Regional Migrant Health Survey on Tuberculosis and HIV and Health Service Response for Migrants in Armenia, Azerbaijan and Georgia

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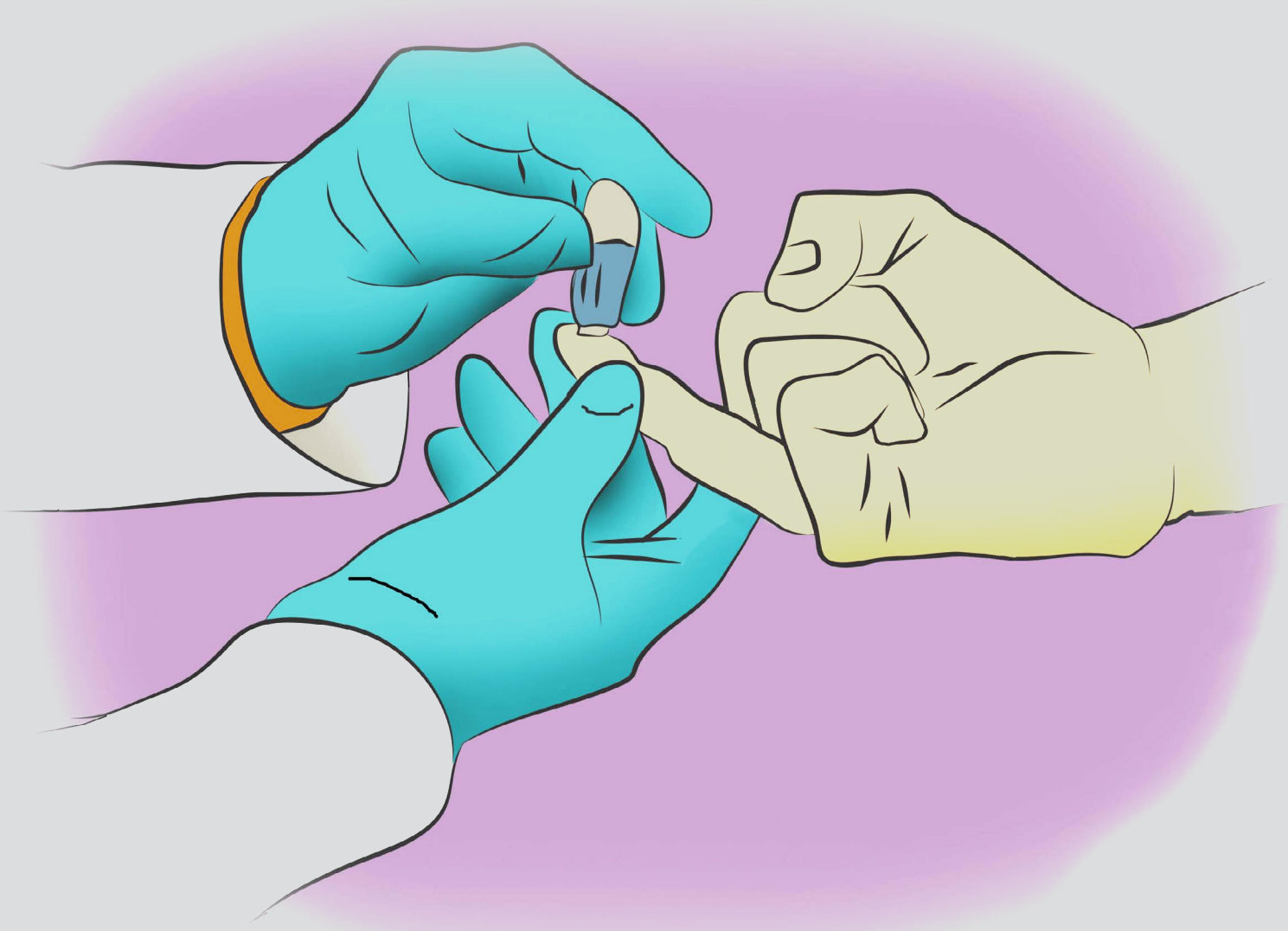

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ABBREVIATIONS/ACRONYMS

AAAQ	Availability, accessibility, acceptability and quality
ART	Antiretroviral therapy
AVRR	Assisted Voluntary Return and Reintegration Programme of IOM
FGD	Focus group discussion
HIV	Human immunodeficiency virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
IDP	Internally displaced persons
IOM	International Organization for Migration
MDR TB	Multidrug resistant tuberculosis
NCAP	National Center for AIDS Prevention
PLWH	People living with HIV/AIDS
RDS	Respondent-driven sampling
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary counselling and testing
WHO	World Health Organization
XDR TB	Extensively drug-resistant tuberculosis

EXECUTIVE SUMMARY

Background

This report presents findings from qualitative and quantitative research among migrants in the South Caucasus countries of Armenia, Azerbaijan and Georgia. The objective of the qualitative research was to assess experiences with and access to public health-care services related to human immunodeficiency virus (HIV) and tuberculosis (TB) in migrants' own countries and abroad. Specific goals were to clarify barriers on availability, accessibility, acceptability and quality (AAAQ) of TB/HIV health services for migrants within the countries of origin and destination and collect recommendations and opinions to improve AAAQ of TB/HIV health services for migrants. The objective of the quantitative surveys was to measure HIV prevalence and TB signs and symptoms among migrant populations. Other goals were to determine the study participants' migration experiences, living and working conditions, sexual behaviour, and HIV testing and TB screening history in their own country and abroad. This evidence will help to ensure the development of adequate migrant-inclusive policies and public health interventions, especially related to TB and HIV.

Despite robust health surveillance systems and capacities in the South Caucasus countries, evidence on TB and HIV status as well as respective needs for preventive, diagnostic and curative health-care services among migrants is lacking. This represents significant drawback for promoting and enabling migrant-sensitive health-care systems in the South Caucasus countries and beyond, considering health risks affiliated with the intensified rates of mobility throughout the South Caucasus region against the background of alarming rates of multidrug-resistant and extensively drug-resistant TB and growing epidemics of HIV. Stemming from the above-mentioned, this migrant health survey was planned and conducted to:

- Enhance capacities of the South Caucasus countries' health information systems through provision of reliable data on migrants' health status, including existing barriers to the AAAQ of TB and HIV health-care services;
- Pilot migrant-oriented preventive and diagnostic TB and HIV health-care service delivery at border checkpoints in the South Caucasus region and capacitate multidisciplinary teams of health-care professionals and border officials; and
- Establish cross-sectoral and transnational partnership frameworks involving relevant health-care institutions and decision makers to inform and enable migrant-inclusive health-care policy and programme planning and implementation.

Methods

The qualitative research consisted of focus group discussions (FGDs) with migrants and in-depth (Armenia only) interviews with migrants and persons working with or knowledgeable about migrants. In Armenia, three FGDs were conducted with returning labour migrants in different districts in Gyumri, Vanadzor and Yerevan. In addition, in-depth interviews were conducted with migrants, health care and other service providers, non-governmental organization (NGO) representatives and government staff members. In Azerbaijan, 24 FGDs were conducted with male and female migrants in Baku city and the suburbs. Subgroups of migrants participating in FGDs consisted of internally displaced persons (IDPs), foreign migrant students and labour migrants (beneficiaries of assisted voluntary return and reintegration (AVRR)). In Georgia, 16 FGDs were conducted with diverse subgroups of migrants in Tbilisi, IDP settlements in Shavshvebi and Tserovani (Shida Kartli region of Georgia), Marneuli and Gardabani (Kvemo Kartli region of Georgia). The following subgroups of migrants were interviewed: IDPs, environmental (eco) migrants, foreign migrant students and returned migrants who are AVRR beneficiaries. Two FGDs with female participants and two FGDs with male participants were conducted for each subgroup of migrants.

For the quantitative surveys, labour migrants (working in another country for the purposes of labour for at least three months but not more than one year in the past year) were selected with different sampling approaches. In Armenia and Azerbaijan, migrants were sampled using multilevel cluster sampling in randomly selected communities. In Georgia, migrants were sampled using convenience sampling at border checkpoints. All participants underwent informed consent, were interviewed by a trained interviewer and provided a blood sample for HIV testing. Based on the decisions in the respective countries, participants in Armenia were also tested for hepatitis B (HBV) and C (HCV), and participants in Georgia were tested for HCV. The quantitative samples consisted of 300 persons in Armenia and Azerbaijan and 348 persons in Georgia.

Findings

Most labour migrants in Armenia, Azerbaijan and Georgia were married, between the ages of 25 and 45 years and had a secondary education.

Qualitative findings indicate that most migrants are less aware of available TB-related services compared to HIV-related services. Many migrants consider themselves not at risk for an HIV or TB infection. Few reported that they and their peers would seek HIV testing or TB screening unless recommended by a doctor, becoming very sick or unless it was required by officials. Stigma appears to be one of the barriers to HIV testing and TB screening, and also fear of deportation.

According to the quantitative surveys, in the past five years, 0.5 per cent of respondents in Armenia, 5 per cent in Azerbaijan and 1 per cent in Georgia were told by a health-care worker that they were ill with TB. Higher percentages of males compared to females in Azerbaijan and Georgia reported being diagnosed with TB.

Although most migrants reported being married, many have had unprotected sex while in their home countries and abroad, especially males in Azerbaijan and Georgia. However, more information is needed to estimate migrants' risk for HIV infection due to unprotected sex (i.e. number and types of partners).

Most migrants reported easy access to health-care services at home, especially in Azerbaijan (100%, compared to 89% in Armenia and 74% in Georgia). Access to health-care abroad was just as high for Azerbaijani migrants, but less so for Armenian migrants (54%). Despite good access to health-care, only between 37 per cent in Armenia and 43 per cent in Georgia reported visiting a health-care professional in the past year in their home country (percentages were higher for females than for males in Azerbaijan and Georgia), and only 14 per cent of migrants in Armenia and 44 per cent of migrants in Azerbaijan reported visiting a health-care professional in the past year abroad. Few migrants in any country reported being provided with condoms in the past 12 months by either an outreach worker or NGO while at home or abroad. HIV prevalence among migrants in this survey is 0.5 per cent among migrants in Armenia, 1.0 per cent in Azerbaijan and 0.6 per cent in Georgia. In Armenia, 0.9 per cent of migrants had antibodies to HBV and 0.7 per cent had antibodies to HCV. In Georgia, 4.4 per cent of migrants had antibodies to HCV.

Discussion and recommendations

Migrants in the three countries are generally unaware about the risks of HIV and TB and do not seek voluntary screening or testing unless they have to. These findings indicate that countries need to expand awareness among migrants about HIV and TB risks, as well as screening and voluntary counselling and testing (VCT) options. Also, countries should scale up programmes that provide migrant-inclusive health services, which include interpreters or medical social workers, as well as informed and welcoming health-care workers, and consider offering free VCT, diagnostic and treatment services for migrant populations. As recommended by the World Health Organization (WHO) European Region, these countries should strive to provide a minimum pack of transnational TB control and care, including ensuring access to medical services irrespective of a migrant's registration status, and a non-deportation policy until intensive TB treatment has been completed. Additionally, they should create an online platform to support transnational management of TB cases by facilitating communications among clinicians from different countries (in terms of sharing information for clinical management and contact tracing and referral of patients). Creative transnational management of HIV treatment should be considered as well. The findings from these surveys provide important information to use in developing more effective programmes inclusive of migrants. To increase the region's knowledge about TB and HIV risks among migrants, Azerbaijan and Georgia should conduct baseline surveys of specific subgroups of migrants using probability-based survey methods to generate representative findings. Any future survey should explore risk behaviours more thoroughly by asking comprehensive and more in-depth questions to better understand the extent of and correlations for HIV and TB risks and exposure. Armenia should conduct follow-up surveys (round II) among urban and rural migrants using probability-based sampling methods to measure trends over time.

BACKGROUND

Among migrant populations in the South Caucasus countries of Azerbaijan and Georgia no studies related to tuberculosis (TB) and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) risks been carried out so far. In Armenia, baseline surveys with male rural and urban labour migrants were conducted in 2016 and 2018 respectively, wherein migrants were asked comprehensive questions on HIV-related risk factors and HIV testing and knowledge and underwent HIV testing.[1, 2] According to the World Health Organization (WHO), mobile populations are considered key populations at risk of HIV and TB infection.[3]

This report describes the findings from qualitative and quantitative research among migrants in the South Caucasus countries of Armenia, Azerbaijan and Georgia. The objective of the qualitative research was to assess experiences with and access to HIV- and TB-related public health-care services in their home country and abroad. Specific goals were to clarify barriers in availability, accessibility, acceptability and quality (AAAQ) of TB/HIV health services for migrants within the countries of origin and destination and collect recommendations and opinions to improve AAAQ of TB/HIV health services for migrants. The objectives of the quantitative survey were to measure HIV prevalence and TB signs and symptoms among migrant populations. Other goals were to determine the study participants' migration experiences, living and working conditions, sexual behaviour, and HIV testing and TB screening history while in their own country and abroad. This evidence will help to ensure the development of adequate migrant-inclusive policies and public health interventions, especially related to TB and HIV.

Tuberculosis in the South Caucasus

Although there have been substantial decreases in case notifications over the past decade, TB remains an important public health issue in the South Caucasus. According to all forms of TB case notifications in 2017, Armenia had 812 (27.1/100,000 population),[4] Azerbaijan had 7,129 (67/100,000 population), and Georgia had 2,927 notified cases (69/100,000 population).[5] TB incidence and case notification rate in these three countries have been on a downward trend since year 2000. Also, TB deaths among HIV negative patients have dropped significantly in Armenia, but only gradually decreased in Georgia while it appears to be increasing in Azerbaijan.[6] Males have higher rates of TB compared to females. For instance, in Armenia in 2017, the estimated TB incidence among females above 15 years old was 380 and among males was 670; and among females aged 0–14 was 50 and

1 National Center for AIDS Prevention (NCAP), *Biological and Behavioral Surveillance Survey on Armenian, Male, Seasonal Labor Migrants in Urban Communities in Armenia* (Ministry of Health, Republic of Armenia, Yerevan, 2018).

2 NCAP, *Biological and Behavioral Surveillance Survey on Armenian, Male, Seasonal Labor Migrants in Rural Communities in Armenia* (Ministry of Health, Republic of Armenia, Yerevan, 2016).

3 StopTB Partnership, Key Populations Brief: Mobile Populations (Stop TB Partnership, Geneva, 2015). Available from www.stoptb.org/assets/documents/resources/publications/acsm/KPBrief_MobilePopulations_ENG_WEB.pdf

4 See http://armstat.am/file/doc/99504368.pdf

5 World Health Organization (WHO), Armenia 2017 tuberculosis profile. Available from https://extranet.who.int/sree/Reports?op=Replet&name= per cent2FWHO_HQ_Reports per cent2FG2 per cent2FPROD per cent2FEXT per cent2FTBCountryProfile&ISO2=AM&LAN=EN&outtype=html; WHO, Azerbaijan 2017 tuberculosis profile. Available from https://extranet.who.int/sree/Reports?op=Replet&name= per cent2FWHO_HQ_Reports per cent2FG2 per cent2FPROD per cent2FEXT per cent2FTBCountryProfile&ISO2=AZ&LAN=EN&outtype=html; WHO, Georgia 2017 tuberculosis profile. Available from https://extranet.who.int/sree/Reports?op=Replet&name= per cent2FWHO_HQ_Reports per cent2FG2 per cent2FPROD per cent2FEXT per cent2FTBCountryProfile&ISO2=GE&LAN=EN&outtype=html. As reported by the National Center for Disease Control and Public Health of Georgia, comparatively high prevalence of TB is inherent to the regions of Tbilisi City, Samegrelo-Zemo Svaneti and the Autonomous Republic of Adjara.

6 WHO, Tuberculosis country profiles (n.d.). Available from www.who.int/tb/country/data/profiles/en/ (accessed 18 October 2018).

among males was 54. In Azerbaijan, the estimated TB incidence among females above 15 years old was 2,000 and among males was 3,800; and among females aged 0–14 years old was 360 and among males was 400. In Georgia, the estimated TB incidence among females above 15 years old was 1,000 and among males 2,000; and among females aged 0–14 years was 18 and among males was 20.[7]

Decreases in TB case notifications in all three countries may be related to improvements in socioeconomic conditions, reduced inequalities in access to health services and improved performance in the health sector. However, a key challenge in these countries is the emergence of multidrug-resistant (MDR) TB, which is the resistance to isoniazid and rifampicin, with or without resistance to other first-line drugs. Of treated cases by 2017, roughly 44 per cent in Armenia, 28 per cent in Azerbaijan and 30 per cent in Georgia were confirmed as MDR forms.[8] In terms of absolute number of cases per year, Azerbaijan is listed as one of the 10 countries with the highest estimated MDR TB incidence rate with more than 1,000 cases per year added in the 30 high MDR TB burden countries in 2018.[9] Moreover, about one third of all laboratory confirmed MDR TB cases have resistance to second-line anti-TB drugs, and it is estimated that approximately eight per cent of MDR patients in the South Caucasus region have extensively drug-resistant (XDR) TB. Despite the importance of completing treatment, about one third of TB patients do not complete the entire treatment course.

Due to higher number of public contacts, limited accessibility to TB preventive and curative health-care services and presumably poor and crowded living and working conditions that migrants face during migration process expose them to higher risks of TB, which is why it was reasonable to explore specific challenges that exist in the South Caucasus in this regard, with particular emphasis on migrant populations and their exposure to TB risks to plan tailored preventive and curative interventions.

HIV in the South Caucasus

In addition to TB, HIV remains a significant public health concern in the South Caucasus countries. Since the detection of the first cases of HIV in Armenia, Azerbaijan and Georgia in the late 1980s, the rates of new cases in all three countries have been increasing steadily. The National Center for AIDS Prevention (NCAP), from the Ministry of Health of the Republic of Armenia, reported that between 1988 and May 2018, the cumulative number of people living with HIV/AIDS (PLWH) was 3,084, with 176 in new HIV cases in 2018. Among PLWH in Armenia, 2,135 cases (69%) were males and 9,490 (31%) were females, and 54 (1.8%) cases were among children.[10] UNAIDS (2013) estimates that the number of PLWH in Azerbaijan is roughly 8,000, of which 2,600 are estimated to be females aged 15 years and above and in Georgia is roughly 11,000, of which 2,100 are estimated to be females.[11] Increases in HIV case notifications have been observed in all three countries.

7 Ibid.

8 Ibid.; WHO, 2017 tuberculosis country profiles for Armenia, Azerbaijan and Georgia. Available from https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=AM&LAN=EN&outtype=html; https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=AZ&LAN=EN&outtype=html; https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=GE&LAN=EN&outtype=html

9 WHO, *Global Tuberculosis Report 2018* (WHO, Geneva, 2018). Available from www.who.int/tb/publications/global_report/gtbr2018_main_text_30Oct2018.pdf?ua=1

10 See www.armaids.am/en/statistics/stat_2018/stat-june_2018.html

11 See www.unaids.org/en/regionscountries/countries/georgia and www.unaids.org/en/regionscountries/countries/azerbaijan

HIV infection is a major concern in Eastern Europe,[12] particularly in the Russian Federation and Ukraine where a significant number of migrants from the South Caucasus are going to. In 2016, of the 160,000 people diagnosed with HIV in the WHO European Region, 73 per cent were from the Russian Federation and Ukraine.[13] The mode of transmission is mainly through heterosexual contact and injecting drug use, with men outnumbering women in a 1.5 male-to-female ratio. The rates of infection are specifically high between the ages 20–49 years old, peaking at the ages 25–29 years old for men and 30–39 years old for women. Late diagnosis, delayed antiretroviral therapy treatment and low treatment coverage as shown by the high number of AIDS cases remain as the major challenges.[14]

Increased risk of tuberculosis and HIV among migrants

Many migrants are affected by limited access to services and appropriate care due to language and other structural barriers. Poor treatment adherence and follow-up due to poverty and other social disadvantages including stigma, mobility and socioeconomic factors (i.e. having unstable earnings and having to move to seek income) contribute to rising HIV and TB prevalence. In addition, migrants may face social isolation and be separated from family and regular sexual partners, as well as have poor living (e.g. crowded housing and poor sanitation) and working conditions.[15] These socioeconomic and behavioural situations may increase the vulnerability for TB and HIV. For instance, in Georgia, almost half of the people who inject drugs reported using drugs while abroad, primarily while migrating to Turkey, Ukraine and the Russian Federation.[16] In Armenia, labour migrants made up almost 58 per cent of registered adult HIV cases in 2013 to 2017, most of which were reported to be infected while abroad. Of these migrants, 12 per cent reported having had labour migrants as sexual partners.[17] In addition, since many people do not seek testing or screening for HIV or TB until they have serious signs and symptoms, there are more opportunities to infect others before these infections are detected.

Migration in the South Caucasus

This report focuses on international migration, which is the movement from one country to another, rather than internal migration. The qualitative research part included migrants who emigrate to Azerbaijan and Georgia for educational, political and ecological reasons, whereas the quantitative research part focused on labour migration. This focus on labour migration was decided during a regional preparatory meetings of South Caucasus representatives in March and November 2017.

[12] Based on the geographical/epidemiological division of the WHO European Region, the eastern part of Europe includes countries Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

[13] European Centre for Disease Prevention and Control (ECDC)/WHO Regional Office for Europe, *HIV/AIDS Surveillance in Europe 2017–2016 data* (ECDC, Stockholm, 2017). Available from https://ecdc.europa.eu/en/publications-data/hivaids-surveillance-europe-2017-2016-data

[14] Ibid.

[15] UNAIDS, *GAP Report 2014* (UNAIDS, Geneva, 2014). Available from www.unaids.org/sites/default/files/media_asset/04_Migrants.pdf

[16] Curatio International Foundation, *HIV Risk and Prevention Behaviors among People who Inject Drugs in Seven Cities of Georgia: Bio-Behavioral Surveillance Survey in seven cities of Georgia*. Study Report (Curatio International Foundation, Bemoni Public Union, Tbilisi, 2015). Available from http://curatiofoundation.org/wp-content/uploads/2016/03/PWID-BBS-Report-2015-ENG.pdf

[17] Ministry of Healthcare, National Center for AIDS Prevention, *HIV Epidemiological Surveillance in the Republic of Armenia 2017, Annual Report* (Monitoring and Evaluation National Team of the National Center for AIDS Prevention, Yerevan, 2018). Available from www.armaids.am/images/pdf/hetazotutyunner/Annual_report._HIV_epidemiological_surveillance_in_the_Republic_of_Armenia_2017.pdf

International migration in the South Caucasus region was initially influenced by the economic and political instability beginning in the 1990s with the collapse of the Soviet Union. As a result, there was a push of migrants to the former Soviet republics, especially to the Russian Federation, and also to Europe and the United States of America, to look for better social and economic conditions. Current in and out labour migration trends vary, especially for the countries of Azerbaijan and Georgia.

Armenia

Currently, Armenia is considered an emigration country, with migration mostly to the Russian Federation (90%).[18]

Azerbaijan

In 2008, emigration from Azerbaijan increased due to the global economic crises and intensified in 2013 to 2014 because of decreasing oil prices in the energy markets, consequent economic recession and an increase in inflation. Immigration to Azerbaijan in the 2000s included labour migrants from Kazakhstan and the Russian Federation, and more recently, from the Islamic Republic of Iran and Turkey. Iranians and Turkish persons immigrated to participate in State investment enhanced by the Government of Azerbaijan for infrastructure projects, triggering the involvement of foreign companies, particularly from Turkey.[19]

Georgia

Labour migrants to Georgia include those from the Russian Federation, Turkey, Armenia, Azerbaijan and Ukraine, and most Georgians looking for economic opportunities go to Europe, the United States and, to a lesser extent, to the Russian Federation.[20]

[18] International Organization for Migration (IOM), R*eport on Household Survey on Migration in Armenia* (IOM, Yerevan, 2014). Available from https://publications.iom.int/books/report-household-survey-migration-armenia

[19] S. Yüksel, S. Mukhtarov, C. Mahmudlu, J.I. Mikayilov and A. Iskandarov, "Measuring international migration in Azerbaijan", *Sustainability*, 10(1):132 (2018).

[20] State Commission on Migration Issues, *2017 Migration Profile of Georgia* (Secretariat of the State Commission on Migration Issues, Tbilisi, 2017). Available from http://migration.commission.ge/files/migration_profile_2017_eng__final_.pdf

RESEARCH METHODS

Qualitative methods

The qualitative research used rapid assessment methods and included focus group discussions (FGDs) with migrants and, in Armenia, in-depth key informant interviews. Participants were purposively sampled and underwent an informed consent process before responding to questions in a semi-structured questionnaire (Appendices A and B). In-depth interviews in Armenia were conducted among stakeholders and experts working with or in contact with members of the eligible population, as well as with actual labour migrants. As Armenia is considered an emigration country with a significant population of seasonal migrant workers, government counterparts from Armenia decided to focus their research on outbound labour migrants. Government counterparts from Azerbaijan and Georgia decided to do research about inbound (those who are nationals of the country sampled and are returning) and outbound (those who are leaving the sampled country) migrants who were migrating for diverse purposes, including students, internally displaced persons (IDPs) and economic migrants. Participants were purposively sampled to represent diverse sectors of the population with regard to their sex, occupation, place of residence (city/country side), country of destination and others. Each FGD was conducted by an interviewer and a notetaker. For purposes of comparison in the main section of this report, results only focus on labour migrants. For the entire qualitative findings reports of Azerbaijan and Georgia, please see Appendix C.

Eligibility criteria

Each country focused on the migrant populations most important to them: (a) returning, male, labour migrants in Armenia; (b) IDPs, students and returned migrants in Azerbaijan; and (c) IDPs, environmental migrants,[21] international students and returned migrants in Georgia. Table 1 describes the migrants interviewed in each country.

Table 1: Populations selected for in-country qualitative research

Populations selected for in-country qualitative research		
Armenia	**Azerbaijan**	**Georgia**
• Males • ≥ 18 years • 3 months–1 year abroad for purposes of labour in the past year • Residing in the catchment area	• Males and females, ≥ 18 years • IDP – a person displaced from his/her original place of residence due to conflict • Foreign migrant student – a person who came to the country for study purposes • Returned migrant – Azerbaijani citizen who returned to Azerbaijan in the frames of the AVRR programme[22]	• Males and females, ≥ 18 years • IDPs • Environmental migrant (Eco-migrant) – a person displaced from his/her place of original residence due to natural disaster • Foreign migrant student – a person who came to the country for study purposes • Returned migrant – Georgian citizen who returned to Georgia in the frames of the AVRR programme

[21] *Environmental migrants* are people who are forced to leave their places of residence due to sudden or long-term changes to their local environment.

[22] Assisted Voluntary Return and Reintegration (AVRR) Programme of IOM.

Data collection and analysis

Qualitative data were transcribed, and, for Georgia and Azerbaijan, results were provided in a report written by counterparts of the government of Georgia and Azerbaijan. The semi-structured interviewing guide had three domains: (a) general information about the population; (b) HIV and access to HIV-related health care; and (c) TB and access to TB-related health care. This tool was developed by country representatives during a regional preparatory meeting and pretested in Georgia only. All qualitative data, either from transcripts (Armenia) or reports, were analysed to identify primary and secondary themes.

Quantitative methods

Transnational surveys were conducted at the border crossings of Azerbaijan–Georgia and Turkey–Georgia. In Armenia, migrants were sampled in randomly selected communities, where migrants are expected to be.

Eligibility criteria

The eligibility criteria for migrants were: males and females (only males in Armenia); 18 years of age and older; planning on being abroad (outgoing) or having been abroad (incoming) for three months or more for labour purposes.

Sampling

The surveys in Azerbaijan and Georgia were conducted using convenience sampling. This sampling technique entailed intercepting migrants as they crossed the border and asking them if they would participate in a survey. Migrants were screened with a screening form consisting of questions to assess eligibility and the purposes of their travel (Appendix D). Those willing to participate in the longer survey and undergo an HIV test were enrolled in the survey. Given that migrants' participation in the survey and HIV testing was on a voluntary base, there is the likelihood for a selection bias and that the sample is not representative for all migrants.

In Armenia, a probability-based multilevel cluster sample method was used to select migrants. This method involved selecting eligible population members randomly, so that each individual had the same probability of being chosen at any stage in the sampling process. This involved two levels of clusters – communities and migrants. Migrants in Armenia were randomly divided into clusters comprising communities from regions near the border crossing areas, depending on size. A sampling frame of all communities comprising a general population size of 1,000 or more people was organized alphabetically in a list of communities to sample as clusters. Clusters and their size were used to weigh data during analysis. From this, 5 to 10 communities were randomly selected using Stat Trek[23] random digit generation process assuming without replacement sampling. If one community was not suitable (i.e. did not have a large enough population of eligible migrants or there was no way to develop a complete list), the community directly after the original randomly selected community (alphabetically on the list) was selected. Participants from each cluster were sampled from a list of all eligible migrants developed through community key informants. The final sampling list consisted of the names and corresponding contact information of eligible participants. Also, each person on the list was assigned a number ranging from 1 to the total number of people on the list. Once the list was finalized, a random digit generator using Stat Trek identified a random list of numbers corresponding to the names and location information of eligible persons on the sampling frame list. The total number of migrants on the final random sampling list was equal to the calculated sample size.

[23] See http://stattrek.com/statistics/random-number-generator.aspx

Sample size calculation

The sample size was calculated with a 5 per cent margin of error, 95 per cent confidence and a response distribution using average 60 to 70 per cent. Using these inputs, the sample size n and margin of error E are given by:

$$x = Z(c/100)\ 2r\ (100-r)$$

$$n = N\ x/\ ((N-1)\ E2 + x)$$

$$E = Sqrt\ [(N-n)\ x/n\ (N-1)]$$

Where: *N* is the population size; *r* is the fraction of responses one wants to achieve; Z(c/100) is the critical value for the confidence level *c*. Based on these calculations, the sample size for each border was 300.

Data collection locations

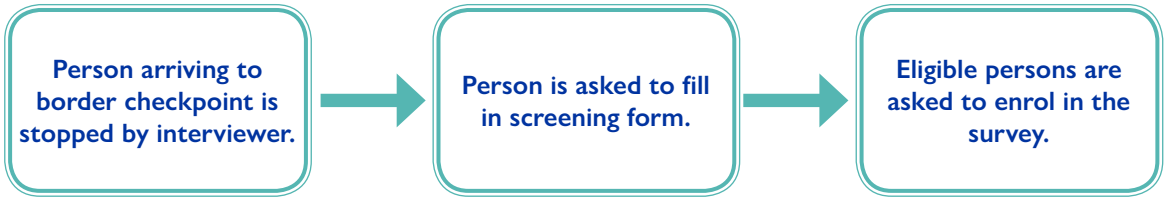
In Armenia, migrants were sampled from Byurakan, Kosh, Voskevaz, Ujan (Aragatsotn Marz), Akhuryan (Shirak Marz), Ararat, Taperakan, Qaghtsrashen (Ararat Marz), Arshaluys, Bambakashat, Khoronk, Jrarat (Armavir Marz), Zolakar, Sarukhan, Verin Getashen (Gegharkunik Marz), and rural communities of Akori and Mets Parni (Lori Marz). In Azerbaijan, migrants were sampled from the Azerbaijan–Georgia (Kazakh–Marneuli) border crossing, and in Georgia migrants were sampled from the Georgia–Turkey (Sarpi) border crossing.

Data collection

Screening

The survey steps for screening persons for the survey in Azerbaijan and Georgia consisted of approaching individuals as they crossed a border, asking for participation and screening them with a screening form (Figure 1) (Appendix E). Approaching and subsequent screening took no more than one minute.

Figure 1: Steps for screening



In Armenia, step 1 consisted of randomly screening people at a health clinic or a mobile clinic in communities.

Survey

For the survey data collection, all eligible persons underwent the informed consent process (Appendix E) and were provided with pretest voluntary HIV counselling before providing a blood sample. After completing the face-to-face interview (Appendix F), they received their test results and educational materials developed by IOM in cooperation with governmental implementing partners in Armenia, Azerbaijan and Georgia (Figure 2). The entire process took approximately 30 minutes. Participants with positive test results were told to obtain confirmatory testing at a testing site abroad or at the national AIDS centres in their respective countries. Participants did not receive an incentive for completing the survey. However, they were provided refreshments.

Figure 2: Data collection steps

Informed consent

Eligible participants read or had read to them the verbal Information Sheet and Consent Form (Appendix E) with the opportunity to ask questions. A copy of the information sheet was offered to participants. Agreement to enrol in the survey was given verbally, and the interviewer signed on the participant's behalf.

Discreet interviewing and testing

Testing and interviewing were conducted in a discreet location (mobile or community clinic in Armenia; mobile clinic at the border in Azerbaijan; mobile clinic in Georgia). First, migrants were screened informally to assess eligibility. If eligible and willing to participate, migrants were asked to go to a closed-off space for interviewing and testing. In Armenia, interviewing and testing was conducted in a mobile or community clinic. For Azerbaijan, interviewing and testing was in a mobile clinic at the border. For Georgia, interviewing and testing was conducted in a mobile clinic.

HIV counselling and testing

National guidelines for HIV counselling, testing and referral were followed as appropriate. Pretest counselling included an explanation of HIV infection and transmission, the meaning of HIV test results, risks associated with sexual behaviours and injecting drugs, as well as means for HIV prevention. Blood sample collection was carried out by a trained professional. The participant's unique number and laboratory number were the same and recorded onto a laboratory form to be linked to the questionnaire. Participants received their test results on the same day as they participated in the survey.

Questionnaire

The survey instrument (Appendix F) had seven sections and was translated into Armenian, Azerbaijani, Georgian, Russian and Turkish. The questionnaire took approximately 15 minutes to complete.

Development and review of the questionnaire consisted of several stages. First, it was developed and reviewed by stakeholders and key representatives from IOM (project implementing Missions in Armenia, Azerbaijan and Georgia; Regional Office for South-Eastern Europe, Eastern Europe and Central Asia; Global Migration Health Support Unit). Second, the questionnaire was piloted; trained

interviewers administered the questionnaire in each of the three countries to at least 10 migrants or persons working directly with migrants. Answers were recorded on paper. Feedback by migrants and staff were used to add, modify or eliminate questions to improve the translation and measure the amount of time needed to complete all questions. This process took place at least two weeks before starting data collection.

Staff training

The survey staff, including (but not limited to) counsellors, interviewers and the field supervisor, participated in a formalized two-day mandatory training conducted by the implementing partners. Topics included interviewing skills, approaching potential participants, efforts to reduce refusals, techniques to encourage enrolment, quality control, ethics, survey steps and how to use the survey tools. Survey team members were trained to be sociable, approachable and on how to encourage migrants to enrol in the survey.

Laboratory testing

Blood samples were collected by a trained professional based on the guidelines of the country. A linked anonymous code system was used for each participant to ensure that test results are given to the correct person. To ensure the accuracy of the survey results and minimize the probability of false positive samples, repeated testing of positive samples was conducted. For testing quality assurance, 10 per cent of all samples that tested negative will be retested by enzyme-linked immunosorbent assay (ELISA) method. The discordant results will be tested for the third time, according to the algorithm of HIV diagnostics specified in the National Protocol. In addition, participants in Armenia were tested for hepatitis B (HBV) and C (HCV), and participants in Georgia were tested for HCV, based on the decisions by each of the countries.

Data analysis

For Armenia, which used a probability sampling method, data were weighed based on cluster sizes. Data for Georgia and Azerbaijan, which used non-probability sampling, were analysed without any adjustments. Analysis consisted of frequencies, medians, means and ranges. Confidence intervals are presented around the percentages but should be interpreted with caution for the non-probability samples (Georgia and Azerbaijan). Given that Armenia only sampled inbound migrants (those returning from abroad), an additional section of data analysis for Georgia and Azerbaijan is included on inbound and outbound migrants so that the characteristics of inbound migrants can be compared among all three countries. Inbound migrants are those responding to questions as returning nationals, and outbound migrants are those responding to questions as foreign nationals (section 2 in the questionnaire). In addition, data were disaggregated by sex (male and female) and age groups (18 to 24 years, 25 years and older) (see Appendices G and H for entire disaggregated analysis). Given that Armenia only sampled males, their data are not disaggregated by sex. Some of the analysis included information about activities occurring in migrants' home country or abroad.

Ethical considerations

Final protocol review and approval for the study was obtained from the institutional review boards in each respective country and by IOM. All participants were informed about the purpose of the study and their right to withdraw from the survey at any time before providing consent to participate. The surveys were conducted entirely anonymous; at no time were names or identifying information collected. All survey staff were trained in maintaining strict confidentiality in line with IOM Data Protection Principles. All efforts were made that no travelling companions or family members were present during interviews or testing.

