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DEFINITIONS (1)

**Migrant:** An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons.
DEFINITIONS (2)

**Refugee:** A person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

Source: Adapted from Convention relating to the Status of Refugees ((adopted 28 July 1951, entered into force 22 April 1954) 189 UNTS 137) Art. 1A(2).
DEFINITIONS (3)

Forced migrant: The movements of refugees and internally displaced people (those displaced by conflicts) as well as people displaced by natural or environmental disasters, chemical or nuclear disasters, famine, or development projects.
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70.8 million forcibly displaced people worldwide

We are now witnessing the highest levels of displacement on record.

An unprecedented 70.8 million people around the world have been forced from home. Among them are nearly 25.9 million refugees, over half of whom are under the age of 18.

There are also millions of stateless people who have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement.

In a world where nearly 1 person is forcibly displaced every two seconds as a result of conflict or persecution.
# International Migrant Population

## 1. Migrant Population (stocks)
- **258 million**
  - International Migrants
  - Were counted globally in 2017 – people residing in a country other than their country of birth. This represented 3.4% of the world’s total population.

## 2. Migrant Flows
- **5 million**

## 3. Labour Migrants
- **150.3 million**
  - Migrant workers were counted globally in 2017.

## 4. International Students
- **4.8 million**
  - International students were counted in 2016, up from 2 million in 2000.

## 5. Remittances
- **$466 billion**
  - Of remittances were sent to low- and middle-income countries in 2017. This is more than three times the size of official development assistance.

## 6. Displacement
- **68.5 million**
  - Individuals were forcibly displaced worldwide due to persecution, conflict, generalized violence, human rights violations, or other reasons by the end of 2017.

## 7. Irregular Migrants
- **50 million**
  - Irregular migrants were estimated to be living around the world in 2017.

## 8. Refugees
- **25.4 million**
  - Registered refugees were counted in 2017.

## 9. Resettlement
- **102,800**
  - Refugees were admitted for resettlement worldwide in 2017.

## 10. Missing Migrants
- **6,163**
  - Migrants lost their lives or went missing during migration in 2017, at a minimum.

## 11. Trafficking & Modern Slavery
- **25 million**
  - Victims of forced labour were estimated in 2016. Out of those, 5 million may have crossed an international border.

## 12. Migrant Smuggling
- **2.5 million**
  - Irregular migrants were smuggled for an economic return of USD 5.5-7 billion in 2016.

## 13. Returns
- **72,176**
  - Voluntary returns were assisted by IOM in 2012 worldwide.

## 14. Integration and Well-being
- **$6.7 trillion**
  - Contribution
  - Migrants contributed 6.7 trillion US dollars to global GDP in 2013 – a share of 9.4% of the total global GDP that year.

## 15. Children
- **14%**
  - Children in 2017, children represented 14% of the stock of international migrants.

## 15A. Women
- **48.8%**
  - Women in 2017, women represented 48.8% of the stock of international migrants.

## 16. Environment
- **18.8 million**
  - People in 135 countries were newly displaced by sudden-onset disasters within their own countries in 2017.

## 17. Governance
- **39**
  - Countries have taken part in IOM’s Migration Governance Indicators project as of 2018.

## 18. Potential Migration
- **66 million**
  - Adults or 1.3% of the world’s adult population, had plans to move permanently to another country in the next 12 months in 2015.

## 19. Public Opinion
- **22%**
  - Of the world’s population is generally more likely to want national immigration to be kept at its present level (22%) or increased (21%), rather than decreased (34%) in 2015.

## 20. Migration Data Capacity
- **87% +**
  - Countries asked about country of birth, 75% asked for citizenship and 50% for the year or period of arrival in their 2010 censuses.

*These figures are based on 2017 data where available. Where this was not possible, the latest available data was taken.*
In 2017, the stock of international migrants, the total number of people residing in a country other than their country of birth, was 3.4 % compared to 2.8 % in 2000, and 2.3 % in 1980 (UN DESA, 2018).

Asia is the origin of the largest number of persons who are living outside their region of birth (110 M).

