthcare – is one of the instruments of shaping health and preventing diseases" *[6]*. She insists, that "effective solution of public health problems envisages the use of both social mobilization for the change of behavior of target audiences and advocacy measures for the change of policy aimed at the settlement of the public healthcare problems. Analysis of social mobilization on TB prevention among refugees and internally displaced persons has revealed rather limited capacity of communication strategies without the actual support of the state. The most advanced communication technologies will not lead to steady positive results if they don't happen to be a part of the government, national healthcare strategies. It is necessary to ensure wider introduction of positive experience of international organizations into the national health-care strategies. It is evident that in the absence of an adequate funding and precisely formulated healthcare policy being a prior element of the national security, communication technologies may not radically solve the problem of public healthcare" *[6]*.

Russian medical scientific community pays special attention to the issues of interaction of the government TB institutions with the international organizations, public institutions and national diasporas in the field of elaboration and improvement of mechanisms for early detection, diagnosis, prevention and treatment of tuberculosis among migrants.

So, in 2014–2015 the problem of migrant health as a topical regional issue has extensively been discussed at various forums both in Russia and in Central Asian countries.

In 2015, a number of representative forums devoted to this problem have been held in Russia: The All-Russia scientific and practical conference "Fundamental and applied research in cases of TB infection: problems and possible solutions" dedicated to the memory of the Associate Member of the Russian Academy of Sciences Professor V.V. Erokhin; the All-Russia scientific and practical conference with participation of international partners "Phthisiology today: from fundamental science to clinical practice",

Psychosocial support considerably improves the treatment outcome, reduces the number of those who interrupt treatment and speeds rehabilitation up due to limitation of the negative psychological influence on the patients and their family members. Such support also strengthens the patients' capacity, creates socially significant environment which allows to effectively combat disease and as a consequence reduces vulnerability of population, shaping public resilience.

during which a roundtable discussion "Issues of TB cross-border control" has been held; The Fourth Congress of the National Association of Phthisiologists "Current trends of phthisiology: scientific research and practical experience of combating TB" during which a roundtable discussion "Arrangements for TB detection among labor migrants" has been held. All the aforementioned activities with participation of representatives of WHO, IOM and IFRC have become unique platforms for a dialogue and elaboration of new approaches to the work with migrants.

In November 2014, a Regional meeting of the Red Cross and Red Crescent Societies "Stepping up cooperation between the countries of origin, transit and stay of labor migrants from Central Asia" was held in Bishkek (Kyrgyzstan). Among those who took part in this meeting were the representatives of the Russian Red Cross, the Red Crescent Societies of the Republics of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, the Red Cross Societies of Hungary, Spain, Lithuania, heads of diplomatic missions in Central Asian Republics and the Ministry of Labor officials. An important result of this meeting was the signature of an Agreement on cooperation in the field of labor migration and provision of assistance to labor migrants, including medical aid. In the course of a meeting the parties also agreed on the necessity of regular debates on the common migration issues, involving the newly established task forces envisaged by the Cooperation Agreement *[63]*.

On August 11, 2015, another seminar was held in Dushanbe to discuss how diasporas may contribute to cross-border TB prevention and control in migrant communities in destination countries. Representatives of the Tajik and Kyrgyz diasporas, TB specialists and migration services of the Republic of Tajikistan, Republic of Kazakhstan and the Russian Federation took part in this activity. Participants discussed the experience of the countries of origin in the field of TB prevention among labor migrants and their family members and evaluated the opportunities available with diasporas in the countries of destination on provision of similar services to migrants. The seminar participants have stressed that TB was a serious challenge to public healthcare and happened to be a specially topical problem for labor migrants in Central Asian countries and in Russia. Diasporas in the countries of destination have opportunities to provide services to migrants who suffer medical problems. They may offer them social support, inform them of TB, offer legal support and provide assistance to migrants with diagnosed TB returning home to obtain treatment. The participants of the seminar confirmed the necessity to mobilize diasporas with the purpose of promoting effective cross-border TB control among labor migrants *[3]*.

In October 2015, a regional meeting "Migration and Health in Central Asia" organized by the French Institute for Central Asian Studies in association with the Academy of Medial Sciences of Tajikistan and IOM took place having united over 40 representatives of public organization of Central Asia and Europe, including RRC and IFRC *[2]*.

A high-level meeting with the representatives of Kyrgyzstan, Tajikistan, Uzbekistan and Russia, organized by the Ministry of Health of the Republic of Kazakhstan, IFRC and "Hope" project (USA) was held in Astana on November 19–20, 2015. Its participants

Work with migrants carried out in close cooperation with the Federal Migration Service in Moscow, St. Petersburg and the Orenburg and Tambov regions is of special interest. Since 2013, in Moscow and St. Petersburg public Red Cross outer offices have been operational in Moscow and St. Petersburg within the framework of the Directorate of the Federal Migration Service. Over 10 thousand migrants annually receive there necessary counseling on a whole range of healthcare and legal issues.

Russian medical scientific community pays special attention to the issues of interaction of the government TB institutions with the international organizations, public institutions and national diasporas in the field of elaboration and improvement of mechanisms for early detection, diagnosis, prevention and treatment of tuberculosis among migrants.

adopted a document within the framework of a complex plan – Plan of Action, or Roadmap, outlining the measures on diagnosis and treatment of tuberculosis among migrants both in the receiving country and on return to the country of origin. Under this document, in the coming 12 months the work will be carried out in such areas as elaboration of the regional or bilateral inter-state framework agreements to solve the problems of combating TB among migrants; establishment of a mechanism on exchange of information on TB in migrants in Central Asian region; creation of a supportive environment for migrants before they leave their country of origin in order to encourage them to apply for diagnosis and treatment in the country of destination, i.e. rendering services for elimination of barriers in the way of diagnosis and treatment of tuberculosis in migrants *[10]*.