Limitations

This study was considered a pilot to sample labour migrants on the Azerbaijan–Georgia border and the Turkey–Georgia border. Hence, it was uncertain how successful these surveys would be. However, in each country, the samples sizes were successfully reached despite absence of incentives for participation in the survey other than refreshments. In the border-crossing surveys, there were likely biases associated with non-response, as some migrants crossing the border may not have had time or interest to participate. Migrants travelling with their families may have been less likely to participate to not let their families wait. To reduce non-response, the questionnaire lasted about 15 minutes, and the collection of blood samples with pretest counselling lasted no longer than 5 to 10 minutes. However, the short questionnaire limited the number of questions that could be asked, and some topics were covered with only one question and did not fully explore the topic issue such as sexual risk and drug use. Limitations to multilevel cluster sample (Armenia) include the following situations: (a) the sampling frame list missed migrants' correct names and contact information, making it impossible to contact them (assuming they were in the community at the time of the survey); (b) people were included on the list but not in the community at the time of the survey (i.e., the person's probability of selection is impossible because they are absent from the community); (c) the list is missing the names of several members of the population; and (d) a large proportion of the randomly selected participants refuse to participate. These biases were largely overcome based on previous experiences of sampling migrants in Armenia using multilevel cluster sampling. Given the differences in the sampling methods, the findings from Armenia can be interpreted as representing the population (migrants), whereas the findings from Georgia and Azerbaijan only represent the sample collected and cannot be generalized for all migrants.

QUALITATIVE DATA FINDINGS

Armenia conducted three FGDs of returning labour migrants from different districts of Yerevan (n=8, ages 22 to 49); Gyumri (n=10, ages 24 to 50); and Vanadzor (n=9, ages 26 to 47). In addition, Armenia conducted in-depth interviews with migrants (n=3); health care or other service providers (n=3); non-governmental organization (NGO) representatives (n=2); and government staff members (n=3). Azerbaijan conducted 24 FGDs comprising 164 females and 180 males in Baku city and the suburbs. Eight FGDs were conducted among IDPs, women (n=58) and men (n=62). Eight FGDs were conducted among foreign migrant students, women (n=47) and men (n=67). Eight FGDs were conducted among returned migrants, women (n=59) and men (n=61). In Georgia, four FGDs were conducted among returned migrants in Tbilisi, two with women (n=18) and two with men (n=18), four FGDs were conducted among foreign migrant students, two with women (n=19) and two with men (n=13), four FGDs were conducted in Kvemo Kartli region of Georgia, Marneuli and Gardabani, among environmental migrants, two with women (n=19) and two with men (n=18) and another four FGDs were conducted among IDPs in Shida Kartli region of Georgia, Shavshvebi and Tserovani IDP settlements, two with women (n=17) and two with men (n=19). Research was carried out in February 2018 in Armenia, in April 2018 in Azerbaijan and in March 2018 in Georgia.

Domain 1: General information about the population

Armenian labour migrants mostly reported working in the Russian Federation, Azerbaijani labour migrants mostly reported working in the Russian Federation and Turkey (but a couple mentioned going to work in the Netherlands, Sweden, Germany and other European countries), and Georgians mostly reported working in European countries, such as Germany, France, Belgium, Switzerland, Poland, England, Luxembourg and Greece. Although labour migrants in Azerbaijan reported that most are "young", labour migrants in Armenia ranged in age from their twenties to their fifties.

Domain 2: HIV knowledge and access to HIV-related health care

Concern and knowledge about HIV

Many migrants interviewed in Armenia said that they were concerned about HIV among male migrants and agreed that male migrants have a higher risk for contracting HIV compared to the general population. In Azerbaijan and Georgia, most migrants said that their peers were generally unconcerned about HIV. In Georgia, migrants said that their peers should be "more concerned" than they are about HIV. One migrant stated that "Georgian migrants living in Europe should be more concerned about HIV as they are meeting and interacting with lots of people who may be at risk or infected with HIV virus". In Georgia, migrants believed that HIV was high among migrants; however, the prevalence of HIV may be exaggerated. One female FGD participant stated that "30 per cent of migrants must have HIV", but others pointed out that the percentage was too high. Many migrants in all three countries said that their peers were generally unaware of the ways in which HIV is transmitted and prevented. In the in-depth interviews in Armenia, key informants agreed that migrants are at higher risk for HIV than the general population and expressed their concern about increased HIV transmission among migrants. One key informant in Armenia and a couple of migrants agreed that better prevention measures are needed for migrants both at home and abroad. Most migrants who travel to the Russian Federation for work are aware that there is higher HIV prevalence compared to their own countries (Armenia and Azerbaijan). Migrants in Armenia discussed that many migrants they know have sex without condoms while they are in the Russian Federation; however, others stated that some migrants work so much they have few opportunities for exposure to HIV infection. Migrants in Georgia mentioned that they are exposed to risks when living abroad, and that some use drugs and have many sexual partners. In Azerbaijan, many migrants pointed out that their peers are young and healthy (and therefore in no need of HIV testing), and many have never been in medical institutions.

Willingness to get an HIV test

In Armenia (despite concern about HIV), Azerbaijan and Georgia, most migrants are unwilling to get tested unless it is needed for a work or residence permit or is advised by a doctor/health-care professional. In general, migrants will not get a test on their own, and some migrants remarked that their peers "do not value their own heath" and will not spend money or time on health care. Some reported that many migrants do not believe they are at risk of getting infected. Despite agreeing that most migrants will not get an HIV test on their own volition, migrants in all countries generally agreed that it was important for migrants to get tested for HIV to know their HIV status.

Access and barriers to HIV testing and treatment

All migrants in Armenia and Azerbaijan and many in Georgia knew of and could name places to get an HIV test in their own countries. In Georgia, many migrants did not know of where to go for HIV testing but said that they knew it was available. Not as many migrants could name places abroad to get an HIV test. Few migrants knew much about accessibility to treatment in their home countries and abroad. Migrants in Armenia said that barriers to testing and treatment are low, and that they knew that HIV testing in Armenia is available and free, and that it is not free in the Russian Federation. They believed that treatment is not available to migrants in the Russian Federation. In addition, Armenians preferred to get HIV tests and treatment in Armenia, because there are no language barriers, and they are more comfortable with the health staff. A couple of migrants in Azerbaijan reported no barriers to HIV testing in the Russian Federation and that it was free, but that HIV testing is mandatory for migrants. However, they said that HIV testing is not mandatory in Turkey (no mention of accessibility in Turkey). In contrast, some migrants in Azerbaijan who worked in the Russian Federation mentioned that some medical facilities for HIV testing or treatment are remote ("Distances are very big, and you have to drive for 200–250 km to reach a hospital") and that there are problems with language, especially for younger migrants who may not speak Russian. Overall, most migrants in Azerbaijan reported preferring to get an HIV test in Azerbaijan because of easier access to facilities, common language and general comfort. In Georgia, many migrants talked about the better, cleaner health-care facilities with good infrastructure and well-trained personnel in Europe; however, there was some disagreement about whether migrants would prefer using Georgian testing sites (less of a language barrier, knowing the physicians) or the ones in Europe. Many migrants in all three countries mentioned barriers to HIV testing because of stigma and fear of having a positive result and possible deportation if found to be HIV positive.

Domain 3: Tuberculosis knowledge and access to tuberculosis-related health care

Concern and knowledge about tuberculosis

Male returned migrants in Georgia believed that all migrants should be screened for TB, and some mentioned that at shelters they had mandatory TB screening, and that they were personally interested to get screened as the disease is easily transmittable. In Armenia, migrants said that they did not think TB was a problem, and that it is of less concern than HIV. In Azerbaijan, many migrants did not perceive any reasons for being screened for TB. Although some migrants in all three countries could mention some signs and symptoms of TB, most were unaware about TB transmission and treatment.

Access and barriers to tuberculosis screening, care and treatment

Migrants in Armenia and Azerbaijan generally have little information about services for TB screening, testing and care. Migrants in Georgia had higher awareness about TB-related services and could name places to get these services in Georgia. However, many migrants in Georgia said that for TB (as opposed to HIV), it is better to get TB diagnostics and treatment abroad because of the better attitude of health-care providers, better quality of care, better management of patients, more social support and better infection control. Most migrants mentioned that someone usually gets very sick

before accessing any TB-related services, and some mentioned that if they have symptoms, they are afraid to go for screening. Azerbaijani migrants mentioned that if someone is found to have TB while they are in the Russian Federation, they will be deported. Migrants in Armenia also mentioned the fear of deportation if found to have TB. Other barriers to TB screening and treatment were lack of time, costs (mentioned by migrants in Georgia), lack of concern for personal health, having other priorities and stigma.

Discussion

Some of the overall similarities among migrants in the three countries was the general lesser knowledge about specific risks, signs and symptoms of HIV and TB. In addition, there was wide agreement that migrants would not seek HIV or TB testing unless required for the purposes of travel, work, on the recommendation of a health-care provider or if they get very sick. While most migrants in Armenia and Azerbaijan and some in Georgia would prefer to receive HIV testing and TB screening in their home countries, many migrants in Georgia reported that the health care in the countries of destination (i.e. in Europe) were superior. Most migrants were aware of HIV testing services (although some in Georgia did not know specifically where to go, they knew services were available), but less of TB-related services. Little was specifically known about where to get treatment for HIV or TB. Barriers to HIV and TB testing in other countries are higher costs (although Georgians mentioned that costs for HIV and TB testing was lower in Europe), language barriers, stigma, having other priorities, fear of a positive result and possible deportation if found positive for HIV or TB.

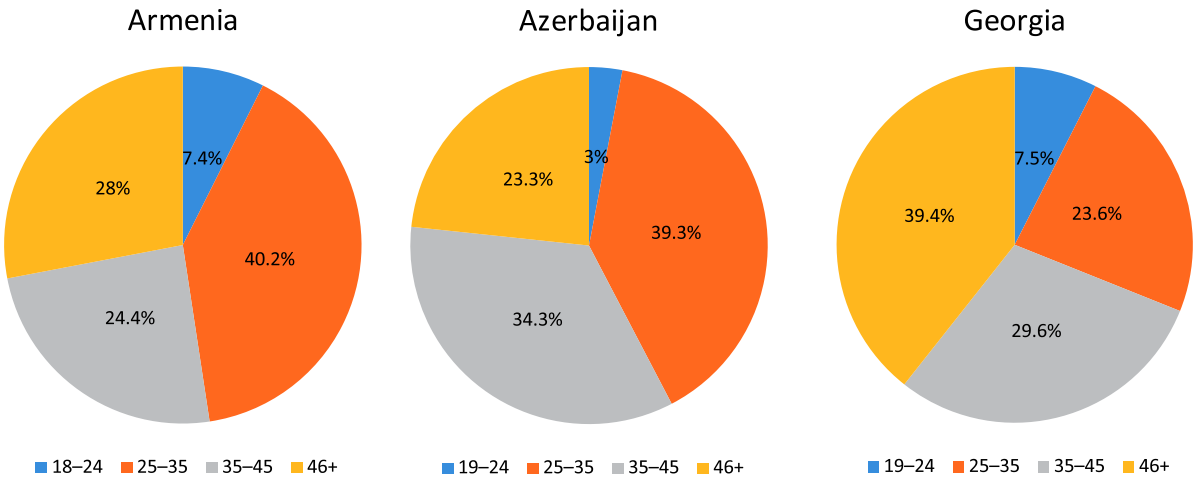
QUANTITATIVE FINDINGS

The samples consisted of 300 persons in Armenia and Azerbaijan and 348 persons in Georgia. Georgia collected non-response information and reported a non-response rate of 43 per cent, and Armenia reported a non-response rate of 1.6 per cent. Data were collected during March 2018 in Armenia and Georgia and during May 2018 in Azerbaijan.

Sociodemographic factors

In Armenia and Azerbaijan, the largest proportions of migrants were in the age group of 25 to 35 years, and in Georgia the largest proportion was in the age group of 46 years and older (Figure 3). Few migrants in all countries were 24 years or younger. The mean age of migrants in Armenia was 39.4 (median: 36; range: 18 to 68 years) and the mean and median age in Azerbaijan was 38 (range: 23 to 55 years) and 42 in Georgia (range: 18 to 69 years).

Figure 3: Age categories of migrants, Armenia, Azerbaijan and Georgia, 2018



In Armenia, only males were sampled. In Azerbaijan, 83 per cent and in Georgia 43 per cent of migrants interviewed were male (Table 2). Most migrants in all countries reported having a secondary education.

Table 2: Sociodemographic factors among all migrants, 2018

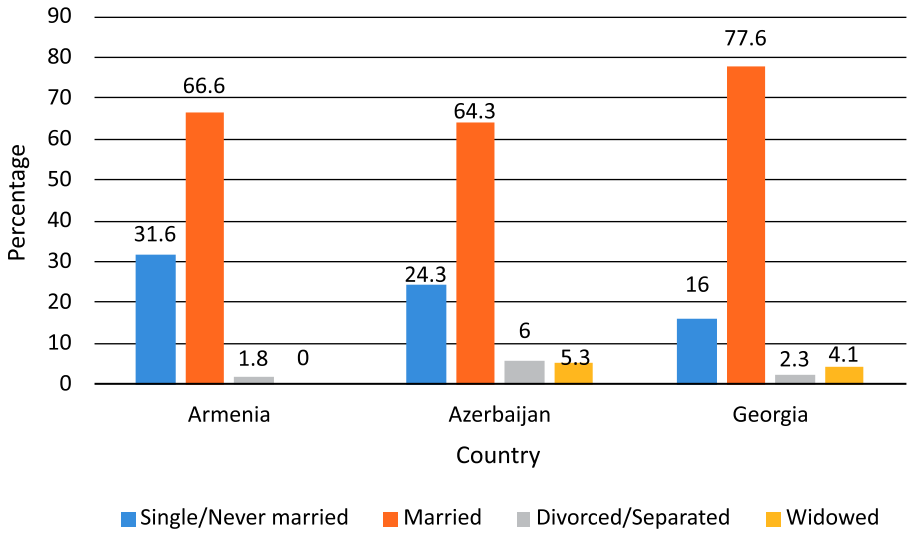
	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Gender						
Male	**300**	**100**	**248**	**82.7 (78.4–86.9)**	149	43.2 (38.1–48.3)
Female	0	--	52	17.3 (13.1–21.6)	**196**	**56.8 (51.7–61.9)**
Education level						
Primary or less	0	--	3	1.0 (0.0–2.1)	0	--
Incomplete secondary	41	15.1 (11.2–19.1)	20	6.7 (3.8–9.5)	7	2.0 (0.5–3.5)
Secondary	**181**	**59.5 (54.1–65.0)**	**180**	**60.0 (54.5–65.5)**	200	**57.6 (52.3–62.9)**
Secondary technical	28	9.2 (6.0–12.3)	59	19.7 (15.1–24.2)	44	12.7 (9.3–16.1)
Incomplete university	10	2.8 (0.8–4.9)	18	6.0 (3.3–8.7)	11	3.2 (1.3–5.0)
University	40	13.3 (9.4–17.2)	20	6.7 (3.8–9.5)	85	24.5 (20.0–29.0)

Notes: CI – confidence interval.

Boldface items indicate highest percentage per country data on gender and education level.

Most migrants reported being married, and few were divorced, separated or widowed (Figure 4). A higher percentage of migrants in Armenia reported being single and never married, compared to those from Azerbaijan and Georgia.

Figure 4: Civil status among all migrants, 2018



Nationality, citizenship and primary residence among all migrants

All migrants in Armenia and most in Azerbaijan and Georgia were nationals of the respective country in which they were interviewed (Table 3). Most migrants in all countries reported having citizenship, and their primary place of residence being in the respective country in which they were interviewed.

Table 3: Nationality, citizenship and primary residence among migrants, 2018

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Nationality						
Armenian	**300**	**100**	0	--	1	0.3 (0.0–0.8)
Azerbaijani	0	--	**226**	**75.3 (70.4–80.3)**	4	1.1 (0.0–2.3)
Georgian	0	--	15	5.0 (2.5–7.5)	**316**	**90.8 (87.7–93.9)**
Russian Federation	0	--	0	--	1	0.3 (0.0–0.8)
Turkish	0	--	20	6.7 (3.8–9.5)	23	6.6 (4.0–9.2)
Other	0	--	39	13.0 (9.4–16.6)	3	0.9 (0.0–1.8)
Citizenship						
Armenia	**297**	**99.2 (98.1–100)**	0	--	1	0.3 (0.0–0.8)
Azerbaijan	0	--	**220**	**73.3 (68.2–78.5)**	3	0.9 (0.0–1.9)
Georgia	0	--	60	20.0 (15.4–24.6)	**317**	**92.2 (89.3–95.0)**
Russian Federation	3	0.8 (0.0–1.9)	0	--	1	0.3 (0.0–0.9)
Turkey	0	--	20	6.7 (3.8–9.5)	19	5.5 (3.2–7.9)
Other	0	--	0	--	3	0.9 (0.0–1.9)
Considered home country (primary place of residence)						
Armenia	**292**	**97.7 (95.7–99.7)**	0	--	1	0.3 (0.0–0.8)
Azerbaijan	0	--	**264**	**88.0 (84.2–91.8)**	3	0.9 (0.0–1.9)
Georgia	0	--	16	5.3 (2.7–7.9)	**317**	**92.2 (89.3–95.0)**
Russian Federation	8	2.3 (0.3–4.3)	0	--	1	0.3 (0.0–0.9)
Turkey	0	--	20	6.7 (3.8–9.5)	20	5.8 (3.4–8.2)
Other	0	--	0	--	2	0.6 (0.2–1.4)

Note: Boldface items indicate highest percentage per country data on nationality, citizenship and primary place of residence (home country).

Migration patterns among all migrants

The mean number of months working abroad was highest for migrants in Georgia (8.7 months) and lowest for those in Azerbaijan (4.9 months) (Table 4). Most migrants in Armenia (98.9%) and Azerbaijan (44.3%) reported working in the Russian Federation, and most migrants in Georgia reported working in Turkey (78%). However, Azerbaijan also included foreigners working in Azerbaijan, which comprised 25.3 per cent of the sample. Of those returning who reported working abroad, the majority reported that it was not their first time to that country. Of those who were entering into the country (inbound), 12 per cent in Azerbaijan and 55 per cent in Georgia reported that they planned to remain for labour purposes for at least three months. The type of work differed for migrants based on whether they were in their home country or abroad. In Armenia, most migrants were unemployed in their home country but worked in either the service or construction industries while abroad. In Azerbaijan, 18 per cent were unemployed and 21 per cent worked in trades while in their home country, and just over half of migrants worked in trades and 21 per cent worked in services while abroad. In Georgia, 49 per cent of migrants at home and 62 per cent while abroad reported working in services. All migrants, while abroad, reported being employed.

Table 4: Migration patterns among migrants, 2018

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Number of months working abroad-mean, median (range)						
	300	6.0, 6.0 (3–24)	158	4.9, 3 (3–19)	184	8.7, 3 (1–312)
Foreign country, returning from for labour purposes						
Armenia	3	1.1 (0.0–2.3)	0	0	1	0.6 (0.0–1.6)
Azerbaijan	0	--	40	25.3 (18.4–32.3)	2	1.1 (0.0–2.7)
Georgia	0	--	13	8.2 (4.1–12.4)	2	1.1 (0.0–2.7)
Russian Federation	**294**	**98.9 (97.7–100)**	**70**	**44.3 (36.7–51.9)**	1	0.6 (0.0–1.7)
Turkey	0	--	21	13.3 (7.9–18.7)	**138**	**78.0 (72.1–83.9)**
Other	0	--	14	8.9 (4.2–13.5)	33	18.6 (13.1–24.2)
First visit to this country						
Yes	4	27.8 (4.0–51.5)	7	19.4 (6.7–32.2)	14	28.6 (16.4–40.7)
No	11	**72.2 (48.5–96.0)**	29	**80.6 (67.8–93.3)**	35	**71.4 (59.3–83.6)**
Planning to stay for labour purposes for at least three months						
Yes	--	--	36	12.0 (8.2–15.8)	52	54.7 (44.4–65.1)
No	--	--	264	88.0 (84.2–91.8)	43	45.3 (34.9–55.6)
Type of work performed in the home country						
Not employed	196	**67.2 (61.9–72.5)**	55	18.5 (14.0–23.0)	6	1.8 (0.4–3.2)
Agriculture	16	5.2 (2.7–7.7)	37	12.5 (8.7–16.2)	45	13.2 (9.6–16.8)
Trade	6	2.1 (0.5–3.7)	62	**20.9 (16.3–25.5)**	84	24.6 (20.0–29.3)
Science	0	--	4	1.3 (0.1–2.6)	11	3.2 (1.3–5.1)
Service	61	19.2 (14.8–23.6)	50	16.8 (12.7–20.9)	167	**49.0 (43.9–54.0)**
Construction	21	6.3 (3.4–9.3)	41	13.8 (9.9–17.7)	0	--
Other	0	--	48	16.2 (12.0–20.4)	28	8.2 (5.3–11.1)
Type of work performed abroad						
Not employed	0	--	0	--	0	--
Agriculture	6	1.8 (0.2–3.4)	1	0.6 (0.0–1.9)	10	6.4 (3.1–11.5)
Trade	35	11.4 (7.7–15.1)	78	**50.6 (42.8–58.5)**	26	16.8 (11.3–23.6)
Science	0	--	1	0.6 (0.0–1.9)	5	3.2 (1.0–7.3)
Service	109	34.3 (28.8–39.8)	32	20.8 (14.5–27.0)	97	**62.3 (54.2–69.9)**
Construction	146	**52.4 (46.8–58.1)**	16	10.4 (5.6–15.2)	0	--
Other	0	--	26	16.9 (11.2–22.6)	16	10.3 (6.0–16.2)

Note: Boldface items indicate highest percentage per country data on foreign countries where migrants were returning from for labour purposes, first visitors of this country and plans to stay for labour purposes at least for three months, type of work performed at home country and type of work performed abroad.

Living and working conditions at home and abroad among all migrants

Few migrants in Armenia (3.3%), Azerbaijan (13.8%) and Georgia (27.3%) reported difficult living conditions in their home country (Table 5). The largest proportion of migrants reporting difficult living conditions in their home country were in Georgia, where 23 per cent reported having to share a toilet with more than four other people. While abroad, of the 45.8 per cent of Armenian migrants who reported having difficult living condition, the largest proportion reported crowded conditions (37%). In Azerbaijan and Georgia, the largest percentage of migrants reported "other" difficulties in their living conditions (21% and 65% respectively) while abroad. Of the 7.7 per cent of Armenian migrants who reported difficulties in working conditions in their home countries, 7 per cent reported working in non-hygienic situations. In Azerbaijan, 44 per cent of migrants

reported working in crowded conditions and in Georgia 47 per cent reported "other" difficulties in their working conditions while in their home country. For difficulties in working conditions while abroad, 24 per cent (of the 47% who reported any difficulties) of Armenian migrants reported working in non-hygienic and 24 per cent reported working in crowded conditions. In Georgia, 72 per cent of migrants consider their working conditions being difficult while staying abroad. While abroad, 39 per cent of migrants in Azerbaijan reported working in crowded conditions. Migrants in Armenia and Azerbaijan reported having to change their living place (i.e. slept for at least 30 days) in the past year a median of one time, and migrants in Georgia reported changing their living place a median of two times.

Table 5: Living and working conditions at home and abroad^ among migrants in Armenia,† Azerbaijan and Georgia, 2018

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Living conditions in the home country						
Crowded	3	0.8 (0.0–2.0)	31	**10.3 (6.9–13.8)**	8	2.3 (0.8–3.8)
Unventilated	1	0.5 (0.0–1.1)	1	0.3 (0.0–1.0)	1	0.3 (0.0–0.8)
No heat in winter	5	**1.9 (0.5–3.4)**	13	4.3 (2.0–6.7)	1	0.3 (0.0–0.9)
Unclean	3	0.8 (0.0–2.0)	6	2.0 (0.4–3.6)	0	--
No indoor water	2	0.6 (0.0–1.5)	13	4.3 (2.0–6.7)	0	--
Toilet shared with more than four people	1	0.5 (0.0–1.1)	19	6.3 (3.6–9.1)	**80**	**23.0 (18.7–27.3)***
Other	0	--	0	--	0	--
Living conditions abroad						
Crowded	119	**36.9 (31.4–42.4)**	23	7.7 (4.6–10.7)	16	11.3 (6.6–17.7)
Unventilated	11	3.2 (1.1–5.3)	0	--	4	2.8 (0.8–7.0)
No heat in winter	16	5.2 (11.0–19.7)	13	4.3 (2.0–6.7)	1	0.7 (0.0–3.8)
Unclean	30	9.1 (5.6–12.6)	5	1.7 (0.2–3.1)	8	5.6 (2.4–10.8)
No indoor water	14	3.8 (1.4–6.3)	8	2.7 (0.8–4.5)	3	2.1 (0.4–6.0)
Toilet shared with more than four people	45	13.3 (9.2–17.4)	39	13.0 (9.2–16.8)	18	12.7 (7.7–19.3)
Other/No problems	0	--	62	**20.7 (16.1–25.2)***	92	**64.8 (56.3–72.6)***
Working conditions in the home country (Armenia)						
Dangerous	7	1.9 (0.1–3.6)	--	--	--	--
Non-hygienic	26	**7.5 (4.2–10.9)**	--	--	--	--
Working conditions in the home country (Azerbaijan and Georgia)						
Crowded	--	--	133	**44.3 (38.7–50.0)**	12	3.4 (1.5–5.4)
Unventilated	--	--	24	8.0 (5.0–11.01)	2	0.6 (0.0–1.4)
No heat in winter	--	--	33	11.0 (7.5–14.5)	2	0.6 (0.0–1.4)
Unclean	--	--	14	4.7 (2.3–7.0)	3	0.9 (0.0–1.8)
Other/No problems	--	--	36	12.0 (8.3–15.7)	163	**46.8 (41.7–52.0)***
Working conditions abroad (Armenia)						
Dangerous	77	23.7 (18.7–28.8)	--	--	--	--
Non-hygienic	75	**23.8 (18.8–28.7)**	--	--	--	--

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Working conditions abroad (Azerbaijan and Georgia)						
Crowded	--	--	117	**39.0 (33.5–44.5)**	11	7.9 (4.0–13.7)
Unventilated	--	--	5	1.7 (0.25–3.1)	9	6.4 (3.0–11.8)
No heat in winter	--	--	9	3.0 (1.1–4.9)	15	10.7 (6.1–17.0)
Unclean	--	--	5	1.7 (0.25–3.1)	4	2.9 (0.8–7.2)
Other	--	--	15	5.0 (2.5–7.5)	101	**72.1 (63.9–79.3)***
Number of times migrant had to change living place in past one year – mean, median (range)						
	299	1.0, 1.0 (1.0–10)	83	1.4, 1.0 (1.0–4)	55	1.9, 2.0 (1.0–10)

Notes:

^ These questions had multiple responses, meaning that each participant could select more than one response. However, only Armenia allowed for multiple responses to be selected.

† Some of the questions about working conditions were changed in the Armenian questionnaire.

* There is a large percentage of people who have said "other" for Georgia and, less so, for Azerbaijan. It is unclear what "other" could mean.

Boldface items indicate highest percentage per country data on living conditions in the home country, abroad, working conditions in the home country, and abroad.

Sexual life and condom use among all migrants

Larger percentages of migrants in Armenia (44% versus 15%) and Georgia (32% versus 15%) and a lower percentage in Azerbaijan (25% versus 42%) had unprotected sexual intercourse in the past 30 days while at home compared to when they were abroad (Table 6). However, this finding is difficult to interpret given that the types and numbers of partners are unknown (i.e. it can also be with a stable partner).

Table 6: Unprotected sexual intercourse at home and abroad among all migrants, 2018

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Unprotected sexual intercourse in the past 30 days in their home country						
Yes	128	44.1 (38.8–49.4)	72	25.2 (20.1–30.2)	103	32.1 (27.1–37.1)
No	172	**55.9 (50.6–61.2)**	214	**74.8 (69.8–79.9)**	218	**67.9 (62.9–72.9)**
Unprotected sexual intercourse in the past 30 days abroad						
Yes	45	14.9 (11.1–18.7)	63	41.7 (33.8–49.6)	21	15.4 (9.8–22.6)
No	255	**85.1 (81.3–88.9)**	88	**58.3 (50.4–66.2)**	115	**84.6 (77.4–90.2)**

Note: Boldface items indicate highest percentage per country data on unprotected sexual intercourse in the past 30 days in migrants' home country and abroad.

Intravenous drug use among all migrants, Georgia

Data for injection drug use was only available for Georgia (Table 7). In Georgia, 1.8 per cent reported ever injecting in their home country, and 0.7 per cent reported ever injecting drugs abroad.

Table 7: Drug injection at home and abroad among migrants, 2018

	Georgia	
	n	Per cent, CI
Ever injected drugs in the home country		
Yes	6	1.8 (0.4–3.2)
No	327	**98.2 (96.8–99.6)**
Ever injected drugs abroad		
Yes	1	0.7 (0.0–3.8)
No	146	99.3 (96.2–99.9)

Note: Question about drug injection for Armenia and Azerbaijan was not asked. Highest indicator in the percentage is set in boldface.

HIV/AIDS testing

HIV/AIDS testing among all migrants

Higher percentages of migrants in all countries (from 29% of migrants in Azerbaijan to 39% in Georgia) reported knowing where to get an HIV test in their home country compared to knowing where to get an HIV test abroad (from 7% in Azerbaijan to 35% in Georgia) (Table 8). Migrants in Georgia had a higher percentage, compared to Armenia and Azerbaijan, of knowing where to get a test while abroad, perhaps because they are more likely to go to European countries than to the Russian Federation or Turkey. Few migrants (<8%) in any country reported having an HIV test in the past 12 months and receiving their test results while at home or while abroad. HIV testing in the past 12 months and receiving test results at home was lowest in Armenia (2%), and while abroad was lowest for Georgia (2%).

Table 8: HIV testing at home and abroad among migrants, 2018

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Knows where to go for HIV test in the home country						
Yes	106	35.7 (30.3–41.0)	84	29.2 (23.7–34.6)	132	39.5 (34.0–45.0)
No	194	**64.3 (59.0–69.7)**	204	**70.8 (65.4–76.3)**	202	**60.5 (55.0–66.0)**
Knows where to go for HIV test abroad						
Yes	57	18.0 (13.4–22.5)	11	7.5 (3.3–11.8)	52	34.7 (27.1–42.9)
No	243	**82.0 (77.5–86.6)**	135	**92.5 (88.2–96.7)**	98	**65.3 (57.1–72.9)**
Had HIV test in past 12 months and received test results (among all participants) in the home country						
Yes	7	2.2 (0.4–4.0)	14	4.9 (2.4–7.4)	24	7.3 (4.6–10.1)
No	293	97.8 (96.0–99.6)	273	95.1 (92.6–97.6)	304	92.7 (89.9–95.4)
Had HIV test in past 12 months and received test results (among all participants) abroad						
Yes	25	7.1 (4.0–10.3)	11	7.5 (3.3–11.8)	3	2.1 (0.4–6.0)
No	275	92.9 (89.7–96.0)	135	92.5 (88.2–96.7)	140	97.9 (94.0–99.6)

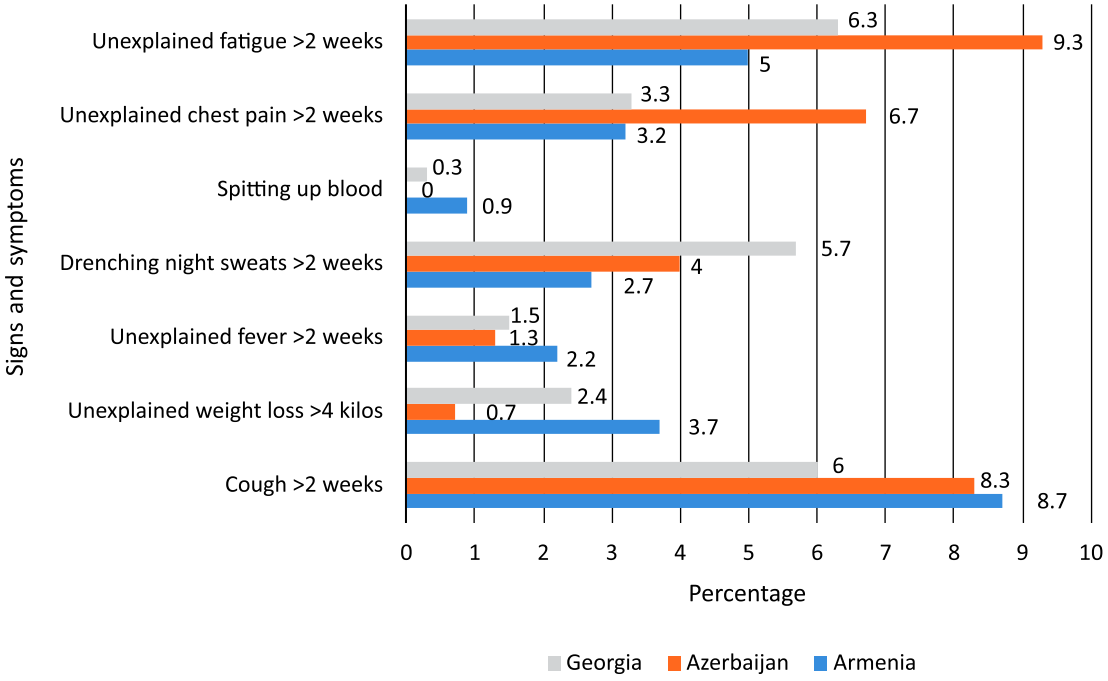
Note: Boldface items indicate highest percentage per country data on knowing where to go for HIV test in the home country and abroad.

Knowledge about tuberculosis and tuberculosis health-seeking behaviours

Tuberculosis signs and symptoms among all migrants

Low percentages (<10%) of migrants reported having TB-related signs and symptoms in the past six months that would indicate the possibility of TB infection (Figure 5).[24] Higher percentages of migrants in Azerbaijan reported unexplained fatigue (9.3%) and chest pain for more than two weeks (6.7%) compared to migrants in Armenia and Georgia, which could also be the sign of increased levels of stress. In all countries, under 1 per cent reported spitting up blood, under 2.5 per cent reported having an unexplained fever for more than two weeks, and under 4 per cent reported unexplained weight loss of more than 4 kilos. About 6 per cent of migrants in Georgia (compared to 4% in Azerbaijan and 3% in Armenia) reported drenching night sweats for more than two weeks and 9 per cent in Armenia, 8 per cent in Azerbaijan and 6 per cent in Georgia reported having a cough for more than two weeks.

Figure 5: Tuberculosis signs and symptoms in the past six months among migrants, 2018



Tuberculosis knowledge screening and treatment among all migrants

More than 80 per cent of migrants in all countries reported ever hearing of TB and 15 per cent in Armenia, 6 per cent in Azerbaijan and 8 per cent in Georgia reported coughing up phlegm into a container for TB testing in the past two years (Table 9). A significantly higher percentage of migrants in Azerbaijan (21%) reported undergoing a chest X-ray to test for TB in the past two years compared to those in Armenia (10%) and Georgia (6%). Of the migrants in Azerbaijan, 5 per cent (compared to 0.5% in Armenia and 1% in Georgia) were told by a health-care worker that they were ill with TB in the last five years: Of those, all in Armenia and Georgia and 91 per cent in Azerbaijan completed at least six months of treatment.

[24] WHO, *Systematic Screening for Active Tuberculosis: Principles and Recommendations* (WHO, Geneva, 2013). Available from www.who.int/tb/publications/Final_TB_Screening_guidelines.pdf

Table 9: Tuberculosis knowledge screening and treatment among migrants, 2018

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Ever heard of tuberculosis						
Yes	268	88.4 (85.0–91.8)	241	83.1 (78.9–87.3)	305	90.0 (86.7–93.2)
No	32	11.6 (8.2–15.0)	49	16.9 (12.7–21.1)	34	10.0 (6.8–13.3)
Coughed up phlegm into container for tuberculosis testing in the past two years						
Yes	47	15.1 (11.0–19.1)	18	6.2 (3.4–9.0)	27	7.9 (5.0–10.9)
No	253	84.9 (80.9–89.0)	272	93.8 (91.0–96.6)	313	92.1 (89.1–95.0)
Underwent chest X-ray for tuberculosis testing within the last two years						
Yes	33	9.8 (6.3–13.3)	61	21.2 (16.5–25.8)	19	5.7 (3.2–8.1)
No	267	90.2 (86.7–93.7)	227	78.8 (74.2–83.5)	316	94.3 (91.9–96.8)
Participant was told by health-care worker to be ill with tuberculosis in the last five years						
Yes	2	0.5 (0.0–1.4)	11	4.7 (1.9–7.4)	3	1.1 (0.0–2.3)
No	297	99.5 (98.6–100)	225	95.3 (92.6–98.1)	276	98.9 (97.7–100)
Completed at least six months of tuberculosis treatment (among those diagnosed)						
Yes	2	100	10	90.9	3	100

Access to services

Access to services among all migrants

Few migrants (<4%) in any of the countries reported being provided with condoms in the past 12 months by an outreach worker or NGO while at home and only 1 per cent in Armenia, 3 per cent in Azerbaijan and 2 per cent in Georgia reported being provided with condoms while abroad (Table 10). A higher percentage of migrants in Armenia (89% versus 54%), Azerbaijan (100% versus 95%) and Georgia (74% versus 51%) reported having easy access to health care in their home country, compared to when abroad, when needed. In Armenia and Georgia, more than twice as many migrants (38% versus 14% and 42% versus 19%, respectively) reported visiting a health-care professional at a clinic, hospital or health-care centre in the past year while at home compared to while abroad. Similar percentages (41–44%) of migrants in Azerbaijan, both at home and abroad, reported visiting a health-care professional at either a clinic, hospital or health-care centre in the past year.

