



# TUBERCULOSIS PREVENTION AND CARE FOR MIGRANTS



## QUICK FACTS

- There are an estimated one billion migrants in the world today, which include 232 million international migrants and 740 million internal migrants.
- Tuberculosis (TB) imposes great human suffering and loss. 9 million people fell ill with TB worldwide in 2013, with 1.5 million deaths.
- TB particularly affects poor and vulnerable populations; migrants are a key affected population.
- Migration as a social determinant of health increases TB-related morbidity and mortality for migrants and their communities along all migration pathways.
- In low and middle TB-burden countries, TB among foreign-born populations is often high, due to existing infection or reactivation of latent TB.
- Migrant and mobile populations from and within high TB-burden countries face a range of risk factors.

## WHY ARE MIGRANTS VULNERABLE TO TB?

- Among **migrant workers** with a legal status, their access to TB diagnosis and care is subject to contracts, work permits and ability to access health care services or insurance from the State or the employer.
- Undocumented migrants** face challenges such as fear of deportation that limit their access to diagnostic and treatment services. Deportation while on treatment or poor adherence may lead to drug-resistant disease, poor outcomes and further spread of infection.
- Migrants in **detention centres** or **trafficked persons** often live in unhealthy conditions for extended periods of time, creating pockets of vulnerability to TB.
- Forced displacement** of persons after conflict or a natural disaster is often associated with increased TB risk due to malnutrition, overcrowding in camps or other temporary shelters, treatment interruption from disruption of health services and risk of drug resistance.

## MIGRATION PROCESS AND TB

There are risk factors for TB exposure, infection, transmission and poor outcomes throughout the migration process:

### Individual factors

- Overcrowded living and poor working conditions
- Low socio-economic status
- Increased vulnerability to HIV infection
- Under/malnutrition
- Substance abuse

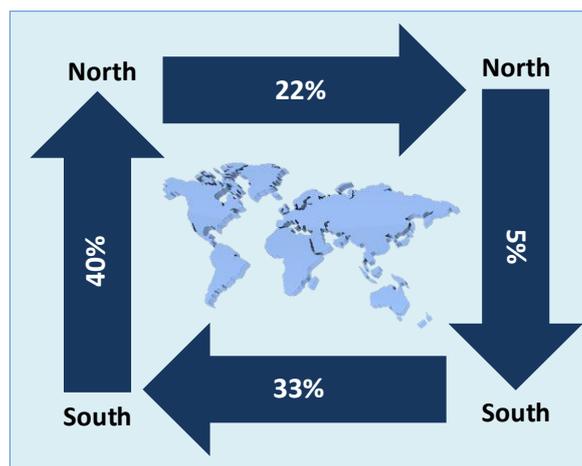
### Social Barriers

- Language, cultural beliefs, legal rights
- Immigration status
- Anti-migrant sentiments
- Lack of awareness of entitlement to health services
- Low health-related spending capacity
- Migrant-unfriendly health services

### Economic burden of illness

- At household level- costs of care and income loss for migrants and their families.
- At government level - costs to health systems.
- At societal level - loss of productivity and revenue.

### International migrants and the four migration pathways



Source: World Migration report 2013 (Gallup World Poll, 2009-2011)

# KEY ACTIONS TO 2015 AND BEYOND

On 19 May 2014, the 67<sup>th</sup> World Health Assembly (WHA) adopted the new post-2015 global TB strategy and targets. The strategy aims to end the global TB epidemic with specific benchmarks and targets to 2035. The strategy builds on a “know-your epidemic” approach and focuses particularly on serving those not reached – the most vulnerable and marginalized populations. The strategy and related WHA resolution highlight the needs of migrants and for cross-border and global collaboration, in alignment with the WHA resolution 61.17 (2008) on the Health of Migrants. In line with the principles and three pillars of the new strategy, as well as resolution 61.17, TB and migration can be addressed through:

## MIGRANT-INCLUSIVE NATIONAL TB PLANS

- Address the burden of TB in migrants and their needs in epidemiological assessments and national programme reviews.
- Include migrants in country processes for development of national TB strategic plans and resource mobilization.
- Strengthen country monitoring systems to include disaggregated data on migrants, where relevant.

## MIGRANT-SENSITIVE CARE & PREVENTION

- Sensitize health personnel and build cultural competency reflective of migrants’ TB needs.
- Ensure that TB diagnostics, treatment and care services are adapted to the needs of migrants, including for MDR-TB, TB/HIV management and access to new TB technologies.
- Establish cross-border referral systems with contact tracing and information sharing to ensure continuity of care for migrants and harmonize treatment protocols across borders along migration corridors.
- Empower migrant communities through social mobilization and health communications.

## BOLD INTERSECTORAL POLICIES & SYSTEMS

- Ensure policy coherence between health and non-health sectors, such as immigration and labour, to support migrant TB interventions within and across countries.
- Adopt policies and/or regulations which improve migrants’ access to services, financial and social protection, regardless of status.
- Eliminate discriminatory legal and administrative barriers.
- Promote inclusion of TB in bilateral or regional agreements on migration with appropriate accountability; pursue innovative public-private partnerships.

## OPERATIONAL RESEARCH

- Pursue research, including on social determinants, new tools and intervention approaches, taking into account migrants’ needs.

## WHO & IOM: Working together for global commitment and action on TB prevention and care for migrants

- IOM and WHO are working with Member States and partners to provide guidance and support in implementation of these key actions in taking forward the new global TB strategy.
- WHO is developing a framework towards TB elimination in low TB incidence countries, as an adaptation of the global strategy, where migration is one of the key focus areas.
- At regional level, WHO convenes Member State consultations on TB and migration.
- Working with migrant-sending and receiving countries, IOM provides active TB screening and treatment services, through migrant health assessment programmes, that contribute to global TB efforts.
- WHO, IOM and partners provide TB services as part of health promotion and emergency health response projects, including for refugees, labour migrants, internally displaced and mobile populations.
- WHO and IOM are engaged in the post-2015 sustainable development agenda-setting process, including specific dialogues on health and on migration.

## KEY RESOURCES

- [WHO resolution WHA 61.17 on Health of Migrants, WHA 61.17, May 2008.](#)
- [WHO Draft Global TB Strategy and targets](#)
- [IOM \(2013\). Migration and Tuberculosis: A pressing issue.](#)
- [WHO \(2007\). Tuberculosis care and control in refugee and displaced populations: an interagency field manual.](#)
- [WHO WPRO\(2013\). Consultation on TB and Migration in the Western Pacific Region.](#)
- [Dara M, de Colombani P, et al. Minimum package for cross-border TB control and care in the WHO European region: a Wolfheze consensus statement. Eur Respir J. 2012 Nov;40\(5\):1081-90.](#)
- [WHO \(2010\). Health of migrants: the way forward - report of a global consultation, Madrid, Spain, 3-5 March 2010.](#)

For more information:

**WHO Global TB Programme:** [www.who.int/tb](http://www.who.int/tb).

**IOM Migration Health Division:** <http://health.iom.int/>.