Migrants born in Latin America and the Caribbean represented the third largest group (39 M).
KEY REGIONAL FRAMEWORKS AND LEGAL INSTRUMENTS

WHO International Health Regulations of 2005: “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”

PAHO Resolution CD55.R13 “Health of Migrants” (2016): to generate health policies and programs to address health inequities that affect migrants; improve regulatory and legal frameworks in order to address the specific health needs of migrants; ensure access to the same level of financial protection and health services that other people living in the same territory enjoy; and coordinate programs and policies on the health of migrants in the border areas between countries
KEY REGIONAL FRAMEWORKS AND LEGAL INSTRUMENTS

17th South American Conference on Migration (SACM) (2017): importance of inclusive public policies on migration that consider migrants to be “under the same conditions as nationals in the host country regardless of their origin, nationality, or immigration status

Regional Conference on Migration (RCM) (2017): strengthening institutional capacities for comprehensive assistance to migrants and forging partnerships to benefit the migrant population
Promoting the health of refugees and migrants

Draft global action plan, 2019–2023
GLOBAL ACTION PLAN

Priority 1. Promote the health of refugees and migrants through a mix of short-term and long-term public health interventions

Priority 2. Promote continuity and quality of essential health care, while developing, reinforcing and implementing occupational health and safety measures

Priority 3. Advocate the mainstreaming of refugee and migrant health into global, regional and country agendas

Priority 4. Enhance capacity to tackle the social determinants of health and to accelerate progress towards

Priority 5. Strengthen health monitoring and health information systems

Priority 6. Support measures to improve evidence-based health communication and to counter misperceptions about migrant and refugee health
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Right to health
RIGHT TO HEALTH

WHO Constitution of 1948 established the right of everyone to enjoy the highest attainable standard of physical and mental health.

International human rights standards and conventions exist to protect the rights of migrants and refugees.

Many refugees and migrants often lack access to health services and financial protection for health.
DISEASE BURDEN OF COMMUNICABLE DISEASES

Malaria
- High incidence rates in border areas and in populations that work in mines, import risk in areas where it is eliminated.

Tuberculosis
- In the Americas, migrant groups are associated with an increase in TB prevalence in low-risk countries.
- TB was often diagnosed in later stages in migrant populations due to their limited access to quality migrant-sensitive health services.

HIV
- Migration can disrupt migrants’ access to HIV services. Barriers include lower and late access to testing and treatment and fear of discrimination and deportation.
- Male migrants who stayed in border areas were more likely to have unprotected sex.

Health of refugees and migrants. WHO 2018
HEPATITIS B

In 2015: 257 million people were living with chronic hepatitis B infection (HBsAg+)

887,000 deaths, mostly from cirrhosis and hepatocellular carcinoma

27 million people (10.5% of all people estimated to be living with hepatitis B) were aware of their infection

4.5 million (16.7%) of the people diagnosed were on treatment
Mass migration to Europe: an opportunity for elimination of hepatitis B virus?

Marijn Thijssen, Philippe Lemey, Samad Amini-Bavil-Olyaee, Simon Dellicour, Seyed Moayed Alavian, Frank Tacke, Chris Verslype, Frederik Nevens, Mahmoud Reza Pourkarim

Figure 1: Total number of first-time asylum seekers arriving in Europe between 2011 and 2017

Figure 2: World map illustrating the annual numbers of first-time asylum seekers from the country of origin (red colour scale) and the number of applications in European destination countries per 100 000 inhabitants (blue colour scale) between 2011 and 2017.
The current mass movement from high-prevalence or intermediate-prevalence regions is a potential challenge to public health for health authorities of countries with low HBV prevalence.

Today, anti-viral treatments for CHB can benefit most patients, offering the prospect of significant public health gains through secondary prevention. Expanded access to screening, linkage to care and treatment, together with the continued implementation of existing primary prevention measures such as vaccination and antenatal screening, are the cornerstones of eliminating viral hepatitis as a global public health threat in the next few decades.
Migrant focused screening strategies would be most effective in countries with a high relative contribution of migrants and a low general population prevalence. In countries with a higher general population prevalence and a lower relative contribution of migrants, screening specific birth cohorts may be a more effective use of scarce resources.

