

TB & Migrant Health in EECA

1. Introduction **Paul Sommerfeld, TBEC Chair** - *5 min.*
2. Overview of barriers and coping strategies in EECA, **Daniel Kashnitsky, Academic Relations Coordinator, Regional Expert Group on Migration and Health in EECA** - *15 min.*
3. TB and Migration in EECA - online course, **Mari Chokheli, Project Coordinator, TB People** - *10 min.*
4. Essential package of TB services among migrants in EECA: Policy framework and its implementation in the practice, **Masoud Dara, Special Representative of Regional Director in Belarus, WHO Regional Office for Europe** - *15 min.*
5. Transborder cooperation between sending and receiving countries to provide migrants access to TB care, **Rukhshona Qurbonova, Coordinator of the Migration Health Programmes, International Organization for Migration, Tajikistan** - *15 min.*
6. Discussion, Questions & Answers *30 min.*



**Regional
Expert Group
on Migration and Health**

TB and Migration

Barriers and coping strategies in the
EECA region

Daniel Kashnitsky

Regional Expert Group on Migration and Health in EECA
Institute of Social Policy, Higher School of Economics

TB and Migration

- In the Global Plan to End TB of the Stop TB Partnership 2016-2020, migrants are included in the list of Key Affected Populations, or Key Populations for TB.
- The key affected groups are people who are **at higher risk of developing TB** due to three main factors:
 - Living and working conditions
 - Limited access to quality TB care services
 - Biological or behavioral factors that compromise immune function

Key populations for TB (1)

People who have INCREASED EXPOSURE to TB due to where they live or work	Prisoners, sex workers, miners, hospital visitors, health care workers and community health workers PEOPLE WHO: <ul style="list-style-type: none">± live in urban slums± live in poorly ventilated or dusty conditions± are contacts of TB patients, including children± work in environments that are overcrowded± work in hospitals or are health care professionals
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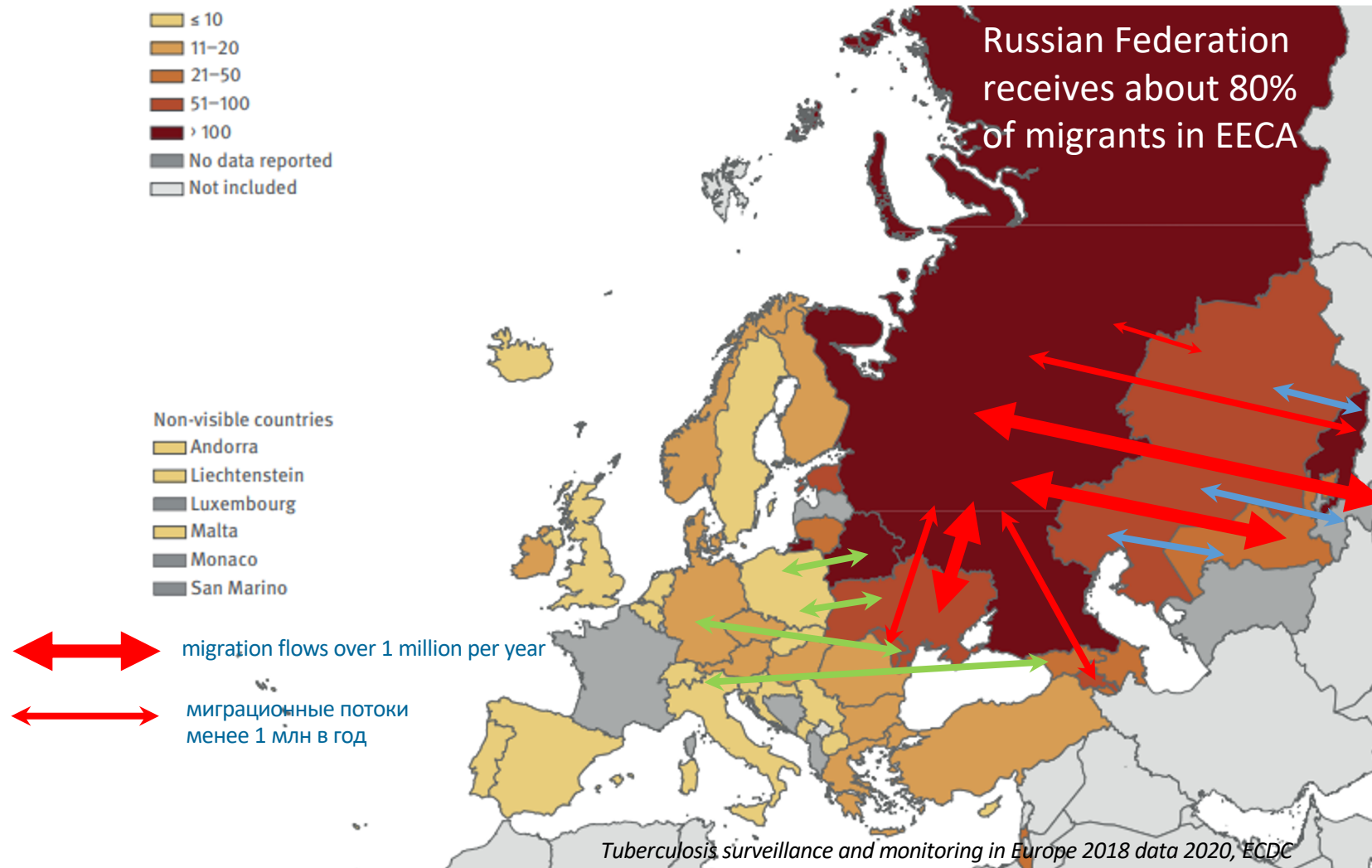
Key populations for TB (2)