A remarkable example of partnership between the scientific community and public organizations in the field of migration is cooperation of the Central Tuberculosis Research Institute of the Russian Academy of Science, the IFCR and the Russian Red Cross implemented on the basis of Cooperation Agreement. Under this agreement, a roundtable discussion on the basis of the Central Tuberculosis Research Institute was organized to debate the issues of early detection, diagnosis and treatment of

tuberculosis in migrates in the Russian Federation. Among those present were the representatives of the Center for monitoring of the spread of TB, scientific research and medical institutions of practical healthcare involved in the sphere of human migration, RRC, international organization of IFRC system, IOM, WHO, UNAIDS and the Lilly MDR-TB partnership. Participants of the roundtable adopted a number of vital recommendations on improvement of TB control in migrant communities.

In such a way, cooperation between the government TB facilities and international and public organizations is an integral component of the complex approaches on elaboration and improvement of measures of TB control among migrants and allows to unite the efforts of scientific institutions, practical healthcare and public sector.

Diasporas in the countries of destination have opportunities to provide services to migrants who suffer medical problems. They may offer them social support, inform them of TB, offer legal support and provide assistance to migrants with diagnosed TB returning home to obtain treatment.

CONCLUSIONS

The problem of the spread of tuberculosis – a severe infectious disease – has biological, geographical, medical and social aspects. Countries having common boundaries and being the main suppliers of labor migrants to Russia, along with the Russian Federation belong to the states with high burden of TB. According to available assessments, the scale of migration to Russia is estimated at over 12 million people (according to *Rospotrebnadzor* of the Russian Federation) *[70]*. At present, the major share of the migrant inflow of population of the Russian Federation is shaped due to migration from Central Asia, Trans-Caucasian region, Kazakhstan and Ukraine. Representatives of these regions constitute over 90% of the total number of migrants who have arrived from the neighboring countries.

Over the past years, a steady trend towards reduction of TB incidence and TB-caused mortality has shaped in Russia. At the same time, according to the Ministry of Health of the Russian Federation, TB incidence among the registered migrants is 2.5 times greater than that among the native population of the Russian Federation, including such epidemiologically dangerous form of disease as MDR-TB. At the same time, the high rate of TB incidence among migrants returning from the Russian Federation is a matter of concern for the government and the public in Eastern European and Central Asian countries, what requires a scientific assessment and elaboration of practical measures to improve the situation.

Actual control over the cross-border spread of tuberculosis may be ensured only by joint efforts of all the stakeholders. Besides, only effective efforts on combating TB in CIS countries and cross-country coordination of implemented measures in this sphere allow to ensure actual infectious security of the Russian Federation. Safeguarding of epidemiological surveillance in the East European and Central Asian countries, including the monitoring of MDR-TB and TB/HIV co-infection conducted in accordance with the unified, internationally recognized and approved by WHO rules and standards is one of the basic elements of the modern and effective system for combating TB.

To solve the problem of the spread of TB and TB/HIV co-infection in the Eastern European and Central Asian countries, it is necessary to work out and amend the system of social and medical measures on detection, prevention, diagnosis and treatment of TB, including TB associated with HIV infection as well as improvement of the law and practice – both in the Russian Federation and the countries of migrants' origin.

Promoting implementation of measures on the introduction of mechanisms of International Health Regulations in Russia and in a whole range of states, elaboration of the accelerated algorithm for diagnosis and microbiological examination of migrants in case of suspected TB, cooperation of public and international organizations with the government institutions of TB aid aimed at creation and maintenance of effective mechanisms of TB control in migrant communities, creation of a cross-country coordination mechanism on TB monitoring allow to considerably simplify the settlement of the problem of the spread of TB in Russia and CIS countries.

Another vital practical task is provision of aid to the Eastern European and Central Asian countries in implementation of TB measures, primarily in the domain of training and retraining of medical staff as well as rendering scientific-practical aid in the sphere of organization and implementation of TB activities.

Elaboration and introduction of new methods of TB diagnostics and assessment of the current genetic

Safeguarding of epidemiological surveillance in the East European and Central Asian countries, including the monitoring of MDR-TB and TB/HIV co-infection conducted in accordance with the unified, internationally recognized and approved by WHO rules and standards is one of the basic elements of the modern and effective system for combating TB.

However, despite the availability of a whole range of legal and regulatory instruments regulating the provision of medical aid to foreign citizens, at the moment there are no regulatory documents regulating the measures on prevention and treatment of tuberculosis among foreign citizens, while the mechanisms for compulsory and voluntary health insurance of foreign citizens require considerable improvement.

risk levels of developing TB in different regions will allow us to considerably advance and to get a serious advantage in combating the spread of tuberculosis in future.

