



Directly observed treatment supervised by an IOM nurse in Mae La Camp, Thailand. © IOM 2012

MIGRATION & TUBERCULOSIS: A Pressing Issue

- Health is both a contributor to and beneficiary of development; a **people-centered and inclusive post-2015 health agenda** should prioritize the marginalized, stigmatized and vulnerable populations, including migrants regardless of their legal status.
- **Migrants are particularly vulnerable to health inequities**, inadequate social protection, discrimination, human-rights violations and stigmatization.
- TB is a social disease and **migration, as a social determinant of health**, increases TB-related morbidity and mortality among migrants and surrounding communities.
- IOM encourages and stands ready to support Member States and migrant communities by implementing key actions in migrant health monitoring, strengthening migrant-sensitive health systems, developing conducive policy frameworks, and strengthening multisectoral partnerships that **address migrants' vulnerability to TB**.

HEALTH AND DEVELOPMENT IMPACTS OF TB ON MIGRANTS AND COMMUNITIES

There is growing evidence and understanding that social and economic inequalities sustain migrants' vulnerability to TB, as do discriminatory policies in non-health sectors such as immigration, labour and social protection. Absence of targeted TB prevention and control strategies for migrants create significant barriers in reaching TB elimination targets in several countries of origin, transit and destination for migrants.

Risk factors – Migrants face higher exposure to TB infection due to overcrowded living and working conditions and increased vulnerability to HIV, malnutrition and substance use induced by marginalization and social exclusion. Delays in TB diagnosis among migrants are commonly associated with difficulty in healthcare access, lack of education, poor health-seeking behaviors, cultural beliefs, stigma and marginalization.

Social barriers – Migrants often do not have access to correct TB-related information on prevention, transmission and latent infections due to language barriers as well as cultural beliefs. Stigma-related fear, lack of awareness of entitlement to health services and low health-related spending capacity as proportion of household income, as well as migrant-unfriendly health services, all lead to reluctance in seeking care or adhering to treatment.

Economic costs – The high burden of TB related morbidity and mortality among migrants can have negative economic effects at household level for migrants and their families, at societal level due to loss of productivity and revenue in the industries that hire them, and at national government level through financial burden on health systems in both source and destination countries, and loss of remittances for countries of origin.





THE MIGRATION PROCESS AND TB EPIDEMIOLOGY

At origin: The individual's health status, availability of and access to quality health systems, overall socioeconomic conditions and occurrence of any disease epidemics, emergencies- including famines and political conflicts- make up the migrant's health and TB risks at origin. Differences in migrant screening criteria in the pre-departure phase such as detection and treatment protocols, links with post-arrival health care and management of latent TB infections also influence TB-related morbidity and potential public health impact on health systems during transit and at destination. Discriminatory practices such as denial of work permits due to past TB history is also a concern in case of mandatory pre-departure medical examinations and a factor potentially undermining proper compliance with TB treatment.

During transit: The migratory journey affects the TB risk of migrants, especially when travel occurs under precarious conditions. Irregular migrants may face violence and be held in detention centres with poor nutrition and ventilation, often in close proximity with others with preexisting infections. Migrants and asylum-seekers who suffer physical and physiological abuse may become averse to seeking health care from public services or private healthcare providers due to mistrust. Modern migration patterns characterized by frequent, repeated travel between a migrants' country of origin and country of destination also increase the likelihood of infection, transmission and interrupted treatment.

At destination: Migrants' integration into the host country's health system (access, availability, affordability, and acceptability), their living and working conditions and socioeconomic status all influence the risks of contracting and effectively treating TB. Difficulties in access to housing, jobs, health care and other social services expose migrants to TB risk factors. Migrants' wages are usually lower than national counterparts, which makes healthcare spending an unusually high burden at household level. Migrants' own health seeking behaviour and cultural practices may affect their expectations and use of TB services. Discriminatory practices such as deportation after positive TB diagnosis is another concern for migrants, while in the country of destination.

Upon return: Migrants who lived in poor housing, received low wages and had limited access to health care are likely to return home less healthy than when they left. When migrants return to their place of origin with untreated TB, MDR-TB or complications thereof, the availability of standardized treatment and access to reliable health care services becomes an important factor in their health outcomes and has profound public health implications for their families and communities. This can place financial burden on households if they do not have adequate health and social protection upon return or strain healthcare systems in their places of origin.



MIGRANT TYPES & TB

Migrants of specific legal and social status, such as workers, undocumented migrants, trafficked and detained persons, face particular TB vulnerabilities. Among *migrant workers* with a legal status, their access to TB diagnosis and care is subject to their ability to access health care services and health insurance coverage, provided either by the State or the employer. *Irregular migrants* face particular challenges such as fear of deportation that delay or limit their access to diagnostic and treatment services. Deportation while on treatment or poor compliance with treatment may lead to drug resistant infection and increased chances of spreading TB in countries of origin, transit and destination. Migrants in *detention centres* or *trafficked persons* in transit or host countries often live in unsanitary and unhealthy conditions for extended periods of time, creating pockets of vulnerability to TB infection.

