



Community TB awareness raising. Lebanon, 2015

Tuberculosis in Migrants and Crisis-Affected Populations

Tuberculosis is one of the world's main health challenges with 9 million new cases and nearly 1.5 million deaths each year. Approximately one third of new cases are missed by the health system and occur in populations which are most vulnerable to TB including migrants, Internally Displaced Persons (IDPs), refugees and other crisis-affected individuals due to poor nutrition status, poor living and working conditions, low education and awareness, and low health-care access. In 2013 alone, it is estimated that 50 million people, including both refugees and IDPs, were displaced because of violence and conflict and more than 20 million were displaced due to natural disasters. (IDMC 2013)

Emergencies such as natural disasters, conflict-related humanitarian crises and migration crises result in disruption of the capacity of public health systems to meet the health care needs of affected populations. Forced displacement often results in relocation to camps or other temporary settlements where risk factors such as overcrowding, malnutrition, substance abuse, social exclusion, disruption of regular health care and poor health seeking behaviour make affected populations more vulnerable to TB. Additionally, emergency health responses traditionally focus on acute disease threats such as measles and cholera outbreaks leaving chronic conditions such as TB unattended until too late.

The collapse of health systems in emergencies decreases access to TB awareness, prevention and continuity of care at points of origin, transit and travel, at destination and upon return within and across borders. It is critical to address concerns of limited identification of TB cases, inadequate TB provision services, interruption of drug supply, irregular drug intake, increase in treatment defaulting, low cure rate, higher number of patients with relapse and an increase in Multidrug-resistant (MDR) TB among others.

IOM's TB in emergencies programme is based on extensive experience with TB prevention, diagnostic and treatment services under its Migration Health Assessments and Travel Health Assistance programme for immigration and refugee resettlement and TB REACH programmes worldwide. Guided by the 2014 World Health Organization (WHO) Global Strategy and Targets for TB Prevention, Care and Control after 2015 and the WHO End TB Strategy, IOM supports National TB Programme (NTP) systems under the Ministry of Health in non-crisis and crisis situations. Activities are coordinated and consistent with national protocols and regulations to ensure accountability to national health authorities. IOM TB activities in emergencies aim to reduce avoidable morbidity and mortality through awareness, preventive and curative services in line with NTP and recognised humanitarian priorities and in close coordination with the World Health Organization and health cluster coordination mechanisms.

"Tuberculosis is not simply an infectious disease – it is also a disease of poverty, social vulnerability and marginalization. Every effort should be made to ensure provision of equitable TB services for migrants that respect their rights, while upholding national and international health legislation."

William L. Swing, Director
General, IOM

Scope of Activities

1. Community-based awareness raising among migrants, crisis-affected populations and their host communities on TB prevention, early diagnosis, treatment, health service availability and sensitization against stigma and discrimination.
2. Active TB screening by mobile health teams linked to existing primary health care systems for diagnosis and treatment.
3. Directly Observed Therapy short course (DOTS), follow-up services and contact tracing.
4. Capacity building and technical support for Ministries of Health, National TB Programmes and upgrading of TB facilities.

Tuberculosis Among Migrants and Crisis-Affected Populations

Four Building Blocks for Action

(based on operational pillars of the 2008 World Health Assembly Resolution on Health of Migrants WHA61.17)

1. Monitoring Migrants' Health

- Recognize migrants as a marginalized group and strengthen country statistical systems to include disaggregated data on migration-related variables.
- Respect data protection and confidentiality principles by creating secure interfaces between health and other migration data management mechanisms.
- Study the economic impact of not addressing TB among migrants and cost-effectiveness of active TB screening programmes to inform future policies.



Migrant-sensitive health 2.

- Support a rights-based health systems approach and sensitize medical and administrative personnel to build cultural competency.
- Ensure that TB care for migrants is integrated within national TB programmes with dedicated resources.
- Establish cross-border referral systems with contact tracing and information sharing.
- Empower migrant communities through social mobilization and health communications.