It is necessary to consolidate constructive efforts of the state and community while settling the matters of effective social adaptation of migrants that does not only mean their harmonious introduction into the Russian society and the development of proper environment for mutual respect for culture, customs and traditions, but at the same time allows to ensure the rights of migrants as the members of our society. It is important to engage public organizations and human rights advocates in constructive dialogue with authorized government structures, experts in the field of healthcare, national diasporas and migrant communities in order to determine the key elements of the problem of ensuring migrants rights, including the right to healthcare and work out consolidated measures on the settlement of these issues. Today Russia is ensuring legal regulation of healthcare of foreign citizens temporary staying on the territory of the Russian Federation. Implementation of rights of foreign patients is under strict government control. However, despite the availability of a whole range of legal and regulatory instruments regulating the provision of medical aid to foreign citizens, at the moment there are no regulatory documents regulating the measures on prevention and treatment of tuberculosis among foreign citizens, while the mechanisms for compulsory and voluntary health insurance of foreign citizens require considerable improvement.

Over the past years, the issues of the settlement of migrants' problems as well as of their adaptation in the Russian Federation are given much attention. The president of the Russian Federation V.V. Putin, in his program article: "Russia: the issue of inter-ethnic relations" has pointed out that "it was important for us to provide opportunities for migrants to normally adapt in our society" *[54]*.

To avoid the loss of the government control over the socially significant diseases, medical certification of foreign citizens should be conducted in the government specialized medical facilities, what happens to be in line with the Concept of the State Migration Policy of the Russian Federation until 2025 *[16]*.

Actual cross-border TB control may be ensured only by joint efforts of all the countries concerned. Besides, only effective work on combating TB in CIS countries and cross-country coordination of the implemented activities in this sphere allows to ensure actual infectious security of the Russian Federation. Ensuring epidemiological surveillance in the countries of Eastern Europe and the Central Asia, including surveillance over the drug-resistance of Mycobacterium tuberculosis and TB/HIV co-infection, conducted in accordance with the unified, internationally acknowledged rules and standards approved by WHO, is one of the basic elements of creation of a modern and effective systems for combating TB.

To avoid the loss of the government control over the socially significant diseases, medical certification of foreign citizens should be conducted in the government specialized medical facilities, what happens to be in line with the Concept of the State Migration Policy of the Russian Federation until 2025.

REFERENCES

A. In Russian

1. Активизация мер по защите здоровья беженцев и мигрантов (На пути к созданию Рамочной основы для совместных действий в Европейском регионе ВОЗ). URL: http://www.euro.who.int/__data/assets/pdf_file/0008/298646/Stepping-up-action-on-refugee-migrant-health-ru.pdf?ua=1 [In English: Stepping up action on refugee and migrant health; Towards a WHO European framework for collaborative action. Outcome document of the High-level Meeting on Refugee and Migrant Health. 23-24 November 2015, Rome, Italy. URL: http://www.euro.who.int/__data/assets/pdf_file/0008/298196/Stepping-up-action-on-refugee-migrant-health.pdf] (Accessed 22 April 2016).
2. В Душанбе открывается международное совещание "Миграция и здравоохранение в Центральной Азии. http://news.tj/ru/news/v-dushanbe-otkryvaetsya-mezhdunarodnoe-soveshchanie-migratsiya-i-zdravookhranenie-v-tsentralnoi (Accessed 22 April 2016)