People who have LIMITED ACCESS TO QUALITY TB SERVICES	<p>Migrant workers, women in settings with gender disparity, children, refugees or internally displaced people, illegal miners, and undocumented migrants</p> <p>PEOPLE WHO:</p> <ul style="list-style-type: none">± are from tribal populations or indigenous groups± are homeless± live in hard-to-reach areas± live in homes for the elderly± have mental or physical disabilities± face legal barriers to access care± are lesbian, gay, bisexual or transgender
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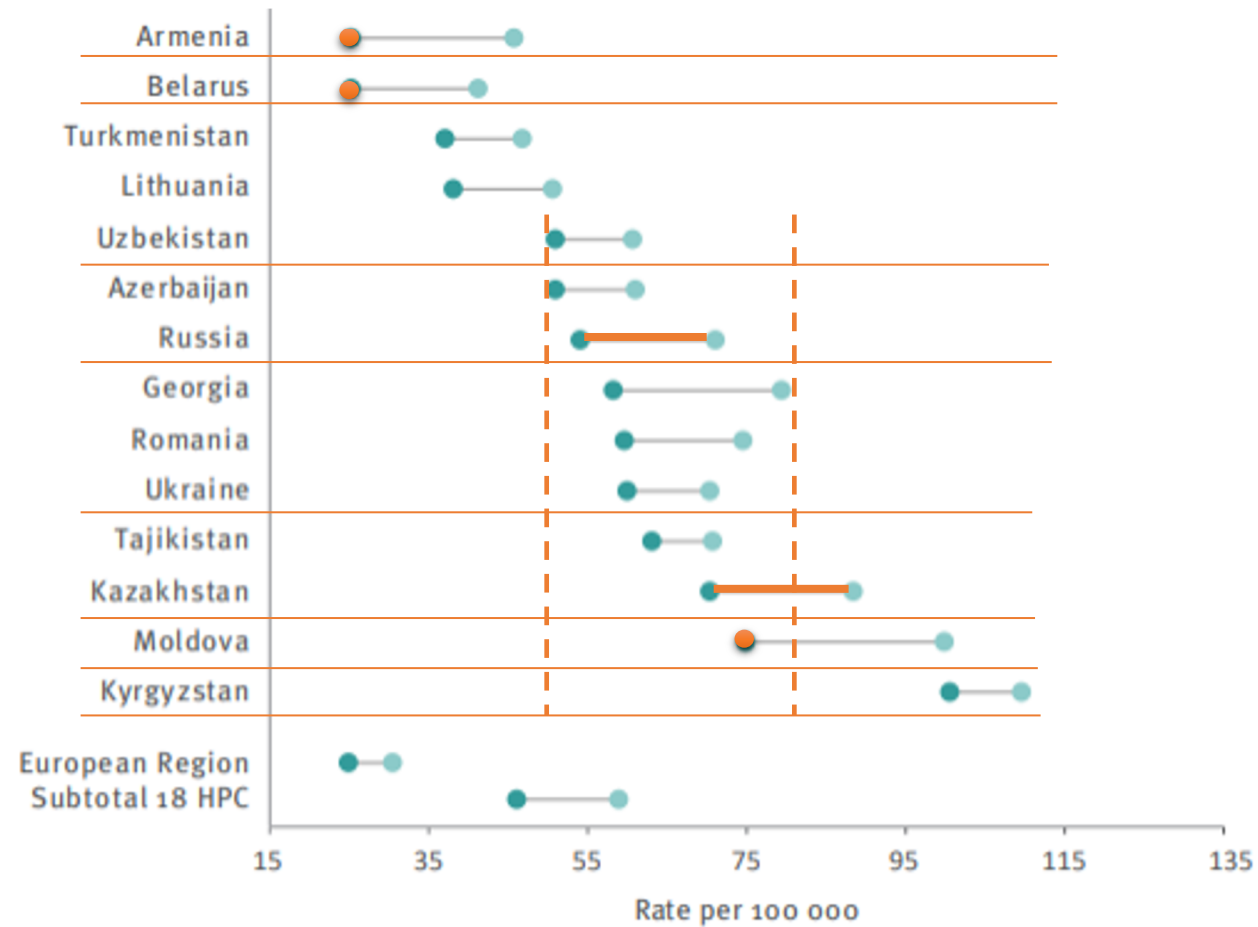
Key populations for TB (3)

People at INCREASED RISK of TB because of biological or behavioural factors that compromise immune function	PEOPLE WHO: ± live with HIV ± have diabetes or silicosis ± undergo immunosuppressive therapy ± use tobacco ± suffer from alcohol-use disorders ± inject drugs
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TB Notification per 100,000 in Europe and main flows of circular migration in EECA



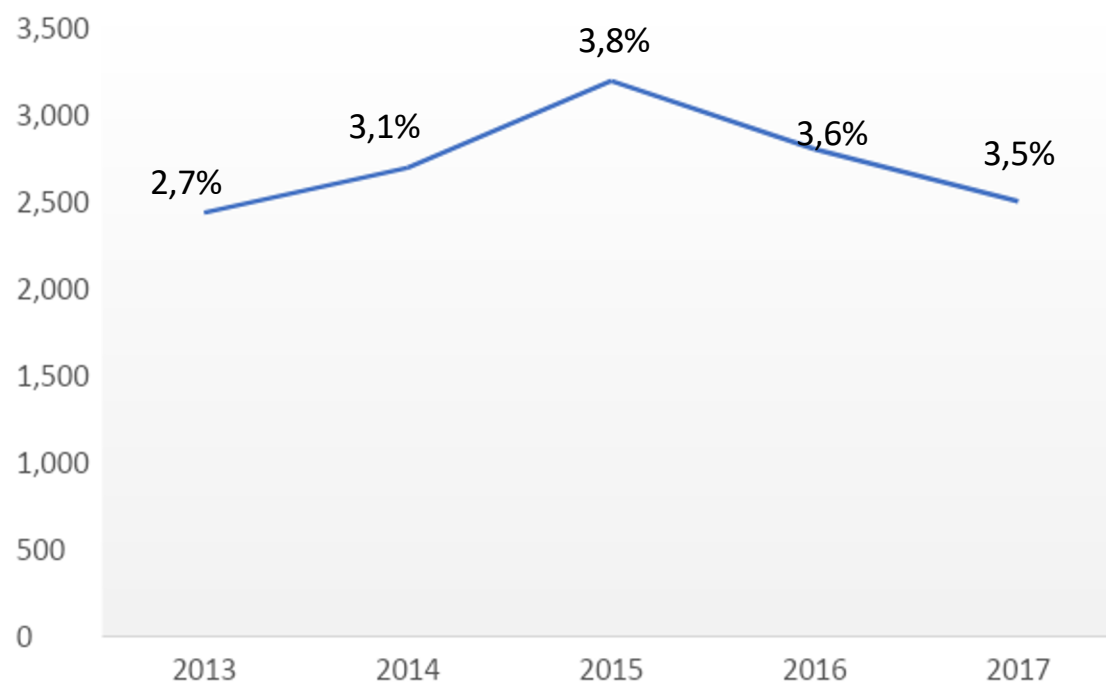
Dynamics in incidence of tuberculosis per 100,000 population in the EECA region from 2014 to 2018