3. Migrant-inclusive Policies and Frameworks

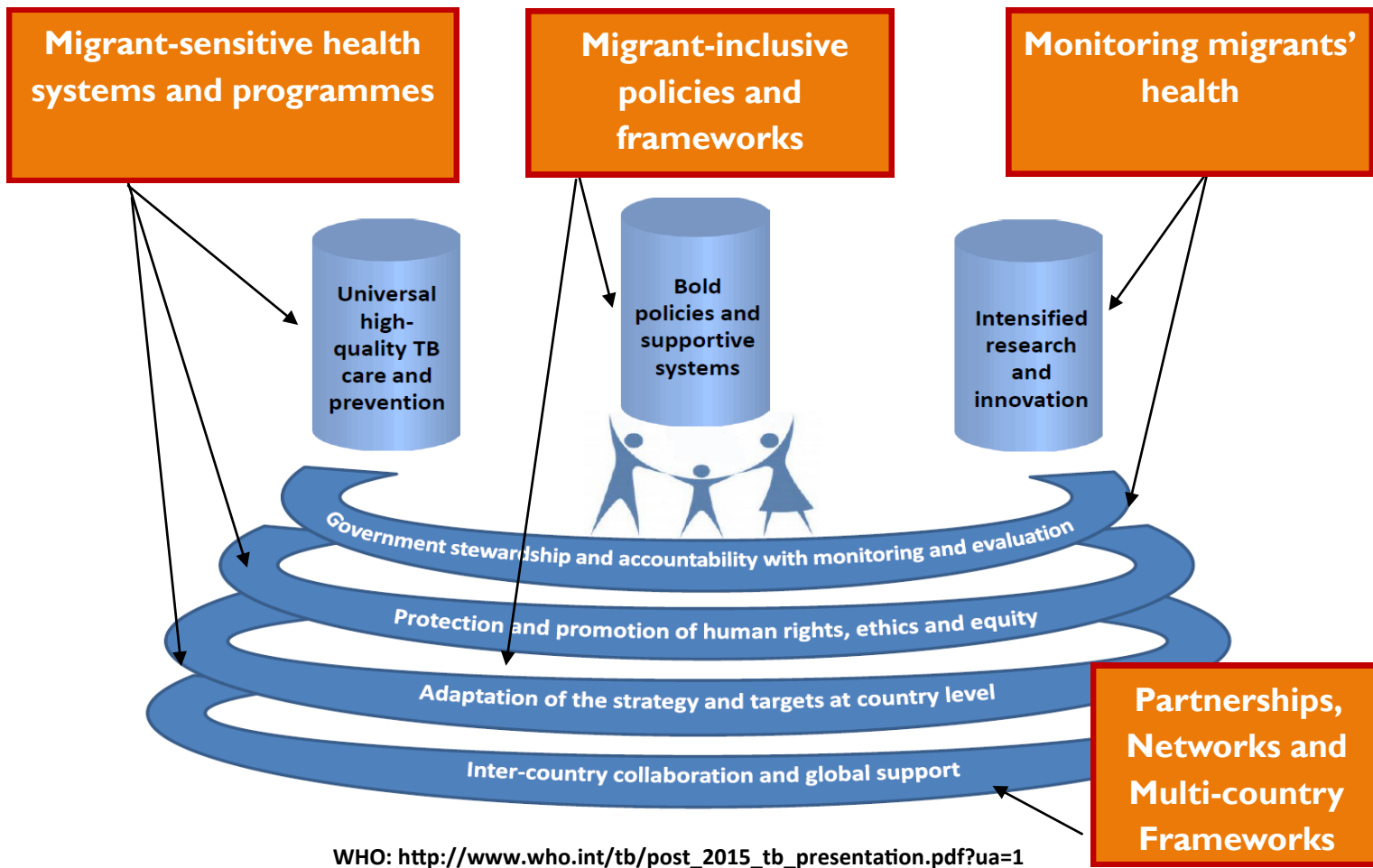
- Ensure policy coherence and shared solutions between health and non-health sectors in keeping with the WHO Health in All Policies (HiAP).
- Create national legislation that improves migrants' access to TB services regardless of legal migration status.
- Address migrants and displaced persons' healthcare needs through specific public, private and regional frameworks.

Partners, Networks and Multi-Country Frameworks 4.

- Foster partnerships among governmental, private sector, civil society, humanitarian & development agencies, academia and donor community.
- Promote political commitment in host countries for investments in targeted TB programmes.
- Include health and management of diseases like TB and TB/HIV in bilateral/regional agreements on migration with appropriate accountability mechanisms.
- Harmonize inter-country TB and TB/HIV protocols.