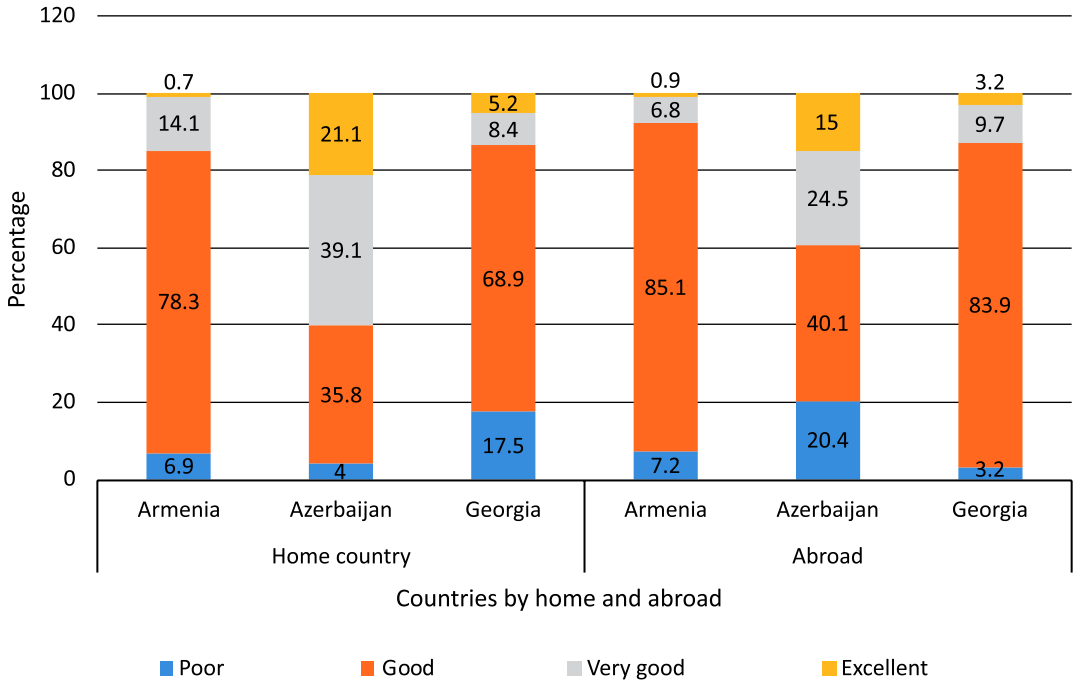
Table 10: Access to services at home and abroad among migrants, 2018

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Provided with condoms in past 12 months (i.e. by outreach worker/at NGO) in the home country						
Yes	6	2.0 (0.4–3.6)	11	3.7 (1.6–5.8)	12	3.9 (1.7–6.1)
No	294	98.0 (96.4–99.6)	288	96.3 (94.2–98.4)	296	96.1 (93.9–98.3)
Provided with condoms in past 12 months (i.e. by outreach worker/at NGO) abroad						
Yes	4	1.3 (0.0–2.6)	6	3.4 (0.8–5.9)	3	2.1 (0.4–6.0)
No	295	98.4 (96.9–99.8)	172	96.6 (94.1–99.2)	140	97.9 (94.0–99.6)
Easy to access health care in the home country when needed						
Yes	262	88.9 (85.2–92.7)	299	99.7 (99.0–100)	238	74.1 (69.4–78.9)
No	27	10.7 (7.0–14.5)	1	0.3 (0.0–1.0)	83	25.9 (21.1–30.6)
Easy to access health care abroad when needed						
Yes	177	54.0 (48.3–59.7)	167	95.4 (92.4–98.5)	67	51.1 (42.2–59.9)
No	128	45.3 (39.7–51.0)	8	4.6 (1.5–7.6)	64	48.9 (40.0–57.8)

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Visited health-care professional at clinic/hospital/health-care centre in the past year in their home country						
Yes	115	37.7 (32.0–43.4)	121	40.6 (35.1–46.2)	141	42.9 (37.5–48.2)
No	185	62.3 (56.6–68.0)	177	59.4 (53.8–64.9)	188	57.1 (51.8–62.5)
Visited health-care professional at clinic/hospital/health-care centre in the past year abroad						
Yes	44	14.3 (10.2–18.5)	76	43.9 (36.8–51.1)	29	19.3 (13.3–26.5)
No	256	85.7 (81.5–89.8)	97	56.1 (48.9–63.2)	121	80.7 (73.5–86.7)

Most migrants in Armenia (78%) and Georgia (69%) gave a "good" rating, but very few gave an excellent rating for how they were treated the last time they visited a health-care professional at a clinic, hospital or health-care centre while at home (Figure 6). In Azerbaijan, most migrants rated their treatment at home as either "good" (36%) or "very good" (39%) and 21 per cent rated it as excellent. Most migrants in Armenia and Georgia rated treatment the last time they visited a health-care professional while abroad as merely "good" (85% and 84%, respectively), whereas in Azerbaijan, 40 per cent rated their treatment abroad as "good" and 24 per cent as "very good". The largest percentages of migrants who rated their treatment abroad as poor were in Georgia while at home (17%) and in Azerbaijan while abroad (20%).

Figure 6: Rating of treatment at last visit to health-care professional at clinic/hospital/health-care centre among all migrants while at home and abroad

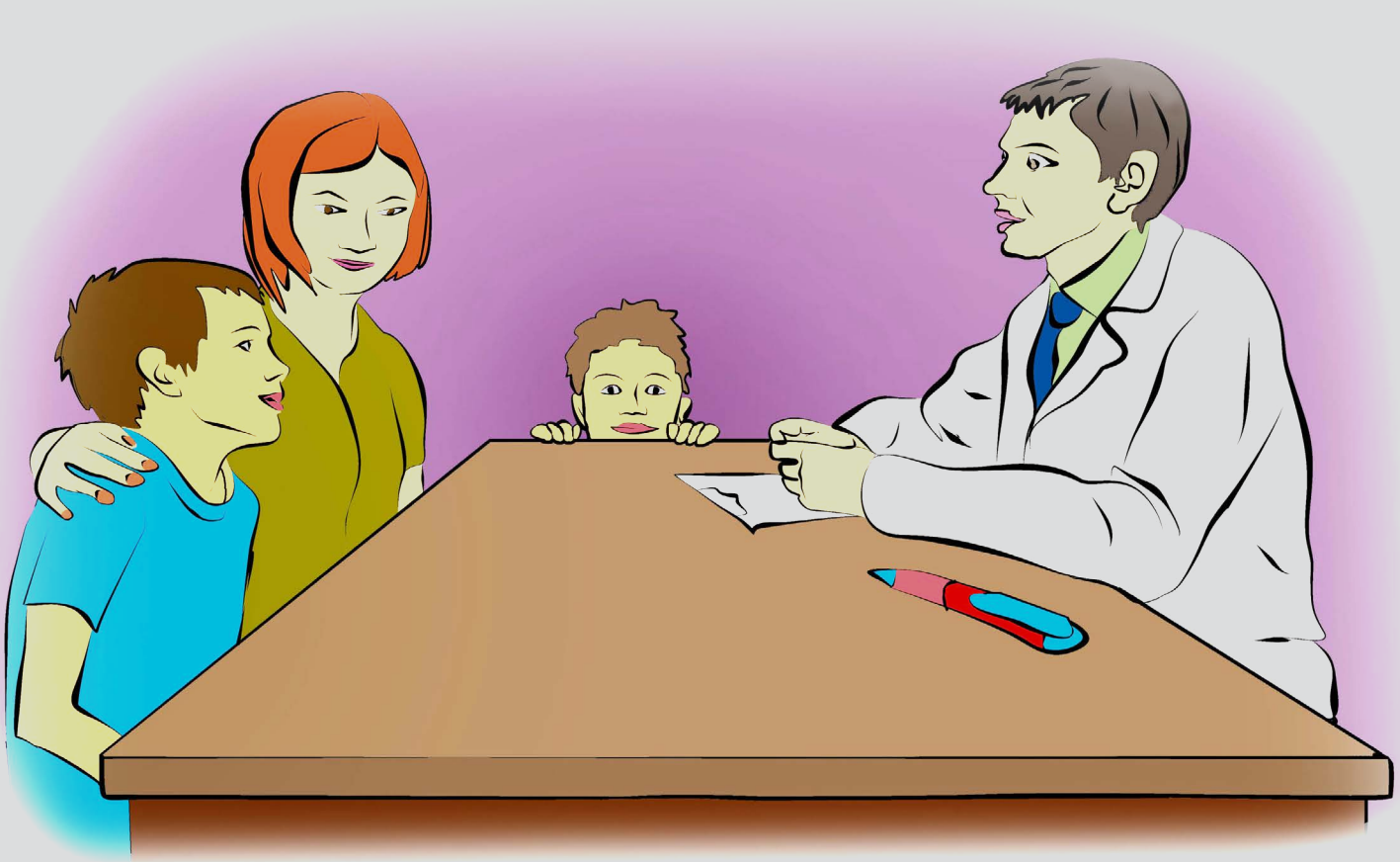


HIV and hepatitis B/hepatitis C test findings

As outlined above, all participants in this survey consented to undergo testing for HIV; participants in Armenia were additionally also tested for hepatitis B (HBV) and hepatitis C (HCV) and participants in Georgia were tested for HCV. HIV prevalence among migrants in Armenia was 0.5 per cent, 1 per cent in Azerbaijan and 0.6 per cent in Georgia (Table 11). In Armenia, 0.9 per cent of migrants had antibodies to HBV and 0.7 per cent had antibodies to HCV. In Georgia, 4.4 per cent of migrants had antibodies to HCV.

Table 11: Seroprevalence of HIV among migrants in Armenia, Azerbaijan and Georgia, HBV among migrants in Armenia and HBV and HCV among migrants in Georgia, 2018

	Armenia		Azerbaijan		Georgia	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
HIV						
Yes	1	0.5 (0.0–1.1)	3	1.0 (0.1–2.1)	2	0.6 (0.0–2.0)
No	299	99.5 (98.9–100)	297	99.0 (97.9–100)	348	99.4 (98.1–100)
HBV						
Yes	1	0.9 (0.3–1.5)	--	--	--	--
No	299	99.1 (98.5–99.7)	--	--	--	--
HCV						
Yes	2	0.7 (0.0–1.7)	--	--	13	4.4 (2.4–7.4)
No	298	99.3 (98.3–100)	--	--	281	95.6 (95.6–97.6)



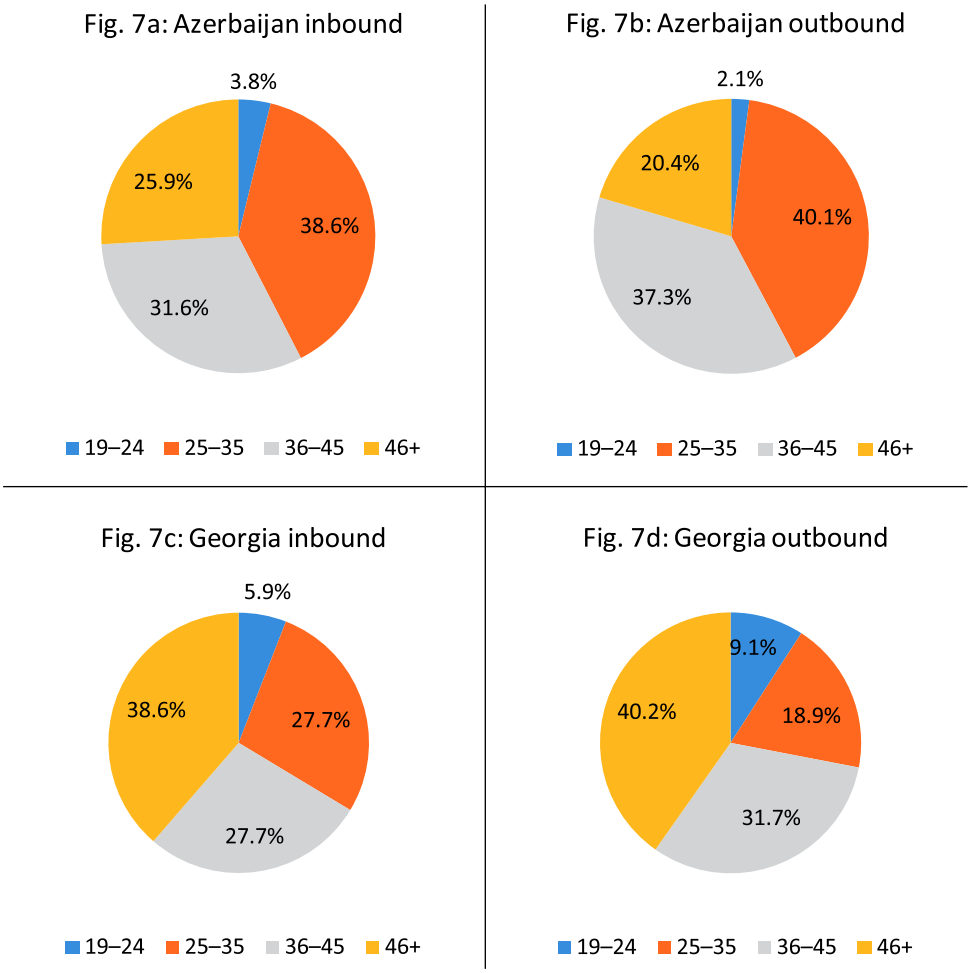
FINDINGS: DATA DISAGGREGATED BY INBOUND AND OUTBOUND MIGRANTS

Data among inbound (foreign nationals returning from abroad) and outbound (departing migrants) in Azerbaijan and Georgia are presented in the figures and tables that follow. These data can be compared to the findings for Armenia, given that all migrants sampled in Armenia are considered inbound migrants who have travelled abroad for labour purposes and were sampled while in Armenia.

Sociodemographic factors among inbound/outbound migrants, Azerbaijan and Georgia

In Azerbaijan, the largest proportions of both inbound and outbound migrants were in the age group of 25 to 35 years, and in Georgia, the largest proportion of both inbound and outbound migrants was in the age group of 46 years and older (Figure 7). Few migrants in all countries were 24 years old or younger.

Figure 7: Age categories of migrants for Azerbaijan and Georgia, 2018



In Azerbaijan, a higher percentage of females were inbound (returning migrants) (21%) compared to outbound migrants (13.4%) (Table 12). Most inbound and outbound migrants in Azerbaijan and outbound migrants in Georgia had secondary education; just under 50 per cent of inbound migrants in Georgia had secondary education. Few or no inbound and outbound migrants reported having primary education or less. Few migrants (<10%) in Azerbaijan, and a sizeable percentage (32%) of inbound migrants and 16 per cent of outbound migrants in Georgia reported having completed university education.

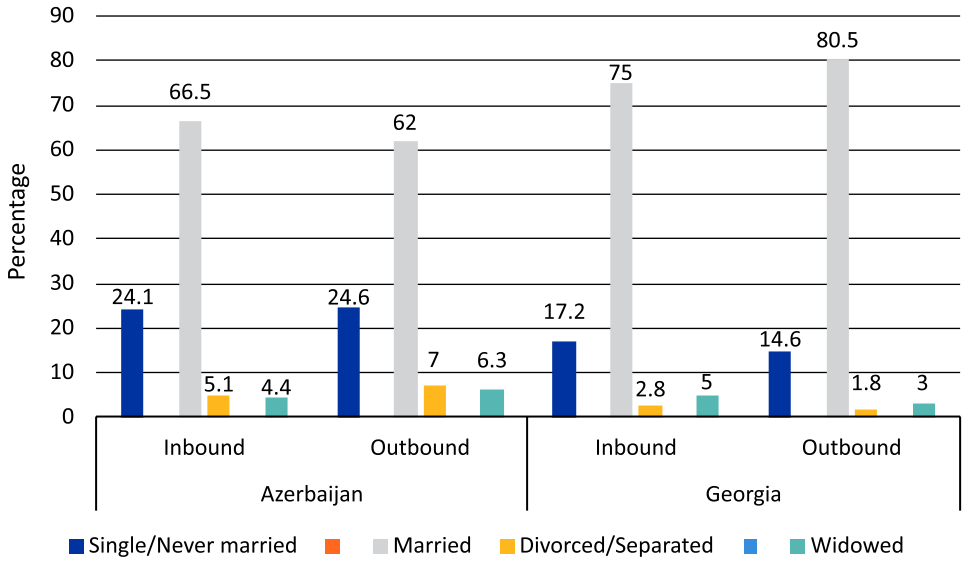
Table 12: Sociodemographic factors among all migrants, Azerbaijan and Georgia, 2018

	Azerbaijan				Georgia			
	Inbound		Outbound		Inbound		Outbound	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Gender								
Male	125	**79.1 (72.6–85.6)**	**123**	**86.6 (81.1–92.2)**	80	44.0 (36.9–51.0)	69	42.3 (34.8–49.9)
Female	33	20.9 (14.4–27.4)	19	13.4 (7.8–18.9)	**102**	**56.0 (49.0–63.1)**	**94**	**57.7 (50.1–65.2)**
Education level								
Primary or less	0	--	3	2.1 (0.0–4.4)	0	--	0	--
Incomplete secondary	7	4.4 (1.4–7.5)	13	9.2 (4.4–13.9)	3	1.6 (0.0–3.5)	4	2.4 (0.1–4.8)
Secondary	104	**65.8 (58.8–72.9)**	76	**53.5 (45.3–61.8)**	90	**49.2 (41.8–56.5)**	110	**67.1 (59.7–74.4)**
Secondary technical	31	19.6 (13.4–25.8)	28	19.7 (13.0–26.5)	23	12.6 (7.8–17.4)	21	12.8 (7.7–17.9)
Incomplete university	8	5.1 (1.7–8.5)	10	7.0 (2.8–11.3)	8	4.4 (1.4–7.3)	3	1.8 (0.0–3.9)
University	8	5.1 (1.7–8.5)	12	8.5 (3.9–13.0)	59	32.2 (25.3–39.2)	26	15.9 (10.3–21.4)

Note: Boldface items indicate highest percentage per country data on gender and education level.

Most inbound and outbound migrants in Azerbaijan and Georgia were married (Figure 8). In Azerbaijan, almost one quarter of inbound and outbound migrants were single and never married.

Figure 8: Civil status among inbound/outbound migrants, Azerbaijan and Georgia, 2018



Nationality, citizenship and primary residence among inbound/outbound migrants, Azerbaijan and Georgia

Most inbound and outbound migrants in Azerbaijan and Georgia reported having citizenship and their primary place of residence being in the respective country in which they were interviewed (Table 13). About 20 per cent of both inbound and outbound migrants in Azerbaijan reported having citizenship in Georgia.

Table 13: Nationality, citizenship and primary residence among inbound/outbound migrants, 2018

	Azerbaijan				Georgia			
	Inbound		Outbound		Inbound		Outbound	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Nationality								
Armenian	0	--	0	--	1	0.5 (0.0–1.6)	0	--
Azerbaijani	**118**	**74.7 (67.7–81.7)**	**108**	**76.1 (69.2–82.9)**	3	1.6 (0.0–3.5)	1	0.6 (0.0–1.9)
Georgian	9	5.7 (2.2–9.2)	6	4.3 (0.8–7.6)	166	**90.2 (85.9–94.5)**	**150**	**91.5 (87.2–95.7)**
Russian Federation			0	--	1	0.5 (0.0–1.6)	0	--
Turkish	12	7.6 (3.5–11.7)	8	6.7 (3.8–9.5)	12	6.5 (2.9–10.1)	11	1.2 (0.0–2.9)
Other	19	12.0 (2.7– 21.3)	20	14.1 (4.2–24.0)	1	0.5 (0.0–1.6)	2	1.2 (0.0–2.9)
Citizenship								
Armenia	0	--	0	--	1	0.5 (0.0–1.6)	0	--
Azerbaijan	**114**	**72.2 (65.1–79.2)**	**106**	**74.6 (67.1–82.2)**	2	1.1 (0.0–2.6)	1	0.6 (0.0–1.9)
Georgia	32	20.3 (14.0–26.5)	28	19.7 (13.0–26.5)	**171**	**92.9 (89.3–96.6)**	**146**	**91.3 (86.9–94.6)**
Russian Federation	0	--	0	--	1	0.5 (0.0–1.6)	0	--
Turkey	12	7.6 (3.5–11.7)	8	5.6 (1.9–9.4)	8	4.3 (1.4–7.3)	11	6.9 (3.0–10.8)
Other	0	--	0	--	1	0.5 (0.0–1.6)	2	1.3 (0.0–3.0)
Considered home country (primary place of residence)								
Armenia	0	--	0	--	1	0.5 (0.0–1.6)	0	--
Azerbaijan	136	**86.1 (80.5–91.6)**	**128**	**90.1 (85.3–95.1)**	2	1.1 (0.0–2.6)	1	0.6 (0.0–1.9)
Georgia	10	6.3 (2.5–10.1)	6	4.2 (0.8–7.6)	172	**93.5 (89.9–97.0)**	**145**	**90.6 (86.2–95.1)**
Russian Federation	0	--	0	--	1	0.5 (0.0–1.6)	12	7.5 (3.5–11.5)
Turkey	12	7.6 (3.5–11.7)	8	5.6 (1.9–9.4)	8	4.3 (1.4–7.3)	0	--
Other	0	--	0	--	0	--	2	1.3 (0.0–3.0)

Note: Boldface items indicate highest percentage per country data on nationality, citizenship and primary place of residence (home country).

Sexual life and condom use among inbound/outbound migrants, Azerbaijan and Georgia

A higher percentage of outbound migrants in Azerbaijan and Georgia, compared to inbound migrants, reported having unprotected intercourse in the past 30 days in their home country (Table 14). In Azerbaijan, 42 per cent of inbound migrants and no outbound migrants had unprotected sexual intercourse in the past 30 days while abroad.

Table 14: Unprotected sexual intercourse at home and abroad among inbound/outbound migrants, Azerbaijan and Georgia, 2018

	Azerbaijan				Georgia			
	Inbound		Outbound		Inbound		Outbound	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Unprotected sexual intercourse in the past 30 days in the home country								
Yes	18	25.2 (16.6–32.0)	54	40.6 (32.5–48.7)	31	18.9 (13.0–24.8)	72	45.9 (38.1–53.6)
No	135	**74.8 (69.8–79.9)**	79	**59.4 (51.3–67.5)**	133	**81.1 (75.2–87.0)**	85	**54.1 (46.4–61.9)**
Unprotected sexual intercourse in the past 30 days abroad								
Yes	63	41.7 (33.8–49.6)	0	--	--	--	--	--
No	88	58.3 (50.4–66.2)	0	--	--	--	--	--

Notes: Data for unprotected sexual intercourse for inbound and outbound migrants abroad for Georgia are not available.

Boldface items indicate highest percentage per country data on unprotected sexual intercourse in the past 30 days in the home country and abroad.

Drug use among inbound/outbound migrants, Georgia

A higher percentage of outbound migrants (n=5, 3% [95% CI 0.5–5.8]) rather than inbound migrants (n=1, 0.6% [95% CI 0.0–1.7]) reported ever injecting drugs in Georgia.

HIV/AIDS testing among inbound/outbound migrants, Azerbaijan and Georgia

A higher percentage of outbound migrants in Azerbaijan and Georgia, compared to inbound migrants, reported knowing where to get an HIV test and reported having had an HIV test and receiving their results in the past 12 months in their home country (Table 15). In Azerbaijan, 34 per cent of inbound migrants and no outbound migrants reported knowing where to get an HIV test and having had an HIV test and receiving the test results in the past 12 months.

Table 15: HIV testing at home and abroad among inbound/outbound migrants, Azerbaijan and Georgia, 2018

	Azerbaijan				Georgia			
	Inbound		Outbound		Inbound		Outbound	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Knows where to go for HIV test in their home country								
Yes	42	27.8 (20.8–34.9)	42	30.7 (22.6–38.8)	64	37.0 (29.6–44.4)	68	42.2 (34.3–50.2)
No	109	**72.2 (65.1–79.2)**	95	**69.3 (61.2–77.4)**	109	**63.0 (55.6–70.4)**	93	**57.8 (49.8–65.7)**
Knows where to go for HIV test abroad								
Yes	51	34.2 (26.8–41.7)	0	--	--	--	--	--
No	98	**65.8 (58.3–73.2)**	0	--	--	--	--	--
Had HIV test in the past 12 months and received test results (among participants) in their home country								
Yes	3	2.0 (0.0–4.3)	11	7.9 (3.3–12.5)	9	5.4 (2.0–8.8)	15	9.3 (4.9–13.7)
No	145	**98.0 (95.7–100)**	128	**92.1 (87.5–96.7)**	158	**94.6 (91.1–98.8)**	146	**90.7 (86.3–95.1)**
Had HIV test in the past 12 months and received test results (among participants) abroad								
Yes	11	7.5 (3.3–11.8)	0	--	--	--	--	--
No	135	**92.5 (88.2–96.7)**	0	--	--	--	--	--

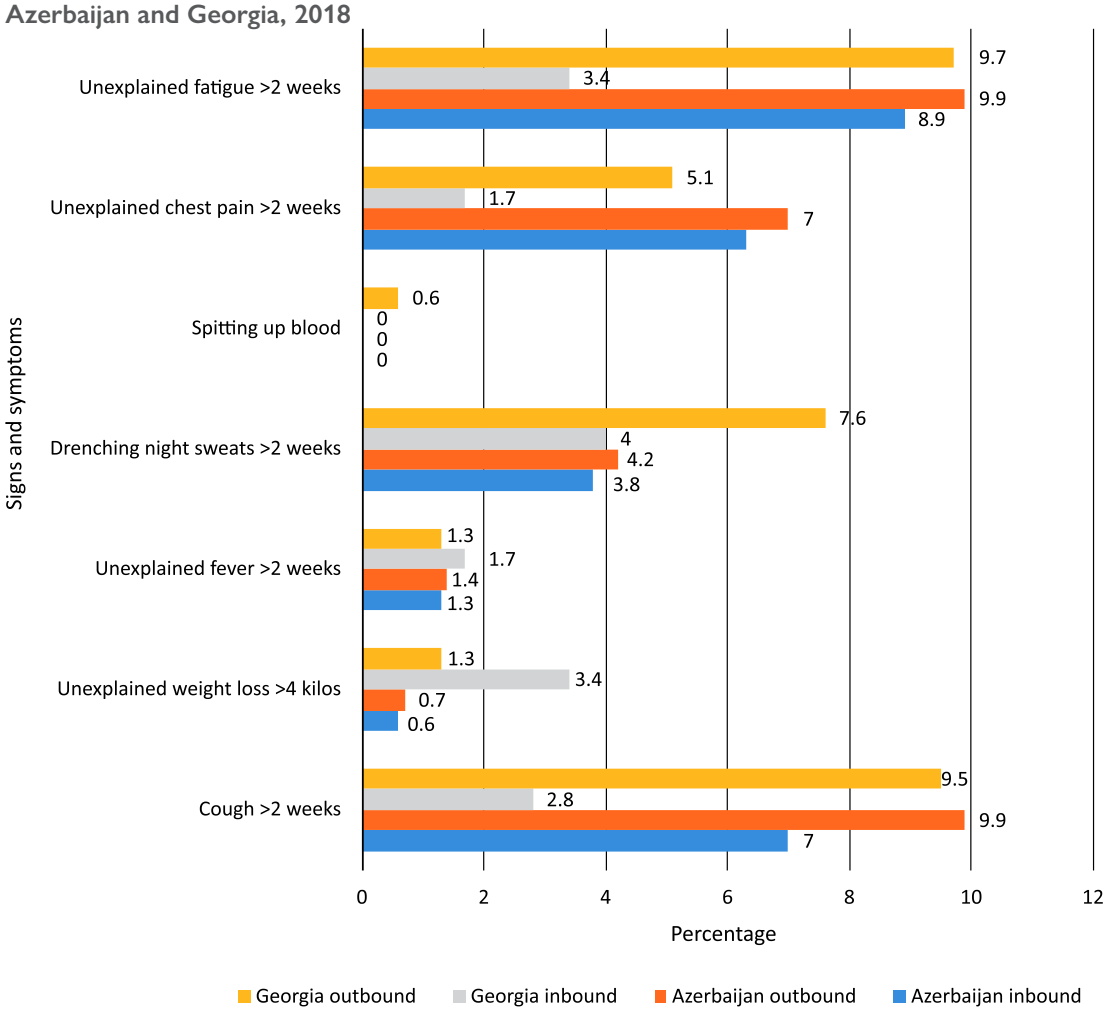
Notes: Data for HIV testing for inbound and outbound migrants abroad for Georgia are not available.

Boldface items indicate highest percentage per country data on knowing where to go for HIV test in the home country and abroad (disaggregated by inbound and outbound migrant groups), having HIV test in the past 12 months and receiving results in the home country and abroad (disaggregated by inbound and outbound migrant groups).

Tuberculosis signs and symptoms among inbound and outbound migrants, Azerbaijan and Georgia

Higher percentages of outbound migrants, compared to inbound migrants, in both countries reported unexplained fatigue, chest pain, drenching night sweats and coughing for more than two weeks (Figure 9). Few inbound and outbound migrants reported spitting up blood, and under 2 per cent reported having unexplained fever for more than two weeks. Of the outbound migrants in Georgia, 3 per cent reported unexplained weight loss of more than 4 kilos, compared to 1 per cent or less among inbound migrants in Azerbaijan and Georgia and outbound migrants in Azerbaijan.

Figure 9: Tuberculosis signs and symptoms in the past six months among inbound/outbound migrants, Azerbaijan and Georgia, 2018



Tuberculosis knowledge, screening and treatment among inbound/ outbound migrants, Azerbaijan and Georgia

In both countries, there was little difference in inbound and outbound migrants having ever hearing of TB (Table 16). Of the inbound migrants in both countries, 7 per cent reported coughing up phlegm into a container for TB testing in the past two years and higher percentages of both inbound and outbound migrants in Azerbaijan, compared to Georgia, reported undergoing a chest X-ray to test for TB in the past two years and being told by a health-care worker that they were ill with TB in the last five years, among whom all in Armenia and Georgia and 91 per cent in Azerbaijan completed at least six months of treatment.

Table 16: Tuberculosis knowledge screening and treatment among inbound/outbound migrants, Azerbaijan and Georgia, 2018

	Azerbaijan				Georgia			
	Inbound		Outbound		Inbound		Outbound	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Ever heard of TB								
Yes	131	85.1 (79.6–90.5)	110	80.9 (74.5–87.3)	152	85.9 (80.6–91.2)	153	94.4 (91.0–97.9)
No	23	14.9 (9.5–20.4)	26	19.1 (12.7–25.5)	25	14.1 (8.8–19.4)	9	5.6 (2.1–9.0)
Coughed up phlegm into container for TB testing in the past two years								
Yes	11	7.2 (3.1–11.3)	7	5.1 (1.4–8.8)	13	7.3 (3.4–11.2)	14	8.6 (4.2–13.1)
No	142	92.8 (88.7–96.9)	130	94.9 (91.2–98.6)	165	92.7 (88.8–96.6)	148	91.4 (86.9–95.8)
Underwent chest X-ray for TB testing within the last two years								
Yes	29	19.1 (12.8–25.3)	32	23.5 (16.4–30.7)	13	7.5 (3.6–11.5)	6	3.7 (0.8–6.6)
No	123	80.9 (74.7–87.2)	104	76.5 (69.3–83.6)	160	92.5 (88.5–96.4)	156	96.3 (93.4–99.2)
Participant was told by health-care worker to be ill with TB in the last five years								
Yes	6	5.2 (0.9–9.5)	5	4.1(0.6–7.7)	1	0.8 (0.0–2.5)	2	1.3 (0.0–3.0)
No	109	94.8 (90.5–90.0)	116	95.9 (92.3–99.4)	119	99.2 (97.5–100)	157	98.7 (97.0–100)

Access to services among inbound and outbound migrants, Azerbaijan and Georgia

A slightly higher percentage of outbound migrants while at home and while abroad in Azerbaijan and slightly lower percentage of outbound migrants while at home in Georgia reported being provided with condoms in the past 12 months by an outreach worker or NGO (Table 17). High percentages of inbound and outbound migrants in Azerbaijan (≥95%) reported having easy access to health care in their home country and abroad when needed. Just under three quarters of migrants in Georgia reported having easy access to health care in their home country when needed. However, in Georgia, a lower percentage of inbound migrants (66%) reported visiting a health-care professional at a clinic, hospital or health-care centre in the past year while at home compared to while abroad (82%). Higher percentages of outbound, compared to inbound, migrants in Azerbaijan while at home (42% versus 39%) and while abroad (50% versus 43%) and Georgia (58% versus 28%) while at home reported visiting a health-care professional at clinic, hospital or health-care centre in the past year.

Table 17: Access to services at home and abroad among inbound/outbound migrants, Azerbaijan and Georgia, 2018

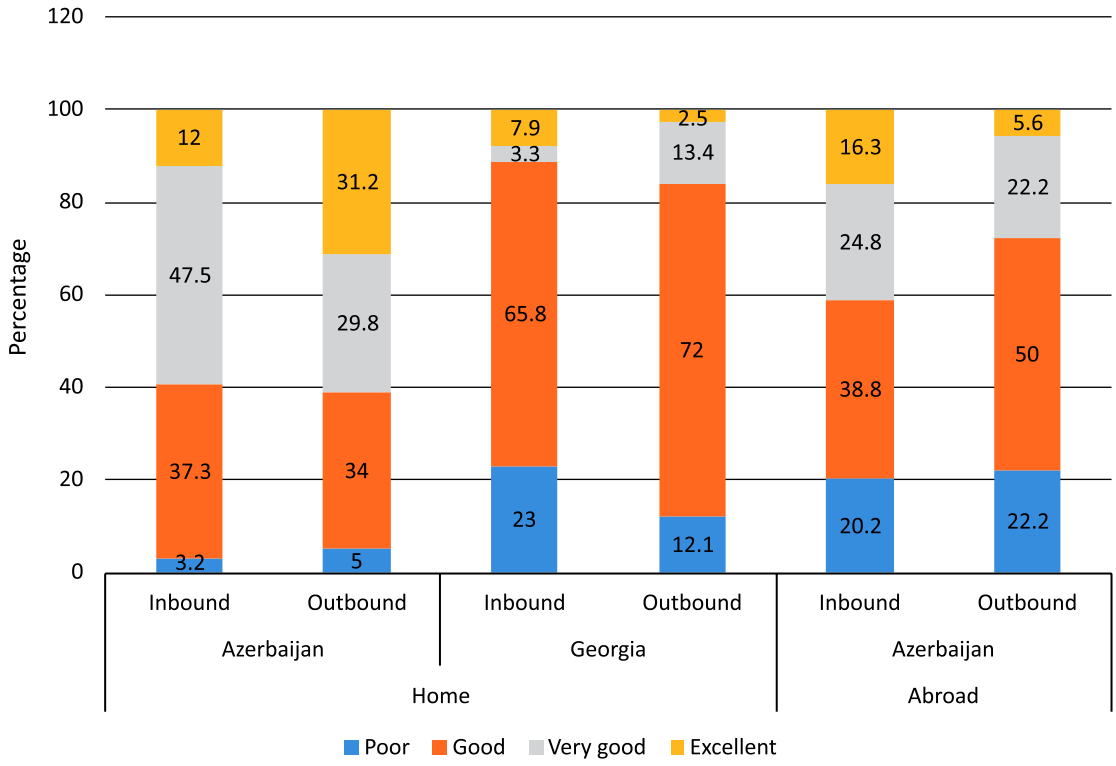
	Azerbaijan				Georgia			
	Inbound		Outbound		Inbound		Outbound	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Provided with condoms in the past 12 months (i.e., by outreach worker/at NGO) at the home country								
Yes	5	3.2 (0.5–5.8)	6	4.3 (0.8–7.7)	8	5.4 (1.6–9.3)	4	2.5 (0.1–4.9)
No	153	96.8 (94.2–99.5)	135	95.7 (92.3–99.2)	139	94.6 (90.7–98.4)	157	97.5 (95.1–99.9)
Provided with condoms in the past 12 months (i.e., by outreach worker/at NGO) abroad								
Yes	5	3.2 (0.6–5.8)	1	4.8 (0.0–14.4)	--	--	--	--
No	152	96.8 (94.2–99.4)	20	95.2 (85.6–100)	--	--	--	--
Easy to access health care at the home country when needed								
Yes	158	100	141	99.3 (97.9–100)	107	66.5 (59.1–73.8)	131	81.9 (75.8–87.9)
No	0	--	1	0.7 (0.0–2.1)	54	33.5 (26.2–40.9)	29	18.1 (12.1–24.2)

	Azerbaijan				Georgia			
	Inbound		Outbound		Inbound		Outbound	
	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI	n	Per cent, CI
Easy to access health care abroad when needed								
Yes	148	95.5 (92.2–98.7)	19	95.0 (85.2–100)	--	--	--	--
No	7	4.5 (1.3–7.8)	1	5.0 (0.0–14.8)	--	--	--	--
In the past year, visited health-care professional at clinic/hospital/health-care centre in the home country								
Yes	62	39.2 (31.8–46.7)	59	42.1 (34.0–50.3)	47	28.0 (21.2–34.8)	94	58.4 (50.9–65.9)
No	96	60.8 (53.3–68.2)	81	57.9 (49.7–66.0)	121	72.0 (65.2–78.8)	67	41.6 (34.1–49.1)
In the past year, visited health-care professional at clinic/hospital/health-care centre abroad								
Yes	66	43.1 (35.5–50.8)	10	50.0 (27.4–72.6)	--	--	--	--
No	87	56.9 (49.2–64.5)	10	50.0 (27.4-72.6)	--	--	--	--

Note: Data for access to services for Georgia abroad are not available.