Russia - access to TB services for migrants

- Russian legislation is an example of a constructed illegality due to social stigma associated with perceptions of health
- Legal requirements for labor migrants have been tightened since 2016 - a work permit requiring HIV and TB tests
- An international migrant is denied work permit, residence permit or citizenship of the Russia in case of identified HIV infection, Tuberculosis, Lepa, or STIs (syphilis, chlamydial lymphogranuloma, chancroid, etc.)
- Many migrants with TB disappear and remain in irregular conditions for a long time without access to services, fearing to leave the country
- More details can be found in the report of REG on Migration and Health: <http://migrationhealth.group/en/hiv-en/documents-en/>

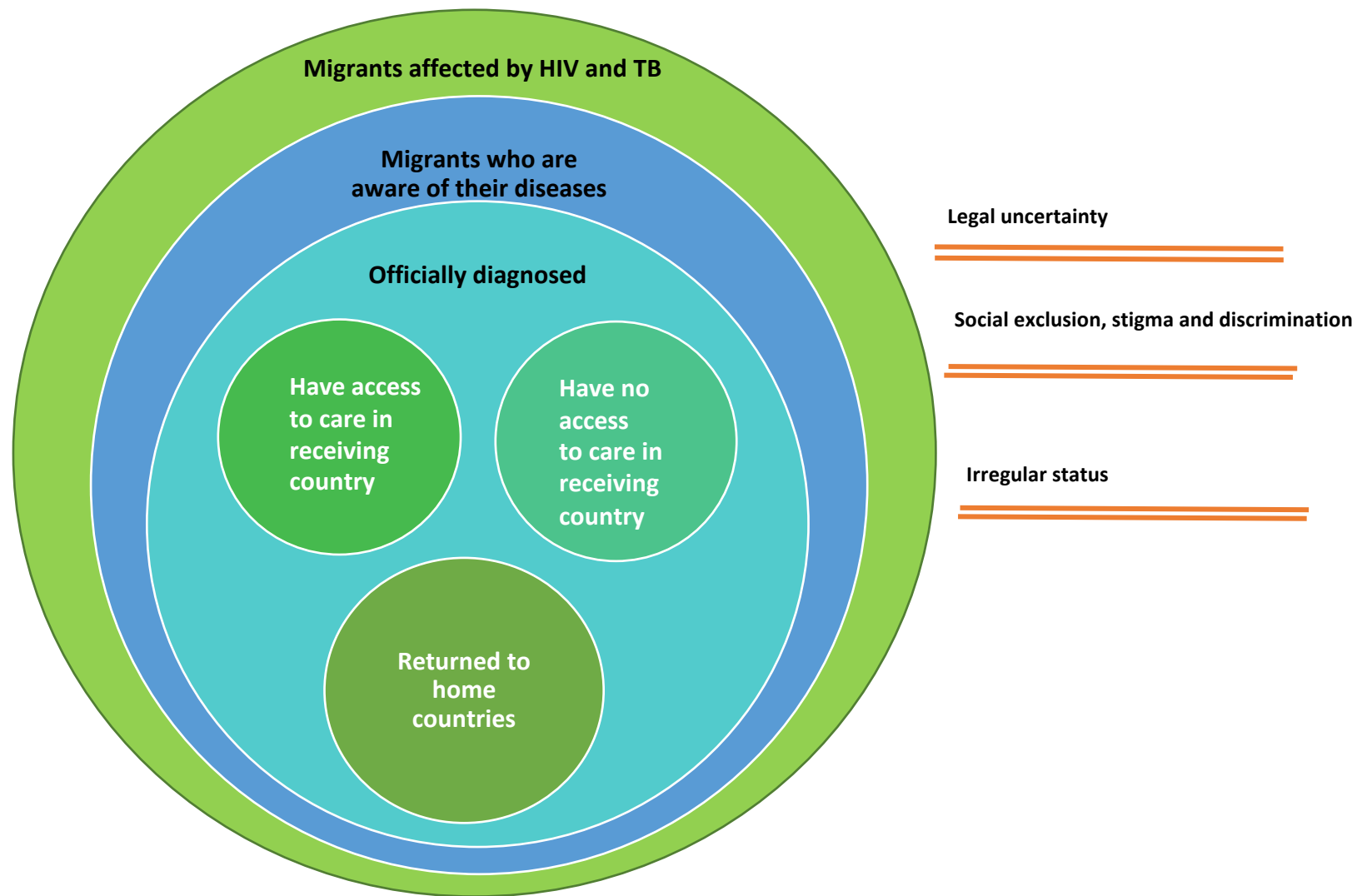
International migrants in Russia notified with TB



If international migrants were diagnosed with TB in Russia at the same rate as in their home countries, the notification rate would be three times higher (!)

Демикова О.В., Нечаева О.Б. Вопросы доступа мигрантов к мероприятиям по раннему выявлению, диагностике, профилактике и лечению туберкулеза и туберкулеза, сочетанного с ВИЧ-инфекцией в странах СНГ (аналитический обзор), 2016
форма ФГСН № 8

Migrants affected by HIV and TB in Russia



Coping strategies

Healthy migrant: postponed treatment (relieving pain with pain medication, arrival for the first pregnancy check-up during second or third trimester) and seeking non-professional medical help among friends, doctors who do not practice, and pharmacists, doctors over WhatsApp

Emergency Care: Ambulance, Limited Hospital Care

Private medicine: “migrant clinics”: better price, better understanding of the social determinants of migrants' health

Departure home: injuries, chronic diseases, little knowledge of available care



Кадр из фильма «Айка»

Personal stories

Sardor, Osh, 50 years old, survived tuberculosis of lymph nodes in Russia because of his conviction in the deportation prison, he was hospitalized for 10 days only. *"The policeman escorted me to the airport, where he said: "whatever you choose to do – you fly, or you run away, just tell no one that you are sick with TB. Otherwise they won't even let you on the plane."*

Andrey, construction worker, undocumented migrant from Russia, he arrived in Odessa 12 years ago, he does not have Ukrainian citizenship and is not registered in Odessa, lives in a civil marriage, and does not have a medical insurance policy.