3. В Таджикистане обсудили вклад диаспор в деле профилактики туберкулеза среди мигрантов. [Интернет]. 2015. URL: http://news.tj/ru/news/v-tadzhikistane-obsudili-vklad-diaspor-v-dele-profilaktiki-tuberkuleza-sredi-migrantov (Accessed 24 February 2016).
4. Ваши права: трудовые права иностранных граждан. Медицинское обеспечение иностранных граждан в России / Центр социально-трудовых прав. URL: http://trudprava.ru/base/foreign/418#z004 (Accessed 22 April 2016)
5. Глобальная стратегия и цели в области профилактики, лечения и борьбы с туберкулезом на период после 2015 г. A67/11. Утверждена резолюцией WHA67.1 Всемирной ассамблеи здравоохранения. Женева, Всемирная организация здравоохранения, 2014. URL: http://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-ru.pdf?ua=1&ua=1#page=25 [In English: The End TB Strategy. Global strategy and targets for tuberculosis prevention, care and control after 2015 (The official text approved by the Sixty seventh World Health Assembly, May 2014).. Geneva, World Health Organization, 2014. URL: http://www.who.int/tb/strategy/End_TB_Strategy.pdf?ua=1] (Accessed 24 February 2016).
6. Джатдоева Ф.А. Профилактика туберкулеза среди мигрантов // Проблемы социальной гигиены и история медицины, 2007, № 1, С. 32–36]
7. Джатдоева Ф.А. Коммуникативные стратегии изменения поведения мигрантов в программах формирования общественного здоровья: докторская диссертация. [Интернет]. 2011. URL: http://www.dissercat.com/content/kommunikativnye-strategii-izmeneniya-povedeniya-migrantov-v-programmakh-formirovaniya-obshch (Accessed 24 February 2016).
8. Доклад о развитии человека 2009. Преодоление барьеров: человеческая мобильность и развитие. / Программа развития ООН. – М, 2009 [In English: Human Development Report 2009. Overcoming barriers: Human mobility and development. NY, 2009. URL: http://hdr.undp.org/sites/default/files/reports/269/hdr_2009_en_complete.pdf (Accessed 14 February 2016)].
9. Домашние работники в России и Казахстане: оценка положения домашних работников на рынках труда России и Казахстана / Карачурина Л.Б., Полетаев Д.В., Флоринская Ю.Ф., Ватлина Э.С. – Алматы: Ex Libris, 2014.
10. Дорожную карту по контролю за туберкулезом в странах ЦА представил Казахстан [Интернет]. 2015. URL: http://www.inform.kz/eng/article/2847726 (Accessed 24 February 2016).
11. Защита прав москвичей в условиях массовой миграции / Зайончковская Ж.А., Полетаев Д.В., Доронина К.А., Мкртчян Н.В., Флоринская Ю.Ф. – М.: Уполномоченный по правам человека в г. Москве, РОО «Центр миграционных исследований», 2014.
12. Здоровая тема. [Интернет]. 2015. URL: http://ztema.ru/soobshestvo/blogs/3333-predstavleny-itogi-pervogo-issledovaniya-po-voprosam-tuberkuleza-i-vich-infekcii-sredi-migrantov/ (Accessed 24 February 2016).
13. Иванова М.В. Психическое здоровье мигрантов (клинические, социально-психологические и реабилитационные аспекты): автореф. дис. … канд. мед.наук. — Томск, 2007.
14. Итоги круглого стола на тему «Деятельность гражданского общества по поддержке прав мигрантов». [Интернет]. 2015. URL: http://migrant.ru/itogi-kruglogo-stola-na-temu-deyatelnost-grazhdanskogo-obshchestva-po-podderzhke-prav-migrantov/ (Accessed 24 February 2016).
15. Конституция Российской Федерации. URL: http://www/constitution.ru (Accessed 22 April 2016).
16. Концепция государственной миграционной политики Российской Федерации до 2025 года. URL: http://www.77.fms.gov.ru/Zakonodatelstvo/Ukazi_Prezidenta_Rossijskoj_Federacii/item/4456
17. Миграция: обеспечение доступа, достоинства, уважения разнообразия и социальной интеграции. Резолюция 3 31-ой Международной конференции Красного Креста и Красного Полумесяца. URL: https://www.icrc.org/rus/resources/documents/resolution/31-international-conference-resolution-3-2011.htm (Accessed 22 April 2016).
18. Минуллин И.К., Вафина Г.Г. Организация медицинского освидетельствования иностранных граждан, лиц без гражданства, получающих вид на жительство или временное проживание, или разрешение на рабо-