A higher percentage of outbound migrants in Azerbaijan, compared to inbound, reported "excellent" (31% versus 12%) treatment the last time they visited a health-care professional at a clinic, hospital or health-care centre while at home and a higher percentage of inbound migrants in Georgia, compared to outbound, reported "poor" (23% versus 12%) treatment the last time they visited a health-care professional at a clinic, hospital or health-care centre while at home (Figure 10). Roughly 20 per cent of inbound and outbound migrants in Azerbaijan reported "poor" treatment the last time they visited a health-care professional at either a clinic, hospital or health-care centre while abroad in the past year.

Figure 10: Rating of treatment at last visit to health-care professional at clinic/hospital/health-care centre among inbound/outbound migrants while at home and abroad, Azerbaijan and Georgia, 2018

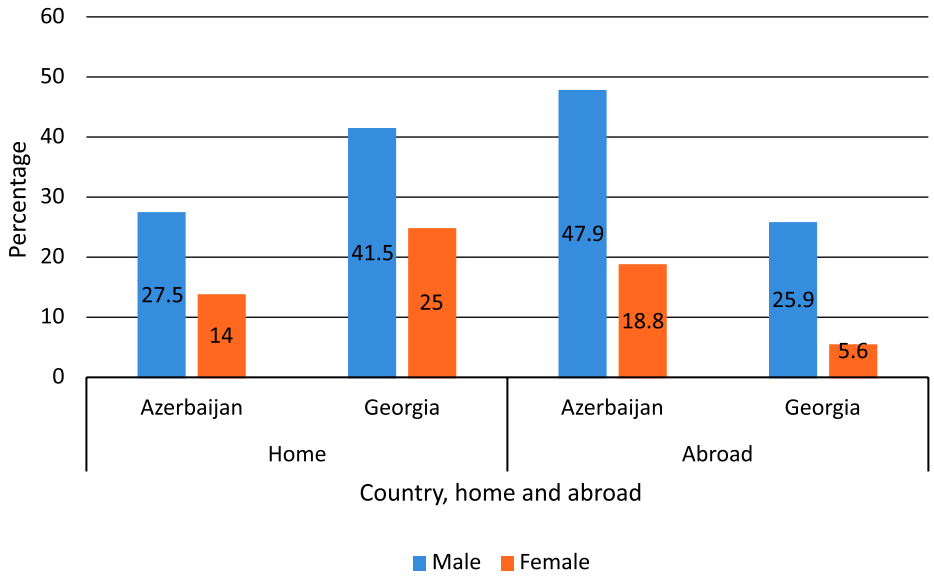



MOBILE CLINIC

FINDINGS: DISAGGREGATED BY SEX

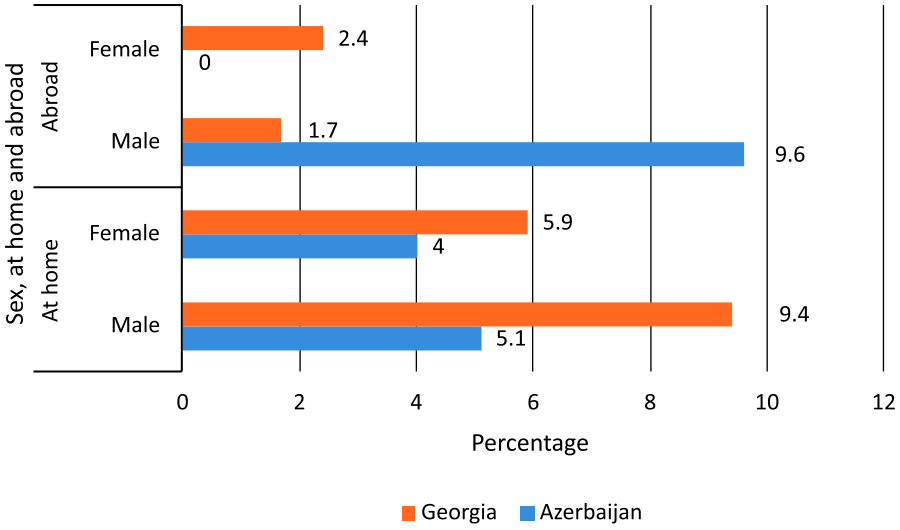
Some data disaggregated by sex for Azerbaijan and Georgia are presented in the figures that follow. Data are not presented from Armenia given that all participants were males. The full data sets disaggregated by sex for Azerbaijan and Georgia are presented in Appendix G. In Azerbaijan and Georgia, a higher percentage of males compared to females, at home and abroad, reported having unprotected sexual intercourse in the past 30 days (Figure 11).

Figure 11: Unprotected sexual intercourse among male and female migrants at home and abroad by age groups, Azerbaijan and Georgia, 2018



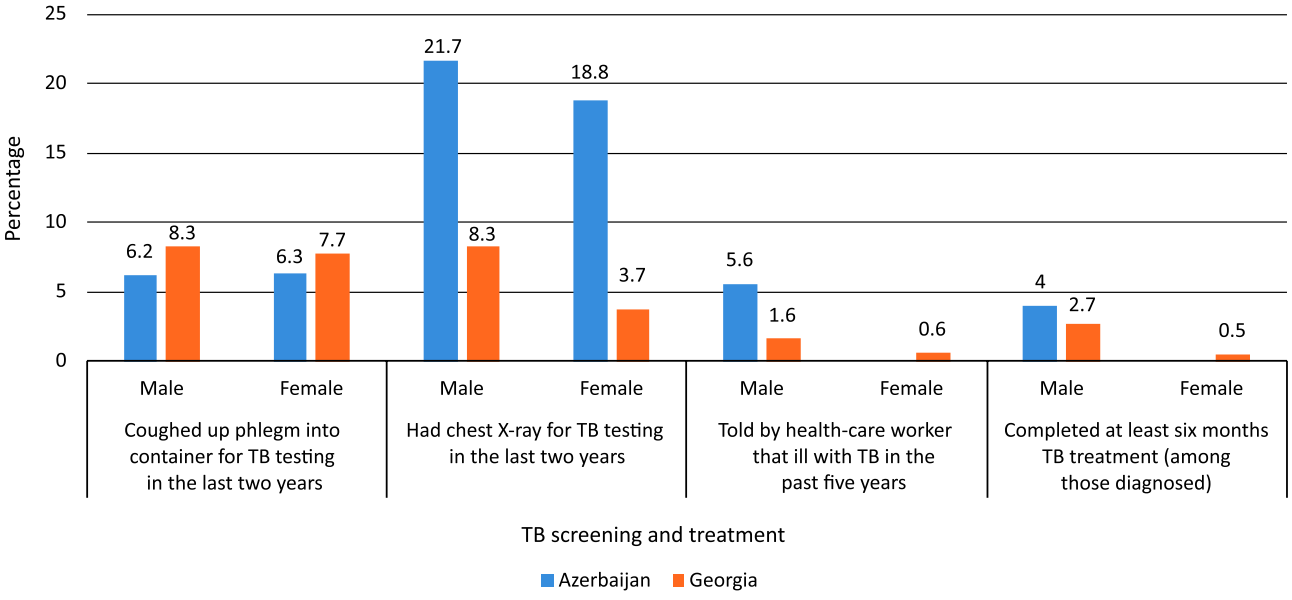
In Azerbaijan and Georgia, there were almost no difference in awareness among female and male respondents on where to get an HIV test at home (Azerbaijan: 29% of men, 27% of women; Georgia: 40% of men and women). In Azerbaijan, 41 per cent of males and only 9 per cent of females, and in Georgia 35 per cent of males and females knew where to get an HIV test abroad. Among males in Azerbaijan, 9.6 per cent reported having an HIV test and receiving results in the past 12 months abroad; however, no females reported doing so abroad (Figure 12). Among males and females in Georgia, 2 per cent reported having an HIV test and receiving results in the past 12 months abroad. In Azerbaijan, 5.1 per cent of males and 4 per cent of females reported having an HIV test and receiving results while at home. In Georgia, 9 per cent of males and 6 per cent of females reported having an HIV test and receiving results while at home.

Figure 12: HIV test in the past 12 months and received test results at home and abroad among migrants by sex, Azerbaijan and Georgia, 2018



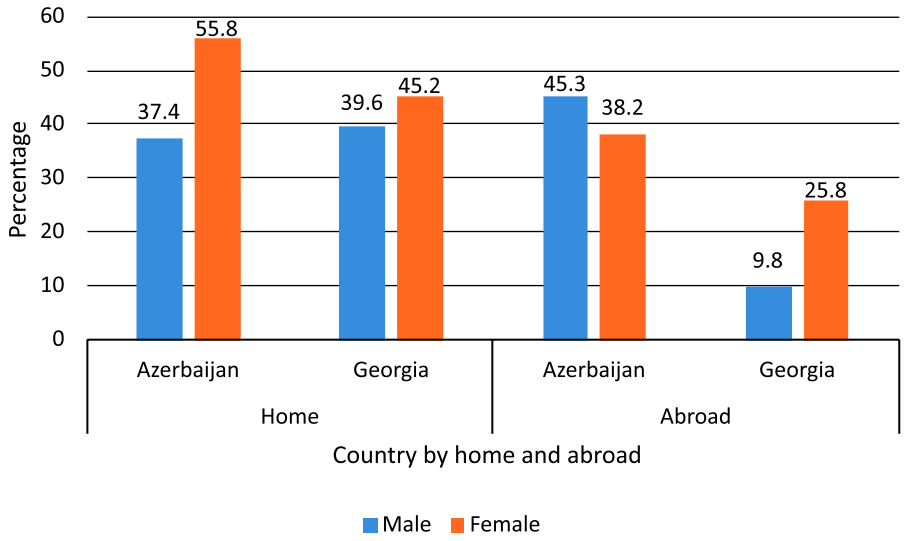
Slightly higher percentages of male and female migrants in Georgia, compared to Azerbaijan, reported coughing up phlegm for TB testing in the past two years. Higher percentages of male migrants in Azerbaijan and Georgia, compared to female migrants, reported undergoing a chest X-ray for TB testing in the past two years, were told by a health-care worker that they were ill with TB in the past five years and completed at least six months of TB treatment (Figure 13).

Figure 13: Tuberculosis screening and treatment among male and female migrants, Azerbaijan and Georgia, 2018



A higher percentage of female migrants, compared to males, in Azerbaijan and Georgia reported visiting a health-care professional at a clinic, hospital or health-care centre while at home (Figure 14). However, in Azerbaijan, a higher percentage of males, compared to females, and in Georgia, a higher percentage of females compared to males, reported visiting a health-care professional while abroad.

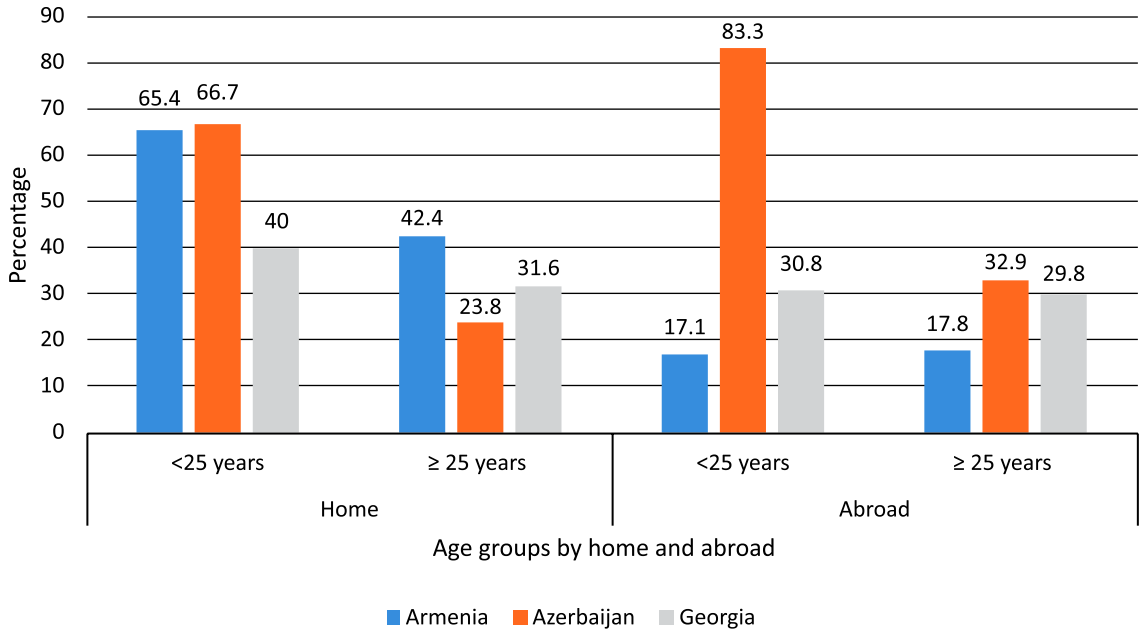
Figure 14: Visited health-care professional at a clinic, hospital or health-care centre while at home and abroad among male and female migrants, Azerbaijan and Georgia, 2018



FINDINGS: DISAGGREGATED BY AGE

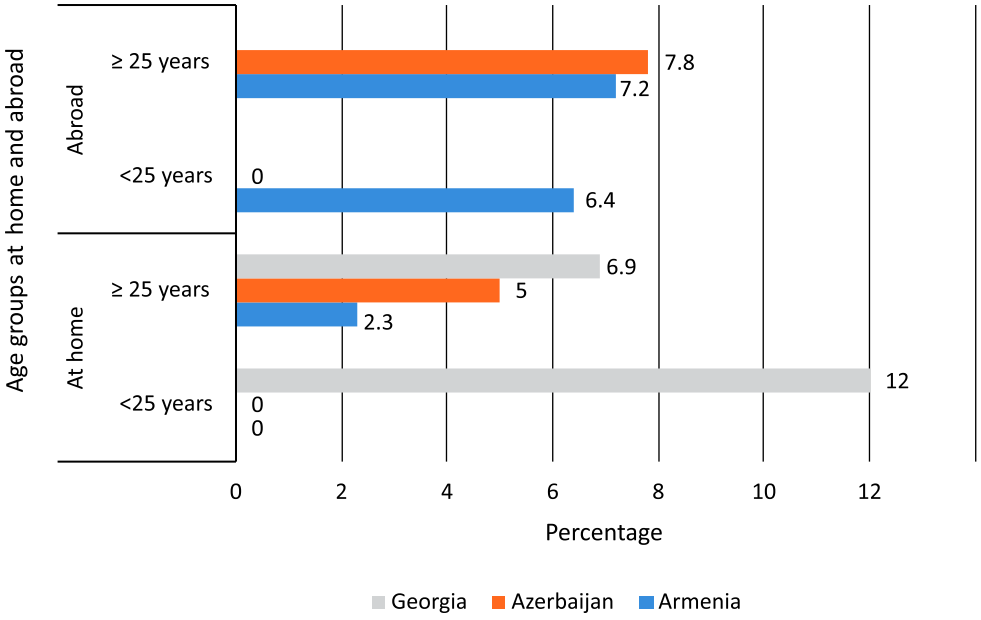
Some data disaggregated by age groups (<25 years, ≥25 years) for Armenia, Azerbaijan and Georgia are presented in the following figures. The entire data sets disaggregated by age are presented in Appendix I. A higher percentage of young migrants (<25 years) (67% in Azerbaijan, 65% in Armenia and 40% in Georgia) compared to older migrants reported having unprotected sexual intercourse while at home (Figure 15). Similar percentage (17%) of younger and older migrants in Armenia and similar percentage (30%) of younger and older migrants in Georgia reported having unprotected sexual intercourse while abroad.

Figure 15: Unprotected sexual intercourse among migrants at home and abroad by age groups, 2018



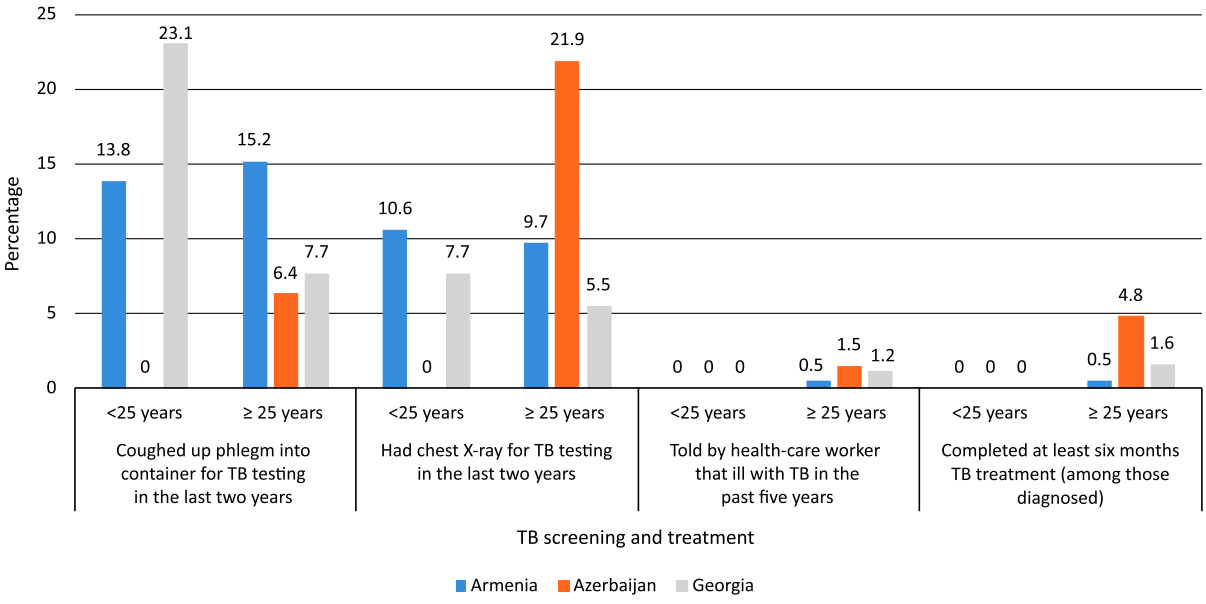
In Armenia, 7.2 per cent of migrants in the age group 25 years or older and 6.4 per cent in the age group under 25 years reported having had an HIV test and receiving the results at home and abroad in the past 12 months. Only 2.3 per cent in the age group of 25 years or older reported doing so abroad (Figure 16). In Azerbaijan, no one in the age group under 25 years had done an HIV test in the last 12 months and only 8 per cent of those in the age group of 25 years and above at home and 7 per cent abroad reported having an HIV test and receiving the results. In Georgia, a higher percentage of migrants in the age groups under 25 years (12%), compared to those 25 years and older (7%), reported having an HIV test and receiving the results while at home.

Figure 16: HIV test in past 12 months and received test results at home and abroad among migrants by age group, 2018



Georgia had the highest percentage, compared to Armenia and Azerbaijan, of migrants under the age of 25 years, and Armenia had the highest percentage of migrants aged 25 years or more who reported coughing up phlegm for TB testing in the past two years (Figure 17). Of the migrants in Armenia (the highest percentage compared to the other countries), 11 per cent under the age of 25 years and 22 per cent of migrants in Azerbaijan aged 25 or above reported having a chest X-ray for TB testing in the past two years. No migrants in Georgia under the age of 25 years reported coughing up phlegm or having a chest X-ray for TB testing in the past two years. No migrants under the age of 15 years in any of the countries (Armenia, Azerbaijan and Georgia) reported being told by a health-care worker that they had TB in the past five years or completed at least six months of TB treatment. Few migrants aged 25 or older reported being told they had TB in the past five years; 5 per cent of migrants aged 25 years or older reported completing at least six months of TB treatment.

Figure 17: Tuberculosis screening and treatment among migrants by age group, Azerbaijan and Georgia, 2018



DISCUSSION OF KEY FINDINGS

Most labour migrants in Armenia, Azerbaijan and Georgia who were interviewed for the quantitative part of this study are married, between the ages of 25 and 45 years and have secondary education. Majority are residents and citizens of the country where they were interviewed and have been working abroad from 4.9 to 8.7 mean months. For the qualitative part, except for Armenia, both male and female – inbound and outbound – migrants, regardless of their purpose for migration, were interviewed using the rapid assessment methods of a semi-structured interview that included FGD. In Armenia, in-depth interviews were conducted focused only on male outbound labour migrants.

Confined to these demographics, this section discusses the key qualitative and quantitative findings on HIV- and TB-related knowledge, access to HIV testing and TB screening and treatment, programme coverage and access to and treatment for migrants at health-care centres, some HIV-related risk factors and HIV and other infections' prevalence.

Less knowledge about tuberculosis risks, screening and treatment among migrants

Based on the qualitative research, most migrants are unaware of the services available and the risks associated with TB infection; many believe that they are not at risk and do not seek screening unless recommended by a doctor, they become very sick or it is required by officials. Limited knowledge of TB risks, symptoms, transmission and treatment can negatively impact migrants' health-seeking behaviour.[25] In the quantitative surveys, it was found that few migrants in each of the countries coughed up phlegm into a container for TB testing (≤15%) or underwent chest X-ray for TB testing in the past two years (10% in Armenia, 21% in Azerbaijan and 6% in Georgia). In the past five years, 0.5 per cent of migrants in Armenia, 5 per cent in Azerbaijan and 1 per cent in Georgia were told by a health-care worker that they were ill with TB. Higher percentages of males compared to females in Azerbaijan and Georgia reported being diagnosed with TB. These findings are concerning in relation to the overall number of people in each of the countries who are diagnosed with TB every year. Although all migrants in Armenia and Georgia and the majority in Azerbaijan who were infected with TB reported that they underwent at least six months of treatment, it is not uncommon that TB patients, especially those from mobile populations, interrupt or do not complete treatment. In this survey, there was no screening for TB infection; it is recommended to include this in future surveys.

These findings indicate that countries need to expand awareness of TB risks and screening availability. This is especially true in Armenia and Azerbaijan, where many migrants reported being unaware of places for TB screening. Moreover, some migrants revealed that the cost of treatment was a barrier to getting screened. Countries should ensure that migrants are aware of available TB services and develop measures to provide free screening and treatment.

[25] B. Abarca Tomás, C. Pell, A. Bueno Cavanillas, J. Guillén Solvas, R. Pool and M. Roura, "Tuberculosis in migrant populations: A systematic review of the qualitative literature", *PLoS One*, 8(12):e82440 (2013). Available from www.ncbi.nlm.nih.gov/pubmed/24349284

Less knowledge about HIV risks among migrants

Based on the qualitative research, most migrants are unaware of the risks associated with HIV infection, and many believe that they are not at risk. In probability-based surveys among male labour migrants conducted in Armenia, 75 per cent of urban migrants and 81 per cent of rural migrants considered themselves not at risk for HIV.[26, 27] Although most migrants reported being married, many have had unprotected sex while in their home countries and abroad, especially males in Azerbaijan and Georgia. Inconsistent condom use and sexual intercourse with different types of partners among labour migrants has been found in numerous other studies of migrants.[28, 29] In this survey, however, there was no investigation as to whether migrants' unprotected sex was with a stable and faithful partner, thereby posing no risk for HIV. Recent probability-based surveys of rural and urban male labour migrants in Armenia found that the frequency of always using a condom varied greatly by type of partner, with lowest condom use being with regular partners (rural: 8%; urban: 18%) and highest condom use being with sex workers as partners (rural: 85%; urban: 95%) and condom use with casual partners being roughly 70 per cent.[30, 31] Future surveys should investigate the number and types of partners to better understand risks associated with unprotected sex. Nevertheless, the relatively high HIV prevalence among migrants in these surveys indicate that countries need to expand awareness of HIV risks.

Low awareness about HIV testing services among migrants

Higher percentages of migrants in all countries reported knowing where to get an HIV test in their home country, compared to knowing where to get tested abroad. This was also found in a probability-based survey of male urban labour migrants conducted in Armenia in 2018.[32] This is also true for both inbound and outbound migrants (28% and 31% in Azerbaijan, respectively, and 27% and 42% in Georgia) males and females. More migrants are aware of where to get HIV testing services compared to TB screening. Nevertheless, there is a strong indication that expanding the migrants' awareness of where to get HIV testing and other services in their home country and abroad is needed.

Stigma as a potential barrier to HIV testing for migrants

Given that the qualitative research indicated stigma as a barrier to HIV testing, it is essential to ensure confidentiality in health-care settings, that staff are well trained about their own or other staff member's potential for stigma and can respond to the specific needs or migrants. Stigma is common among migrant populations, as well as other key populations at higher risk of HIV exposure.[33] Examining stigma among migrants in more depth and through theoretical frameworks is essential

[26] NCAP, 2018.
[27] NCAP, 2016.
[28] Y.A. Amirkhanian, A.V. Kuznetsova, J.A. Kelly, W.J. DiFranceisco, V.B. Musatov, N.A. Avsukevich, N.A. Chaika, T.L. McAuliffe, "Male labor migrants in Russia: HIV risk behavior levels, contextual factors, and prevention needs", *J Immigr Minor Health*, 13(5):919–928 (2011). Available from www.ncbi.nlm.nih.gov/pubmed/20690041
[29] S. Weine and A. Kashuba, "Labor migration and HIV risk: A systematic review of the literature", AIDS and Behavior, 16(6):1605–1621 (2012). In: *Mobility, Sexuality and AIDS* (F. Thomas, M. Haour-Knipe and P. Aggleton, eds.) (Routledge, London and New York, 2010).
[30] NCAP, 2018.
[31] NCAP, 2016.
[32] NCAP, 2018.
[33] WHO, *Background Note: Zero Discrimination in Health Care Settings*, UNAIDS/PCB (41)/17.27 (UNAIDS Progamme Coordinating Board, Geneva, 2017). Available from www.unaids.org/sites/default/files/media_asset/20171129_UNAIDS_PCB41_Zero_discrimination-health-care-settings_17.27_EN.pdf

to get an accurate picture of how to address it.[34, 35] In addition, according to the Georgia National HIV/AIDS strategy for 2016–2018 and the Azerbaijan National HIV/AIDS Strategy for 2014 and the Global Fund Request for HIV funding for 2017, no specific activities are listed to measure HIV-related stigma and discrimination in health-care settings.[36, 37, 38] No information was found about whether Armenia will measure stigma and discrimination in its health-care settings.

Easy access to health-care services at home and abroad; good quality at home

Overall, migrants reported easy access to health-care services at home, especially in Azerbaijan (100%; 89% in Armenia and 74% in Georgia). Health-care access abroad was just as high for Azerbaijani migrants, but less so for Armenian migrants (54%). Despite the general ease of health-care access, only between 37 per cent in Armenia and 43 per cent in Georgia reported visiting a health-care professional in the past year in their home country (percentages were higher for females than for males in Azerbaijan and Georgia), and only 14 per cent in Armenia and 44 per cent in Azerbaijan reported visiting a health-care professional in the past year abroad. Some migrants (especially in Azerbaijan and Armenia) mentioned better health-care services at home while abroad. Barriers to seeking health-care services abroad included language barriers, fear of retaliation if found to be infected with HIV or TB and poor treatment by health-care staff, all of which are not uncommon experiences of migrants worldwide.[39, 40] In the quantitative surveys, most migrants rated the quality of treatment during their last visit for health care in their home country as "good" in Armenia and Georgia, and equally as "good" and "very good" in Azerbaijan. These findings indicate that, although migrants are generally not seeking health care often, perhaps only when there is a health problem as noted in the qualitative research, they are generally satisfied with the health care available at home.

Low condom distribution coverage at home and abroad for migrants

Few migrants in any country reported being provided with condoms in the past 12 months by either an outreach worker or NGO while at home or abroad. This may be an indication that NGOs do not have programmes for condom distribution targeting labour migrants, or that migrants are accessing condoms, if they use them, from other sources. Given that migrants reported inconsistent condom use during sexual intercourse, condoms should be widely available and accessible, and more investigation is needed to determine if programmes by NGOs should target migrants for condom distribution.

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34 B. Meyerson, P. Barnes, R. Emetu, M. Bailey, A. Ohmit and A. Gillespie, "Institutional and structural barriers to HIV testing: Elements for a theoretical framework", *AIDS Patient Care and STDs*, 28(1):22–27 (2014). Available from www.liebertpub.com/doi/10.1089/apc.2013.0238

35 S.J. Blondell, B. Kitter, M.P. Griffin and J.Durham, "Barriers and facilitators to HIV testing in migrants in high-income countries: A systematic review", *AIDS Behavior*, 19(11):2012–2024 (2015). Available from http://link.springer.com/10.1007/s10461-015-1095-x

36 The National Center for Disease Control and Public Health, *The Georgian National HIV/AIDS Strategic Plan for 2016–2018* (n.d.). Available from www.georgia-ccm.ge/wp-content/uploads/HIV-NSP-2016-20181.pdf

37 The Global Fund to Fight AIDS, Tuberculosis and Malaria, "Country coordinating mechanism for Azerbaijan. Azerbaijan: HIV request for funding 2017". Available from www.theglobalfund.org/en/portfolio/country/?k=d869de58-2087-4633-a77f-5334f16159f2&loc=AZE (accessed September 2018).

38 WHO, *Review of the HIV Programme in Azerbaijan* (WHO Regional Office for Europe, Copenhagen, 2014). Available from www.euro.who.int/__data/assets/pdf_file/0011/308000/Review-HIV-Programme-Azerbaijan-mission-report.pdf?ua=1

39 WHO, 2017.

40 P. Dhavan, H.M. Dias, J. Creswell, D. Weil, "An overview of tuberculosis and migration", *The International Journal of Tuberculosis and Lung Disease*, 21(6):610–23 (2017). Available from http://dx.doi.org/10.5588/ijtld.16.0917

Higher level of HIV infection among migrants

Given that HIV prevalence in the general population is only 0.2 per cent in Armenia, 0.1 per cent in Azerbaijan and 0.4 per cent in Georgia,[41] the findings of HIV prevalence among migrants in this survey of 0.5 per cent in Armenia, 1.0 per cent in Azerbaijan and 0.6 per cent in Georgia are concerning. For instance, in the survey and population size estimation of male urban labour migrants conducted in Armenia, HIV prevalence was 1.2 per cent and the size estimation was 68,500, indicating that as many as 822 urban migrants (accounting for 25% of the estimated 3,300 PLHW in 2016) may be living with HIV in Armenia.[42] If Azerbaijan and Georgia were to conduct surveys of clearly defined migrants using probability-based sampling methods, a more accurate indication of HIV prevalence among migrants could be found. However, migrants are not mentioned as a prioritized population in the Georgia National HIV/AIDS Strategic Plan for 2016–2018, although plans were mentioned to conduct an HIV vulnerability baseline study before 2018.[43] Migrants are not mentioned in any documents accessible online about including migrants in their national HIV/AIDS response.[44, 45] Although migrants were not screened for TB in these surveys, some reported typical symptoms of TB and exposures to conditions that could contribute to TB infection (37% of migrants in Armenia reported crowded living conditions abroad, 44% of migrants in Azerbaijan at home and 29% abroad reported crowded working conditions, 24% of migrants in Armenia reported crowded and 24% reported unventilated working conditions abroad).

[41] UNAIDS, Country HIV datasheets. Available from www.unaids.org/en/regionscountries/countries/georgia; www.unaids.org/en/regionscountries/countries/Azerbaijan; www.unaids.org/en/regionscountries/countries/Armenia (accessed September 2018).

[42] NCAP, 2018.

[43] The National Center for Disease Control and Public Health (n.d.).

[44] The Global Fund to Fight AIDS, Tuberculosis and Malaria, "Country coordinating mechanism for Azerbaijan. Azerbaijan: HIV request for funding 2017". Available from www.theglobalfund.org/en/portfolio/country/?k=d869de58-2087-4633-a77f-5334f16159f2&loc=AZE (accessed September 2018).

[45] WHO, 2014.

RECOMMENDATIONS

In accordance with the findings of the study, the following are specific recommendations for countries in the South Caucasus region to address.

Improve access to tuberculosis and HIV services for inbound and outbound migrants at the national and regional levels

- Work within the region and with destination countries to ensure cross-sectoral approach and transnational cooperation are mainstreamed for migrant-friendly health services, which include interpreters or medical social workers, as well as informed and welcoming health-care workers.[46]
- Scale up access to country HIV and TB services, including free diagnostic and treatment services, for inbound and outbound migrant populations.
  - Develop informational brochures to indicate where migrants can access free HIV/TB testing in host countries and what services they are eligible for free, if any.
  - Develop social media campaigns promoting voluntary counselling and testing on HIV and TB screening among migrants to enable migrants to complete self-risk assessment tools and have free and confidential communication with dedicated personnel, allowing migrants who are willing to get relevant services either abroad or after return in their home countries.
- Institute regulations and arrangements to support voluntary and confidential HIV/TB screening/testing and counselling with a relevant referral system in place for returning labour migrants, including short-term seasonal migrants, including in the vicinity of the main border checkpoints and through mobile facilities in locations where they are most likely to reside.
- Set up mobile centres to provide HIV testing and TB screening to migrants where they are more likely to be found in an effort to increase service uptake and reduce barriers to stigma.

Encourage HIV testing and tuberculosis screening among migrants

- Measure stigma and discrimination in health-care settings to ensure "migrant-friendly" screening, testing and treatment, facilitate respective capacity-building of multidisciplinary teams and enhance social media awareness campaigns to reduce societal stigma related to HIV and TB.
- Enhance provider-initiated HIV testing and counselling[47] and TB screening[48] for high-risk migrants, especially since many migrants don't perceive themselves at risk.

[46] Dhavan et al., 2017.

[47] WHO, *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations, 2016* (WHO, Geneva, 2016). Available from http://apps.who.int/iris/bitstream/handle/10665/246200/9789241511124-eng.pdf;jsessionid=A88CE4E524F403443D341DAD47DB35FC?sequence=1

[48] WHO, *WHO Policy on Collaborative TB/HIV Activities: Guidelines for National Programmes and Other Stakeholders* (WHO, Geneva, 2012). Available from http://apps.who.int/iris/bitstream/handle/10665/44789/9789241503006_eng.pdf;jsessionid=61228D656EA7FCCDBFEED969DACC8969?sequence=1

Increase knowledge of migrants and health service providers about HIV and tuberculosis in the context of migration

- Increase awareness and knowledge about HIV and TB signs and symptoms, transmission, prevention and risks.
- Facilitate continuity in respective health promotion campaigns on country and regional levels.
- Develop an information portal for labour migrants that provides information on labour migration laws of the country where they work, migrants' rights when abroad, and information guides on HIV testing, care and treatment, and TB screening, care and treatment, and most importantly, where to access these services in both country of origin and country of destination.