"One day I came home after work, I had fever, about 39C, I began to sweat a lot and this went on for several days. At first I thought I had caught a cold near the sea. I lay there for several days, but nothing could bring down the temperature. I drank a lot of water, could not eat. A friend of mine took me here [to the office of the charity fund "My House" at the Odessa regional center of socially significant diseases]. I was in the hospital for three months. Now I am taking supportive therapy. If it were not for these people who explained everything to me here and agreed with everyone [the staff of the Road Home Charity Foundation], I would not have had anyone to turn to. And they treated me with soul. Probably, I would have died, but thanks to them I got on my feet. "

lessons from COVID-19 for TB

- COVID-19 has seriously impacted the transnational networks of solidarity in access to health care,
- COVID-19 has impacted the ability of migrants to return home
- + "Unwanted stay" and deportation are currently suspended
- + COVID-19 is considered a medical emergency, so it is available to all migrants, including those in an irregular situation



Regional Expert Group on Migration and Health

- ❑ created in 2018
- ❑ operational and academic research
- ❑ presentation of evidence arguments to decision makers
- ❑ development of cross-border cooperation to provide migrants with access to services in health
- ❑ 48 members in 18 countries





**Regional
Expert Group
on Migration and Health**

Spasibo!

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Regional Expert Group on Migration and Health

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TB and Migration

Chokheli

Mari

TB PEOPLE



Education is one of the ways of





E-learning platform **TeachMeTB**
is created within the framework of
TB-REP 2.0 project

TeachMeTB

Free platform for independent learning



Empowering community systems

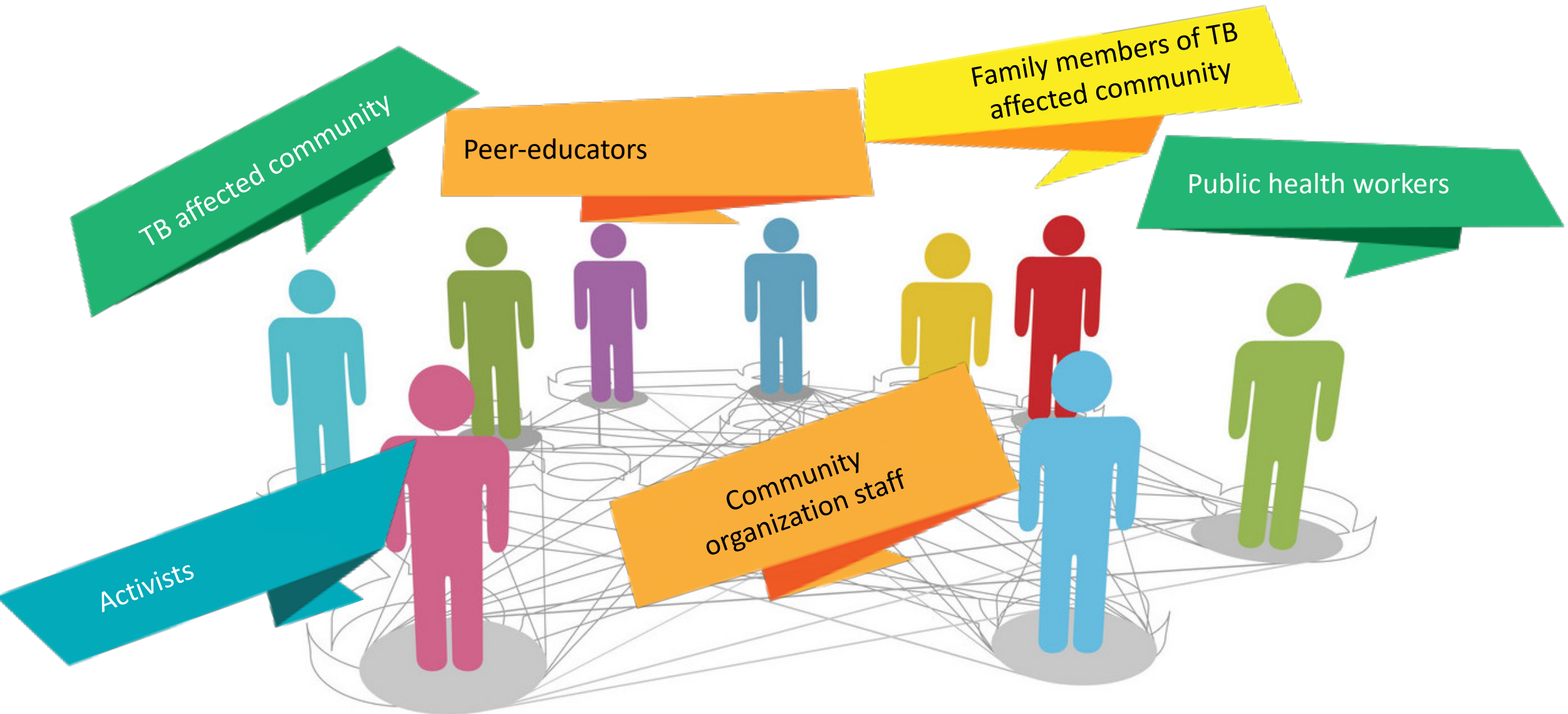


Video lectures
Reading materials
Presentations

E-courses:

- TB Basic;
- TB and HIV;
- TB and Human rights;
- TB and Gender;
- TB and Children;
- TB and Migrations;

TeachMeTB target group?



TB and Migration course includes topics on:

- TB basics through Migration prism;
- Migration and TB: steps before departure to the country of destination, and after returning home;
- Meaningful engagement of the TB community in transboundary TB programs;
- TB related stigma.



TB basics through Migration prism:

- TB historic background;
- TB transitions and migration;
- Myths;
- Forms of TB;
- Symptoms, diagnostics and treatment;
- Treatment methods;
- Methods to improve adherence to treatment;
- Co-infections and prophylactics.



Migration and TB: steps before departure to the country of destination, and after returning home:

- What is Meaningful engagement?
- Country Dialogue;
- Importance of community participation in the Country Dialogue;
- interaction with a doctor;
- Community monitoring – OnelImpact;
- Significance of participation in cross-border migration issues.



Meaningful engagement of the TB community in transboundary TB programs:

- Forms of migration;
- Affected key population groups;
- Intersection of key population groups;
- Migration in the EECA region;
- Migration stages and issues of TB;
- Key questions to ask before departure;
- What to do if TB is diagnosed in migration;
- Support for NGOs and peer consultants;
- Barriers related to TB.