EMERGING CONCERNS IN TB & MIGRATION

Multidrug resistant TB (MDR) is frequently caused by inadequate treatment or improper use of medications, leading to increased morbidity and mortality and high costs of treatment. Migrants are particularly vulnerable to MDR-TB due to overcrowded living conditions, delayed diagnosis from financial constraints, poor health literacy and healthcare seeking behaviours, poor treatment adherence and high default rates. MDR-TB management among migrants is also challenging due to limited access to drugs and weak health systems that lack isolation facilities and quality laboratory services. Without timely TB diagnosis, treatment, contact tracing and cross-border continuity of care for migrants, hard-to-reach mobile populations and surrounding communities, MDR-TB control will remain a challenge.

Forced displacement of persons after conflict or a natural disaster is often associated with an increased risk of TB due to factors such as malnutrition, overcrowding in camps or other temporary shelters, and disruption of health services resulting in the interruption of TB treatment that may result in drug resistance. The emergency response is usually limited to acute diseases such as cholera and measles outbreaks, leaving chronic conditions like TB unattended until much later when existing national health systems begin to recover and cope with increased health care demands following a crisis situation. There remains an ethical dilemma in postponing TB programmes until the social setting becomes more appropriate for implementation, and an analysis comparing the risks and benefits of delaying TB programmes in complex emergencies is needed.

Migrant workers in the mining industry are at a high risk for TB due to poorly ventilated, overcrowded living and working conditions and occupational hazards like silicosis. In Southern Africa, where a majority of mine workers are migrants from neighbouring countries, nearly one-third of the TB infections are estimated to be linked to mining activities. The average annual cost of the TB epidemic in the South African mining sector alone is more than US\$ 880 million, whereas the implementation of targeted active TB detection, treatment and occupational health measures would cost US\$ 570 million - a third less. The underlying social and structural determinants of this largely disproportionate TB burden in the mining industry lies outside the traditional health sector, and it can only be addressed through sustained and multi-sectoral collaboration between ministries of labour, mining and health, as well as private industry.



ADDRESSING TUBERCULOSIS AMONG MIGRANTS: FOUR KEY BUILDING BLOCKS FOR ACTION

1. Measurement and analysis of TB burden among migrants

- Explicitly recognize migrants as a marginalized and disadvantaged group in post-2015 TB goals and targets.
- Build reliable country statistical systems to include disaggregated data on migrant types, and migration-related variables (in routine health data monitoring and TB prevalence surveys).
- Make better use of administrative data such as census, labour surveys, immigration records and education data to identify migrant groups and ensure disaggregation of TB-related information.
- Respect appropriate data protection and confidentiality principles for migrants and trafficked or detained persons, by creating secure interfaces between health and other migration data management mechanisms.
- Study economic impact of not addressing TB among migrants, cost-effectiveness of active TB screening programmes and TB funding practices for hard-to-reach migrants to inform future migration health policies.

2. Robust migrant-sensitive health systems for an effective TB response

- Support a rights-based health systems approach, sensitize medical and administrative personnel to health profiles of migrants and build cultural competency reflective of migrants' needs.
- Ensure that TB diagnostics, treatment and care for migrants are integrated within National TB programmes with dedicated resources, including MDR-TB and TB-HIV management and migrants' access to innovative TB technologies and services.
- Establish cross-border referral systems with contact tracing and information sharing to ensure continuity of care for migrants and enhance harmonization of treatment protocols across borders along migration corridors.
- Empower migrant communities through social mobilization and health communications.

3. Intersectoral policy and legal frameworks—Health-in-all-policies approach

- Ensure policy coherence and shared solutions between health and non-health sectors such as immigration and labour, to implement the WHA 61.17 Resolution *Health of Migrants*, and support migrant TB programmes.
- Promote health of migrants overall, avoid stigma, discrimination and restrictions to travel for people with no infectious TB, or retrenchment and deportation for immigrants affected by TB.
- Create national legislation which improves migrants' access to TB services, regardless of legal migration status, and implement social protection measures as part of a multi-sectoral approach to TB control.
- Address migrant's healthcare needs through specific public-private and regional frameworks, such as the Southern Africa Development Community (SADC) Declaration on TB in the mining sector.

4. Networks and multi-country partnerships with common goals

- Foster partnerships between various governmental sectors, private sectors (private healthcare providers, pharmaceutical companies, insurance sector, employers), civil society (including migrant groups), humanitarian and development agencies and the international donor community.
- Promote political commitment in migrant-receiving countries for investments in targeted TB programmes in countries of origin and transit, especially in high TB incidence countries.
- Ensure inclusion of health, such as the management of infectious diseases like TB, in bilateral or regional agreements on migration (for example, labour migration and border management) with appropriate accountability mechanisms.

For further information on the topic

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