ту (трудовых мигрантов) на территории Российской Федерации: методические рекомендации. — М., 2012.
19. Нечаева О.Б., Казанец И.Э., Сергеев Б.И. Влияние миграционных процессов на эпидемическую ситуацию по туберкулезу и ВИЧ-инфекции в России // Туберкулез и болезни легких. 2015. № 8. С. 4–10.
20. Нечаева О.Б. Рекомендации по вопросам контроля за туберкулезом среди мигрантов / ФГБУ Центральный НИИ организации и информатизации здравоохранения Минздрава России. – СПб, 2015. URL: http://www.mednet.ru/images/stories/files/CMT/Nechaeva_spb_migranti.pdf (Accessed 22 April 2016).
21. О беженцах: Федеральный закон Российской Федерации от 19 февраля 1993 г. № 4528-1 (с изменениями и дополнениями). [Интернет]. 1993. URL: http://base.garant.ru/10105682/ (Accessed 8 октября 2014 г.).
22. О введении в действие Положения о порядке предоставления медицинской помощи гражданам Республики Беларусь в учреждениях здравоохранения Российской Федерации и гражданам Российской Федерации в учреждениях здравоохранения Республики Беларусь. Приказ Минздрава России от 21 января 1997 г. №19. URL: http://old.mosgorzdrav.ru/mgz/komzdravsite.nsf/va_WebPages/npa_00003!OpenDocument&Click= (Accessed 22 April 2016).
23. О взаимном предоставлении гражданам Республики Беларусь, Республики Казахстан, Киргизской Республики и Российской Федерации равных прав в получении скорой и неотложной медицинской помощи. Соглашение от 24 ноября 1998 г. URL: http://base.spinform.ru/show_doc.fwx?rgn=3970 (Accessed 22 April 2016).
24. О внесении изменений в отдельные законодательные акты Российской Федерации в части права иностранных граждан и лиц без гражданства, страдающих заболеванием, вызываемым вирусом иммунодефицита человека (ВИЧ-инфекцией), на пребывание и проживание в Российской Федерации: Федеральный закон от 30 декабря 2015 г. № 438-ФЗ. [Интернет]. 2015. URL: http://base.consultant.ru/cons/cgi/online.cgi?req=doc;base=LAW;n=191475;fld=134;dst=1000000001,0;rnd=0.4543907572515309 (Accessed 3 March 2016).
25. О минимальном перечне медицинских услуг, оказываемых в системе медицинского страхования застрахованным иностранным гражданам, временно находящимся в Российской Федерации: приказ Минздрава России от 06.08.1999 г. № 315. [Интернет]. 1999. URL: http://base.garant.ru/12117074 / (Accessed 21 December 2015 г.).
26. О минимальных (стандартных) требованиях к условиям и порядку осуществления медицинского страхования в части добровольного медицинского страхования иностранных граждан и лиц без гражданства, находящихся на территории Рказание Центрального Банка Российской Федерации от 13.09.2015 г. № 3793-У (зарегистрировано в Минюсте России 31.12.2015 г. № 40461). [Интернет]. 2015. URL: http://minjust.consultant.ru/documents/17458/ (Accessed 24 February 2016).
27. О перечне инфекционных заболеваний, представляющих опасность для окружающих и являющихся основанием для отказа в выдаче либо аннулировании разрешения на временное проживание иностранным гражданам и лицам без гражданства, или вида на жительство, или разрешения на работу в Российской Федерации: постановление Правительства Российской Федерации от 2 April 2003 г. № 188 (с изменениями и дополнениями). [Интернет]. 2003. URL: http://base.garant.ru/12130458/ (Accessed 9 September 2014 г.).
28. О порядке выезда из Российской Федерации и въезда в Российскую Федерацию: Федеральный закон Российской Федерации от 15 августа 1996 г. № 114-ФЗ (с изменениями и дополнениями). [Интернет]. 1996. URL: http://www.consultant.ru/document/cons_doc_LAW_11376/ (Accessed 12 March 2016).
29. <О порядке обязательного медицинского страхования временно находящихся в Российской Федерации иностранных граждан и лиц без гражданства>. Письмо Минздравсоцразвития России от 26 января 2010 г. № 20-1/253427. URL: http://www.consultant.ru/document/cons_doc_LAW_99696/ (Accessed 22 April 2016).
30. О порядке подготовки, представления и рассмотрения в системе Роспотребнадзора материалов по принятию решения о нежелательности пребывания (проживания) иностранного гражданина или лица без гражданства в Российской Федерации: приказ Роспотребнадзора от 14 сентября 2010 г. № 336 (зарегистрировано в Минюсте России 22.10.2010 г. № 18792). [Интернет]. 2010. URL: http://lawsforall.ru/index.php?ds=50157 (Accessed 9 September 2014 г.).
31. О порядке представления гарантий материального, медицинского и жилищного обеспечения иностранных граждан и лиц без гражданства на период их пребывания в Российской Федерации. Постановление Правительства Российской Федерации от 24 марта 2003 г. № 167 (с изменениями). URL: http://pravo.gov.ru/proxy/ips/?docbody=&nd=102080792 (Accessed 22 April 2016).
32. О правовом положении иностранных граждан в Российской Федерации: Федеральный закон РФ от 25 июля 2002 г. № 115-ФЗ (с изменениями и дополнениями). [Интернет]. 2002. URL: http://www.consultant.ru/document/cons_doc_LAW_37868/ (Accessed 12 March 2016).
33. О предупреждении распространения в Российской Федерации заболевания, вызываемого вирусом иммунодефицита человека (ВИЧ-инфекции): Федеральный закон от 30.03.1995 г. № 38-ФЗ (ред. от 30.12.2015). [Интернет]. 1995 г. URL: http://base.garant.ru/10104189/ / (Accessed 3 March 2016).
34. О предупреждении распространения туберкулеза в Российской Федерации: Федеральный закон Российской Федерации от 18 июня 2001 г. № 77-ФЗ (с изменениями и дополнениями). [Интернет]. 2001. URL: http://www.consultant.ru/document/cons_doc_LAW_32131/ (Accessed 1 March 2016).
35. О проводимой субъектами Российской Федерации работе по профилактике инфекционных болезней среди трудовых мигрантов и повышении ее эффективности: письмо Роспотребнадзора от 27 февраля 2014 г. № 01/2159-14-32 [Интернет]. 2014. URL: http://base.consultant.ru/cons/cgi/online.cgi?req=doc;base=EXP;n=580687 (Accessed 9 September 2014 г.).