TB related stigma:

- Impact of stigma on TB;
- Forms and consequences of stigma;
- How to overcome stigma?
- Friendly language, scientifically proven information, raising awareness;
- Importance of patient-centered approach in the diagnosis, treatment and prevention of TB, including the provision of community-based services, needs to be promoted.



TB and Migration course will be available on:

English and Russian languages



Thank you for your attention!

Hope you found it interesting!

<https://teachmetb.net/>

Tuberculosis prevention & care among migrants during the COVID-19 Pandemic



Minimum Package of Cross Border TB Control & Care

TB & Migrant Health in Eastern Europe and Central Asia Webinar

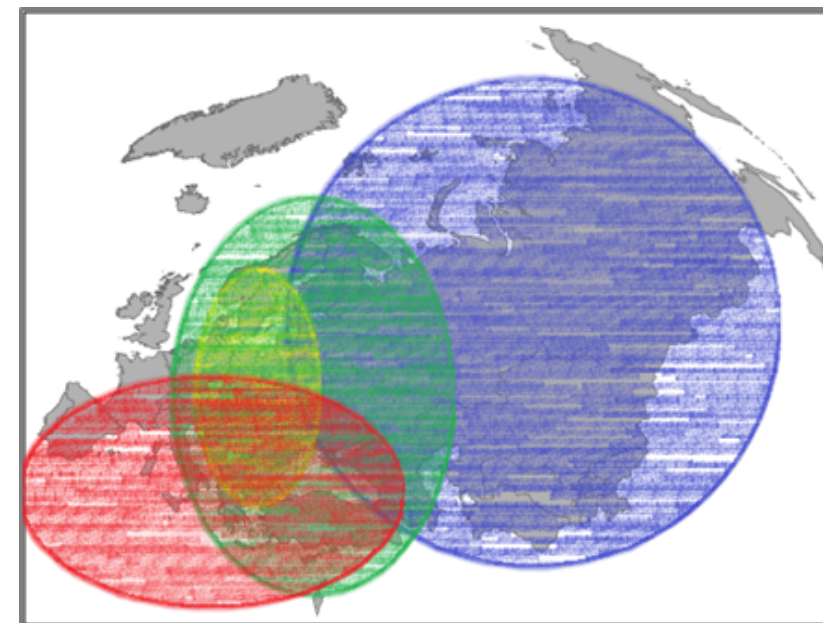
Dr Masoud Dara

Special Representative of Regional Director in Belarus

3 March 2021

Background – WHO European Region

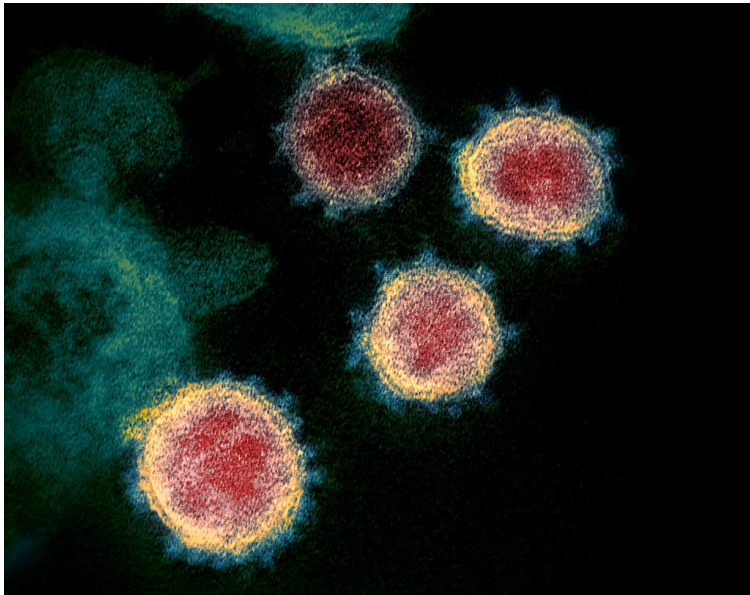
- 53 Member States
- 920 million people
- In the WHO European Region migrants account for more than 10% of the population, amounting to 96 million individuals, 7% are asylum seekers and refugees in WHO Europe
- One fourth of the world population are estimated to be infected with TB. Migration can increase the vulnerability of developing active TB (living conditions, stress, nutrition)



One of the biggest migration flows in the European Region is that of labor migration (blue circle) which is the main form of migration in the central Asian countries

SARS-CoV-2 versus Mycobacterium Tuberculosis

- Coronavirus/Pisuviricota
- 65-125nm in diameter
- Encapsulated viruses (RNA single stranded) with a crown-like appearance, due to the presence of spike glycoproteins on the envelope



- Mycobacteriaceae/actinobacteria
- The rods are 2-4 micrometers in length and 0.2-0.5 um in width
- Lipid cell wall, resistant to harsh weather conditions



Migrant's vulnerability

- Socioeconomic aspects
- Living and social conditions
- Risk factors for several conditions
- Inadequate access to health care services including HIV prevention and treatment
- Language barriers
- Lack of awareness and/or insufficient legal protection
- Possible exploitation before, during or after migration
- Stigma and discrimination

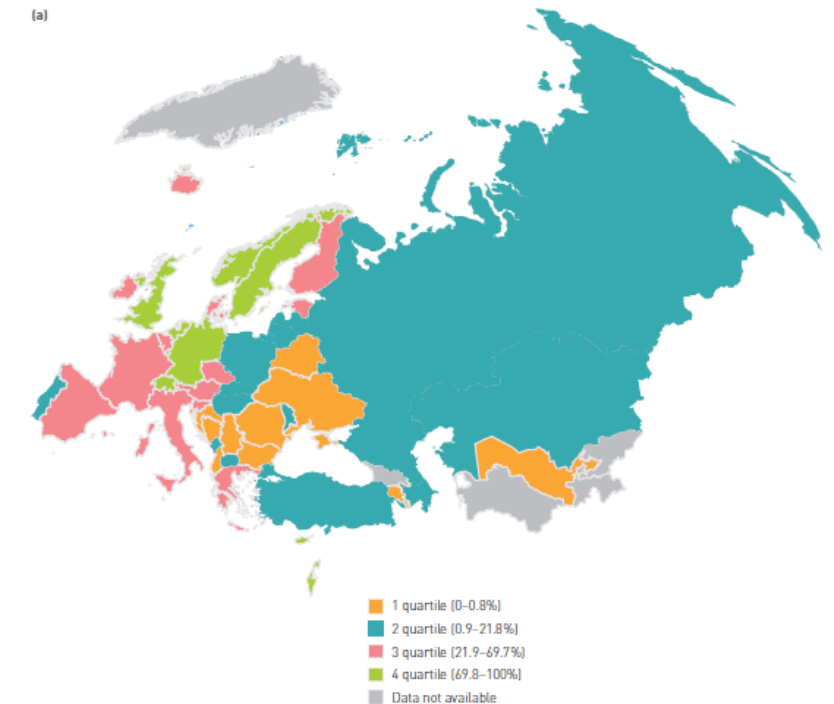
What the data say?