Improve tuberculosis case detection, diagnosis, care and treatment, particularly in terms of inclusivity, sensitivity and coverage of hard to reach and marginalized population

- Enhance efficient strategies for active case finding to increase TB case detection.
- Improve the quality of laboratory diagnosis, including treatment adherence and continuity to ensure patient-centred follow-up support measures, especially among high-risk migrant populations who may have difficulty accessing quality care and treatment.
- Uphold the consensus of the WHO European Region to provide a minimum package of transnational TB control and care interventions. These include ensuring access to medical services, irrespective of a migrant's registration status, and a non-deportation policy until intensive TB treatment has been completed. In addition, this package includes creating an online platform to support transnational, multi-country management of TB cases by facilitating communications among clinicians from different countries and facilitate cooperation between National TB Programmes of countries of origin, transit and destination (in terms of sharing information for clinical management and contact tracing and referral of patients).[49]

Gather more evidence and actionable data on the health of migrants to inform strategies, policies and programmes that put migrants in the national and regional HIV and tuberculosis agenda

- Azerbaijan and Georgia should conduct baseline surveys of specific migrant groups using probability-based survey methods so findings are representative. Future survey should explore risk behaviours more thoroughly by asking comprehensive and more in-depth questions to better understand the extent of and correlations for HIV and TB risks and exposure.
- Armenia should conduct follow-up surveys (round II) of urban and rural migrants using probability-based sampling methods to measure trends over time.
- Consider investigating migrants' overall health-seeking behaviours as they may not undergo any routine general preventative health screening or monitoring, which may explain why they do not seek TB screening and HIV testing on their own unless they become very sick.
- Prioritize migrants in the national HIV/AIDS and TB strategic plans in all countries of the South Caucasus and beyond.

[49] WHO, TB and migration (2018). Available from www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/areas-of-work/vulnerable-populations-risk-factors-and-social-determinants/tb-and-migration (accessed January 2019).

APPENDICES

Appendix A: In-depth interview guide

Note: Not all questions may be relevant to all interviewees.

Consent: (Review consent, answer questions, interviewer signature)

As you know from the consent form, we would like to learn more from you about migrants' experiences and preferences about access to HIV and TB screening, testing and care. Specifically, we are trying to learn more information about males 18 years of age and over, abroad for three or more months for purposes of labour, but not more than one year, in the past year and residing in this city. This should take about 45 minutes. Do you have any questions before we begin?

Domain 1: General information about the population

- What is your experience with migrants' experiences and preferences about access to HIV and TB screening, testing and care? How are you interacting with migrants?

Domain 2: HIV and access to HIV-related health care

2.1. Concern

- How do you rate the concern about HIV among male migrants? (If they are not concerned: What are the reasons for it?)

2.2. Testing

- Do you know of a place where migrants might be tested for HIV in this town? Where?
- How do you rate the willingness in this group to get tested for HIV?
- Are migrants more likely to be tested for HIV while in their home country or while abroad? Why?
- What are some of the barriers to why migrants do not get tested for HIV?

2.3. HIV infection

- How do you rate the level of HIV infection among male migrants compared to the general population? (If the level is high: What is the reason for that? What should be done about that?)

2.4. Health services

- Do you think the health services available to migrants to be tested for HIV are adequate? If not, why not? If yes, why? How can we improve the services available for migrants to be tested for HIV?
- Do you think there are adequate health services available for HIV treatment for migrants? If not, why not? If yes, why? How can we improve the services available for migrants to be treated for HIV?
- What are some of the barriers for migrants to be treated for HIV?

Domain 3: Tuberculosis and access to tuberculosis-related health care

3.1. How do you rate the concern about tuberculosis among male migrants? (If they are not concerned: What are the reasons for it?)

3.2. Testing

- Do you know of a place where migrants might be screened for TB in this town? Where?
- How do you rate the willingness in this group to get screened for TB?
- Are migrants more likely to be screened for TB while in their home country or while abroad? Why?
- What are some of the barriers why migrants do not get screened for TB?

3.3. Tuberculosis infection

- How do you rate the level of TB infection among male migrants compared to the general population? (If the level is high, what is the reason for that? What should be done about that?)

3.4. Tuberculosis health services

- Do you think the health services available to migrants for TB screening are adequate? If not, why not? If yes, why? How can we improve the services available for migrants to be tested for TB?
- Do you think there are adequate health services available for TB treatment for migrants? If not, why not? If yes, why? How can we improve the services available for migrants to be treated for TB?
- What are some of the barriers for migrants to be treated for TB?

Appendix B: Interview guide – Focus group discussions

Participants should be those who fulfil eligibility for the survey.

Consent: (Review consent, answer questions, interviewer signature)

As you know from the consent form, we would like to learn more from you about migrants' experiences and preferences about access to HIV and TB screening, testing and care. Specifically, we are trying to learn more information about males 18 years of age and over, abroad for three or more months for purposes of labour, but not more than one year, in the past year and residing in this city. This should take about one hour. Do you have any questions before we begin?

Domain 1: General information about the population

I would first like to discuss what are the main health issues for labour migrants and how they are related to their migration experience.

SUB-QUESTIONS

- How do you know males 18 years of age and over, abroad for three or more months for purposes of labour, but not more than one year, in the past year and residing in this city? How would you assess their health? Their well-being?
- Do you know about migration-related experiences these migrants had to encounter? How would you assess these experiences overall? Have these experiences had an impact on migrants' health? If yes, what was it?

Domain 2: HIV and access to HIV-related health care (Ask them to share any stories to describe any of the questions below).

What are the main issues and challenges concerning HIV and male labour migrants?

SUB-QUESTIONS:

- Do you know of a place where migrants might be tested for HIV? Where?
- Do you think migrants are concerned about HIV? Why or why not?
- Do you think most migrants have been tested for HIV?
- Do you think migrants are more likely to be tested for HIV while in their home country or while abroad? Why?
- What do you think are some of the barriers why migrants do not get tested for HIV?
- Do you think many migrants have HIV infection? If so, what do you think should be done about that? Do you think it poses a threat? Why do you think they are infected with HIV?
- Do you think the health services available to migrants to be tested for HIV are adequate? If not, why not? If yes, why? How can we improve the services available for migrants to be tested for HIV?

Domain 3: Tuberculosis and access to tuberculosis-related health care (Ask them to share any stories to describe any of the questions below).

Now turning to TB, according to your experience, what are the main issues and challenges concerning TB and male labour migrants?

SUB-QUESTIONS:

- Do you know of a place where migrants might be screened for TB in this town? Do you think migrants are concerned about TB? Why or why not?
- Do you think most migrants have been screened for TB?
- Do you think migrants are more likely to be screened for TB while in their home country or while abroad? Why?
- What do you think are some of the barriers why migrants do not get screened for TB?
- Do you think many migrants have TB active disease that poses a threat to other people? If so, what do you think should be done about that? Why do you think that TB disease among migrants poses a threat? Why do you think they have TB disease? How are they getting TB?
- Do you think the health services available to migrants for TB screening are adequate? If not, why not? If yes, why? How can we improve the services available for migrants to be tested for TB?
- Do you think there are adequate health services available for TB treatment for migrants? If not, why not? If yes, why? How can we improve the services available for migrants to be treated for TB?
- What are the symptoms and signs that are most characteristic for TB?

Qualitative Survey on Investigation of Mechanisms for Access to Early Detection, Treatment and Prevention of Diseases Caused by Human Immunodeficiency Virus and Tuberculosis among Migrants

Baku, 2018

SUMMARY

The International Organization of Migration (IOM) Mission in Azerbaijan, in cooperation with the Lung Diseases Scientific–Research Institute of the Ministry of Health of the Republic of Azerbaijan, conducted systematic qualitative in-country research in March–April 2018. The main goal of the systematic qualitative research was to assess access of migrant population to human immunodeficiency virus (HIV) and tuberculosis-related (TB) health services in Azerbaijan and their migration experiences in countries of destination. The inclusion criterion was age 18 and older, males and females and living abroad or have been abroad for three or more months for the purposes of labour or education.

Other objectives are to assess the following:

(a) Characteristics of migrants' migration experiences;

(b) Working conditions;

(c) Health seeking and barriers to availability, accessibility, acceptability and quality (AAAQ) of TB and HIV health services within the home country, transit and abroad; and

(d) Sociodemographic characteristics (such as gender, age, marital status and education).

Populations selected for in-country qualitative focus group discussions (FGDs) were made up of diverse sectors of population (e.g. those who have different types of work, live in different parts of a city, work in different countries):

(a) Internally displaced persons (IDP) – persons displaced from the original place of residence due to conflict;

(b) Foreign migrant students – persons who came to the country for study purposes; and

(c) Labour and returned migrants – Azerbaijani citizens who returned to Azerbaijan in the frames of IOM's Assisted Voluntary Return and Reintegration (AVRR) programme or those living abroad for three or more months for the purposes of labour.

Table C.1: Number and specification of respondents

Populations	Number of groups	Female	Male	Total
IDPs	8	58	62	120
Foreign students	8	47	67	114
Labour migrants and returned migrants	8	59	61	120
Total	24	164	190	354

Introduction

Today, humanity witnesses the greatest refugee and displaced persons flow after the Second World War. Now 65.3 million people in the world are refugees, labour migrants and internally displaced persons. Researches show that most international migrants are labour migrants. The New York Declaration, adopted in 2016, contains the political will of the international community to protect the rights and freedoms of refugees and migrants. The main purpose of the Declaration is to ensure that Member States are committed to protect the health, dignity and fundamental human rights and freedom of migrants. These commitments likewise include ensuring increased access to quality health services for migrants and mobile populations.

The qualitative survey conducted in Azerbaijan aimed to assess access to health services and reveal existing difficulties and problems of people from Azerbaijan enforced to work abroad and people who came to Azerbaijan for work or study purposes from other countries. The survey assessed especially the following: (a) accessibility of migrants to TB- and HIV-related services; (b) quality of these services; and (c) main complications and barriers in access to the health services related to TB, HIV and in general to health care. During the survey, the following issues also were investigated: (a) information about migration practices; (b) social and demographic characteristics of migrants (such as age and marriage status); and (c) workplace conditions.

The survey was conducted among labour migrants, IDPs and foreign students living in Baku and Absheron region. Selection criteria for respondents were the following:

- IDPs, male and female, aged 18 years old and above;
- Foreign migrant students, male and female, aged 18 years old and above; and
- Returned migrants, male and female, aged 18 years old and above.

The survey included people with different occupations, living in different locations and having work experience in different countries. All respondents were informed about the aims of the survey and future plans related to using the collected information; they were also asked to sign consent forms. Some respondents refused to write their name and surname in their consent forms, but only signed. Some (mostly in IDPs groups) refused the tape recording of discussions. The total number of respondents involved in the survey is 354 persons. All of them provided written and verbal consent (all consent forms were submitted to the IOM Mission in Azerbaijan).

During the survey, the representative of IOM Mission in Azerbaijan attended as an observer in several FGDs and gave recommendations related to the survey process.

Goals and objectives of the survey

The main purpose of the survey: The goal of this survey is to assess access and experiences among migrant populations in Azerbaijan to the HIV- and TB-related public health-care services. This survey will assess migrants' migration-related experiences with regards to their working conditions while staying abroad and their health seeking behaviour during the migration process.

The objectives of the survey are the following:

(a) Clarify barriers to AAAQ of TB and HIV health services for migrants within the country of origin, transit and destination;

(b) Identify sociodemographic characteristics of migrants, such as age, marital status and education; and

(c) Collect recommendations and points of views from migrants for improving situations related to AAAQ of TB and HIV health services for migrants.

Principles of survey methodology

Respondents' category/features: In the selection of the respondents for the survey, the general requirements include people who are 18 years of age and over, living abroad for three or more months for purposes of labour, but not more than one year, in the past year and residing in the city. The survey was conducted among respondents in three following categories:

- IDPs – persons displaced from the original place of residence due to conflict;
- Foreign migrant students – persons who came to the country for study purposes; and

- Labour and returned migrants – Azerbaijani citizens who returned to Azerbaijan in the frames of IOM's AVRR programme or those living abroad for three or more months for the purposes of labour.

Regions: The qualitative survey covered the city of Baku and its suburbs.

Number of respondents: The qualitative survey was conducted among groups consisting of 15 respondents (men and women) in each group. In total, there were three populations represented by eight groups each. Focus groups made up of diverse sectors of the population with different types of occupation, which lived in different parts of a city, worked in different countries and others.

Duration of the survey: 5 March–20 April 2018 (42 days)

Methodology: The draft questionnaire was drawn up in the Protocol. The qualitative research used open-ended questions and was designed to elicit open discussion in groups. Questions focused on opinions and experiences about other migrants and NOT about the participant themselves. For deeper investigation, some questions were asked through different ways and aimed to bring to light the real difficulties and barriers for access to health-care services, especially services related to TB and HIV by migrants.

The survey was focused on the following issues:

- Assessing situations related to health conditions and well-being of migrants;
- Investigating migration experience of migrants;
- Bringing out the main common problems of migrants related to health care, especially difficulties and barriers accessing TB and HIV services;
- Investigating issues related to the general awareness (transmission, diagnostic, treatment and prophylaxis) of migrants about TB and HIV; and
- Investigating migrants' access to health-care services.

Before starting the interview/FGD, the respondents were informed about the main purpose of the survey and their anonymity. After the respondents agreed to participate in the survey, survey discussions were conducted and voice recordings were registered. The respondents who did not give informed consent were kindly asked to leave the focus group. The surveys were conducted in quiet spaces. The confidentiality of the respondents was fully protected. As an exception, some respondents refused to register their voice.

The key findings of the survey are presented in this report.

Analysis of survey results

First group: Internally displaced persons

FGD participants are IDPs. FGDs were held in dormitories, sanatoriums and private homes where IDPs are accommodated densely.

The FGD participants and their family members, relatives and acquaintances have regular trips to abroad for work. Main destinations were the Russian Federation and Turkey. Among the respondents, there are people who had labour migration experience in Sweden and Germany.

Section 1: General information about internally displaced persons

According to information given by respondents, IDPs mostly go to the Russian Federation and Turkey in search of work. Other countries, including European countries, are rarely visited because of language barriers. According to the survey results, in the Russian Federation, all migrants applying for work permit should have official registration and must undergo mandatory medical examination. This medical examination includes tests on HIV, TB, hepatitis and general health condition examination. Usually, there is no consultation before and after the tests.

In case any of these diseases had been detected, the migrant will be deported from the Russian Federation to the home country immediately.

IDPs' places of residence are mostly situated in settlements of Baku where access to transport network is poor. This results in difficulties to find work in the city. At the same time, all of them noted that they receive monthly allowance from the State and they are exempted from payment of utilities (electricity, gas and water).

While answering the questions about access to health services, respondents pointed out the following:

- Health services are fully accessible to individuals who are officially registered in the Russian Federation and who obtained patent for work (official permission) and health insurance policies (based on official payment).
- The cost of the insurance policy was not so high.
- The quality of medical examinations and treatments is usually high, but in some cases, the attitude of the medical staff to the migrant is not welcoming and friendly.
- According to the experience of respondents, the main barriers for getting medical services in the Russian Federation were location of medical institutions (in regions of the Russian Federation, the distance of medical facilities might be hundreds of kilometres) and negative attitude of medical staff.

For those migrants who do not apply for official registration in the Russian Federation, access to health-care services are limited, they can get medical services only in private medical facilities, and the cost of these services are very high. In urgent cases, emergency care is provided, and these services are completely free of charge.

IDPs who go for work to Turkey reported that the amount of payment for receiving a residence permit is high, and its main barrier is official registration. However, migrants have no compulsory medical examination in this country. Respondents also noted that any medical service, including emergency, need payment and the prices are very high.

Due to language barriers, IDPs who go to Turkey for informal jobs usually last for three months. Usually they work on the heaviest, harmful industries on per day salary.

According to respondents' experiences, even during industrial injuries, the emergency medical services they receive are only possible with payment.

Respondents with migration experience in Sweden narrated: "The migrants in Sweden are kept in separate camps. Migrants were offered to undergo voluntary medical examination." As one respondent said, migrants with HIV or TB positive status are kept in the camps separately and treated: "One of my acquaintances had TB. In camp, he had good treatment and recovered."

The health-care services are available for IDPs at their living communities, as well as the outpatient health-care facilities, but the capacity, medicines and equipment of these centres are very poor. Because the IDPs are forced to go to private hospitals, the prices there are very high. These issues create barriers for getting medical services according to the respondents' opinions: "Will be great to have

medical insurance as in Turkey. All our expenses related to health will be covered." Respondents also have some complaints related to emergency care. According to one respondent: "If you compare the situation with previous years, it became better, but we still have some problems related to health care. In case of emergency, the ambulances come to us, but sometimes it may take 20–25 minutes." According to another respondent, "If you call an ambulance, it will come too late and without all necessary medicines."

Another difficulty in obtaining health-care services by respondents is the high price of medicines. According to one respondent, "Doctors prescribe medicines that are expensive, and the treatment effect is low. That's why we have been asking acquaintances to buy medicines for us from abroad." The respondents said: "It would be good to have some discounts for us (IDPs)."

Another problem noted by respondents is the absence of health insurance in the country. According to the respondents, in other countries, examination and treatment are covered by medical insurance, and this ensures accessibility of the population to medical services.

According to another respondent's opinion: "The salary of medical staff is very low, so they ask payment for service. Only registered patients with diabetes are supplied with free medicines. It will be great to add other diseases for free supply with medicines too."

Section 2: Tuberculosis infection and related health-care services, challenges and barriers

According to the respondents' opinions, the main symptoms of TB are sweating, coughing and weakness. As the main way of dissemination of infections, most of the respondents noted air-borne. According to the opinion of the respondents, the cause of this disease spreading are unfavourable conditions, non-observance of sanitary and hygienic rules and financial difficulties. The respondents know about the specifics of diagnostic and treatment of TB.

Most of the IDP representatives have information about the locations of medical facilities for testing and treatment of TB. But IDPs do not keep attention to the TB problem and there have indifferent attitudes to this disease. The social issues are more important for them.

There are answers related to the question about where the migrants must have TB testing at home or abroad. The IDP group members have the exact same opinion – the migrant must have the test before leaving the country.

Answering the questions related to successful or negative experience regarding the detection of TB, the respondents noted a lot of cases in the Russian Federation. When the diseases were detected, the hospitals began appropriate treatment. All these services are free of charge.

In conclusion, most of the respondents emphasized that TB is a very dangerous disease. However, respondents noted that they do not know the persons with TB. Also, they noted that TB is not an ordinary diagnosis, and everyone tries to keep such information close. All these stem from stigma.

Section 3. HIV/AIDS-related health-care services, challenges and barriers

Survey among IDPs revealed that the level of awareness on HIV infection is extremely low. The answers of the respondents to the questions related to HIV infection (the ways of transmission and diagnostics specific) are the following: decomposition of organs, pain and secretions. The IDP population involved in the survey have a distorted understanding regarding HIV. Also, there is high stigma existing among these communities. According to their response: "Only immoral people are sick with this disease. Our communities have no such persons. Do not pose such questions to us."

The IDPs' knowledge related to HIV is wrong. The opinion of one of the respondents reflects awareness on this subject matter among IDPs: "I know HIV; it is disease of women. Men do not get sick, only women become sick. All internal organs are rotting. In abroad, you can treat HIV. It's expensive, but possible."

During the survey, only one respondent from the IDP groups was informed about ways of transmission and diagnostic specifics of HIV. The level of awareness among IDPs is extremely low and based on misconceptions about HIV.

At the same time, respondents' answers show the high stigma related to this disease. Most of the IDPs' representatives have information about the locations of medical facilities for testing of HIV. But IDPs do not keep attention on the HIV problem. They have indifferent attitude to this disease.

For the answers related to the question about where the migrants must have HIV and/or TB testing at home or abroad, the IDPs' group members had no exact opinion. Some of them affirmed that the country of migration must test the migrant, but other respondents recommended to have the test in the home country. It might be useful for saving money for travel in case of diseases. Some respondents suggested conducting inspections directly at border crossing points.

In response to the question of experience regarding the detection and treatment of HIV or TB, the respondents had reported about several people from Azerbaijan in Sweden who determined HIV and then had better living conditions and required treatment provided for them free of charge. Respondents said that the same positive experience was also related to TB. But it is quite different in the Russian Federation and Turkey. In the Russian Federation, you may have free treatment if you have insurance, the same situation is in Turkey too. If the person had medical insurance in these countries, he/she insured his/her own life.

In conclusion, the results of survey among IDPs show that the level of awareness about HIV and TB is low; the IDPs mostly keep attention to social issues, the topics of HIV and TB tie-up with high stigma and misleading ideas. Lack of correct information related to HIV and prevention measures keep these populations under high risk.

Second group: Migrant students

The foreign students from Azerbaijan Medical University, Pedagogical University, Art Academy, Baku State University, Oil Academy and Technical University participated in the survey. The home countries of students involved in the survey are the following: Bangladesh, Cameroon, Georgia, China, India, Islamic Republic of Iran, Nigeria, Pakistan, Republic of Korea, Syrian Arab Republic, Turkey, United States of America and Yemen.

Section 1. General information

According to the respondents' answers, admission to universities on some specialties are convenient and cheaper in Azerbaijan. Education in Azerbaijan also gives the opportunity to study two languages (Azerbaijani and Russian). This opportunity gives great advantage for employment in the future.

Azerbaijan is very comfortable and safe for students, the level of education is high for some specialties (such as oil, architecture and engineering) and higher than in their own countries. Most of the people who come to Azerbaijan as students are financially well-off people: "If your financial situation is good, many issues can be solved in Azerbaijan. It is an Islamic country and adaptability to language is very easy. Studying in Azerbaijan is comfortable and easy for us."

According to students' opinions, the first problem they are facing is related to registration and accommodation. The universities do not provide dormitories for foreign students, and it is a big problem. The foreign students are obliged to rent apartments. Also, for temporary registration, the

foreign students must provide officials (local migration office) with all necessary documents of the rented place (certificate of ownership of the apartment and other documents of the owner). The high rental fee for foreigners and additional time needed for collecting all the papers create inconvenience for foreign students.

Based on the survey results, another important issue for foreign students is obtaining permission to work. In other countries, the students can work few hours in a week and earn their own money. But now in Azerbaijan, they have no official permit for work, and they find unofficial work without any contracts. Giving students the official permission to work a few hours during the week will have a positive effect on the financial status of the students.

During the survey among foreign students, another problem was defined – communication problem. The low level of language knowledge causes serious problems for students in education and communication. They need to spend one year to study language and after that, to begin the main study. From the students' opinions, it will be good to create free language courses for foreign students.

The answers to the questions related to health care lighted up the following difficulties and barriers: (a) foreign students have no information about location of medical facilities; (b) the medical staff in State hospitals ask additional money for medical service; (c) the medical service in private hospitals are very expensive and not acceptable for students; (d) they do not know medical facilities for testing TB; (e) students do not know the hotline numbers for consultations; (e) they have communication barriers with local medical staff; (f) they tested HIV during the registration process, but without any pre-post-test consultations; (g) some of the students with HIV positive status were deported from Azerbaijan; and (h) the price for medicines are very high.

According to the respondents' opinion: "You have to pay for everything in State hospitals too. Of course, all these payments are unofficial."

Also, the foreign students noted that the quality of medicines in Azerbaijan is poor, but prices are high. "When we are coming to Azerbaijan, we bring the medicines from our countries with ourselves. The medicines in Azerbaijan are expensive but impact is weak. Here, you can buy any medicine from the pharmacy even without doctor's prescription. It's very strange."

The main advantage in health care in Azerbaijan is related to emergency (ambulance) care. One may call, and the ambulance will arrive in a few minutes and provide all necessary aid without any payment. "The emergency services in Azerbaijan are good indeed. We use them often in case of sickness. Unfortunately, the information about such services we received from our friends are not from the universities."

Generally, the foreign students do not use medical services often. According to the results, the main problem of migrant students is the absence of medical insurance for students.

Another major difficulty noted by the foreign students is lack of student support centres. According to respondents' experience: "We are preparing our own documents ourselves. There is not one person who guides us, only our local friends help. It would be better to have electronic database or website with all relevant information."

Section 2: Tuberculosis infection and related health-care services, challenges and barriers

The respondents' answers related to the main symptoms of TB were the following: weakness, sweating, coughing, sputum and fever. Respondents also know the ways of transmission of TB. However, the respondents have lack of information about relevant places of medical facilities. They do not know where they may apply if they have such symptoms. Also, they lack information related to the possibility of treatment of TB for foreign students in Azerbaijan.

Foreign students from Cameroon, India, the Islamic Republic of Iran and Nigeria said that they had been examined for HIV and TB in their own countries before departure.

In their countries, persons with TB and HIV positive status cannot leave the country. In Azerbaijan, before receiving official registration, they also have been tested for HIV. The foreign students must have medical tests in the designated private hospital. This test is a paid one. The price of this check-up is high for students. The migration office refuses registration of HIV-positive persons. According to the opinions of respondents, the numbers of TB patients among students are few. As noted by the respondents, most of the students are young and healthy.

According to the respondents' experience about TB detection or treatment history of other students, most of them said that they do not know any case. Just one student told about the case: "I have known a student from Cameroon. He had TB before but was treated. In Azerbaijan, his concerns started again, and he got treatment in Azerbaijan free of charge. But the family called him back."

According to the respondents' opinions, the TB services in Azerbaijan are easily accessible for foreign students. But some issues related to absence of health insurance create the barriers: "We know that the doctors' salary in Azerbaijan is very low, and because of that, their motivation is low and they ask additional money for medical services. The attitude of medical staff to the foreign students in Azerbaijan is good."

Section 3: HIV /AIDS-related health-care services challenges and barriers

According to the answers of foreign students about HIV infection, it can be noted that they are aware about infection and the ways of transmission and specifics of diagnosis. Respondents noted that men are more likely to be infected than women.

According to the survey results, HIV testing in Azerbaijan is mandatory before registration and needs to be done at a designated private clinic. But they do not know that in case they want to apply for testing privately, then it can be done free of charge in the Republican AIDS Centre. According to the respondents, they did not know that HIV testing in Azerbaijan is free of charge.

Regarding the question about where the migrants must be tested for HIV – in their own country or in the country of migration – the respondents noted that the check-ups and testing in their own countries are more convenient. According to the respondents' opinion: "Even if the country gives you all services when you are ill, it is more comfortable to get treatment in the home country. Even if the problem is detected, it is easier for a person to be treated in his own country, rather than to be exposed to deportation from the country of destination."

In general, during the discussion related to HIV and TB infections, it was found out that the students are aware of the pathways, treatment and prevention of these diseases.

The respondents lack information about the relevant medical facilities where they can test in case of suspicion of HIV or TB. At the same time, they reported that every year, they pass the HIV test. The test is mandatory for getting temporary registration in the country. Some of their acquaintances who were HIV positive have been denied of temporary registration in Azerbaijan.

In general, foreign students cited the following reasons limiting their access to health care:

- Lack of information (such as hospital location and price of services);
- Financial difficulties (high prices for medical services and medicines);
- Communication (language) problems; and
- Absence of medical insurance.

As a solution to the mentioned problems, students suggested the opening of a clinic that will serve them and the implementation of medical insurance for students.

Third group: Labour migrants

Section 1: General information about labour migrants

The labour migrants from Azerbaijan mainly go for work to the Russian Federation and Turkey. But some mentioned that in rare cases, they go for work to the Netherlands, Sweden, Germany and other European countries too. The labour migrants are mostly young people, especially men over 20 years old. Based on reviews, the marital status of labour migrants are different; most of them are single. The married persons usually go abroad for work alone, while their families stay in Azerbaijan.

Investigation of the education level of labour migrants shows that many of them have secondary education; only a part of them have higher education. In general, based on their opinions, the existence of labour migration is closely related to their country's unemployment problem.

To the questions related to health care accessibility, a major part of labour migrants answered that they are young and healthy and have never been in medical institutions. During the survey, the labour migrants also noted that, in the Russian Federation, in order to get an official permission for work called "patent", one must undergo a medical examination. Persons with HIV, TB and hepatitis are denied from receiving permission to stay in the Russian Federation, and these persons are deported to their home country. According to the respondents' opinions: "In the Russian Federation, if you have infections (TB, hepatitis or HIV), you cannot receive permission for work. If infectious disease is not detected during the medical examination, you may buy the health insurance package. The health insurance guarantees receiving all medical services that you need. And all of them are free of charge." According to the respondents: "If you have insurance in the Russian Federation, you will not have problems with health care."

According to the opinions voiced during the survey, if labour migrants have health insurance, they could apply both to the State and private medical facilities and could benefit from health care free of charge. According to the respondents: "If you were officially registered in the Russian Federation and had insurance, the medical staff may come to your address and provide all necessary aid. They pay special attention to the children's health; they have special care for them."

According to the results of the research, in cases of absence of health insurance, the labour migrants are forced to use medical services only at private facilities. The costs of these services are very high and, for most labour migrants, not accessible. The other factor highlighted by labour migrants in the Russian Federation is the remote location of medical facilities. According to the respondents: "Distances are very big, and you have to drive for 200–250 km for reaching the hospital."

One of the obstacles for receiving medical services relates to poor language skills. According to opinions voiced during the survey, for the elderly generation of migrants, language is not a problem, but the younger generation has poor Russian. According to the respondents: "The lack of knowing the language is a huge problem for living and working in the country. You cannot explain what you need or what kind of pain you have, and you depend on somebody who knows the language."

Section 2: Tuberculosis infection and related health-care services, challenges and barriers

The respondents' answers to the question related to TB symptoms are the following: weight loss, loss of appetite, pain in the breast, bleeding, anxiety and shortage of breath. For the questions related to the ways of transmitting TB, the labour migrants' answers were the following: (a) TB is transmitted from sick person's plates, glass and other stuff; and (b) the infection is transmitted through air when you stay with a sick person.

The analysis of awareness show that the majority of respondents have lack of information related to TB transmission, specifics of diagnosis, treatment and ways of prophylaxis.

According to the survey results, if migrants feel the symptoms of TB, they are afraid to go for checking. When viewed from the general opinion, the respondents state that this illness is a shame and that they are afraid of TB. Based on reviews: "Everyone is afraid to be ill with TB. Everyone is running away from TB."

According to one respondent's experience: "I have known such case, when the man went from Azerbaijan as a labour migrant. Later, his wife migrated. She was collecting the necessary documents for temporary registration. During check-up, the woman was diagnosed with TB. They told her that she must leave the country and then they deported her. They said, 'After treatment, when you will be completely healthy, you may come.'" According to another respondent's experience: "In the Russian Federation, if any infection is found, the person has to leave the county within 24 hours."

In conclusion, according to the opinions of respondents, the labour migrants have neglected approach to their own health. If it was not required, they would not think about medical check-ups. Labour migrants are less aware about places for TB check-ups. They also have poor information related to the severity and complications of this disease. All respondents recommend to have medical check-up before migration.

Section 3. HIV/AIDS-related health-care services, challenges and barriers

The respondents are mostly informed about blood transfusions (such as in salons, tattoo parlours and in stomatology) and sexually transmitted HIV infection. However, most labour migrants have noted that it is possible to recover from this disease, and that this is due to the financial status of the patient, which demonstrates that the respondents are not well informed.

There are no barriers in the Russian Federation for HIV testing. This examination is free and mandatory. According to the responses of persons with labour migration experience in Turkey, they have no mandatory HIV testing requirements. Migrants may have such test since it's voluntary.

During the survey, an experience of one of the respondents drew special attention: "There was a guy with HIV whom I knew. He was infected in the Russian Federation. When he realized it, he had gone to the remote part of the Russian Federation. He said that, 'If the officials knew, they would drive me out. In Azerbaijan, nobody needs a human being with HIV, so I'm going to Siberia. I will live as long as God allows me.'" The presence of stigma against HIV among labour migrants and poor awareness among the people are real obstacles for HIV testing.

As a result of the question on whether migrants should pass through HIV testing in their own countries or in the destination country, the majority of the respondents prefer and recommend to have pre-departure HIV testing in their own country before migration.

An analysis of labour migrants' opinions on HIV shows that they approach HIV infection with neglect and do not consider the importance of examining and testing for these infections if there is no demand for mandatory examinations.

Focus group discussions' results and recommendations of participants

Results of qualitative survey conducted by focus group discussion method among IDPs

The social demographic characteristics of IDPs who went to work abroad are the following: mostly young men, secondary school education level, mostly married and unemployed. Usually, they leave the

country together with friends or relatives as a group, which usually consisted of 4–5 persons. According to the respondents' answers, they have found a job through the individuals who left Azerbaijan a long time ago.

The main common problems, difficulties and barriers for IDP migrants are the following:

- There is shortage of communication (poor knowledge of language of the destination country).
- There is lack of information related to main services (for example, the place of health-care facilities);
- There are difficulties related to registration. In the Russian Federation, the IDPs mostly make their first registration at the hotels. Afterwards, some of them make payments to local persons for temporary registration. Some of them mentioned that it is possible to work without any registration too. According to respondents' information, some of them gave bribe to the police and migration service staff and worked in the country without any registration.
- The IDPs said that in Turkey, they had no information about bribes for registration, but the official price for registration was very high.
- In getting official registration in the Russian Federation, the migrants must have mandatory medical examination for HIV, hepatitis and TB. But, as respondents said, there are no pre- or post-test consultations.
- As respondents said, difficulties for getting medical services are the following: (a) high cost of medical services if you have no insurance; (b) remote location of medical facilities; and (c) unfriendly attitude of medical staff to labour migrants.
- Based on the answers to the survey questions, it was determined that IDPs lack information related to disseminating infections, such as TB and HIV, early symptoms and ways of prophylaxis.

The following results related to living conditions, employment status and access to health-care services were determined:

- Unemployment among IDPs. Unemployment among IDPs is identified as the biggest problem. IDPs are mostly residing in settlements of Baku and have poor access to transport network, and because of that, they cannot find work in the city. But, all of them noted that they received monthly allowance from the State and they are exempted from utilities payments (electricity, gas and water).
- Access to medical services. In areas where IDPs are residing densely, the primary health-care services are available (outpatient clinics or medical centre), but with very poor equipment, supply and personnel capacity. The IDPs mostly do not trust medical staff in local primary health-care services. For this reason, IDPs usually apply to private medical institutions that they trust, but high prices in these medical facilities is a great obstacle for accessibility to medical services. Another great obstacle reported by respondents is the high price of medicines and unsatisfactory quality of medicines.

Recommendations

- Development and dissemination of user-friendly information materials among IDPs for awareness-raising about HIV and TB.
- Dissemination of addresses, hotline numbers, directions, instructions and other information relevant to HIV and TB testing among IDPs.
- Development and dissemination of booklets about main rules and requirements for labour migration to the countries where IDPs usually migrate.
- Implementation of mandatory health insurance in the country.

Results of qualitative survey conducted by focus group discussion method among foreign students

In response to questions about main difficulties and obstacles encountered in Azerbaijan, the foreign students noted the following:

- Lack of the students' support centres at universities. As a main obstacle, the foreign students noted difficulties with registering in the migration office. Foreign students applying for education for the first time experience a great deal of difficulty in proceeding to temporary registration, university admission and registration of documents, as well as finding the location of an institution. Thus, no university provides information or any support to students.
- Lack of dormitories for students. Students are forced to rent an apartment and live in small, shared places. For foreign students, especially for the male students, finding an apartment with a reasonable price is a challenge.
- Many difficulties related to communication. The students are not provided with any information about addresses or telephone numbers where they can apply in case of emergency. Also, there is a big challenge with medical staff because of poor language skills – doctors cannot understand the complaints of students in case of sickness.
- No official permission for work. During the survey, foreign students expressed their dissatisfaction with the lack of employment rights in Azerbaijan. They noted that in many countries, students could work some hours in a week, but in Azerbaijan, they have no such opportunity.
- No students' medical insurance. Students from Pakistan and India noted that they have a lot of problems with health care in Azerbaijan during the first few months due to climate differences, but access to the medical services for them were limited due to the high price of health-care services in private clinics and lack of students' medical insurance. Another main problem was the lack of information related to hospitals' locations.

The main problems of foreign migrant students regarding access to medical services are the following:

- For temporary registration in the migration office, the foreign students have to undergo a medical examination. Only one private hospital has an official permission for this medical check-up, and the official price of this check-up is very high for students (AZN 80).
- The foreign students have a big problem in communication with local medical staff, because of lack of English-speaking medical personnel or any other language for communication.
- There is absence of medical insurance for students and high cost of medical services and medicines.
- There is extortion of unofficial payments by medical workers for services.
- Public hospitals are poorly equipped and medical service providers have low level of knowledge and skills.
- There is lack of information on the location of medical facilities.