To view more information on the **Four Key Building Blocks for Action**, please refer to IOM's TB Position Paper at the following web link: <http://www.iom.int/files/live/sites/iom/files/What-We-Do/docs/Migration-Tuberculosis-A-Pressing-Issue.pdf>

Linking Health of Migrants Action Framework (WHA 61.17) to the WHO Global Strategy and Targets for Tuberculosis prevention, care and control after 2015 (WHA 67.1)



Country Experiences

Iraq, 2014-2015

As of April 2015, Iraq has 248,203 Syrian refugees and over 2.8 million IDPs. IOM works with MOH/NTP, WHO, UNHCR, UNDP and health partners to provide primary health care services to IDPs in and out of camps and host communities. TB services are given to IDPs/refugees in Erbil, Duhok, Sulaymaniah and Kirkuk. Activities include community health worker training on TB detection, screening, DOTS provision, transportation-assisted referrals for TB investigation or treatment in nearby TB centers, distribution of printed TB awareness materials, establishment of a network for TB referral through hotline communications, TB contacts tracing, capacity building for medical, NTP laboratory and X-ray facilities staff and nutrition and psychosocial support.



Lebanon, 2014-2015

Lebanon hosts 1.2 million Syrian refugees, Lebanese returnees and displaced Palestinians from Syria as of April 2015. TB concerns are heightened due to overcrowded living conditions. IOM partners with WHO, MOH/NTP and UNHCR, NGOs and health sector partners with funding from the Global Fund for AIDS, TB and Malaria. The aim is to reduce TB transmission, morbidity and mortality among Syrian refugees and local host communities. Interventions include support to TB diagnostics and treatment services, improving knowledge of TB and coordination of the TB response, enhancing service delivery and capacity of human resources and raising community-based awareness of TB among target populations.



Country Experiences

Yemen, 2014-2015

As of April 2015, IOM addresses health care needs of Third Country National (TCN) migrants, Yemeni returnees from Saudi Arabia, IDPs and their host communities. Core activities focus on ensuring access to TB screening, diagnosis & treatment in coastal regions, border areas with Saudi Arabia and conflict-affected areas. IOM TB services include physical examinations, X-ray investigation, tuberculin skin test, sputum smear and culture, drug susceptibility testing (DST) and DOTS provision. In 2014, 96 TB cases were detected and treated; 2,360 people were reached through TB awareness-raising sessions. IOM also conducts fitness-to-travel health screening for migrants returning to their countries of origin.



Kenya, 2012-2014

The Dadaab refugee camps with a population of 351,446 face significant challenges to ensure TB treatment continuity and prevention of MDR TB such as porous borders, lack of adequate TB management services in Somalia, high mobility patterns across borders and lack of access to comprehensive TB screening, diagnostics and structured referral mechanisms. In partnership with NTP of Kenya, UNHCR, US CDC and their health partners in IFO camp in Dadaab, IOM has implemented MDR TB management activities to improve access to diagnostic, prevention and treatment services through a TB culture and molecular laboratory facility, X-ray facility, and MDR TB ward. As of 31 of March 2015, 187 MDR TB patients have been registered in the ward, and 86 are currently undergoing treatment.



Jordan, 2012-2015

Jordan hosts more than 627,287 Syrian refugees. To address TB within this community, a project implemented by IOM in cooperation with NTP/MOH, WHO, UNHCR, Global Fund and other partners has reached more than 456,128 people with awareness raising campaigns on the signs and symptoms of TB, where to go to seek medical care and how to prevent TB infection & disease. TB awareness activities and IOM's four-level strategy for screening and detection are taking place throughout Jordan via mobile health teams, community health workers, PHC facilities and local NGOs. IOM has administered 421,299 TB screenings, diagnosed 185 cases and ensured successful completion of DOTS treatment for 136 cases.



Tunisia, 2011

Large-scale forced migration from Libya to neighbouring countries and beyond posed a huge challenge to TB prevention and care among thousands of Third Country Nationals (TCNs) and migrants for evacuation back to home countries. IOM partnered with Tunisia MOH/NTP and WHO to set up TB diagnostics, treatment, contact tracing and pre-departure medical screening for fitness-to-travel for migrants at Choucha camp near the Libya-Tunisia border. Of 70 individuals screened and examined for TB, 30 were diagnosed, given TB medications, monitored and provided with nutrition supplements. A TB referral form with a month supply of TB drugs were provided before departure.