36. О программе государственных гарантий бесплатного оказания гражданам медицинской помощи на 2015 год и на плановый период 2016 и 2017 годов. Постановление Правительства Российской Федерации от 28 ноября 2014 г. № 1273. [Интернет]. 2014. URL: http://www.consultant.ru/document/cons_doc_LAW_171785/ (Accessed 13 December 2014 г.).
37. О реализации Федерального закона «О предупреждении распространения туберкулеза в Российской Федерации». Постановление Правительства Российской Федерации от 25 декабря 2001 г. № 892 (с изменениями и дополнениями). [Интернет]. 2001. URL: http://base.garant.ru/12125227/ (Accessed 18 октября 2013 г.).
38. О санитарно-эпидемиологическом благополучии населения: Федеральный закон Российской Федерации от 30 марта 1999 г. № 52-ФЗ (с изменениями и дополнениями). [Интернет]. 1999. URL: http://www.consultant.ru/document/cons_doc_law_22481/ (Accessed 12 March 2016).
39. Об обязательном медицинском страховании в Российской Федерации: Федеральный закон Российской Федерации от 29 ноября 2010 г. № 326-ФЗ (с изменениями и дополнениями). [Интернет]. 2010. URL: http://www.consultant.ru/document/cons_doc_LAW_107289/ (Accessed 12 March 2016).
40. Об организации страхового дела в Российской Федерации: Федеральный закон Российской Федерации от 27 ноября 1992 г. № 4015-1 (с изменениями и дополнениями). [Интернет]. 1992. URL: http://base.garant.ru/10100758/ (Accessed 21 December 2015 г.).
41. Об основах охраны здоровья граждан в Российской Федерации: Федеральный закон Российской Федерации от 21 ноября 2011 г. № 323-ФЗ (с изменениями и дополнениями). [Интернет]. 2011. URL: http://www.consultant.ru/document/cons_doc_law_121895/ (Accessed 12 March 2016).
42. Об утверждении перечня инфекционных заболеваний, представляющих опасность для окружающих и являющихся основанием для отказа в выдаче либо аннулирования разрешения на временное проживание иностранных граждан и лиц без гражданства, или вида на жительство, или патента, или разрешения на работу в Российской Федерации, а также Порядка подтверждения их наличия или отсутствия, а также формы медицинского заключения о наличии (об отсутствии) указанных заболеваний: приказ Минздрава России от 29 июня 2015 г. № 384н. [Интернет]. 2015. URL: http://docs.cntd.ru/document/420283519 (Accessed 29 октября 2015 г.).
43. Об утверждении перечня социально значимых заболеваний и перечня заболеваний, представляющих опасность для окружающих. Постановление Правительства Российской Федерации от 1 декабря 2004 г. № 715 (с изменениями и дополнениями). URL: http://base.garant.ru/12137881/ (Accessed 22 April 2016).
44. Об утверждении перечня социально значимых заболеваний и перечня заболеваний, представляющих опасность для окружающих: постановление Правительства Российской Федерации от 1 декабря 2004 г. № 715. [Интернет]. 2004. URL: http://www.referent.ru/1/68092 (Accessed 26 июля 2012 г.).
45. Об утверждении правил обязательного медицинского страхования. Приказ Минздравсоцразвития России от 28 февраля 2011 г. №158н (с изменениями и дополнениями). URL: http://www.consultant.ru/document/cons_doc_LAW_111285/ (Accessed 22 April 2016).
46. Об утверждении Правил оказания медицинской помощи иностранным гражданам на территории Российской Федерации. Постановление Правительства Российской Федерации от 6 марта 2013 г. № 186. URL: http://base.garant.ru/70329696/ (Accessed 22 April 2016).
47. Образование мигрантов – под контролем ОП РФ. [Интернет]. 2015. URL: http://pasmi.ru/archive/121518 (Accessed 24 February 2016).
48. Отчет по результатам социологического исследования «Мигранты Санкт-Петербурга: распространенность поведенческих рисков в отношении инфекционных заболеваний (ВИЧ, ИППП, туберкулез), социально-экономические условия жизни и факторы, влияющие на обращаемость в российские медицинские учреждения»/ Журавлева И.В., Иванова Л.Ю. URL: http://www.filha.fi/@Bin/1777612/SPb+Migrant+Disease+Awareness+Survey+Report+08.10.2014_RU.pdf (Accessed 22 April 2016)
49. План действий по борьбе с туберкулезом для Европейского региона ВОЗ на 2016–2020 годы» URL: http://www.euro.who.int/__data/assets/pdf_file/0009/283968/65wd17r_Rev.1_TBActionPlan_150588_withCover.pdf?ua=1 [In English: Tuberculosis action plan for the WHO European region 2016–2020. URL: http://www.euro.who.int/__data/assets/pdf_file/0007/283804/65wd17e_Rev1_TBActionPlan_150588_withCover.pdf?ua=1] (Accessed 22 April 2016)
50. Полетаев Д.В., Флоринская Ю.Ф. Осведомленность мигрантов о туберкулезе и ВИЧ-инфекции». – М.: Российский Красный Крест, 2015, 60 С.
51. Порядок оказания медицинской помощи больным туберкулезом в Российской Федерации: приказ Минздрава России от 15 ноября 2012 г. № 932н (с изменениями и дополнениями). [Интернет]. 2012. URL: http://www.garant.ru/products/ipo/prime/doc/70240750/ (Accessed 18 октября 2013 г.).
52. Проблемы в сфере здравоохранения, связанные с медицинским обслуживанием иностранных граждан. [Интернет]. 2015. URL: http://www.ethnoinfo.ru/statji/1722-problemy-v-sfere-zdravoohranenija-svjazannye-s-medicinskim-obsluzhivaniem-inostrannyh-grazhdan (Accessed 24 February 2016).
53. Профилактика туберкулеза. Санитарно-эпидемиологические правила СП 3.1.2.3114-13: постановление Главного государственного санитарного врача Российской Федерации от 22 октября 2013 г. № 60 (зарегистрировано в Минюсте России 06.05.2014 г. № 32182). [Интернет]. 2014. URL: http://www.kptd.ru/?op=con&mid=56&param=2,699,1,1 (Accessed 4 September 2014 г.).
54. Путин В.В. Россия: национальный вопрос // Независимая газета, 23 января 2012 г. [Интернет]. URL: http://www.ng.ru/politics/2012-01-23/1_national.html (Accessed 24 February 2016).
55. Резолюция Всемирной ассамблеи здравоохранения WHA61.17 «Здоровье мигрантов». Женева, Всемирная организация здравоохранения, 2008. URL: https://