Recommendations

- Development of multi-language websites with complete information related to registration procedures in the migration office in Azerbaijan, the list of necessary documents needed for registration, location of medical facilities, phone numbers and hotlines for emergency situations.
- Involvement of embassies in solving problems of foreign students.
- Establishment of students' support centres at universities.
- Dissemination of information related to HIV and TB and their testing for foreign students.

- Establishment of special medical centre with foreign language-speaking medical staff (or with translators).

Results of qualitative survey conducted by focus group discussion method among labour migrants

- Low level of awareness about requirements for labour migrants.
- Careless attitude of labour migrants to their own health. The labour migrants have limited access to medical services due to high prices and absence of health insurance.
- Communication problems (language difficulties).
- Poor awareness about HIV and TB infections (ways of dissemination, diagnostic, symptoms and prevention).
- High levels of stigma against HIV and TB among labour migrants.

Recommendations

- Increasing awareness about rights of labour migrants.
- Development and dissemination of information materials for migrants for raising awareness about HIV and TB (in easy understandable manner for migrants).
- Conduct of information campaign on elimination of TB and HIV-related stigma.
- Development of an information portal for labour migrants. Main topics should include the following: (a) labour law of countries that most labour migrants applied for (labour migration from Azerbaijan to the Russian Federation and Turkey); (b) information guides about key facilities; and (c) phone numbers for emergency situations.

Qualitative Nationwide Survey on Tuberculosis and HIV/ AIDS Awareness and Health-Care Access of Diverse Migrant Groups Residing in Georgia

INTRODUCTION

Georgia has achieved important progress in a number of human immunodeficiency virus (HIV) and tuberculosis (TB) programme areas. The Georgian Antiretroviral Therapy (ART) programme was recognized by international experts as one of the best in the region due to universal access to treatment, high coverage of target populations and improved quality of the programme interventions. Also, Georgia is one of the first in the region that started implementation of the World Health Organization's (WHO) Treat All strategy from December 2015.

The Georgian National TB programme has achieved remarkable successes in the uptake and implementation of contemporary international strategies and guidance in TB control. Visible improvements have been documented during the recent years in relation to TB burden, proven by the decreasing number of TB cases and TB rates. The universal access is ensured to the diagnosis and treatment of all forms of TB, including multidrug-resistant/extensively drug-resistant TB (MDR/XDR-TB) forms. The use of novel rapid diagnostic methods for TB and DR-TB, as well as that of newly developed drugs is being scaled up.

Despite the above-mentioned achievements, Tuberculosis and HIV/AIDS still represent a considerable public health concern in Georgia, as well as in other countries of the region. Particularly alarming are the rates of MDR and XDR TB forms, along with the increasing prevalence of HIV/AIDS registered cases, especially among men who have sex with men (MSM) population.[1]

The rates of interrupted treatment courses represent one of the main drawbacks in effective TB and HIV/AIDS control in Georgia.[2]

HIV and TB prevention, control and treatment needs of different groups of migrants and people on the move are largely overlooked in Georgia. In addition, there is a clear lack of evidence on the magnitude of these issues among migrants.

Interconnectivity between the three neighbouring countries (Armenia, Azerbaijan and Georgia) of the South Caucasus is strong with intense mobility along the South Caucasus transit corridors. The migration is intense between Georgia and Turkey, and Georgia and European countries as well. Bio-Behavioural Surveillance (BSS) survey conducted among people who inject drugs (PWIDs) in 2016–2017 in Georgia has indicated that drug users who immigrate to other countries continue to practice drug injection.[3]

Introduction of integrated border management in the region contributed to the enhancement of cross-border trade relations and cooperation, thus leading to the intensification of migration through the region. In a view of the above-mentioned challenges and considering the increased human mobility along the South Caucasus transit corridors, the absence of cross-border migrant-sensitive health-care services for early detection of HIV/AIDS and TB increases the risk of the diseases' transmission by migrants and mobile populations who represent one of the main at-risk groups.

1 Curatio International Foundation and Center for Information and Counselling on Reproductive Health – Tanadgoma, *HIV Risk and Prevention Behavior among Men who have Sex with Men in Tbilisi and Batumi, Georgia: Bio-Behavioral Surveillance Survey in 2015*, Survey Report (n.p., 2015).

2 Conclusions derived from the WHO Country Profiles of Armenia, Azerbaijan and Georgia. Report on current situation provided by the National TB Programme of Armenia, the National TB Programme of Azerbaijan and the National Center for Disease Control and Public Health of Georgia.

3 The BSS study conducted among PWIDs in 2016–2017 showed that 80.9 per cent of the study participants who are injecting drug users have experience of drug injection in Turkey, 7.1 per cent in Azerbaijan, 6.8 per cent in Ukraine, 4.6 per cent in the Russian Federation and 4.0 per cent in Germany.

In 2017, in order to have better understanding of the above-indicated risks, IOM has initiated a two-year South Caucasus regional project Enhancing Mechanisms for Prevention, Detection and Treatment of HIV/AIDS and Tuberculosis among Migrant and Mobile Populations in the South Caucasus Countries (H2), with the aim to facilitate and contribute to the enhancement of cross-border mechanisms for prevention, increased diseases' detection, referral and treatment of HIV/AIDS and TB among migrant and mobile populations in the South Caucasus region considering age/gender and education of migrants, as well as how these factors influence their experiences and needs.

The project supports the following actions:

(a) Health promotion campaign among migrant and mobile populations regarding HIV/AIDS and TB, focusing on preventive screening and treatment adherence;

(b) In-country Migrant Health Survey aiming at providing evidence-based recommendations for the elaboration of a coordinated, regional migrant-centred approach for HIV/AIDS and TB prevention and surveillance improvement; and

(c) Capacity-building of health-care professionals and border authorities facilitating the establishment of a regional professional network aimed at the advancement of cross-border referral mechanisms and elaboration of migrant-friendly health-care policies and programmes.

For implementation of the second activity of the regional project, a nationwide Migrant Health Qualitative Survey on HIV and TB was conducted by a team of local experts and interviewers among different groups of migrants in Georgia within the project funded by IOM Development Fund to assess the level of awareness, knowledge and experience of migrants regarding the availability and accessibility of HIV- and TB-related medical and public health services in their host and home countries and collect information regarding acceptability and quality of these services from the perspective of different groups of migrants.

The survey was conducted in the following groups of migrants and people on the move:

- Internally displaced persons (IDPs);
- Eco-migrants (Environmental migrants);
- Returned migrants (beneficiaries of the IOM Assisted Voluntary Return and Reintegration programme); and
- Foreign migrants (International students who immigrated for study purposes to Georgia).

Special consideration was given to the identification of gender-based differences in experiences and assessments of male and female migrants through collecting feedbacks from separate focus groups of male and female participants.

Study aim and objectives

The in-country Migrant Health Survey aimed at generating the evidence and providing recommendations for the elaboration of a coordinated, regional migrant-centred approach for HIV/AIDS and TB prevention, control and surveillance improvement.

Methodology

A qualitative research was conducted using the focus group discussions (FGDs) for collecting in-depth and open perspectives, perceptions regarding attitudes and experience of migrant participants. A total of 16 FGDs were organized with the participation of 141 migrants, from which 68 were male and 73 were female. The methodology implied participation of up to 190 migrants with estimated 20–30 per cent non-response rate. The actual non-response rate was 26.6 per cent.

Geographic locations: The focus groups were conducted in Shavshvebi and Tserovani among IDPs, in Marneuli and Gardabani among eco-migrants and in Tbilisi among foreign and returned migrants.

Table C.2 summarizes the details of the FGDs by groups of migrants, gender and locations.

Table C.2. Characteristics of the focus group discussion participants

Focus groups	Number of the focus group	Location	Number of participants	
			Males	Females
IDPs	1	Shavshvebi	9	
	2	Shavshvebi		11
	3	Tserovani		6
	4	Tserovani	10	
Eco-migrants	1	Marneuli		10
	2	Marneuli	8	
	3	Gardabani	10	
	4	Gardabani		9
Foreign migrants	1	Ivane Javakishvili Tbilisi State University		9
	2	Ivane Javakishvili Tbilisi State University	8	
	3	Tbilisi State Medical University		10
	4	Tbilisi State Medical University	5	
Returned migrants	1	Tbilisi	9	
	2	Tbilisi		10
	3	Tbilisi	9	
	4	Tbilisi		8

FGDs were led by experienced facilitators following a special guide developed for study purposes. The guide was pretested in focus groups of 10 people with some language adjustments afterwards. A note-taker was taking the notes of the responses to the open questions of the guide. The FGDs were recorded in audio also for the finalization of the notes.

The guide was structured by the following sections/domains:

- Domain 1: General information about the population;
- Domain 2: HIV and access to HIV-related health care; and
- Domain 3: TB and access to TB-related health care.

The FGDs' time varied between 55 and 75 minutes.

The study has generated important information for relevant policy and migrant health programme planning, but as any qualitative study, it had some limitations, including the following:

- There is potential facilitator bias.
- The discussions could be dominated or side-tracked by a few participants.
- It may not provide valid information at the individual level.
- The information is not representative of other groups of migrants.
- High stigma related to HIV and TB may have restrained the participants from providing honest responses.

Research findings

The findings of the survey are presented by each group of the migrants due to specific differences in experiences with regards to HIV and TB service utilizations.

A. Eco-migrants

The focus group of eco-migrants were organized at Gardabani and Marneuli, and the results are presented separately for each location.

Gardabani focus group results

Out of the 10 male participants of the focus group in Gardabani, 7 knew a person who was abroad for labour purposes for more than three months during the last year. They immigrated due to economic problems; they didn't have a job in Georgia and went abroad to survive and support families.

From females, 2 out of 9 had a personal experience of labour migration during the last year.

Both the male and female eco-migrants with experience of labour migration abroad have indicated stress and neuroses as the main problems they had abroad:

> "We are making money to help families, but the cost is very high due to stress."

One of the females had an arthritis and got treatment in Spain; she had a local insurance, and it covered the cost of treatment. She was satisfied with the service she received.

<u>HIV services</u>

Less than half of the eco-migrants knew where they could get HIV test; most of them listed infectious diseases hospital and the National Center for Disease Control and Public Health. One of the females said that HIV testing is available at all laboratories.

When asked about the importance of HIV testing among migrants, male eco-migrants agreed that it is very important to get an HIV test, especially after migrants come back to the home country to make sure that they are healthy and don't put their family members at risk of HIV transmission. They said that due to lack of time and lack of health-care-seeking attitudes, they don't know any migrant who went for HIV testing after returning to Georgia. Female eco-migrants believe that the migrant should get an HIV test if he/she was exposed to HIV infection risk due to lifestyle and behaviour. One of them indicated that all migrants should be interested in an HIV test, as nobody is protected, such as a friend who got hepatitis C infection at a manicure salon.

Georgia was a preferred country for HIV testing for slightly more than half of the eco-migrants. Although all of them indicated that testing is free in Europe, they were not sure if it was free in Georgia as well. One of male eco-migrants said that generally, people don't have a positive attitude towards migrants, and he prefers to have the HIV test done in Georgia.

Male and female respondents believe that the most important barrier for getting an HIV test done is lack of understanding and lack of culture of caring for one's own health. One of the female eco-migrants indicated the distance to specialized health-care facility as a barrier also.

Female eco-migrants believe that migrants don't go for HIV testing due to fear of positive diagnoses and high HIV-related stigma in the society. Male migrants think that these services are available if somebody wants to get them; the issue is lack of understanding of the need for testing:

> "If somebody needs to get an HIV test, he can find the facility where to get this service."

One of the migrants (Dato) said that HIV testing should be mandatory and done at the border checkpoint. Lack of information regarding HIV infection and State programmes that cover the cost of HIV-related services in Georgia may also be a barrier for migrants. One of the female migrants said that similar to TV spots on hepatitis C programme, they should advertise and promote HIV testing also.

Male migrants think that not many migrants will be infected with the HIV virus. Only one of them (Levan) said that illicit drugs are freely available abroad and migrants that inject drugs may be infected.

When asked to evaluate HIV services in Georgia, male and female eco-migrants gave positive evaluation mostly based on other peoples' experiences. Female participants said that they know nothing about these services, only what they hear from TV. They think that HIV diagnostic and treatment services available in Georgia are satisfactory.

Tuberculosis services

Male eco-migrants knew that TB testing can be done at TB outpatient clinics (TB dispensaries). None of them could say if TB screening can be done in Gardabani. While majority of females knew that such services were available at Gardabani clinic. Eco-migrants believe that migrants should be concerned more about TB than HIV as it is a more easily transmittable disease. Male focus group participants think that it may be a problem of prisoners and poor people, or people who live or work in crowded environments. One of the female migrants knew a person who had TB and went abroad for work, but he wasn't given a job due to the disease and had to come back. Another one said that some people immigrate to Europe to get better treatment for TB.

When asked about the country of preference for TB screening, the majority of the men said that it doesn't matter where, if testing has to be done. One of them said that services are better abroad. Females believed that TB screening should be done in Georgia before going abroad as if migrant has TB, he/she will have problems with finding a job in the host country.

Lack of money was indicated as a main barrier for getting TB screening. Females also indicated distance to diagnostic and treatment facility as a barrier.

They understand that migrants have higher risk for TB due to interaction with lots of people abroad. Also, they were informed that if somebody has an active TB, he/she can transmit the infection to others. Men are not aware what TB services are available in Georgia and can't evaluate them.

The male and female eco-migrants from Gardabani correctly listed symptoms of TB: weakness, lack of appetite, low fever, sweating, cough, pale skin and blood in sputum.

When asked about personal experiences regarding the TB treatment services, one male respondent knew a person (neighbour) who had TB; a nurse from a regional clinic brought medicines for him, but he wasn't compliant to treatment and later has died. Females told more stories of TB treatment of some patients they knew, both positive and negative. The main issue mentioned by them was cost of pre-treatment enrolment laboratory evaluation and cost of treatment, one of their relatives couldn't afford cost of treatment in Tbilisi and went to Abastumani, but even there he could not afford paying for housing more than two months.

Marneuli focus group discussion results

Out of eight male focus group participants, three knew a labour migrant and one had personal experience of working abroad during the last year in Turkey. They all go abroad due to bad financial situation to support families. Out of eight female focus group participants, only two knew a labour migrant who spent a few months abroad (two in Turkey and one in the Russian Federation, the husband of one of the female participants). None of the labour migrants they knew had any health-related issues during immigration or after coming back to the home country. They complain of bad working conditions and heavy workload, as they work as daily workers in the agriculture sector mostly. Sometimes they leave and come back due to terrible working conditions.

HIV services

When asked about the HIV testing site they knew, majority listed either infectious diseases hospital or dermato-venerology clinic. One of the females mentioned that she would call Ministry of Health hotline 1505 and ask where she could get HIV test in the closest location. They all agree that migrants should be interested in HIV testing, but it also depends on one's behaviour and lifestyle and how much he/she may have been exposed to HIV risk. One of the females mentioned that migrants who go to African countries should be concerned more about HIV due to high disease prevalence there. Majority of the male and female participants think that, in practice, labour migrants don't get HIV test. Only one female participant said that a labour migrant she knew had undergone such test before going to Turkey for work.

The majority of the FGD participants in Marneuli think that short-term labour migrants have less risk for HIV; they are so busy at work that they don't have time to get engaged in any HIV-risk behaviour. One of the male participants said that tourists should have higher risks for HIV.

When asked about the preferred country for HIV testing, the majority of the male and female participants answered home country due to familiarity with the system and HIV testing facilities. They indicated that labour migrants should get HIV test after returning home to ensure not only personal safety and health, but also the health of family members. Some of them said that migrants should get HIV test two times, before going abroad and after coming back. Only one male participant has indicated that:

> "I would like to keep my status confidential, thus would prefer to do the test in another country."

Among the barriers for HIV testing, the focus group participants mentioned financial barrier, along with laziness and fear due to high HIV-related stigma in the society. If somebody finds out their HIV positive status, they may be "in trouble".

They didn't have any information about available HIV-related services, but they knew that it is free of charge and available upon necessity. Only one female participant knew a Georgian man who lived in the Russian Federation (Vladikavkaz), who had HIV and came to Georgia as HIV diagnostic and treatment services there are better than in the Russian Federation, and she knew that the patient was happy with the service he received here.

Tuberculosis services

Not all participants of the focus group knew that TB diagnostic services were available in Marneuli. Some of them thought that it was available before, but not anymore. One of the male participants said

that he knew a person who was diagnosed with sensitive TB, but in Marneuli, they performed only initial evaluation and sent the patient to Tbilisi for treatment as the state programme didn't exist that time (When the facilitator asked what was the year of the diagnosis, it was said that three years ago that time, the state programme was functional).

The FGD participants believed that labour migrants should be concerned about TB more than HIV, as they work and live in very bad conditions in crowded houses and the risk of getting the disease is quite high. They think that if there is no immigration requirement, the migrants are not screened for TB due to lack of time, lack of understanding of the need, absence of the symptoms and the stigma. They say that TB-related stigma is lower in the society than HIV-related stigma.

The preferred country for TB screening was Georgia (home country), as labour migrants would have more time, they trust local health-care providers and treatment is free of charge. Only one male person who was diagnosed with TB three years ago complained of cost of treatment. He said that he paid for diagnostics and drugs also.

A female respondent gave a more positive evaluation of TB services in their town, as well in the country in general. She said that treatment is free and accessible as the nurse even delivers the medicines to patients' homes during the treatment. She indicated that the patients need social support and it would be good if the Government will provide them with social protection allowance to support them financially.

One of the female respondents knew a family in which the father had MDR TB and didn't comply with the treatment regimen; he has transmitted the disease to family members as well, and one of his kids died of TB. When asked about the TB symptoms, the males have listed fever for more than two weeks, cough, sweating, weakness and lack of appetite. Female participants added to this list bloody sputum. They said that "people afraid of blood in sputum".

Female participants also requested having full TB screening and treatment services available in Marneuli as transportation may be an issue for local population. One of them indicated the need of public awareness-raising for TB, like the Government now does for hepatitis C. It would be good to inform people about the risks and where they can get free screening on the disease.

B. Internally displaced persons

The focus group of IDPs were organized at the two largest IDP settlements in Shavshebi and Tserovani.

Shavshebi settlement focus group results

None of the male focus group participants from Shavshebi knew a labour migrant who spent more than three months abroad during the last year, while the majority of females (7 out of 11) knew such persons. They said that they immigrate due to financial problems and work abroad to support families. As they knew, their health condition was good, although they believe that they work in very bad conditions, and it may affect their health. Only one migrant they knew was dependent on alcohol, but they didn't know if the person was continuing drinking when was abroad.

HIV services

Male participants of the focus group didn't know where they could get the HIV test. Only one of them recalled a mobile ambulatory visit for hepatitis C screening that was offering HIV testing as well. Females were better informed about HIV testing options at Gori Hospital and at the infectious disease hospital in Tbilisi; one of them also listed mobile ambulatories as an option for testing. When asked if the migrant should be concerned about HIV, the majority of male and female participants gave a positive response; they believe that migrants should get HIV test at least after coming back from another country. They said that migrants don't get HIV test if it is not required by immigration rules by the hiring company or host family. When asked what per cent of migrants may be HIV positive, they said that it is hard to

think of the number as people usually hide this information. Only one male said that about 10 per cent may be HIV positive.

Males think that migrants may not get HIV test due to lack of money and fear of the diagnosis. Females have added to these reasons also the lack of knowledge and understanding of the need. All of them think that stigma is a big issue:

> "They will not get HIV test due to fear and shame. Going for HIV test already means that they admit having high-risk behaviour." – Female participant

Females have more experience in HIV testing, mostly during pregnancy. Some of them got HIV test along with hepatitis C when mobile laboratories visited them for tandem testing on HIV and HCV. One of the females said that she was given somebody else's HCV positive laboratory result, and her husband was very angry.

Tuberculosis services

Female participants were more open to discuss the subject than the males.

There are only a few male and female participants who knew that TB screening was available at Gori Hospital; one mentioned a TB centre in Tbilisi. Both groups believed that labour migrants should be concerned of TB as they meet a lot of new people and the disease is easily transmittable. They don't know if the migrants actually get TB screening; if not, the main barriers would be lack of money, time and lack of interest as well:

> "They go abroad because they don't have money, and they wouldn't spend it for TB screening."

If they don't have severe symptoms, they wouldn't see a physician. Regarding the preferred country for TB screening, the participants indicated both home and host countries and said that it depends in which country they will notice relevant symptoms. They believed that migrants should be screened for TB; some of them think that it should be mandatory and free of charge for all citizens. Women have mentioned mobile testing services as a good option for improving access to and uptake of screening in the rural areas. Many of the female participants knew TB symptoms and have listed them as fever, cough, weakness, sweating, weight loss and lack of appetite. As they said: "TB is very contagious."

When asked to evaluate TB treatment services, only one female participant could provide the feedback. Her brother was in a TB treatment programme, and she said that he was satisfied with the service received. They provided prophylactic treatment to his children as well. She said that it would be good if in-patient care would be available in Gori also. Another woman indicated lack of social support as an issue for TB patients, as they are usually very poor.

Tserovani focus group result

Four out of six male and only one female knew a labour migrant. They said that the people they knew didn't have health complaints, except for one who got a residence permit and had to spend some time abroad to maintain the status. He was old and his health complaints are age related. Other labour migrants are mostly the seasonal workers and work in the agriculture sector to generate some income.

HIV services

The participants listed many different clinics for HIV testing, including a hepa clinic at the Gudushauri Hospital, Tatishvili Clinic, Aramiantsi Hospital, infectious diseases hospitals and dermato-venerology clinics. They also mentioned National Center for Disease Control and Public Health of Georgia and Samkharauli forensic State bureau. One of the male participants said that they had a special training on HIV-related risks soon after getting settled in Tserovani.

More female than male participants thought that migrants should be interested in HIV testing as they may be more exposed to HIV risk abroad than in home countries. As one of the female participants said:

"They are out of families and may have occasional sexual contacts."

They also mentioned potential drug use abroad. Another woman said that migrants who had medical manipulations abroad or were taking care of patients with unknown diagnosis should have concerns also.

When asked about the real practice of migrants testing on HIV, they said that most of them aren't interested if it is not a requirement for immigration. More frequently suggested testing country was Georgia; also, one of the male participants said that for confidentiality reasons, it is better to get HIV test in the host country. In addition, at the home country, they don't have language barriers. In addition, migrants may have financial barriers for getting the test abroad; some of them work as illegals and will not go to a medical facility for testing. One of the women was very confident that labour migrants should get HIV test as soon as they come back to the home country:

"They should get tested upon return to Georgia. They are coming back to their families and should know if they are healthy."

One of the females recalled that a mobile ambulatory visited them in Tserovani offering free HIV test, but only very few of the IDPs agreed to get tested:

"What would people think if they agree to get HIV test?"

Stigma is a considerable barrier for HIV testing. In addition, IDPs don't trust state programmes:

"They were disappointed by the Government many times and don't believe that somebody would offer something good for free."

IDPs thought that some of the migrants don't want to spend time on such tests; generally, people don't get tested unless they have severe symptoms.

One of the male participants said that he had a personal experience with HIV testing with a mobile ambulatory and was quite satisfied with the service and the way the physician was explaining the purpose of the testing.

Tuberculosis services

A vast majority of the male and female focus group participants knew that TB screening was available in Tserovani:

"They collect sputum here and send for testing to Tbilisi."

They think that migrants should be concerned about TB, as one of the women participants said:

"For TB, it doesn't matter if you are a migrant or not; what is more important are your living conditions."

They think that many migrants would be screened for TB. The preferred country for such screening is the home country, especially for men, who believe that TB screening is free of charge here and there is no language barrier. Some of the male and female IDPs said that it should be done wherever the migrants will notice the symptoms. They believe that migrants, and people in general, will not go to the physician's office for prophylactic screening; they will seek care only when they will have actual symptoms of the disease. Stigma and fear of losing a job are the most important barriers for TB screening in the home country:

"They are afraid to lose a job because of TB and will not get tested, or will get tested but will hide the results."

Many of the FGD participants think that TB services are free of charge in Georgia, and the quality, they think should be Okay; but others said that it happened for other health programmes before that they were told that it was free and when they actually wanted to use the services, they were asked to pay. One of the male participants said that he knew a migrant who had TB and got treatment here, but it was quite expensive. He said that the patient got TB in prison. Some of the participants expressed wish to have better equipped health facilities locally, at least an X-ray and more qualified health personnel. They also mentioned transportation issues for other village populations who live a bit far away from the available service points.

Female participants indicated social support issues also. One of them said that the allowance that TB patients receive is too little and can't ensure that patients would be able to complete treatment course, and usually there are several TB patients in one family and have inadequate food supply during the treatment. Interestingly, they said that patients come to Georgia from neighbouring countries, such as the Russian Federation and Azerbaijan, to get TB diagnostic and treatment services here as the quality is still better than in their countries.

C. Returned migrants

Returned migrants have more health-care related experience than any other focus group participants. The countries of their immigration included Belgium, France, Germany, Greece, Luxembourg, Poland, Switzerland and the United Kingdom; the most frequently visited host countries were Germany and Greece. Some of the returned migrants have experience of living in two and more countries abroad. Most of them stayed in shelters, and only a few have working experience. Many had to use health services, some of them have experience in getting TB and hepatitis C-related services, and only one returned migrant had HIV-related health-care experience abroad.

Female migrants had more experience in using health services abroad either for themselves or for family members. They have evaluated this experience between excellent and good. They think that it is very important that health services are free of charge for migrants in European countries. Some of them, including one oncology patient, have started treatment in Europe and completed full courses, but when they returned to Georgia and wanted to have follow-up examinations, they were requested to pay for the services.

Returned migrants mentioned that they had some mental problems during their stay in host countries. Women had more issues with depression, while males indicated having neuroses due to high stress. The majority were living in good shelters; many women were there with their children, but as they indicated, they were under the constant fear of deportation.

Also, both male and female migrants believe that depending on the individuals, one can tell if migrants have generally positive attitude towards their lives, if they seek medical care, and if not, they don't care about their health despite good access to health care in Europe for migrants.

When asked about HIV testing sites, the majority of male returned migrants knew about the infectious disease, AIDS and Clinical Immunology Research Center (National AIDS Center) in Tbilisi; some of them also listed Aversi Clinic. Some female migrants also knew that HIV testing is available at infectious diseases clinics. A few had testing experience also due to personal health issues (such as testing prior surgery and testing within the haemodialysis programme). They believe that Georgian migrants living in Europe should be concerned about HIV as they are meeting and interacting with lots of people who may be at risk or even infected with the HIV virus:

> "It is a very dangerous disease. Migrants should be concerned about HIV and interested in testing to prevent transmission of the disease." – Giorgi

> "They should know their HIV status for their health and for the health of others." – Gela

Many of them believe that everybody should be concerned about HIV, not only migrants, and should get tested, although they think that not many migrants are actually getting HIV tests. Female migrants who lived in Germany recall that blood samples were collected from them when they arrived at shelters, but they didn't know if HIV test was performed.

Some of the female participants overestimate the magnitude of HIV problem among migrants. One of them said that about 30 per cent of migrants must have HIV, but the majority thinks that it is a very high percentage for the migrant population.

Regarding the preferred testing country, half of the male migrants believe that it is better to get tested in Georgia as they know physicians there and there is no language barrier, while another half thinks that it is better to do the test abroad as they offer better quality and testing is free of charge there. Females also think that good quality is guaranteed abroad, but not always in host countries, as migrants are often seen with sympathy.

When asked if the migrants should get HIV test, they all said yes, as they are exposed to high risk when living abroad. They said that many of the male migrants also inject drugs:

> "Many use drugs. They have multiple sexual partners, and they should have concerns." – Natia

Male returned migrants are not sure about the availability of HIV testing and treatment services in Georgia, although they think that it shouldn't be a problem to get HIV test or get AIDS treatment here. Female migrants are more aware of HIV testing and treatment sites in the home country. One of them said that a friend received treatment for HIV/AIDS at the infectious diseases hospital in Tbilisi and was happy with the service. Generally, they would like to have better and clean health-care facilities with good infrastructure and well-trained personnel similar to what they have seen in Europe.

One of the focus group participants expressed a wish for having HIV self-tests sold at pharmacies that would make more people interested in testing. For the potential barriers of HIV testing, along with financial barrier, both male and female migrants indicated stigma, fear of the diagnoses and self-confidence that HIV is not their problem:

> "I don't have a risk for HIV. Why should I get tested?"

> "HIV is not my problem."

One returned migrant with HIV infection said that he also thought that he was healthy, as he didn't know the symptoms of this disease and couldn't think of it. He believes that people lack information about HIV, the ways of transmission and how it manifests, and the symptoms of this disease. The Government should develop a proper strategy on how to deal with HIV infection, starting with how to decrease HIV-related stigma in the society. One of the men who participated in the study believed that the Government should test everybody and offer treatment as necessary.

A migrant with HIV infection expressed his concerns regarding the condition of the National AIDS Center, a facility offering HIV treatment in Georgia:

> "Physicians are good, but they work in very poor conditions. They don't have their own building. In the current facility, the sanitary conditions are awful if you compare with the facilities in Germany. It is like hell."

His diagnosis was defined abroad, and he continues treatment here, although he thinks that the quality of medicines is not as good in Georgia as it was in Europe. Another man said that he knew of a Georgian boy who died of AIDS in Germany; this boy was very sick, Georgian physicians couldn't help him there and he was sent to a German clinic, but it was too late.

Returned migrants are better informed about TB screening, diagnostic and treatment sites in Tbilisi. Only a few didn't know about the National Lung Diseases Center that was mentioned as Khudadovi Clinic (former name of the institution) by the migrants. Some of them said that there are TB outpatient clinics also. One of them knew about the TB hospital in Abastumani. Male returned migrants believe that all migrants should be screened on TB. At shelters, they had mandatory screening on TB, but they were interested to get screened themselves also, as the disease is easily transmittable. Females agree, but they also say that women don't have their own health care in their daily agenda; they first think of the family and job obligations and rarely about their own health.

Respondents believe that not many migrants will have TB. When asked about potential barriers, they think that lack of time and cost of services may be obstacles for migrants to seek TB-related care.

Regarding the TB diagnostics and treatment, they believe that these services are better received abroad, as the quality of services and condition of health-care facilities are poor in Georgia. One of the participants indicated that his uncle was told that he was cured from TB in Tbilisi and when he went abroad for work, he had to undergo repeated treatment for TB; he feels well now. Another returned migrant said that he was diagnosed with TB in Georgia. He wanted to get treatment in Tbilisi, but the price was high, and he decided to get treatment in Gardabani. The condition and the service weren't bad there.

One of the male migrants recalled a case in a shelter in France when one of the immigrants was diagnosed with active TB, and all people living in the shelter were screened for TB to identify potential cases of the infection. The person didn't go for check-up despite the symptoms; he preferred to make money and not waste time in going to medical centres, and even so that he didn't need to pay for the service. The understanding of risks and severity of TB as a disease is inadequate also:

> "They (migrants) don't have full understanding of how serious TB is and don't have proper attitude for seeking relevant care." – Zura

The importance of people's general attitude towards seeking health care was mentioned by female migrants as a barrier; also, as they say, migrants wouldn't go to a physician's office unless they are really very sick.

The majority of the participants were aware of TB symptoms and were able to list them as follows:

- Sweating;
- Pale skin;
- Low fever;
- Loss of appetite;
- General weakness; and
- Weight loss.

When asked what they would like to improve in relation to TB care in Georgia, participants who had relevant experience mentioned that, first of all, they would like to change the attitude of health-care workers:

> "Here, everybody is fighting with patients. Abroad, they are smiling at you and asking what they can do for you."

Another person expressed concerns regarding the quality of care in Georgia. He said that here, patients with active and latent TB are hospitalized, while abroad, only active TB patients are hospitalized. Here, they add other medicines to treatment regimens and ask patients to pay for extra medications. One of the female migrants had family members with TB; her sister and niece were diagnosed with TB; the sister has died despite the treatment, and the niece is feeling well now. Another said that her laboratory test result was lost somehow at a TB clinic and she had to repeat the test. Migrants have concerns regarding general care of TB patients, including food supply for patients and social support. In Europe, patients have full package of support, while here, only treatment is free and patients may not have money for food:

> "Why would they need medicines, while many are starving?" – Kote

Also, they wish to have better and clean facilities in Georgia.

One of the male participants expressed concern regarding the infection control measures at the TB clinic; namely he said that when he visited a TB patient abroad, he was dressed with protective costume and looked like an alien, while here when he visited a TB patient in Tbilisi, he was given only a face mask for protection from the infection.

D. Foreign students

The focus groups of foreign students were organized at the Tbilisi State Medical University (TSMU) and Ivane Javakhishvili Tbilisi State University (TSU).

The majority of foreign migrant students never worked or studied abroad before, and they could only share the experience they had in Georgia regarding general health-care services; only a few of them knew about the availability of HIV and TB screening services in Tbilisi. Most of them were screened on HIV and TB before coming to Georgia, as it was required either by the Georgian consulate for visa processing or by the universities accepting them (TSMU or TSU). Some of them have indicated physical and mental adaptation issues when coming to Georgia. One of them missed one month of study due to physical issues after coming to the host country, and he faced bureaucracy problems when seeking health care in Georgia.

When asked about the HIV screening site in Tbilisi where they could get HIV test, only two male and one female foreign students could indicate such facility – National AIDS Center; one also knew the address. None of the students were tested on HIV in Georgia, and thus couldn't assess the relevant health-care service in the host country.

Compared to their home countries, like India or Iraq, the students think that immigrants shouldn't be concerned about HIV in Georgia, which is a very low-HIV prevalence country. Two of the students have indicated that international students and migrants are not concerned about HIV due to lack of knowledge:

> "I guess migrants need to have more information, and as a result, they would get concerned. If we raise the awareness, spread the word about the statistics and the real threat of HIV, the migrants will also act more safely in general." – Joel

> "They should be concerned, but as most of the migrants have no information about the disease, they are not bothered for this matter of fact." – Ashutosh

At the same time, many of their friends who participated in the focus group think that people are generally aware of what HIV does and how it spreads, so they take safety measures and don't concern themselves of HIV.

When asked about their opinion regarding migrants actually testing practices on HIV, they responded that it must depend on one's risky behaviour and lifestyle. One who doesn't have potential exposure to HIV infection wouldn't get tested; however, due to immigration requirements, majority of their classmates and international student friends are tested for HIV. Generally, they believe that people, including migrants, wouldn't share this information as this is something confidential.

On the question whether they prefer to get the testing done in their home countries or in Georgia, they said that they prefer to take tests in their home countries due to the familiarity with the system and trust. However, some of the male students said that it does not matter which country it is; if the testing needs to be done, they will go to any hospital that would offer testing on HIV. It was indicated that in their home countries, they face social stigma, and the society has a negative attitude towards people who live with HIV:

> "People in India exclude 'odd' individuals right away. This is inevitable." –Dassami

They anticipate that the same can also be a case in Georgia. Additionally, both male and female students listed language barrier and social and cultural differences (being new to a place) among the barriers for getting HIV test.

The students didn't have any information regarding the cost of HIV testing and treatment, as well as the availability of such services for foreign citizens. They thought that financial barrier may be substantial for students.

The majority of the international students who participated in the focus groups believe that a very small per cent of immigrant people maybe infected with HIV, and that they were tested for HIV before coming to Georgia. A dangerously large number of them thinks that "even if they had a risky behaviour, it is less likely that they will get HIV" in Georgia.

Generally, female foreign students have more concerns regarding their health than males. In addition, they were not well informed about the students' health insurance coverage; apparently, it covers only emergency care:

"When I came to Tbilisi, my appendix exploded, so I had to have it removed. I had an operation in an Aversi clinic. The doctors could speak English well, and everybody was taking care of me. As for the insurance, I sure had a student insurance; however, it did not cover the costs of the operation. I had to pay on my own, which was unexpected." – Reshma

All the female participants seemed very alarmed with the environmental issues in Georgia, particularly the high rate of smoking and air pollution. They reported that every public place smells like cigarettes. They also expressed their frustration about the heavily polluted air and smog, which is clearly noticeable in the capital city of the country.

One female student complained about the lack of compassion and support of foreigners in Georgia:

"Once, I got into a public transport accident, and I felt like there was nobody to help me. Usually, people rush to get the injured ones some aid and support, but I did not feel any compassion. This is why I do not feel very safe here." – Katherene

Girls are well aware of the need for testing of HIV, but they feel that there is lack of information, and even locals are not aware of HIV testing facilities:

"In my opinion, all people need to be tested for the HIV, no matter if they are the migrants or locals of Georgia. Besides, it is essential to raise the awareness about this issue." – Sarra

"How can migrants know if they need to get tested or where to go, when the local citizens are not informed either?" – Ranice

Only one female student expressed preference to get tested abroad and not in a home country due to stigma:

"If I wanted to do the HIV check-up in my country, I would not do it. I would prefer to do it overseas to feel safe from the social stigma." – Leen

Another potential barrier named by girls was uncertainty regarding the quality of testing and safety of medical procedures in Georgia and how reliable the results can be:

"We need more information about how it is being done at Georgian HIV centres, what are the procedures and what are the conditions." – Joanne

Foreign students were much more concerned about TB, as it is much easily transmitted than HIV. Also, they think that the urban and crowded areas are more dangerous in terms of acquiring TB and migrants tend to live in bigger cities rather than in rural areas, and, in one of the female students' (Varda) opinion, this is one of the risk factors for migrants that needs to be considered.