Ahmad et al. BMC Infectious Diseases (2018) 18:34
HEPATITIS C

In 2015: 71 million people were living with VHC (1% of world population)

Prevalence in the general population ranging from 0.5 to 6.5% (unevenly distribution)

In Western countries and Australia this rate ranges from 0.5 to 1.5%

2.3% in countries of south-east Asia and in eastern Mediterranean regions
Advances in antiviral treatment open up the possibility of eliminating hepatitis C infection in Europe, but achieving this will require countries to scale up and better target screening, linkage to care and treatment.
HEPATITIS C

The burden of chronic liver disease in developed countries is now being borne by immigrants who may not have good access to healthcare systems, high cost of the new DAAs, achieving eradication of HCV infection in immigrants has economic implications and a public health impact.

Educational brochures written in the language of the country of origin

Adherence to DAAs therapy should be accompanied by frequent controls and by the support of a cultural mediator and of skilled physicians

Close monitoring of complications and of HCC development is mandatory even after an SVR has been achieved

Coppola et al. Infectious Diseases of Poverty (2019) 8:17
Diphtheria in the Americas - Summary of the situation

In 2018, three countries in the Region of the Americas (Colombia, Haiti, and the Bolivarian Republic of Venezuela) reported confirmed cases of diphtheria. In 2019, Haiti and Venezuela reported confirmed cases.

The following is a summary of the epidemiological situation in Haiti and Venezuela.

In Haiti, between epidemiological week (EW) 32 of 2014 and EW 22 of 2019, there were 852 probable cases\(^1\) reported, including 108 deaths; of these, 276 were confirmed (267 by laboratory criteria and 9 by epidemiological link) (Table 1).

**Table 1.** Probable and confirmed diphtheria cases reported in Haiti, 2014-2019 (until EW 22 of 2019)\(^2\).

<table>
<thead>
<tr>
<th>Year</th>
<th>Probable cases</th>
<th>Confirmed cases*</th>
<th>Deaths**</th>
<th>Case-fatality rate** (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>18</td>
<td>4</td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td>2015</td>
<td>77</td>
<td>31</td>
<td>7</td>
<td>23%</td>
</tr>
<tr>
<td>2016</td>
<td>118</td>
<td>57</td>
<td>22</td>
<td>39%</td>
</tr>
<tr>
<td>2017</td>
<td>194</td>
<td>73</td>
<td>6</td>
<td>8%</td>
</tr>
<tr>
<td>2018</td>
<td>375</td>
<td>105</td>
<td>14</td>
<td>13%</td>
</tr>
<tr>
<td>2019</td>
<td>70</td>
<td>6</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>Total</td>
<td>852</td>
<td>276</td>
<td>52</td>
<td>19%</td>
</tr>
</tbody>
</table>

*Confirmed by laboratory criteria or epidemiological link
**Among confirmed cases

Source: Haiti Ministère de la Santé Publique et de la Population (MSPP)
MEASLES CASE DISTRIBUTION (AMR), 2015-2019

Aggregation of cases at a specific time point is an artifact of reporting.

Notes: Based on data received 2019-07 - Data Source: IVB Database

2019-07-10
RECOMMENDED ACTIONS ON MIGRATION AND HEALTH IN THE AMERICAS

Strategic lines of action

1. Strengthen health surveillance, information management and monitoring

2. Improve communication and exchange of information to counter xenophobia, stigma and discrimination

3. Strengthen partnerships, networks, and multi-country frameworks to understand the status and promote and protect the health of migrants

4. Adapt policies, programs, and legal frameworks to promote and protect the health and well-being of migrants
PRIORiTY ACTIONS IDENTIFIED IN RELATION TO THE RE-EMERGENCE OF VACCINE-PREVENTABLE DISEASEs

- Achieve and sustain high vaccination coverage
- Strengthening health surveillance of migrants
- Improve access to health services for the migrant and host population
THANK YOU FOR YOUR ATTENTION