extranet.who.int/iris/restricted/bitstream/10665/24521/1/A61_R17-ru.pdf| [In English: Resolution by the World Health Assembly WHA61.17 "Health of Migrants". Geneva, World Health Organization, 2008. URL: http://apps.who.int/iris/bitstream/10665/23533/1/A61_R17-en.pdf]| (Accessed 22 April 2016).

56. Резолюция Всемирной ассамблеи здравоохранения WHA62.14 «Уменьшение несправедливости в отношении здоровья посредством воздействия на социальные детерминанты здоровья». Женева, Всемирная организация здравоохранения, 2009, URL: https://extranet.who.int/iris/restricted/bitstream/10665/4384/1/A62_R14-ru.pdf [In English: Resolution by the World Health Assembly WHA62.14 "Reducing health inequities through action on the social determinants of health". Geneva, World Health Organization, 2009, URL: http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R14-en.pdf] (Accessed 22 April 2016).
57. Резолюция Всемирной организации здравоохранения WHA63/15 «Мониторинг достижения Целей тысячелетия в области развития, связанных со здоровьем». Женева, Всемирная организация здравоохранения, 2010. URL: http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/A63_REC1-ru.pdf [In English: Resolution by the World Health Organization WHA63/15 "Monitoring of the achievement of the health-related Millennium Development Goals". Geneva, World Health Organization, 2010. URL: http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R15-en.pdf](Accessed 22 April 2016).
58. Рекомендации по вопросам контроля за туберкулезом среди мигрантов / Под ред. О.Б. Нечаевой. – М. – Тверь: ООО «Издательство «Триада», 2015. – 60 с.
59. Российский Красный Крест. Хакасское республиканское отделение. Развитие здравоохранения республики Хакассия на 2011-2013 гг. [Интернет]. 2013. URL: http://redcross19.ru/activity/zdrav2013.html (Accessed 24 February 2016).
60. Соглашение об оказании медицинской помощи гражданам государств – участников Содружества Независимых Государств от 27 марта 1997 г. URL: http://www.cis.minsk.by/page.php?id=7934 (Accessed 22 April 2016).
61. Социально ориентированные некоммерческие организации Тамбовской области. Усиление адвокативной поддержки и мер по профилактике туберкулеза в сообществах мигрантов [Интернет]. 2015. URL: http://nko.tmbreg.ru/news/160-usilenie-advokativnoj-podderzhki-i-mer-po-profilaktike-tuberkuleza-v-soobshchestvakh-migrantov.html (Accessed 24 February 2016).
62. Терликбаева А. Одномоментное исследование факторов риска заболевания туберкулезом среди мигрантов в странах Центральной Азии / А. Терликбаева, Н. Эль Бассел, Н. Шлугер, Д. Терлоева, Э. Дэвис // Колумбийский университет. Центр изучение глобального здоровья в Центральной Азии. 211 с. [Интернет]. 1 сентября 2015 г. file:///G:/ВОЗ%20РГВУ%20Мигранты/Миграция%20Колумбийский%20университет/Final%20Report%20for%20USAID%20-%20Study%20of%20TB%20in%20CA%20Migrants_approved_RU.pdf
63. Туберкулез у мигрантов. [Интернет]. 2014. URL: http://www.orenotd.ru/index.php/homepage/novosti/146-tuberkulez-u-migrantov.html (Accessed 24 February 2016 г).
64. Устав (Конституция) Всемирной организации здравоохранения. URL: http://apps.who.int/gb/bd/PDF/bd47/RU/constitution-ru.pdf?ua=1 [In English: Constitution of the World Health Organization URL: http://www.who.int/governance/eb/who_constitution_en.pdf] (Accessed 24 February 2016).
65. Учебные модули по вопросам управления трудовой миграцией. Пособие для методистов /Международная организация по миграции, Организация по безопасности и сотрудничеству в Европе. Женева–Вена, 2011.
66. Федеральная миграционная служба. Официальные статистические данные. Сведения по миграционной ситуации в Российской Федерации за 9 месяцев 2015 года. [Интернет]. 2015. URL: http://www.fms.gov.ru/about/statistics/data/details/174173/ (Accessed 3 ноября 2015 г).
67. Федеральная миграционная служба. Сведения по миграционной ситуации в Российской Федерации за 12 месяцев 2015 года. [Интернет]. 2016. URL: http://archive.is/ijNfl (Accessed 24 February 2016 г).
68. Фонд социального страхования Российской Федерации. [Интернет]. 2015. URL: http://r66.fss.ru/index.shtml (Accessed 24 February 2016 г).
69. Форум дружбы народов Подмосковья: Эксперты и лидеры общественных организаций обсуждают механизмы медицинского контроля трудовых мигрантов, приезжающих в Московскую область. [Интернет]. 2011. URL: http://mosobl.er.ru/news/2011/10/28/forum-druzhby-narodov-podmoskovya-eksperty-i-lidery-obshestvennyh-organizacij-obsuzhdayut-mehanizmy-medicinskogo-kontrolya-trudovyh-migrantov-priezzhayushih-v-moskovskuyu-oblast/ (Accessed 24 February 2016 г).
70. Цикель Т. Арифметика миграции // Российская газета, 22 марта 2012 г. URL: http://www.rg.ru/2012/03/22/migranty.html (Accessed 22 April 2016).

B. In English

71. Alvarez G.G., Gushulak B., Rumman K.A., et. al. "A Comparative Examination of tuberculosis immigration medical screening programs from selected countries with high immigration and low tuberculosis Incidence Rates," *BMC Infectious Diseases,* 2011; 11: 3.
72. Alzahrani A.J., O.E. Obeid, A. Al-Ali, Imamwardi B. "Detection of Hepatitis C virus and Human Immunodeficiency Virus in expatriates in Saudi Arabia by antigen-antibody combination assays," *Journal of Infections in Developing Countries* 3 (2009); 235–238.
73. Barnett E. "Infectious Disease Screening for Refugees Resettled in the United States," *Travel Medicine*, 39 (2004): 833-841.
74. Binkin N.J., P.L. Zuber, C.D. Wells, et. al. "Overseas screening for tuberculosis in immigrants and refugees to the United States: the Current Status," *Clinical Infectious Diseases* 23 (1996): 1226–1232.
75. Consultation on TB and Migration in the Western Pacific Region. Meeting Report. 26–27 March 2013. Manila, Philippines. World Health Organization. Regional Office for the Western Pacific, 2013.
76. Dara, M., P. de Colombani, R. Petrova-Benedict, et. al., "Minimum package for TB control and care in the WHO European region: a Wolfheze consensus statement",