Table 10. Tuberculosis cases by origin, European Region, 2018

Country/area	Origin criterion	Native		Foreign		Unknown origin		All tuberculosis cases
		N	(%)	N	(%)	N	(%)	N
Subtotal EU/EEA	–	33 365	(63.1)	18 246	(34.5)	1 251	(2.4)	52 862
Subtotal non-EU/EEA		207 546	(98.0)	4 225	(2.0)	–	–	211 771
Total European Region		240 911	(91.0)	22 471	(8.5)	1 251	(0.5)	264 633
Subtotal 18 HPCs		219 342	(98.3)	3 703	(1.7)	0	–	223 045

Source: Tables and figures should be referenced: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2020 – 2018 data.

Fig. 2.3. Percentage of cases of foreign origin among total number of diagnoses of TB (a) and HIV (b) in Member States of the WHO European Region




Source: Report on the health of refugees and migrants in the WHO European Region, 2018, WHO/Euro

The Minimum Package

- Consensus
- A set of targeted interventions for impact
- Minimum standard under management, human rights & finance
 - Governance
 - Service Delivery
 - Surveillance and Monitoring
 - Supportive Environment

Eur Respir J 2012; 40: 1081–1090
 DOI: 10.1183/0950-2688.12012
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PERSPECTIVE

Minimum package for cross-border TB control and care in the WHO European region: a Wolfheze consensus statement

Masoud Dara, Pierpaolo de Colombani, Roumyana Petrova-Benedict, Rosella Centis, Jean-Pierre Zellweger, Andreas Sandgren, Einar Heidal, Giovanni Sotgiu, Niesje Jansen, Rankica Bahtijarevic and Giovanni Battista Migliori on behalf of the members of the Wolfheze Transborder Migration Task Force

ABSTRACT: The World Health Organization (WHO) European region estimates that more than 400,000 tuberculosis (TB) cases occur in Europe, a large proportion of them among migrants. A coordinated public health mechanism to guarantee TB prevention, diagnosis, treatment and care across borders is not in place. A consensus paper describing the minimum package of cross-border TB control and care was prepared by a task force following a literature review, and with input from the national TB control programme managers of the WHO European region and the Wolfheze 2011 conference. A literature review focused on the subject of TB in migrants was carried out, selecting documents published during the 11-yr period 2001–2011. Several issues were identified in cross-border TB control and care, varying from the limited access to early TB diagnosis, to the lack of continuity of care and information during migration, and the availability of, and access to, health services in the new country. The recommended minimum package addresses the current shortcomings and intends to improve the situation by covering several areas: political commitment (including the implementation of a legal framework for TB cross-border collaboration), financial mechanisms and adequate health service delivery (prevention, infection control, contact management, diagnosis and treatment, and psychosocial support).

KEYWORDS: Control, Europe, human rights, immigration, multidrug-resistant tuberculosis, tuberculosis

ATTACHMENTS
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Received:
 March 30 2012
Accepted after revision:
 May 04 2012
First published online:
 May 21 2012

This article was modified in April 2014 to correct errors in the licence information.

European Respiratory Journal
 Print ISSN 0950-2688
 Online ISSN 1369-0002

Tuberculosis (TB), HIV/AIDS and malaria are important clinical and public health issues worldwide. The World Health Organization (WHO) estimates that 8.8 million new TB cases and 1.4 million deaths occurred in 198 countries due to TB in 2010 [1]. Of these numbers, 418,000 patients and 60,000 deaths due to TB are estimated in the WHO European region, a large proportion of them among migrants [2]. Despite the wide difference in TB notification in the region (from 2.8 to 123 per 100,000 population), TB is considered a public health problem in most countries, particularly among the vulnerable populations (i.e. individuals at higher risk of exposure to discrimination, hostility or economic adversity) frequently located in cities of low incidence countries [3, 4]. The reported treatment success of patients in the WHO European region have been, aberrantly, the lowest among all WHO regions, with 68.7% and 47.6% for the 2009 cohorts of new and previously treated patients, respectively. During the same period, default rates were up to 6.4% and 11.3% among new and previously treated patients, respectively. Most patients moving from one country to another are lost to follow-up (defaulters, transfers out and unknown) with 11%, 17% and 22% among new, previously treated and multidrug-resistant (MDR)-TB patients, respectively [1, 2].

This article has supplementary material available from www.erj.ersjournals.com

EUROPEAN RESPIRATORY JOURNAL
 VOLUME 40 NUMBER 5
 1081

Minimum package for cross-border TB control and care in Europe

Governance	Commitment	▪ Full commitment of the country to cross border TB control and care
	Legal framework	▪ Legal basis to ensure right to health and continuum of TB care regardless legal and residential status
	Inter-country correspondence	▪ Country database of TB services and list of national focal persons (updated, online, confidential, 3 days for information exchange)
	Funding	▪ Universal coverage by Governments, treaties of reciprocity, regional health insurance for undocumented migrants

Minimum package for cross-border TB control and care in Europe

Service delivery	Prevention	▪ Access to diagnosis and treatment of latent TB infection
	Airborne infection control	▪ In diagnostic and treatment centres, during transfer of patients
	Contact management	▪ Family members and close contacts screened
	Diagnosis	▪ Free-of-charge, early diagnosis including drug resistant TB in identified centres
	Treatment	▪ Immediate, irrespective of legal status, comprehensive, user-friendly, no deportation
	Continuity of care	▪ Drugs available, referral between health centres, no deportation
	Confidentiality	▪ Health workers ethically bound