When asked about potential barriers for TB screening, in addition to the financial and language barriers, female students pointed out a couple more issues, including lack of information regarding available TB services and the quality of diagnostics and treatment in Georgia. All of them had mandatory TB screening in their home countries before coming to Georgia due to the visa requirements.

None of the foreign students had actual experience regarding TB-related treatment and care and couldn't evaluate these services.

Conclusions and recommendations

Different groups of migrants have different knowledge, attitude and experience regarding general health care, and HIV and TB detection and treatment services in particular. Although they share some similarities, the majority of them agree that migrants should be tested for HIV and screened for TB after returning to their home countries, as they are exposed to increased risk for HIV and TB. Some of them believe that it should be done both before immigrating and after return. They also agree that in practice, a very small per cent of migrants actually get such services. The exceptions are the cases when HIV and TB screening is the immigration requirement, like it is for foreign students who are admitted to Georgian medical universities. Georgian immigrants to Western European countries undergo mandatory screening at shelters also, but not all of them are aware of what diseases they are screened due to language barrier. At the same time, illegal immigrants can't utilize the same services due to visa terms' violation.

They also share the opinion that there is high stigma associated with both HIV and TB in the society, with a negative impact on the uptake of screening services by migrant groups both in the home country and abroad.

Lack of awareness, understanding of the need and the cost of services were the most frequently indicated barriers for HIV and TB services. The cost of services was the most critical barrier for IDPs and eco-migrants who go to neighbouring countries for seasonal daily work, have little income and no social support like migrants who immigrate to Western Europe where they are provided with social assistance and have free shelter. Lack of health-seeking behaviour was also mentioned by almost all groups as an important barrier.

In addition, the eco-migrants and IDPs have complained of geographic access to services, as HIV and TB services are provided at the specialized clinics and in case of need, they have to travel and cover substantial distances. Mobile ambulatory services had the most positive evaluation by these groups of migrants.

It has to be emphasized that all groups of migrants were well aware of TB symptoms, although many understood that it may be late if migrants will wait for disease symptoms' manifestation.

Positive evaluation was provided to HIV and TB services received in Europe by returned migrants. They indicated that the quality of services was good and, what they have especially emphasized, is they were able to receive the services free of charge; although they were not well aware of the HIV and TB programmes that were provided locally in Georgia and if the services are free. Foreign students didn't have any experience of getting HIV- or TB-related services in Georgia and couldn't evaluate them also. The eco-migrants with experience on local services agreed to the point that services must be better received abroad, but those who didn't have such experience said that services are better received at home. Some of the IDPs expressed the concern that they were disappointed many times by the State and have a little trust that they will be offered something good free of charge. Although, the quality and access to HIV and TB service must be improved, they are still better than in some of the neighbouring countries like the Russian Federation and Azerbaijan, as the migrants believe, and people from these countries come to Georgia to receive these services.

Recommendations:

(a) A quantitative study of HIV and TB prevalence among the migrant populations should be conducted for understanding the magnitude of these problems among the migrants.

(b) Based on the research-generated evidence, the Government of Georgia should develop a specific plan supported with the relevant State programmes to ensure access to HIV and TB services, including free diagnostic and treatment services for the migrant populations.

(c) HIV and TB screening mobile programmes should be supported by the Government for IDPs and eco-migrants to ensure their coverage with the relevant screening services and well-established, accessible referrals in case of need.

(d) Special regulations and arrangements should be in place to support screening of HIV and TB with relevant referral system in place for returned migrants, including the short-term seasonal migrants, preferably at the main border checkpoints. Ensuring confidentiality should be prioritized, considering the high stigma associated with both diseases in the society.

(e) The Government, especially the border control department, should ensure awareness-raising of all groups of migrants on HIV and TB, emphasizing the risks of transmission, the ways of protection and the needs of regular screening. The informational brochures should indicate where the migrants can get free testing on these diseases in host countries and what services they are eligible for free, if any.

(f) A social media awareness-raising and stigma reduction campaigns promoting HIV and TB screening among migrants should be developed and supported, enabling migrants to complete self-risk assessment tools and to have free and confidential communication with dedicated personnel guiding the migrants who are willing to get relevant services either abroad or after return in their home countries.

References

Barnett, J.M.
2002 Focus group tips for beginners. Texas Center for the Advancement of Literacy and Learning (TCALL) Occasional Research Paper no. 1.

Curatio International Foundation
2015 HIV Risk and Prevention Behaviors among People who Inject Drugs in Seven Cities of Georgia: Bio-Behavioral Surveillance Survey in seven cities of Georgia. Study Report. Curatio International Foundation, Bemoni Public Union, Tbilisi. Available from http://curatiofoundation.org/wp-content/uploads/2016/03/PWID-BBS-Report-2015-ENG.pdf

Curatio International Foundation and Center for Information and Counselling on Reproductive Health – Tanadgoma
2015 *HIV Risk and Prevention Behavior among Men who have Sex with Men in Tbilisi and Batumi, Georgia: Bio-Behavioral Surveillance Survey in 2015.* Survey Report (n.p.).

Levan Sakvarelidze National Center for Disease Control and Public Health
2018 Summary Report on Activities Performed in 2017. National Center for Disease Control and Public Health, Tbilisi. Available from www.ncdc.ge/Handlers/GetFile.ashx?ID=0146da5a-a126-4a3c-908c-d1e61c5759e3

Marczak, M. and M. Sewell
n.d. Using focus groups for evaluation. University of Arizona. Available from https://cals.arizona.edu/sfcs/cyfernet/cyfar/focus.htm

Rennekamp, R and M. Nall
n.d. Using focus groups in program development and evaluation. Cooperative Extension Service, University of Kentucky – College of Agriculture. Available from https://psd.ca.uky.edu/files/focus.pdf

USAID Center for Development Information and Evaluation (CDIE)
1996 Conducting focus group interviews. Performance Monitoring and Evaluation, TIPS no. 10. Available from http://pdf.usaid.gov/pdf_docs/pnaby233.pdf

Appendix D: Screening form

Screening form for border surveys

No.	Question	Answer	Skip
101	What is your purpose of crossing the border?	Labour 1 School/Education 2 To visit a family member 3 To receive health care 4 Vacation/leisure 5 What else? _____ 6 No response 99	**Eligible** Not eligible-end Not eligible-end Not eligible-end Not eligible-end
102	Do you either plan to be in the destination (outbound migrants) or the country that you are entering (foreign nationals) for three months or more?	Yes 1 No 2 No response 99	Not eligible Not eligible
103	**For foreign nationals staying in entry country for three months or more**: Did you work in the country from which you are coming (last place you resided)?	Yes 1 No 2 No response 99	
104	Are you at least 18 years old?	Yes 1 No 2 No response 99	Not eligible Not eligible
Ask eligible persons if they are willing to participate in the survey. If yes, provide information and conduct consent.			

Appendix E: Informed consent form

CONSENT FORM

I, ……..……..……..……., hereby authorize the International Organization for Migration (IOM) and its authorized representatives to collect and use my personal data for the following purposes:

PURPOSES Specified and defined prior to data collection	DESCRIPTION The information will be collected by questionnaire and blood sample collection	CONSENT	
		Yes	No
(a) Original specified purpose	Research aims at improving communicable diseases surveillance in Armenia, Azerbaijan and Georgia		
(b) Additional research purpose	To facilitate improvement in HIV/AIDS and tuberculosis health-care access and delivery for migrants		
(c) Additional foreseeable purposes	To facilitate improvement of continuity in health-care service provision by strengthening intercountry cooperation frameworks in the South Caucasus region		

I agree that my personal data may be disclosed to:

	NAME OF THIRD PARTY To be filled in by data controllers/interviewers	CONSENT	
		Yes	No
(a) Authorized IOM staff	Staff members involved in IOM Regional Project on HIV/AIDS and tuberculosis		
(b) Authorized third parties	Armenian AIDS Center Institute of Lung Diseases of the Ministry of Health, Azerbaijan AIDS Center of Azerbaijan National Center for Disease Control and Public Health, Georgia		

Data subject's declaration of informed consent:

1. I have been informed about the specified and additional purpose(s) for which my personal data will be collected, used and disclosed, as described above.
2. I understand that my personal data may be used and disclosed for secondary purposes that are necessary to achieve the above described specified purpose.
3. I understand that I may access and rectify my personal data on request by contacting IOM and the National Center for Disease Control and Public Health of Georgia (NCDC).
4. I understand that withdrawal of my consent may result in IOM being unable to provide me with a service for my benefit.
5. I declare that the information I have provided is true and correct to the best of my knowledge.
6. I understand the contents of this informed consent form after:
   (a) Having read the above clauses: Yes/No
   (b) The above clauses have been translated or read to me: Yes/No
7. I voluntarily make this declaration and freely consent to the collection of my personal data, and I am aware that I do not have to give any personal data that can be used to link my responses and test results to me personally.

Signed at (place) …… **on (date)** ……

……
Interviewer's signature

……
Data subject's signature or mark

Appendix F: Questionnaire

QUESTIONNAIRE (QUESTIONS MAY VARY FOR THE FINAL QUESTIONNAIRE IN ARMENIA)

Questionnaire for migrants
Tick off the appropriate responses to each question.

SECTION 1. DEMOGRAPHIC CHARACTERISTICS

No.	Question	Answer
101	What is your age?	_____
	No response	99
102	What is your gender?	
	Male	1
	Female	2
	Other	3
	No response	99
103	What is the highest level of education you have achieved?	
	Primary or less	1
	Incomplete secondary	2
	Secondary	3
	Secondary technical	4
	Incomplete university	5
	University	6
	No response	99
104	What is your marital status?	
	Single/never married	1
	Married	2
	Divorced/Separated	3
	Widowed	4
	No response	99
105	What is your nationality?	
	Armenian	1
	Azerbaijani	2
	Georgian	3
	Russian Federation	4
	Turkish	5
	Other (specify)	6_____
	No response	99
106	What is your citizenship?	
	Armenia	1
	Azerbaijan	2
	Georgia	3
	Russian Federation	4
	Turkey	5
	Other (specify)	6_____
	No response	99
107	What do you consider to be your home country (your primary place of residence)?	
	Armenia	1
	Azerbaijan	2
	Georgia	3
	Russian Federation	4
	Turkey	5
	Other	6_____
	No response	99

SECTION 2. MIGRATION PATTERNS

For RETURNING NATIONALS only (returned migrants)

No.	Question	Answer	
201	How long have you stayed in the country from which you are returning for the purposes of labour? (Must be at least three months)	_____ months	
	No response	99	
202	From which country are you returning for which you have been for at least three months for the purposes of labour?		After this question, skip to q 205
	Armenia	1	
	Azerbaijan	2	
	Georgia	3	
	Russian Federation	4	
	Turkey	5	
	Other (specify)	6_____	
	No response	99	
For FOREIGN NATIONALS only			
203	Is this your first visit to this country?		
	Yes	1	
	No	2	
	No response	99	
204	Do you plan to stay here for the purposes of labour for at least three months?		
	Yes	1	
	No	2	
	No response	99	
		Home country (from qx 107)	**Abroad (from qx 202 for returning nationals)**
For all participants			
205	In which sector are you primarily employed?		
	Not employed	1	1
	Agriculture	2	2
	Trade	3	3
	Science	4	4
	Service	5	5
	Other (specify)	6_____	6_____
	No response	99	99
206	Do the following characteristics describe your living conditions?		
	Crowded	1	1
	Unventilated (no fresh air)	2	2
	Without heat in winter	3	3
	Unclean	4	4
	No indoor running water	5	5
	Toilet shared with more than four people	6	6
	Other (please specify)	7_____	7_____
	No response	99	99
207	Do the following characteristics describe your working conditions?		
	Crowded	1	1
	Unventilated (no fresh air)	2	2
	Without heat in winter	3	3
	Unclean	4	4
	Other (please specify)	5_____	5_____
	No response	99	99
208	How many times have you had to change your living place (i.e. place where you slept for at least 30 days) in the past one year?	____ times	____ times

SECTION 3. SEXUAL LIFE AND CONDOM USE

No.	Question	Answer	
		Home country (from qx 107)	Abroad (from qx 202 for returning nationals)
301	Have you had unprotected sexual intercourse in the past 30 days?		
	Yes	1	1
	No	2	2
	No response	99	99

SECTION 4. INTRAVENOUS DRUG USE

No.	Question	Answer	
		Home country (from qx 107)	Abroad (from qx 202 for returning nationals)
401	Have you ever injected drugs?		
	Yes	1	1
	No	2	2
	No response	99	99

SECTION 5. HIV/AIDS TESTING

No.	Question	Answer	
		Home country (from qx 107)	Abroad (from qx 202 for returning nationals)
501	Do you know where you can undergo HIV testing, if you wish to?		
	Yes	1	1
	No	2	2
	No response	99	99
502	Did you have an HIV test and receive your results in the past 12 months?		
	Yes	1	1
	No	2	2
	No response	99	99

SECTION 6. KNOWLEDGE ABOUT TUBERCULOSIS AND TUBERCULOSIS-HEALTH SEEKING BEHAVIOURS

No.	Question	Answer				
601	Have you had any of the following health problems within the past six months?					
	READ THE LIST. MULTIPLE ANSWERS POSSIBLE	YES	NO	DK	NR	NA
	a. Cough for more than two weeks	1	2	88	99	96
	b. Unexplained weight loss of more than four kilos	1	2	88	99	96
	c. Unexplained fever for more than two weeks	1	2	88	99	96
	d. Drenching night sweats for more than two weeks	1	2	88	99	96
	e. Spitting up blood	1	2	88	99	96
	f. Unexplained chest pain for more than two weeks	1	2	88	99	96
	g. Unexplained fatigue for more than two weeks	1	2	88	99	96

No.	Question	Answer
602	Have you heard of tuberculosis or TB?	
	Yes	1
	No	2
	No response	99
603	Have you coughed up phlegm into a container for TB or TB testing within the past two years?	
	Yes	1
	No	2
	No response	99
604	Have you undergone a chest X-ray for TB testing within the last two years?	
	Yes	1
	No	2
	No response	99
605	Have you been told by a health-care worker that you are ill with tuberculosis or TB at any point within the last five years?	
	Yes	1
	No (→701)	2
	No response	99
606	If you have been diagnosed with tuberculosis or TB within the past five years, were you able to complete at least six months of TB treatment?	
	Yes	1
	No	2
	No response	99

SECTION 7. ACCESS TO SERVICES AND NEEDS

No.	Question	In Georgia	While abroad
701	Have you been provided with condoms during the past 12 months (for example by outreach workers or at an NGO)?		
	Yes	1	1
	No	2	2
	No response	99	99
702	Is it easy for you to access health care when you need it?		
	Yes	1	1
	No	2	2
	No response	99	99
703	In the past one year, have you visited a health-care professional at a clinic, hospital or health-care centre?		
	Yes	1	1
	No	2	2
	No response	99	99
704	How would you rate your treatment during your last visit to a health-care professional at a clinic, hospital or health-care centre?		
	Poor	1	1
	Good	2	2
	Very good	3	3
	Excellent	99	99

Appendix G: Data disaggregated by sex

Table G.1. Sociodemographic factors among migrants in Azerbaijan and Georgia disaggregated by sex, 2018

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Age							
Male	<25 years	8	3.2	1.1–5.3	15	10.1	4.9–15.2
	≥ 25 years	240	96.8	94.7–98.9	134	89.9	84.8–95.1
Female	<25 years	1	1.9	0.0–5.8	11	5.6	2.3–9.0
	≥ 25 years	51	98.1	94.2–100	185	94.4	91.0–97.7
Education							
Male	Primary or less	3	1.2	0.0–2.5	0	--	--
	Incomplete secondary	13	5.2	2.5–8.0	2	1.4	0.0–3.2
	Secondary	148	59.7	53.7–65.6	85	57.4	49.2–65.7
	Secondary technical	49	19.8	14.8–24.7	22	14.9	9.1–20.6
	Incomplete university	16	6.5	3.5–9.5	5	3.4	0.4–6.4
	University	19	7.7	4.4–10.9	34	23.0	16.4–29.6
Female	Primary or less	0	--	--	0	--	--
	Incomplete secondary	7	13.5	4.1–22.8	5	2.6	0.4–4.7
	Secondary	32	61.5	48.4–74.6	112	57.1	50.3–64.0
	Secondary technical	10	19.2	8.6–29.9	22	11.2	7.0–15.4
	Incomplete university	2	3.8	0.0–9.1	6	3.1	0.7–5.4
	University	1	1.9	0.0–5.8	51	26.0	19.9–32.2
Marital status							
Male	Single/Never married	63	25.4	20.1–30.7	37	25.0	17.7–32.3
	Married	164	66.1	60.3–71.9	106	71.6	64.1–79.1
	Divorced/Separated	12	4.8	2.3–7.4	2	1.4	0.0–3.2
	Widowed	9	3.6	1.2–6.0	3	2.0	0.0–4.3
Female	Single/Never married	10	19.2	8.7–29.7	18	9.3	5.0–13.7
	Married	29	55.8	42.2–69.3	158	81.9	76.3–87.4
	Divorced/Separated	6	11.5	3.0–20.1	6	3.1	0.7–5.5
	Widowed	7	13.5	4.4–22.5	11	5.7	2.5–8.9

Note: CI – confidence interval.

Table G.2. Nationality, citizenship and primary residence among migrants in Azerbaijan and Georgia disaggregated by sex, 2018

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Nationality							
Male	Armenian	0	--	--	1	0.7	0.0–2.0
	Azerbaijani	188	75.8	70.6–81.0	1	0.7	0.0–2.1
	Georgian	9	3.6	1.3–6.0	132	88.6	83.3–93.8
	Russian Federation	0	--	--	0	--	--
	Turkish	12	4.8	2.2–7.5	13	8.7	4.1–13.4
	Other	39	15.7	7.6–23.8	2	1.3	0.0–3.2
Female	Armenian	0	--	--	0	--	--
	Azerbaijani	38	73.1	60.7–85.4	3	1.5	0.0–3.3
	Georgian	6	11.5	3.7–19.9	181	92.3	88.5–96.2
	Russian Federation	0	--	--	1	0.5	0.0–1.5
	Turkish	8	15.4	5.8–25.0	10	5.1	1.9–8.3
	Other	0	--	--	1	0.5	0.0–1.5
Citizenship							
Male	Armenia	0	--	--	1	0.7	0.0–2.0
	Azerbaijan	188	75.8	70.3–81.3	1	0.7	0.0–2.1
	Georgia	48	19.4	14.3–24.4	133	89.9	85.0–94.8
	Russian Federation	0	--	--	0	--	--
	Turkey	12	4.8	2.2–7.5	11	7.4	3.3–11.6
	Other	0	--	--	2	1.4	0.0–3.2
Female	Armenia	0	--	--	0	--	--
	Azerbaijan	32	61.5	48.7–74.3	2	1.0	0.0–2.5
	Georgia	12	23.1	12.2–34.0	182	93.8	90.4–97.3
	Russian Federation	0	--	--	1	0.5	0.0–1.5
	Turkey	8	15.4	5.8–25.0	8	4.1	1.3–7.0
	Other	0	--	--	1	0.5	0.0–1.5
Considered home country (Primary place of residence)							
Male	Armenia	0	--	--	1	0.7	0.0–2.0
	Azerbaijan	226	91.1	87.5–94.7	1	0.7	0.0–2.1
	Georgia	10	4.0	1.6–6.5	134	90.5	85.8–95.3
	Russian Federation	0	--	--	0	--	--
	Turkey	12	4.8	2.2–7.5	11	7.4	3.3–11.6
	Other	0	--	--	1	0.7	0.0–2.0
Female	Armenia	0	--	--	0	--	--
	Azerbaijan	38	73.1	60.7–85.4	2	1.0	0.0–2.5
	Georgia	6	11.5	3.2–19.9	181	93.3	89.7–96.8
	Russian Federation	0	--	--	1	0.5	0.0–1.5
	Turkey	8	15.4	5.8–25.0	9	4.6	1.6–7.6
	Other	0	--	--	1	0.5	0.0–1.5

Table G.3. Migration patterns among migrants in Azerbaijan and Georgia disaggregated by sex, 2018

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Foreign country, returning from for purpose of labour							
Male	Armenia	0	--	--	0	--	--
	Azerbaijan	30	24.0	16.4–31.6	1	1.3	0.0–4.0
	Georgia	12	9.6	4.6–14.6	1	1.3	0.0–3.9
	Russian Federation	55	44.0	35.4–52.6	1	1.3	0.0–3.9
	Turkey	16	12.8	6.7–18.9	57	76.0	66.6–85.4
	Other	12	9.6	4.3–14.9	15	20.0	11.0–29.0
Female	Armenia	0	--	--	1	1.0	0.0–2.8
	Azerbaijan	10	30.3	14.6–46.0	1	1.0	0.0–3.0
	Georgia	1	3.0	0.0–9.0	1	1.0	0.0–2.9
	Russian Federation	15	45.5	27.8–63.1	0	0.0	--
	Turkey	5	15.2	2.8–27.5	81	79.4	71.6–87.2
	Other	2	6.1	0.0–14.2	18	17.6	10.3–25.0
First visit to this country							
Male	Yes	3	11.5	0.0–24.2	4	18.2	2.0–34.4
	No	23	88.5	75.8–100	18	81.8	65.6–98.0
Female	Yes	4	40.0	9.0–71.0	10	38.5	20.4–56.5
	No	6	60.0	29.0–91.0	16	61.5	43.5–79.6
Plans to stay here for purpose of labour for at least three months							
Male	Yes	26	10.5	6.4–14.5	25	58.1	43.4–72.9
	No	222	89.5	85.5–93.6	18	41.9	22.6–62.7
Female	Yes	10	19.2	9.1–29.4	25	46.3	32.4–60.2
	No	42	80.8	70.6–90.9	29	53.7	36.0–72.9
Employment (Home country)							
Male	Not employed	47	19.0	14.0–24.1	1	0.7	0.0–2.0
	Agriculture	30	12.1	8.0–16.3	44	29.9	22.5–37.3
	Trade	54	21.9	16.7–27.0	23	15.6	9.8–21.4
	Science	4	1.6	0.1–3.2	5	3.4	0.4–6.4
	Service	30	12.1	8.1–16.2	53	36.1	28.5–43.6
	Construction	41	16.6	11.9–21.3	0	--	--
	Other	41	16.6	11.8–21.4	21	14.3	8.5–20.0
Female	Not employed	8	16.0	5.6–26.4	5	2.6	0.4–4.8
	Agriculture	7	14.0	4.4–23.6	1	0.5	0.0–1.5
	Trade	8	16.0	6.0–26.0	61	31.8	25.1–38.5
	Science	0	--	--	6	3.1	0.6–5.6
	Service	20	40.0	26.2–53.8	112	58.3	51.5–65.2
	Construction	0	--	--	0	--	--
	Other	7	14.0	4.2–23.8	7	3.6	1.0–6.3

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Employment (Abroad)							
Male	Agriculture	1	0.8	0.0–2.4	10	15.4	7.4–26.5
	Trade	60	48.8	40.0–57.6	7	10.8	4.5–21.0
	Science	1	0.8	0.0–2.3	2	3.1	0.4–10.7
	Service	23	18.7	11.8–25.6	32	49.2	36.6–61.9
	Construction	16	13.0	7.0–19.0	0	--	--
	Other	22	17.9	11.3–24.5	14	21.5	12.3–33.4
Female	Agriculture	0	--	--	0	--	--
	Trade	18	58.1	40.4–75.8	19	21.3	13.3–31.3
	Science	0	--	--	3	3.4	0.7–9.6
	Service	9	29.0	13.2–44.9	63	70.8	60.2–80.0
	Construction	0	--	--	0	--	--
	Other	4	12.9	0.8–25.0	2	2.2	0.3–7.8

Table G.4. Living and working conditions at home and abroad among migrants in Azerbaijan and Georgia disaggregated by sex, 2018

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Living conditions – Home country							
Crowded							
Male	Yes	28	11.3	7.3–15.3	5	3.4	0.6–6.1
	No	220	88.7	84.7–92.7	144	96.6	93.9–99.4
Female	Yes	3	5.8	0.0–12.3	3	1.5	0.0–3.3
	No	49	94.2	87.7–100	193	98.5	96.7–100
Unventilated							
Male	Yes	1	0.4	0.0–1.2	1	0.7	0.0–4.3
	No	247	99.6	98.8–100	148	99.3	98.0–100
Female	Yes	0	--	--	0	--	--
	No	52	100	--	196	100	--
No heat in winter							
Male	Yes	13	5.2	2.4–8.1	0	--	--
	No	235	94.8	91.9–97.6	149	100	--
Female	Yes	0	--	--	1	0.5	0.0–1.5
	No	52	100	--	195	99.5	98.5–100
Unclean							
Male	Yes	3	1.2	0.0–2.6	0	--	--
	No	245	98.8	97.4–100	149	100	--
Female	Yes	3	5.8	0.0–11.9	0	--	--
	No	49	94.2	88.1–100	196	100	--
No indoor water							
Male	Yes	11	4.4	1.8–7.0	0	--	--
	No	237	95.6	93.0–98.2	149	100	--
Female	Yes	2	3.8	0.0–9.2	0	--	--
	No	50	96.2	90.8–100	196	100	--

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Toilet shared with > four people							
Male	Yes	16	6.5	3.5–9.4	38	25.5	18.5–32.5
	No	232	93.5	90.6–96.5	111	74.5	67.5–81.5
Female	Yes	3	5.8	0.0–12.3	42	21.4	15.7–27.1
	No	49	94.2	87.7–100	154	78.6	72.9–84.3
Living conditions – Abroad							
Crowded							
Male	Yes	13	5.2	2.4–8.0	6	4.1	1.5–8.7
	No	235	94.8	92.0–97.6	143	95.9	91.3–98.5
Female	Yes	10	19.2	8.6–29.9	10	5.1	2.5–9.2
	No	42	80.8	70.1–91.4	186	94.9	90.8–97.5
Unventilated							
Male	Yes	0	--	--	3	2.0	0.4–5.8
	No	248	100	--	146	98.0	94.3–99.6
Female	Yes	0	--	--	1	0.5	0.0–2.8
	No	52	100	--	195	99.5	97.2–99.9
No heat in winter							
Male	Yes	11	4.4	1.8–7.0	0	--	--
	No	237	95.6	93.0–98.2	149	100	--
Female	Yes	2	3.8	0.0–9.1	1	0.5	0.0–2.8
	No	50	96.2	90.9–100	195	99.5	97.2–99.9
Unclean							
Male	Yes	4	1.6	0.0–3.2	5	3.4	1.1–7.7
	No	244	98.4	96.8–100	144	96.6	92.3–98.9
Female	Yes	1	1.9	0.0–5.8	3	1.6	0.4–4.5
	No	51	98.1	94.2–100	193	98.4	95.5–99.7
No indoor water							
Male	Yes	6	2.4	0.5–4.3	1	0.7	0.0–3.7
	No	242	97.6	95.7–99.5	148	99.3	96.3–99.9
Female	Yes	2	3.8	0.0–8.9	2	1.0	0.1–3.6
	No	50	96.2	91.1–100	194	99.0	96.4–99.9
Toilet shared with > four people							
Male	Yes	29	11.7	7.7–15.7	9	6.0	2.8–11.1
	No	219	88.3	84.3–92.3	140	94.0	88.9–97.2
Female	Yes	10	19.2	8.8–29.7	8	4.1	1.8–7.9
	No	42	80.8	70.3–91.2	188	95.9	92.1–98.2
Other							
Male	Yes	57	23.0	17.8–28.2	39	26.2	19.3–34.0
	No	191	77.0	71.8–82.2	110	73.8	66.0–80.7
Female	Yes	5	9.6	1.5–17.7	52	26.5	20.5–33.3
	No	47	90.4	82.3–98.5	144	73.5	66.7–79.5

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Working conditions – Home country							
Crowded							
Male	Yes	111	44.8	38.5–51.0	7	4.7	1.3–8.1
	No	137	55.2	49.0–61.5	142	95.3	91.9–98.7
Female	Yes	22	42.3	28.8–55.8	5	2.6	0.3–4.8
	No	30	57.7	44.2–71.2	191	97.4	95.2–99.7
Unventilated							
Male	Yes	18	7.3	4.0–10.5	2	1.3	0.0–3.2
	No	230	92.7	89.5–96.0	147	98.7	96.8–100
Female	Yes	6	11.5	2.9–20.2	0	--	--
	No	46	88.5	79.8–97.1	196	100	--
No heat in winter							
Male	Yes	27	10.9	7.0–14.8	2	1.3	0.0–3.2
	No	221	89.1	85.2–93.0	147	98.7	96.8–100
Female	Yes	6	11.5	3.0–20.0	0	--	--
	No	46	88.5	80.0–97.0	196	100	--
Unclean							
Male	Yes	13	5.2	2.5–8.0	1	0.7	0.0–2.0
	No	235	94.8	92.0–97.5	148	99.3	98.0–100
Female	Yes	1	1.9	0.0–5.6	2	1.0	0.4–2.4
	No	51	98.1	94.4–101.7	194	99.0	97.6–100
Other							
Male	Yes	30	12.1	8.0–16.2	72	48.3	40.3–56.3
	No	218	87.9	83.8–92.0	77	51.7	43.7–59.7
Female	Yes	6	11.5	2.7–20.4	90	45.9	38.9–53.0
	No	46	88.5	79.6–97.3	106	54.1	47.0–61.1
Working conditions – Abroad							
Crowded							
Male	Yes	95	38.3	32.2–44.4	4	2.7	0.7–6.8
	No	153	61.7	55.6–67.8	145	97.3	93.3–99.3
Female	Yes	22	42.3	28.8–55.8	7	3.6	1.5–7.3
	No	30	57.7	44.2–71.2	189	96.4	92.7–98.6
Unventilated							
Male	Yes	5	2.0	0.3–3.7	3	2.0	0.4–5.8
	No	243	98.0	96.3–99.7	146	98.0	94.3–99.6
Female	Yes	0	--	--	6	3.1	1.2–6.6
	No	52	100	--	190	96.9	93.4–98.9
No heat in winter							
Male	Yes	6	2.4	0.5–4.3	11	7.4	3.8–12.9
	No	242	97.6	95.7–99.5	138	92.6	87.2–96.2
Female	Yes	3	5.8	0.0–12.1	4	2.0	0.5–5.1
	No	49	94.2	87.9–100	195	98.0	94.9–99.5

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Unclean							
Male	Yes	1	0.4	0.0–1.2	2	1.4	0.2–4.9
	No	247	99.6	98.8–100	147	98.6	95.2–99.8
Female	Yes	4	7.7	0.6–14.8	2	1.0	0.1–3.6
	No	48	92.3	85.2–99.4	194	99.0	96.4–99.9
Other							
Male	Yes	13	5.2	2.4–8.1	42	28.2	21.1–36.2
	No	235	94.8	91.9–97.6	107	71.8	63.9–78.9
Female	Yes	2	3.8	0.0–9.2	57	29.1	22.9–36.0
	No	50	96.2	90.8–100	139	70.9	64.0–77.2

Table G.5. Unprotected sexual intercourse at home and abroad among migrants in Azerbaijan and Georgia disaggregated by sex, 2018

		Azerbaijan			Georgia		
Unprotected sexual intercourse in the past 30 days (Home country)							
Male	Yes	65	27.5	21.8–33.3	56	41.5	33.1–49.9
	No	171	72.5	66.7–78.2	79	58.5	50.1–66.9
Female	Yes	7	14.0	4.5–23.5	46	25.0	18.8–31.2
	No	43	86.0	76.5–95.5	138	75.0	68.8–81.2
Unprotected sexual intercourse in past 30 days (Abroad)							
Male	Yes	57	47.9	38.8–57.0	15	28.3	16.8–42.4
	No	62	52.1	43.0–61.2	38	71.7	57.7–83.2
Female	Yes	6	18.8	4.8–32.7	5	6.2	2.1–13.9
	No	26	81.3	67.3–95.2	76	93.8	86.1–98.0

Table G.6. Drug injection at home among migrants in Georgia disaggregated by sex, 2018

		Georgia		
		n	%	CI
Ever injected drugs (Home country)				
Male	Yes	5	3.5	0.5–6.4
	No	139	96.5	93.6–99.5
Female	Yes	1	0.5	0.0–1.6
	No	186	99.5	98.4–100

Note: No data for ever injected abroad for Georgia.