European Respiratory Journal 40 (2012): 1081–1090. URL: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3485571 (Accessed 22 April 2016)].
77. Dasgupta K., and D. Menzies. "Cost-effectiveness of Tuberculosis Control Strategies Among Immigrants and Refugees," *European Respiratory Journal* 25 (6) (2005): 1107–1116.
78. Elmwood K. "Immigration medicals: what's the point?" *British Colombia Medical Journal*. 51 (2009): 341.
79. Guidelines on RCRC actions on fighting tuberculosis. IFRC, 2008.
80. Health of migrants – the way forward. Report of a global consultation, Madrid, Spain, 3–5 March 2010. World Health Organization, Geneva, 2010.
81. Klinkenberg E., D. Manissero, J.-C. Semenza, and S. Verver. "Migrant tuberculosis screening in the EU/EEA: yield, coverage and limitations," *European Respiratory Journal* 34(5) (2009): 1180–1189.
82. Migration and Tuberculosis: A Pressing Issue. Migration & Health Position Paper Series. International Organization for Migration, n. d.
83. Mulder C., E. Klinkenberg, D. Manissero. "Effectiveness of tuberculosis contact tracing among migrants and the foreign-born population," *Euro Surveillance.* 14 (11) (March 2009). pii: 19153.
84. Practical Approach to Lung Health. Manual on initiating PAL implementation. World Health Organization, Geneva, 2008. URL: https://extranet.who.int/iris/restricted/bitstream/10665/69937/1/WHO_HTM_TB_2008.410_eng.pdf (Accessed 22 April 2016).
85. Stein C. Migrants and health – what is the evidence? PHAME Newsletter, September 2014. URL: http://www.euro.who.int/__data/assets/pdf_file/0015/260007/PHAME-Newsletter-3rd-Issue-EDITORIAL.pdf?ua=1 (Accessed 24 February 2016 r).
86. Systematic Screening for Active Tuberculosis: Principles and Recommendations. World Health Organization, Geneva, 2013.
87. Verver S., Bwire R., and Borgdorff M.W. "Screening for pulmonary tuberculosis among immigrants: estimated effect on severity of disease and duration of infectiousness," *International Journal of Tuberculosis and Lung Diseases* 5 (5) (2001): 419–425.
88. Wickramage K. and D. Mosca. "Can migration health assessments become a mechanism for global public health good?" *International Journal of Environmental Research and Public Health* 11(10) (2014): 9954–9963.
89. Wilson J.M.G., G. Jungner. Principles and practice of screening for disease. Public Health Papers, No. 34. World Health Organization, Geneva; 1968. URL: http://www.who.int/bulletin/volumes/86/4/07-050112BP.pdf.
90. Wobeser W.L., L. Yuan L., M. Naus, et al. "Expanding the epidemiological profile: risk factors for active tuberculosis in people immigrating to Ontario," *Canadian Medical Association Journal.* 163 (7) (2000): 823–828.
91. Wu L.J., Y.F. Huang, C.H. Yang, "General profiles of health examinations of foreign laborers from 2001 to 2007," *Epidemiological Bulletin.* 25 (2009):486–504.

Fundamental Principles
of the of Red Cross and Red Crescent International Movement

HUMANITY — The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

IMPARTIALITY — It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

NEUTRALITY — In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

INDEPENDENCE — The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

VOLUNTARY SERVICE — It is a voluntary relief movement not prompted in any manner by desire for gain.

UNITY — There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

UNIVERSALITY — The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

ABOUT THE AUTHORS

Olga Demikhova

Deputy director for scientific research of the Central Tuberculosis Research Institute (CTRI), Doctor of medical sciences, professor, Honored Doctor of the Russian Federation. Has been working in CTRI since 1977, initially as a junior research assistant and later on as senior research assistant, leading research assistant, academic secretary and since 2000 – as deputy director of the institute. She defended her PhD thesis in the domain of solving various problems of respiratory insufficiency in TB patients and those suffering from non-specific lung diseases.

Besides, the sphere of scientific interests of O.V. Demikhova includes the diagnosis and differentiated diagnosis of tuberculosis, including the patients with associated co-infection TB/HIV, elaboration and testing of new TB drugs, epidemiology and organizational issues of combating TB. Professor Demikhova is the author of over 200 publications in the Russian and foreign magazines, the author of four monographs, co-author of the first Russian monograph on TB associated with HIV infection, co-author of six invention patents. She is a member of the Secretariat of the High Level Working Group on Tuberculosis in the Russian Federation, a member of the International Union Against TB and Lung Disease and a member of the European Respiratory Society.

Olga Nechaeva

Head of the Federal Centre on Monitoring of TB Spread Counteraction in the Russian Federation, chief research associate of the Department of Medical and Social Problems of the Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation, Doctor of Medical Sciences, Professor.

Professor Nechaeva comes from the family of phthisiologists. She is the author of over 200 scientific publications, including eight monographs, seven guidelines, one study guide, five statistics digests, co-author of *Procedure for provision of medical aid to TB patients in the Russian Federation*, Orders of the Ministry of Health of the Russian Federation on provision of medical aid to TB patients. She is an expert on organization of TB aid to the Russian population as well as to patients with HIV infection. She is also a member of the Secretariat of the High Level Working Group on Tuberculosis in the Russian Federation; a chair of the Working Group for TB Control among migrants, refugees and other categories of individuals crossing the national borders. Professor Nechaeva has presented multiple reports at the Russian and International scientific-practical conferences and congresses on organization of TB aid, and also addressed the HIV infected people. She is a recipient of an award for excellence in the domain of healthcare, and has been awarded a Diploma of Merit by the Governor of the Sverdlovsk region and the Minister of Health of the Sverdlovsk region.