Minimum package for cross-border TB control and care in Europe

Surveillance & monitoring	Individual patient data	<ul style="list-style-type: none"> Effective transfer of complete patient's medical records, feedback between centres
	Programme monitoring	<ul style="list-style-type: none"> Core indicators for cross-border TB monitoring
Supportive environment	Patient support	<ul style="list-style-type: none"> Counselling, enablers and incentives, psycho-social support Involvement of communities for migrant-sensitive services, cultural mediators
	Advocacy communication and social mobilization	<ul style="list-style-type: none"> Information of services among health providers and migrant communities Advocacy for full engagement of health authorities and stakeholders

Survey of screening and management of TB among refugees in Europe

- More than one million migrants/refugees arrived in 2015-2016, many from high TB incidence countries
- 36/38 countries responded to the survey
- Various screening and treatment policies and practices
- Limited data exchange and coordination

ORIGINAL ARTICLE
TUBERCULOSIS

Tuberculosis care among refugees arriving in Europe: a ERS/WHO Europe Region survey of current practices

Masoud Dara^{1,15}, Ivan Solovic^{2,15}, Giovanni Sotgiu^{3,15}, Lia D'Ambrosio^{4,5,15}, Rosella Centis^{4,15}, Richard Tran^{1,15}, Delia Goletti⁶, Raquel Duarte⁷, Stefano Aliberti⁸, Fernando Maria de Benedictis⁹, Graham Bothamley¹⁰, Tom Schaberg¹¹, Ibrahim Abubakar¹², Vitor Teixeira¹³, Brian Ward¹³, Christina Gratzou¹⁴ and Giovanni Battista Migliori⁴

Affiliations: ¹World Health Organization Office at the European Union, Brussels, Belgium. ²National Institute for TB, Lung Diseases and Thoracic Surgery, Vysne Hagy, Catholic University Ruzomberok, Ruzomberok, Slovakia. ³Clinical Epidemiology and Medical Statistics Unit, Dept of Biomedical Sciences, University of Sassari - Research, Medical Education and Professional Development Unit, AOU Sassari, Sassari, Italy. ⁴WHO Collaborating Centre for TB and Lung Diseases, Fondazione S. Maugeri IRCCS, Tradate, Italy. ⁵Public Health Consulting Group, Lugano, Switzerland. ⁶Translational Research Unit, Epidemiology Dept, National Institute for Infectious Diseases, Rome, Italy. ⁷ER Unit, Institute of Public Health, University of Porto, Porto, Portugal. ⁸School of Medicine and Surgery, University of Milan-Bicocca, UO Clinica Pneumologica, AO San Gerardo, Monza, Italy. ⁹Dept of Pediatrics, Salesi Children's Hospital Foundation, Ancona, Italy. ¹⁰Dept of Respiratory Medicine, Homerton University Hospital NHS Foundation Trust, London, UK. ¹¹Dept of Pneumology, Diaconess Hospital Rottenburg/Würmbe, Rottenburg/Würmbe, Germany. ¹²Institute for Global Health, University College London, London, UK. ¹³European Respiratory Society, Brussels Office, Brussels, Belgium. ¹⁴University Respiratory Medicine Unit, Evgenidio Hospital, Athens, Greece. ¹⁵These authors contributed equally.


Correspondence: Giovanni Battista Migliori, World Health Organization Collaborating Centre for Tuberculosis and Lung Diseases, Fondazione S. Maugeri, Care and Research Institute, Via Roncaccio 16, 21049, Tradate, Italy. E-mail: giovannibattista.migliori@fsm.it

ABSTRACT: No evidence exists on tuberculosis (TB) and latent TB infection (LTBI) management policies among refugees in European countries.

A questionnaire investigating screening and management practices among refugees was sent to 38 national TB programme representatives of low and intermediate TB incidence European countries/territories of the WHO European Region.

Out of 36 responding countries, 31 (86.1%) reported screening for active TB, 19 for LTBI, and eight (22.2%) reporting outcomes of LTBI treatment. Screening for TB is based on algorithms including different combinations of symptom-based questionnaires, bacteriology and chest radiography and LTBI screening on different combinations of tuberculin skin test and interferon- γ release assays. In 22 (61.1%) countries, TB and LTBI screening are performed in refugee centres. In 22 (61.1%) countries, TB services are organised in collaboration with the private sector. 27 (75%) countries answered that screening for TB is performed as per national and international guidelines, while 19 (52.7%) gave the same answer with regards to LTBI screening. Infection control measures are inadequate in several of the countries surveyed.

There is need for improved coordination of TB screening in Europe to implement the End TB Strategy and achieve TB elimination.

 @ERSpublications
TB/LTBI detection and management in refugees in low/intermediate incidence European countries: policies and practice <http://ow.ly/aNx8301ysc>

This article has supplementary material available from erj.ersjournals.com

Received: April 28 2016 | Accepted after revision: June 10 2016 | First published online: Aug 04 2016

Conflict of interest: V. Teixeira and B. Ward are employees of the European Respiratory Society.

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Eur Respir J 2016; 48: 808–817 | DOI: 10.1183/13993003.00840-2016

WHO Essential package of HIV services for migrants: Central Asia

Developed to guide implementation of a package of interventions to ensure HIV diagnosis, treatment and care for migrants in countries of central Asia.

- *These services are to be provided to all regardless of their legal migratory status.*

Aims to reduce inequalities at national and regional levels in access to HIV services among migrants



Essential package of HIV services in Migrants: central Asia

Content:

1. Commitment and stewardship
2. Legal aspects and ethics
3. Finance
4. Service delivery
5. Surveillance and monitoring



Meeting on 4 central Asia countries an essential package of HIV services in migrants, September 2017, Copenhagen

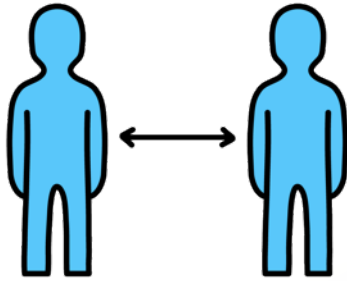
Conclusions & Next Steps

Building a Fairer and Healthier World – Focus on Equity (World Health Day Campaign)