Table G.7. HIV testing at home and abroad among migrants in Azerbaijan and Georgia disaggregated by sex, 2018

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Knows where to go for HIV test (Home country)							
Male	Yes	70	29.5	23.6–35.5	58	40.3	32.1–48.5
	No	167	70.5	64.5–76.4	86	59.7	51.5–67.9
Female	Yes	14	27.5	14.9–40.0	74	39.4	32.0–46.7
	No	37	72.5	60.0–85.1	114	60.6	53.3–68.0
Knows where to go for HIV test (Abroad)							
Male	Yes	48	41.0	32.2–49.8	21	35.0	23.1–48.4
	No	69	59.0	50.2–67.8	39	65.0	51.6–76.9
Female	Yes	3	9.4	0.0–19.1	31	35.2	25.1–46.1
	No	29	90.6	80.9–100	57	64.8	53.9–74.7
Had HIV test and received results in the past 12 months (Home country)							
Male	Yes	12	5.1	2.3–7.9	13	9.4	4.7–14.0
	No	225	94.9	92.1–97.7	126	90.6	86.0–95.3
Female	Yes	2	4	0.0–9.5	11	5.9	2.5–9.2
	No	48	96	90.5–100	176	94.1	90.8–97.5
Had HIV test and received results in the past 12 months (Abroad)							
Male	Yes	11	9.6	4.2–14.9	1	1.7	0.0–9.2
	No	104	90.4	85.1–95.8	57	98.3	90.8–99.9
Female	Yes	0	--	--	2	2.4	0.3–8.4
	No	31	100	--	81	97.6	91.6–99.7

Table G.8. Tuberculosis knowledge and signs, symptoms, screening and treatment among migrants in Azerbaijan and Georgia disaggregated by sex, 2018

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Following health problems in the past six months							
Cough for more than two weeks							
Male	Yes	21	8.5	5.0–11.9	11	7.7	3.5–12.0
	No	227	91.5	88.1–95.0	131	92.3	88.0–96.5
Female	Yes	4	7.7	0.3–15.1	9	4.7	1.5–7.8
	No	48	92.3	84.9–99.7	183	95.3	92.2–98.5
Unexplained weight loss of more than 4 kilos							
Male	Yes	2	0.8	0.0–1.9	4	2.8	0.1–5.5
	No	246	99.2	98.1–100	137	97.2	94.5–99.9
Female	Yes	0	--	--	4	2.1	0.0–4.2
	No	52	100	--	187	97.9	95.8–100
Unexplained fever for more than two weeks							
Male	Yes	4	1.6	0.1–3.2	4	2.8	0.1–5.6
	No	244	98.4	96.8–99.9	137	97.2	94.4–99.9
Female	Yes	0	--	--	1	0.5	0.0–1.5
	No	52	100	--	189	99.5	98.5–100

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Drenching night sweats for more than two weeks							
Male	Yes	8	3.2	1.1–5.3	12	8.6	4.0–13.2
	No	240	96.8	94.7–98.9	128	91.4	86.8–96.0
Female	Yes	4	7.7	0.2–15.1	7	3.7	1.0–6.3
	No	48	92.3	84.9–99.8	183	96.3	93.7–99.0
Spitting up blood							
Male	Yes	0	--	--	0	--	--
	No	248	100	--	140	100	--
Female	Yes	0	--	--	1	0.5	0.0–1.5
	No	52	100	--	189	99.5	98.5–100
Unexplained chest pain for more than two weeks							
Male	Yes	16	6.5	3.4–9.5	6	4.3	1.0–7.6
	No	232	93.5	90.5–96.6	134	95.7	92.4–99.0
Female	Yes	4	7.7	0.3–15.1	5	2.6	0.3–4.9
	No	48	92.3	84.9–99.7	185	97.4	95.1–99.7
Unexplained fatigue for more than two weeks							
Male	Yes	21	8.5	5.1–11.8	11	7.8	3.4–12.2
	No	227	91.5	88.2–94.9	130	92.2	87.8–96.6
Female	Yes	7	13.5	4.2–22.7	10	5.3	2.1–8.5
	No	45	86.5	77.3–95.8	179	94.7	91.5–97.9
Ever heard of TB							
Male	Yes	208	85.6	81.3–89.9	127	88.2	82.9–93.5
	No	35	14.4	10.1–18.7	17	11.8	6.5–17.1
Female	Yes	33	70.2	57.2–83.2	177	91.7	87.7–95.7
	No	14	29.8	16.8–42.8	16	8.3	4.3–12.3
Coughed up phlegm into a container for TB testing							
Male	Yes	15	6.2	3.1–9.3	12	8.3	3.7–12.9
	No	227	93.8	90.7–96.9	132	91.7	87.1–96.3
Female	Yes	3	6.3	0.0–13.5	15	7.7	4.0–11.5
	No	45	93.8	86.5–100	179	92.3	88.5–96.0
Underwent chest X-ray for TB testing within the last two years							
Male	Yes	52	21.7	16.5–26.8	12	8.3	3.8–12.8
	No	188	78.3	73.2–83.5	132	91.7	87.2–96.2
Female	Yes	9	18.8	7.7–29.8	7	3.7	0.9–6.5
	No	39	81.3	70.2–92.3	182	96.3	93.5–99.1
Told by health-care worker that you are ill with TB in the past five years							
Male	Yes	11	5.6	2.3–9.0	2	1.6	0.0–3.9
	No	185	94.4	91.0–97.7	120	98.4	96.1–100
Female	Yes	0	--	--	1	0.6	0.0–1.9
	No	40	100	--	154	99.4	98.1–100
Completed at least six months of TB treatment (among those diagnosed)							
Male	Yes	10	4.0	1.5–6.6	4	2.7	0.1–5.3
	No	238	96.0	93.4–98.5	144	97.3	94.7–99.9
Female	Yes	0	--	--	1	0.5	0.0–1.6
	No	52	100	--	190	99.5	98.4–100

Table G.9. Access to services at home and abroad among migrants in Azerbaijan and Georgia disaggregated by sex, 2018

		Azerbaijan			Georgia		
		n	%	CI	n	%	CI
Provided with condoms during the past 12 months (Home country)							
Male	Yes	7	2.8	0.8–4.9	5	3.9	0.6–7.1
	No	240	97.2	95.1–99.2	124	96.1	92.9–99.4
Female	Yes	4	7.7	0.6–14.8	7	4.0	1.1–6.8
	No	48	92.3	85.2–99.4	170	96.0	93.2–98.9
Provided with condoms during the past 12 months (Abroad)							
Male	Yes	6	4.3	1.0–7.5	0	--	--
	No	135	95.7		0	--	--
Female	Yes	0	--	--	0	--	--
	No	37	100	--	0	--	--
Easy to access health care when you need it (Home country)							
Male	Yes	248	100	--	92	66.7	58.8–74.5
	No	0	--	--	46	33.3	25.5–41.2
Female	Yes	51	98.1	94.4–100	144	79.6	73.9–85.3
	No	1	1.9	0.0–5.6	37	20.4	14.7–26.1
Easy to access health care when you need it (Abroad)							
Male	Yes	135	96.4	93.3–99.5	0	--	--
	No	5	3.6	0.5–6.7	0	--	--
Female	Yes	32	91.4	82.2–100	0	--	--
	No	3	8.6	0.0–17.8	0	--	--
Rate treatment during last visit to a health-care professional (Home country)							
Male	Poor	10	4.0	1.6–6.5	24	18.8	11.9–25.6
	Good	88	35.6	29.6–41.7	91	71.1	63.2–79.0
	Very good	97	39.3	33.2–45.4	5	3.9	0.6–7.2
	Excellent	52	21.1	15.9–26.2	8	6.3	2.2–10.3
Female	Poor	2	3.8	0.0-9.0	30	16.7	11.2–22.1
	Good	19	36.5	23.1–50.0	121	67.2	60.4–74.0
	Very good	20	38.5	25.4–51.6	21	11.7	7.0–16.4
	Excellent	11	21.2	10.2–32.1	8	4.4	1.5–7.4
Rate treatment during last visit to a health-care professional (Abroad)							
Male	Poor	24	20.3	13.1–27.5	0	--	--
	Good	43	36.4	27.8–45.1	0	--	--
	Very good	30	25.4	17.8–33.0	0	--	--
	Excellent	21	17.8	10.9–24.7	0	--	--
Female	Poor	6	20.7	5.7–35.7	0	--	--
	Good	16	55.2	36.5–73.8	0	--	--
	Very good	6	20.7	5.8–35.6	0	--	--
	Excellent	1	3.4	0.0–9.9	0	--	--

Appendix H: Data disaggregated by age groups

Table H.1. Sociodemographic factors among migrants in Armenia, Azerbaijan and Georgia disaggregated by age groups, 2018

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Gender										
<25 years	Male	24	100	--	8	88.9	65.1–100.0	15	57.7	37.8–77.6
	Female	0	--	--	1	11.1	0.0–34.9	11	42.3	22.4–62.2
≥ 25 years	Male	276	100	--	240	82.5	78.2–86.8	185	58.0	52.7–63.3
	Female	0	--	--	51	17.5	13.2–21.8	0	--	--
Education										
<25 years	Primary or less	0	--	--	0	--	--	0	--	--
	Incomplete secondary	1	3.8	0.0–11.9	1	11.1	0.0–33.6	13	50.0	29.8–70.2
	Secondary	12	47.2	26.5–67.9	7	77.8	47.5–100.0	2	7.7	0.0–18.4
	Secondary technical	4	17.8	2.8–32.9	1	11.1	0.0–34.9	3	11.5	0.0–24.6
	Incomplete university	3	11.9	0.0–25.8	0	--	--	8	30.8	12.2–49.3
	University	4	19.3	3.9–34.6	0	--	--	0	--	--
≥ 25 years	Primary or less	0	--	--	3	1.0	0.0–2.1			
	Incomplete secondary	40	16.0	11.8–20.3	19	6.5	3.7–9.4	7	2.2	0.6–3.8
	Secondary	169	60.5	54.9–66.2	173	59.5	53.9–65.0	187	58.3	52.9–63.6
	Secondary technical	24	8.5	5.2–11.8	58	19.9	15.3–24.6	42	13.1	9.5–16.7
	Incomplete university	7	2.1	0.3–4.0	18	6.2	3.4–8.9	8	2.5	0.8–4.2
	University	36	12.8	8.8–16.9	20	6.9	4.0–9.8	77	24.0	19.4–28.6
Marital status										
<25 years	Single/Never married	22	92.9	81.8–100	9	100	--	18	69.2	51.2–87.2
	Married	2	7.1	0.0–18.2	0	--	--	7	26.9	9.5–44.3
	Divorced/ Separated	0	--	--	0	--	--	0	3.8	0.0–11.4
	Widowed	0	--	--	0	--	--	1	0.1	--
≥ 25 years	Single/Never married	75	26.7	21.5–31.8	64	22.0	17.5–26.5	37	11.6	8.1–15.2
	Married	195	71.4	66.0–76.7	193	66.3	61.1–71.6	260	81.8	77.5–86.0
	Divorced/ Separated	6	2.0	0.2–3.8	18	6.2	3.6–8.8	8	2.5	0.8–4.2
	Widowed	0	--	--	16	5.5	2.9–8.0	13	4.1	1.9–6.2

Table H.2. Migration patterns among migrants in Armenia, Azerbaijan and Georgia disaggregated by age groups, 2018

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Nationality										
<25 years	Armenian	24	100	--	0	--	--	0	--	--
	Azerbaijani	0	--	--	5	55.6	20.1–91.0	0	--	--
	Georgian	0	--	--	0	--	--	18	69.2	49.9–88.5
	Russian Federation	0	--	--	0	--	--	0	26.9	8.6–45.2
	Turkish	0	--	--	1	11.1	0.0–34.9	7	3.8	0.0–11.2
	Other	0	--	--	3	33.3	22.2–99.2	1	--	--
≥ 25 years	Armenian	276	100	--	0	--	--	1	0.3	0.0–0.9
	Azerbaijani	0	--	--	221	75.9	70.9–81.0	4	1.2	0.0–2.5
	Georgian	0	--	--	15	5.2	2.6–7.7	298	92.5	89.7–95.4
	Russian Federation	0	--	--	0	--	--	1	0.3	0.0–0.9
	Turkish	0	--	--	19	6.5	3.6–9.4	16	5.0	2.6–7.3
	Other	0	--	--	36	12.4	5.7–19.0	2	0.6	0.0–1.5
Citizenship										
<25 years	Armenia	24	100	--	0	--	--	0	--	--
	Azerbaijan	0	--	--	6	66.7	33.0–100	0	--	--
	Georgia	0	--	--	2	22.2	0.0–50.4	18	69.2	49.9–88.5
	Russian Federation	0	--	--	0	--	--	0	--	--
	Turkey	0	--	--	1	11.1	0.0–34.9	7	26.9	8.6–45.2
	Other	0	--	--	0	--	--	1	3.8	0.0–11.2
≥ 25 years	Armenia	273	99.1	97.9–100	0	--	--	1	0.3	0.0–0.9
	Azerbaijan	0	--	--	214	73.5	68.3–78.8	3	0.9	0.0–2.0
	Georgia	0	--	--	58	19.9	15.3–24.6	299	94.0	91.4–96.6
	Russian Federation	3	0.9	0.0–2.1	0	--	--	1	0.3	0.0–0.9
	Turkey	0	--	--	19	6.5	3.6–9.4	12	3.8	1.7–5.8
	Other	0	--	--	0	--	--	2	0.6	0.0–1.5
Home country										
<25 years	Armenia	22	92.0	80.4–100	8	88.9	65.1–100	0	--	--
	Azerbaijan	0	--	--	0	--	--	0	--	--
	Georgia	0	--	--	0	--	--	19	73.1	54.8–91.4
	Russian Federation	2	8.0	0.0–19.6	0	--	--	0	--	--
	Turkey	0	--	--	1	11.1	0.0–34.9	7	26.9	8.6–45.2
	Other	0	--	--	0	--	--	0	--	--
≥ 25 years	Armenia	270	98.1	96.3–100	0	--	--	1	0.3	0.0–0.9
	Azerbaijan	0	--	--	256	88.0	84.1–91.9	3	0.9	0.0–2.0
	Georgia	0	--	--	16	5.5	2.8–8.2	298	93.7	91.1–96.4
	Russian Federation	6	1.9	0.0–3.7	0	--	--	1	0.3	0.0–0.9
	Turkey	0	--	--	19	6.5	3.6–9.4	13	4.1	1.9–6.2
	Other	0	--	--	0	--	--	2	0.6	0.0–1.5

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Foreign country, returning for the purposes of labour										
<25 years	Armenia	1	4.2	0.0–12.7	0	--	--	0	--	--
	Azerbaijan	0	--	--	3	50.0	4.5–95.5	0	--	--
	Georgia	0	--	--	0	--	--	0	--	--
	Russian Federation	23	95.8	87.3–100	2	33.3	0.0–76.3	0	--	--
	Turkey	0	--	--	0	--	--	5	41.7	11.9–71.5
	Other	0	--	--	1	16.7	0.0–49.6	7	58.3	28.5–88.1
≥ 25 years	Armenia	2	0.9	0.0–1.9	0	--	--	1	0.6	0.0–1.7
	Azerbaijan	0	--	--	37	24.3	17.4–31.3	2	1.2	0.0–2.9
	Georgia	0	--	--	13	8.6	4.2–12.9	2	1.2	0.0–2.9
	Russian Federation	271	99.1	98.1–100	68	44.7	36.9–52.5	1	0.6	0.0–1.8
	Turkey	0	--	--	21	13.8	8.3–19.4	133	80.6	74.7–86.5
	Other	0	--	--	13	8.6	3.9–13.2	26	15.8	10.3–21.2
First visit to this country										
<25 years	Yes	0	--	--	0	--	--	5	83.3	49.1–100.0
	No	0	--	--	0	--	--	1	16.7	0.0–50.9
≥ 25 years	Yes	4	27.8	4.0–51.5	7	19.4	6.7–32.2	9	20.9	9.2–32.7
	No	11	72.2	48.5–96.0	29	80.6	67.8–93.3	34	79.1	67.3–90.8
Plans to stay here for the purposes of labour for at least three months										
<25 years	Yes	0	--	--	0	--	--	5	50.0	17.2–82.8
	No	0	--	--	9	100	--	5	50.0	17.2–82.8
≥ 25 years	Yes	6	63.8	31.4–96.2	36	12.4	8.5–16.3	47	52.8	42.2–63.4
	No	3	36.2	3.8–68.6	255	87.6	83.7–91.5	38	42.7	32.1–53.3
Employment (Home country)										
<25 years	Not employed	11	43.1	22.6–63.6	3	33.3	1.2–65.4	1	3.8	0.0–11.1
	Agriculture	0	--	--	0	--	--	2	7.7	0.0–18.0
	Trade	0	--	--	1	11.1	0.0–32.4	5	19.2	3.6–34.9
	Science	0	--	--	0	--	--	2	7.7	0.0-18.2
	Service	12	52.1	31.5–72.7	0	--	--	15	57.7	38.0–77.4
	Construction	1	4.8	0.0–12.8	0	--	--	0	--	--
	Other	0	--	--	5	55.6	21.6–89.5	1	3.8	0.0–11.4
≥ 25 years	Not employed	185	69.1	63.6–74.6	52	18.1	13.5–22.6	5	1.6	0.2–3.0
	Agriculture	16	5.6	2.9–8.4	37	12.8	9.0–16.7	43	13.7	9.9–17.4
	Trade	6	2.3	0.5–4.0	61	21.2	16.4–25.9	79	25.1	20.2–29.9
	Science	0	--	--	4	1.4	0.1–2.8	9	2.9	1.0–4.8
	Service	49	16.6	12.1–21.0	50	17.4	13.1–21.6	152	48.3	43.0–53.5
	Construction	20	6.5	3.3–9.6	41	14.2	10.2–18.3	0	--	--
	Other	0	--	--	43	14.9	10.8–19.1	27	8.6	5.5–11.7

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Employment (Abroad)										
<25 years	Agriculture	0	--	--		0	0.0	1	5.9	0.1–29.7
	Trade	2	10.6	0.0–22.0	1	16.7	0.0–48.3	3	17.6	3.5–44.4
	Science	0	--	--	0	--	--	1	5.9	0.1–29.7
	Service	14	59.2	38.6–79.8	0	--	--	9	52.9	27.0–77.7
	Construction	0	--	--	0	--	--	0	--	--
	Other	8	30.2	10.5–49.9	5	83.3	51.7–100	2	11.8	1.3–37.5
≥ 25 years	Agriculture	6	1.9	0.2–3.7	1	0.7	0.0–2.0	9	6.5	3.0–12.0
	Trade	33	11.5	7.6–15.4	77	52.0	44.0–60.0	23	16.7	10.9–24.0
	Science	0	--	--	1	0.7	0.0–1.9	4	2.9	0.8–7.3
	Service	95	32.3	26.7–37.9	32	21.6	15.2–28.1	88	63.8	55.2–71.8
	Construction	138	54.2	48.4–60.0	21	14.2	8.7–19.6	14	10.1	5.6–16.4
	Other	0	--	--	16	10.8	5.8–15.8	0	--	--

Table H.3. Living and working conditions at home and abroad among migrants in Armenia, Azerbaijan and Georgia disaggregated by age groups, 2018

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Living conditions (Home country)										
Crowded										
<25 years	Yes	0	--	--	1	11.1	0.0–33.0	0	--	--
	No	24	100	--	8	88.9	67.0–100.0	26	100	--
≥ 25 years	Yes	3	0.9	0.0–2.1	30	10.3	6.8–13.8	8	2.5	0.8–4.1
	No	273	99.1	97.9–100	261	89.7	86.2–93.2	314	97.5	95.9–99.2
Unventilated										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	24	100	--	9	100	--	26	100	--
≥ 25 years	Yes	1	0.5	0.0–1.2	1	0.3	0.0–1.0	1	0.3	0.0–0.9
	No	275	99.5	98.8–100.0	290	99.7	99.0–100	321	99.7	99.1–100
Unheated (in winter)										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	24	100		9	100	--	26	100	--
≥ 25 years	Yes	0	--	--	13	4.5	2.1–6.9	1	0.3	0.0–0.9
	No	276	100	--	278	95.5	93.1–97.9	321	99.7	99.1–100.0
Unclean										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	24	100	--	9	100	--	26	100	--
≥ 25 years	Yes	5	2.1	0.5–3.6	6	2.1	0.4–3.7	0	--	--
	No	271	97.9	96.4–99.5	285	97.9	96.3–99.6	322	100	--
No indoor water										
<25 years	Yes	0	--	--	1	11.1	0.0–33.0	0	--	--
	No	24	100	--	8	88.9	67.0–100.0	26	100	
≥ 25 years	Yes	3	0.8	0.0–2.0	12	4.1	1.8–6.5	0	--	--
	No	273	99.2	98.0–100	279	95.9	93.5–98.2	322	100	--

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Toilet shared with > four people										
<25 years	Yes	0	--	--	2	22.2	0.0–51.3	6	23.1	5.9–40.3
	No	24	100	--	7	77.8	48.7–100	20	76.9	59.7–94.1
≥ 25 years	Yes	2	0.7	0.0–1.7	17	5.8	3.1–8.5	74	23.0	18.5–27.5
	No	274	99.3	98.3–100	274	94.2	91.5–96.9	248	77.0	72.5–81.5
Living conditions (Abroad)										
Crowded										
<25 years	Yes	7	27.1	8.7–45.6	0	--	--	1	3.8	0–11.6
	No	17	72.9	54.4–91.3	9	100	--	25	96.2	88.4–100.0
≥ 25 years	Yes	112	37.7	31.9–43.4	23	7.9	4.8–11.0	11	3.4	1.4–5.4
	No	164	62.3	56.6–68.1	268	92.1	89.0–95.2	311	96.6	94.6–98.6
Unventilated										
<25 years	Yes	1	3.9	0.0–12.0	0	--	--	0	--	--
	No	23	96.1	88.0–100.0	9	100	--	26	100	--
≥ 25 years	Yes	10	3.1	1.0–5.3	0	--	--	2	0.6	0.0–1.5
	No	266	96.9	94.7–99.0	291	100	--	320	99.4	98.5–100
Unheated (in winter)										
<25 years	Yes	0	--	--	1	11.1	0–32.8	0	--	--
	No	24	100	--	8	88.9	67.2–100.0	0	--	--
≥ 25 years	Yes	5	1.3	0.0–3.0	12	4.1	1.8–6.4	0	--	--
	No	271	98.7	97.0–100	279	95.9	93.6–98.2	0	--	--
Unclean										
<25 years	Yes	1	3.8	0.0–11.9	1	11.1	0.0–32.9	0	--	--
	No	23	96.2	88.1–100.0	8	88.9	67.1–100.0	0	--	--
≥ 25 years	Yes	11	4.9	2.7–7.1	4	1.4	0.1–2.7	0	--	--
	No	265	95.1	92.9–97.3	287	98.6	97.3–99.9	0	--	--
No indoor water										
<25 years	Yes	2	7.7	0.0–19.0	0	--	--	0	--	--
	No	22	92.3	81.0–100.0	9	100	--	0	--	--
≥ 25 years	Yes	28	9.2	5.6–12.9	8	2.7	0.9–4.6	0	--	--
	No	248	90.8	87.1–94.4	283	97.3	95.4–99.1	0	--	--
Toilet shared with > four people										
<25 years	Yes	3	11.6	0.0–25.0	0	--	--	0	--	--
	No	21	88.4	75.0–100	9	100	--	0	--	--
≥ 25 years	Yes	11	3.2	0.9–5.6	39	13.4	9.5–17.3	0	--	--
	No	265	96.8	94.4–99.1	252	86.6	82.7–90.5	0	--	--
Other										
<25 years	Yes	4	13.4	0.0–28.7	3	33.3	1.1–65.6	0	--	--
	No	20	86.6	71.3–100.0	6	66.7	34.4–98.9	0	--	--
≥ 25 years	Yes	41	13.3	9.1–17.5	59	20.3	15.6–24.9	0	--	--
	No	235	86.7	82.5–90.9	232	79.7	75.1–84.4	0	--	--

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Working conditions (Home country)										
Crowded										
<25 years	Yes	1	3.2	0.0–11.3	6	66.7	34.6–98.8	0	--	--
	No	23	96.8	88.7–100.0	3	33.3	1.2–65.4	0	--	--
≥ 25 years	Yes	6	1.7	0.0–3.5	127	43.6	37.9–49.4	0	--	--
	No	270	98.3	96.5–100.0	164	56.4	50.6–62.1	0	--	--
Unventilated										
<25 years	Yes	4	15.7	0.1–31.3	0	--	--	0	--	--
	No	20	84.3	68.7–99.9	9	100	--	0	--	--
≥ 25 years	Yes	22	6.9	3.6–10.1	24	8.2	5.1–11.3	0	--	--
	No	254	93.1	89.9–96.4	267	91.8	88.7–94.9	0	--	--
Unheated (in winter)										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	0	--	--	9	100	--	26	100	--
≥ 25 years	Yes	0	--	--	33	11.3	7.7–14.9	2	0.6	0.0–1.5
	No	0	--	--	258	88.7	85.1–92.3	320	99.4	98.5–100
Unclean										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	0	--	--	9	100	--	26	100	--
≥ 25 years	Yes	0	--	--	14	4.8	2.4–7.2	3	0.9	0.0–2.0
	No	0	--	--	277	95.2	92.8–97.6	319	99.1	98.0–100.0
Other										
<25 years	Yes	0	--	--	0	--	--	11	42.3	22.1–62.5
	No	0	--	--	9	100	--	15	57.7	37.5–77.9
≥ 25 years	Yes	0	--	--	36	12.4	8.5–16.2	152	47.2	41.8–52.6
	No	0	--	--	255	87.6	83.8–91.5	170	52.8	47.4–58.2
Working conditions (Abroad)										
Crowded										
<25 years	Yes	4	14. 3	0.0–30.1	6	66.7	33.2–100.0	0	--	--
	No	20	85.1	70.0–100.0	3	33.3	0.0–66.8	0	--	--
≥ 25 years	Yes	73	24.4	19.2–29.7	111	38.1	32.6–43.7	0	--	--
	No	203	75.6	70.3–80.8	180	61.9	56.3–67.4	0	--	--
Unventilated										
<25 years	Yes	10	40.6	20.8–60.4	0	--	--	0	--	--
	No	14	59.4	39.6–79.2	9	100	--	0	--	--
≥ 25 years	Yes	65	22.4	17.4–27.4	5	1.7	0.3–3.2	0	--	--
	No	211	77.6	72.6–82.6	286	98.3	96.8–99.7	0	--	--
Unheated (in winter)										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	0	--	--	9	100	--	0	--	--
≥ 25 years	Yes	0	--	--	9	3.1	1.1–5.1	0	--	--
	No	0	--	--	282	96.9	94.9–98.9	0	--	--

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Unclean										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	0	--	--	9	100	--	0	--	--
≥ 25 years	Yes	0	--	--	5	1.7	0.2–3.2	0	--	--
	No	0	--	--	286	98.3	96.8–99.8	0	--	--
Other										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	0	--	--	9	100	--	0	--	--
≥ 25 years	Yes	0	--	--	15	5.2	2.6–7.7	0	--	--
	No	0	--	--	276	94.8	92.3–97.4	0	--	--

Table H.4. Unprotected sexual intercourse at home and abroad among migrants in Armenia, Azerbaijan and Georgia disaggregated by age groups, 2018

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Unprotected sexual intercourse in the past 30 days (Home country)										
<25 years	Yes	15	65.4	45.7–85.0	6	66.7	34.2–99.2	8	40.0	18.5–61.5
	No	9	34.6	15.0–54.3	3	33.3	0.8–65.8	12	60.0	38.5–81.5
≥ 25 years	Yes	113	42.4	36.9–48.0	66	23.8	18.8–28.9	95	31.6	26.4–36.7
	No	163	57.6	52.0–63.1	211	76.2	71.1–81.2	206	68.4	63.3–73.6
Unprotected sexual intercourse in the past 30 days (Abroad)										
<25 years	Yes	4	17.1	1.7–32.5	5	83.3	50.9–100	0	--	--
	No	20	82.9	67.5–98.3	1	16.7	0.8–65.8	0	--	--
≥ 25 years	Yes	41	14.7	10.7–18.8	58	40.0	18.8–28.9	0	--	--
	No	235	85.3	81.2–89.3	87	60.0	71.1–81.2	0	--	--

Table H.5. Drug injection at home and abroad among migrants in Armenia and Georgia disaggregated by age groups, 2018

		Armenia			Georgia		
		n	%	CI	n	%	CI
Ever injected drugs (Home country)							
<25 years	Yes	6	29.1	11.5–46.6	0	--	--
	No	18	70.9	53.4–88.5	24	100	--
≥ 25 years	Yes	100	36.2	30.5–41.9	6	1.9	0.4–3.5
	No	176	63.8	58.1–69.5	303	98.1	96.5–99.6
Ever injected drugs (Abroad)							
<25 years	Yes	5	20.2	4.0–36.4	0	--	--
	No	19	79.8	63.6–96.0	0	--	--
≥ 25 years	Yes	52	17.8	13.0–22.5	0	--	--
	No	224	82.2	77.5–87.0	0	--	--

Note: No data on injected drug use for Azerbaijan; no data on injected drug use for migrants while abroad for Georgia.

Table H.6. HIV testing at home and abroad among migrants in Armenia, Azerbaijan and Georgia disaggregated by age groups, 2018

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Knows where to go for HIV test (Home country)										
<25 years	Yes	0	--	--	6	66.7	33.4–100	13	50.0	30.2–69.8
	No	0	--	--	3	33.3	0.8–65.8	13	50.0	30.2–69.8
≥ 25 years	Yes	0	--	--	78	28.0	20.8–33.9	119	38.6	33.0–44.3
	No	0	--	--	201	72.0	68.1–81.2	189	61.4	55.7–67.0
Had an HIV test and received the results in the past 12 months (Home country)										
<25 years	Yes	0	--	--	0	--	--	3	12.0	0.0–25.3
	No	24	100	--	8	100	--	22	88.0	74.7–100.0
≥ 25 years	Yes	7	2.3	0.4–4.3	14	5.0	2.4–7.6	21	6.9	4.2–9.7
	No	269	97.7	95.7–99.6	265	95.0	92.4–97.6	282	93.1	90.3–95.8
Had an HIV test and received the results in the past 12 months (Abroad)										
<25 years	Yes	2	6.4	0.0–17.6	0	--	--	0	--	--
	No	22	93.6	82.4–100.0	5	100	--	0	--	--
≥ 25 years	Yes	23	7.2	3.9–10.5	11	7.8	3.4–12.2	0	--	--
	No	253	92.8	89.5–96.1	130	92.2	87.8–96.6	0	--	--

Table H.7. TB knowledge and signs, symptoms, screening and treatment among migrants in Armenia, Azerbaijan and Georgia disaggregated by age groups, 2018

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Following health problems in the past six months:										
Cough for more than two weeks										
<25 years	Yes	4	15.5	0.3–30.7	0	--	--	1	4.3	0.0–13.1
	No	20	84.5	69.3–99.7	9	100	--	22	95.7	86.9–100.0
≥ 25 years	Yes	23	8.2	4.8–11.6	25	8.6	5.5–11.7	19	6.1	3.4–8.8
	No	253	91.8	88.4–95.2	266	91.4	88.3–94.5	294	93.9	91.2–96.6
Unexplained weight loss of more than 4 kilos										
<25 years	Yes	1	3.9	0.0–12.0	0	--	--	1	04.3	0.0–13.1
	No	23	96.1	88.0–100.0	9	100	--	22	95.7	86.9–100
≥ 25 years	Yes	11	3.6	1.4–5.9	2	0.7	0.0-1.6	7	2.3	0.6–3.9
	No	265	96.4	94.1–98.6	289	99.3	98.4-100	304	97.7	96.1–99.4
Unexplained fever for more than two weeks										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	24	100	--	9	100	--	24	100	--
≥ 25 years	Yes	7	2.4	0.5–4.2	4	1.4	0.1–2.7	5	1.6	0.2–3.0
	No	269	97.6	95.8–99.5	287	98.6	97.3–99.9	304	98.4	97.0–99.8
Drenching night sweats for more than two weeks										
<25 years	Yes	1	3.9	0.0–12.0	0	--	--	2	8.7	0.0–21.0
	No	23	96.1	88.0–100	9	100	--	21	91.3	79.0–100.0
≥ 25 years	Yes	8	2.6	0.7–4.5	12	4.1	1.9–6.3	17	5.5	3.0–8.0
	No	268	97.4	95.5–99.3	279	95.9	93.7–98.1	292	94.5	92.0–97.0

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Spitting up blood										
<25 years	Yes	1	4.2	0.0–12.3	0	--	--	1	4.2	0.0–12.3
	No	23	95.8	87.7–100	9	100	--	23	95.8	87.7–100
≥ 25 years	Yes	2	0.6	0.0–1.6	0	--	--	0	--	--
	No	274	99.4	98.4–100	291	100	--	308	100	--
Unexplained chest pain for more than two weeks										
<25 years	Yes	0	--	--	0	--	--	2	8.3	0.0–20.0
	No	24	100	--	9	100	--	22	91.7	80.0–100.0
≥ 25 years	Yes	11	3.5	1.1–5.8	20	6.9	4.0–9.7	9	2.9	1.0–4.8
	No	265	96.5	94.2–98.9	271	93.1	90.3–96.0	299	97.1	95.2–99.0
Unexplained fatigue for more than two weeks										
<25 years	Yes	1	4.2	0.0–12.3	0	--	--	3	13.0	0–27.7
	No	23	95.8	87.7–100	9	100	--	20	87.0	72.3–100
≥ 25 years	Yes	15	5.1	2.4–7.8	28	9.6	6.4–12.9	18	5.8	3.2–8.4
	No	261	94.9	92.2–97.6	263	90.4	87.1–93.6	291	94.2	91.6–96.8
Ever heard of TB										
<25 years	Yes	23	95.2	87.2–99.9	9	100	--	21	80.8	65.3–96.3
	No	1	4.8	0.0–12.8	0	0.0	0.0–0.0	5	19.2	3.7–34.7
≥ 25 years	Yes	245	87.9	84.2–91.5	232	82.6	78.3–86.8	284	90.7	87.5–93.9
	No	31	12.1	8.5–15.8	49	17.4	13.2–21.7	29	9.3	6.1–12.5
Coughed up phlegm into a container for TB testing in the past										
<25 years	Yes	3	13.8	0.6–27.1	0	--	--	6	23.1	5.5–40.7
	No	21	86.2	72.9–99.4	9	100	--	20	76.9	59.3–94.5
≥ 25 years	Yes	44	15.2	10.9–19.4	18	6.4	3.5–9.3	21	7.7	0.0–17.6
	No	232	84.8	80.6–89.1	263	93.6	90.7–96.5	293	92.3	82.4–100.0
Underwent a chest X-ray for TB testing within the last two years										
<25 years	Yes	2	10.6	0.0–22.0	0	--	--	2	7.7	0.0–17.6
	No	22	89.4	78.0–100	9	100	--	24	92.3	82.4–100
≥ 25 years	Yes	31	9.7	6.1–13.4	61	21.9	17.1–26.6	17	5.5	3.0–8.0
	No	245	90.3	86.6–93.9	218	78.1	73.4–82.9	292	94.5	92.0–97.0
Told by a health-care worker that you are ill with TB in the past five years										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	24	100	--	5	100		22	100	--
≥ 25 years	Yes	2	0.5	0.0–1.5	11	1.5	0.0–2.8	3	1.2	0.0–2.5
	No	273	99.5	98.5–100	220	98.5	96.5–100	254	98.8	97.5–100
Completed at least six months of TB treatment (among those diagnosed)										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	24	100	--	9	100	--	26	100	--
≥ 25 years	Yes	2	0.5	0.0–1.5	10	4.8	1.9–7.6	5	1.6	0.2–3.0
	No	274	99.5	98.5–100	281	95.2	92.4–98.1	311	98.4	97.0–99.8

Table H.8. Access to services at home and abroad among migrants in Armenia, Azerbaijan and Georgia disaggregated by age groups, 2018

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Provided with condoms during the past 12 months (Home country)										
<25 years	Yes	0	--	--	0	--	--	3	12.5	0.0–26.6
	No	24	100	--	9	100	--	21	87.5	73.4–100
≥ 25 years	Yes	6	2.2	0.4–3.9	11	3.8	1.6–6.0	9	3.2	1.1–5.2
	No	270	97.8	96.1–99.6	279	96.2	94.0–98.4	275	96.8	94.8–98.9
Provided with condoms during the past 12 months (Abroad)										
<25 years	Yes	0	--	--	0	--	--	0	--	--
	No	24	100	--	6	100		0	--	--
≥ 25 years	Yes	4	1.4	0.0–2.8	6	3.5	0.8–6.1	0	--	--
	No	271	98.3	96.7–99.8	166	96.5	93.9–99.2	0	--	--
Easy to access health care when needed (Home country)										
<25 years	Yes	24	100	--	9	100	--	0	--	--
	No	0	--	--	0	--	--	0	--	--
≥ 25 years	Yes	238	88.0	83.9–92.2	290	99.7	99.0–100	0	--	--
	No	37	11.6	7.5–15.6	1	0.3	0.0–1.0	0	--	--
Easy to access health care when needed (Abroad)										
<25 years	Yes	19	82.4	66.1–98.7	6	100	--	18	75.0	56.8–93.2
	No	5	17.6	1.3–33.9	0	--	--	6	25.0	6.8–43.2
≥ 25 years	Yes	151	51.7	45.8–57.7	161	95.3	92.1–98.4	220	74.1	69.2–79.0
	No	123	47.5	41.6–53.5	8	4.7	1.6–7.9	77	25.9	21.0–30.8
In the past one year, visited a health-care professional (Home country)										
<25 years	Yes	5	19.0	2.2–35.8	1	11.1	0.0–34.9	5	19.2	3.7–34.8
	No	19	81.0	64.2–97.8	8	88.9	65.1–100.0	21	80.8	65.2–96.3
≥ 25 years	Yes	110	39.2	33.2–45.2	120	41.5	35.9–47.2	136	44.9	39.3–50.4
	No	166	60.8	54.8–66.8	169	58.5	52.8–64.1	167	55.1	49.6–60.7
In the past one year, visited a health-care professional (Abroad)										
<25 years	Yes	3	14.5	0.7–28.3	2	33.3	0.0–76.3	0	--	--
	No	21	85.5	71.7–99.3	4	66.7	23.7–100.0	0	--	--
≥ 25 years	Yes	41	14.3	10.0–18.6	74	44.3	37.0–51.7	0	--	--
	No	235	85.7	81.4–90.0	93	55.7	48.3–63.0	0	--	--
Rating treatment during the last visit to a health-care professional (Home country)										
<25 years	Poor	0	--	--	0	--	--	7	31.8	11.6–52.1
	Good	5	86.4	54.3–100	6	66.7	34.3–99.0	11	50.0	28.8–71.2
	Very good	1	13.6	0.0–45.7	3	33.3	1.0–65.7	4	18.2	1.5–34.9
	Excellent	0	--	--	0	--	--	0	--	--
≥ 25 years	Poor	9	7.3	2.2–12.4	12	4.1	1.9–6.4	47	16.4	12.1–20.7
	Good	86	77.9	69.8–85.9	101	34.8	29.3–40.4	202	70.4	65.0–75.7
	Very good	16	14.1	7.4–20.8	114	39.3	33.7–44.9	22	7.7	4.6–10.7
	Excellent	1	0.8	0.0-2.5	63	21.7	16.9–26.5	16	5.6	3.0–8.2

		Armenia			Azerbaijan			Georgia		
		n	%	CI	n	%	CI	n	%	CI
Rating treatment during the last visit to a health-care professional (Abroad)										
<25 years	Poor	0	--	--	0	--	--	0	--	--
	Good	3	100		1	33.3	0.0–88.4	0	--	--
	Very good	0	--	--	2	66.7	11.6–100.0	0	--	--
	Excellent	0	--	--	0	--	--	0	--	--
≥ 25 years	Poor	3	7.7	0.0–15.7	30	20.8	14.2–27.4	0	--	--
	Good	34	84.0	71.5–96.4	58	40.3	32.1–48.4	0	--	--
	Very good	4	7.3	0.0–16.5	34	23.6	16.8–30.4	0	--	--
	Excellent	1	1.0	0.0–5.8	22	15.3	9.4–21.2	0	--	--

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