- **UHC** and the **right to health** for all, includes refugees and migrants
- Scale up psychosocial support/mental health while addressing determinants (prevent NCDs and its determinants)
- Implement the Minimum Package for Cross Border TB prevention and Care in WHO European Region and the Essential Package of HIV services in migrants in central Asia
- Enforce community engagement (NGOs, online social platforms, diaspora)
- Ensure access to prevention, diagnosis, COVID-19 vaccines, treatment and care
- Remove legal barriers and address stigma/discrimination
- Spotlight on the champion countries and good practices

COVID-19 protective measures

Protect yourself & others



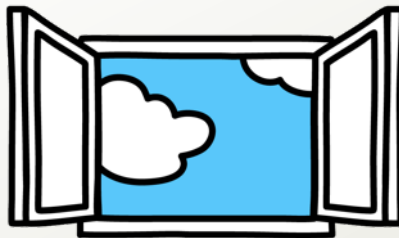
Keep your distance



Wash your hands frequently



Cough & sneeze into your elbow



Ventilate or open windows



Wear a mask

Thank you very much for your attention

Acknowledgements:

Dr Andrei Dadu, Dr. Elisabeth Waagensen, Dr Giorgi Kuchukhidze, Dr Askar Yedilbayev, Dr Elena Vovc, Dr Nicole Seguy, people affected by TB, people living with HIV, WHO Member States, partners & donors

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Europa



Всемирная организация
здравоохранения

Европейское региональное бюро



International Organization for Migration (IOM)

The UN Migration Agency

Transborder cooperation between sending and receiving countries to provide migrants' access to TB care

Rukhshona Kurbonova

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IOM Tajikistan/UN Agency on Migration

3 March 2021

ADDRESSING TUBERCULOSIS AMONG MIGRANTS

FOUR KEY BUILDING BLOCKS

Measurement and analysis of TB
burden among migrants

Robust migrant-sensitive health
systems for an effective TB
response

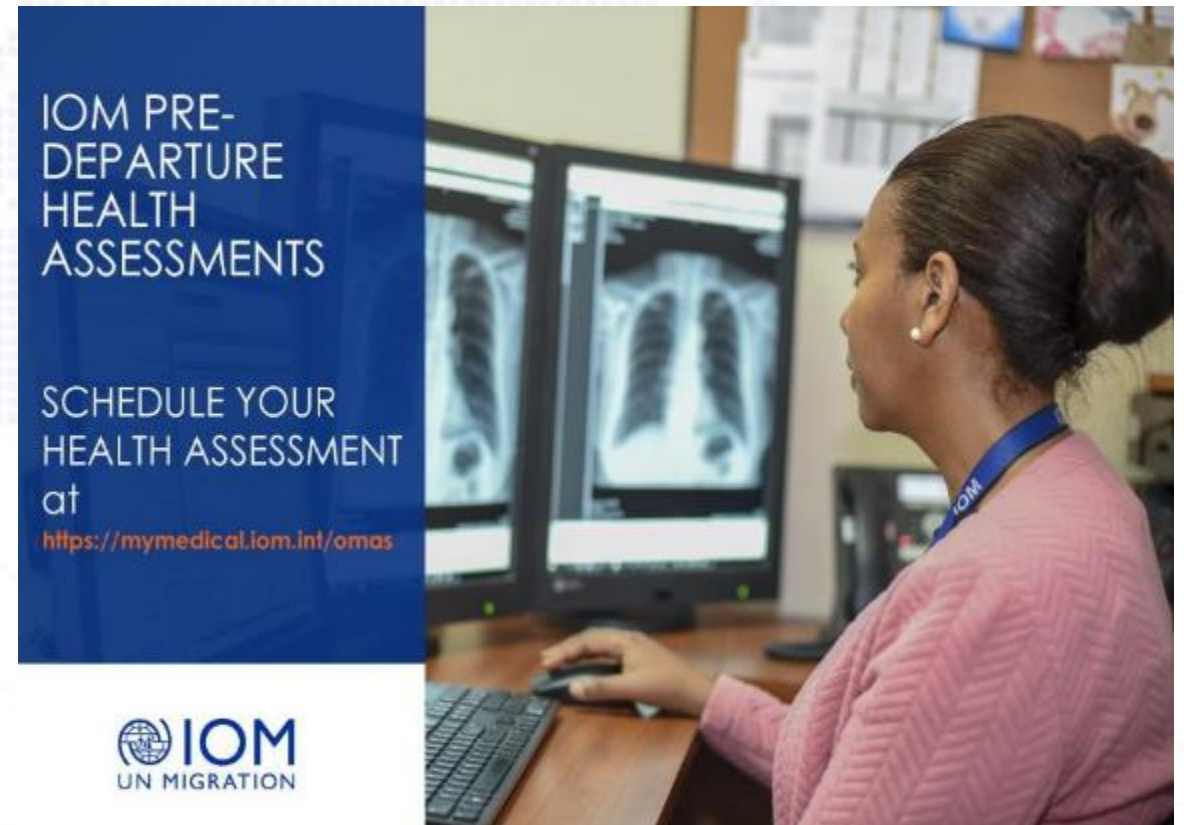
Intersectoral policy and legal
frameworks-Health In All –
policies approach

Networks and multi-country
partnerships with common goals

IOM approach for cross border TB prevention and care among migrants: PRE-MIGRATION HEALTH ASSESSMENT

The purpose of the pre-migration (pre-departure) health assessment to ensure that the migration process does not endanger the health of either the migrants or the host population

Pre-migration health activities promote progress on the WHO End-TB Strategy and SDG 3 on ensuring healthy lives and promoting well-being for people of all ages.



IOM CAPACITY FOR TB DETECTION AND MANAGEMENT



71 IOM Migration Health Assessment Centres (MHAC) across 51 countries, with a network of partner facilities covering an additional 53 countries (total of 104 countries covered), most of which are located in countries with an intermediate or high burden of TB.

26 IOM laboratories including 9 IOM TB laboratories in addition to partnering with external laboratories

Approximately 40% of IOM MHACs with IOM owned X-ray units

2 teleradiology centres networked to 83 locations worldwide

Source:
https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/mhd_infosheet_hap_2020_29.07.2020_en.pdf

<https://publications.iom.int/system/files/pdf/migration-health-assessments.pdf>

IOM MIGRATION HEALTH INFORMATICS

IOM's Web-based migrant management software, the **Migrant Management Operational Systems Application (MiMOSA)**, used in over 102 countries to capture data on an array of pre-migration health activities, including health-related travel requirements.

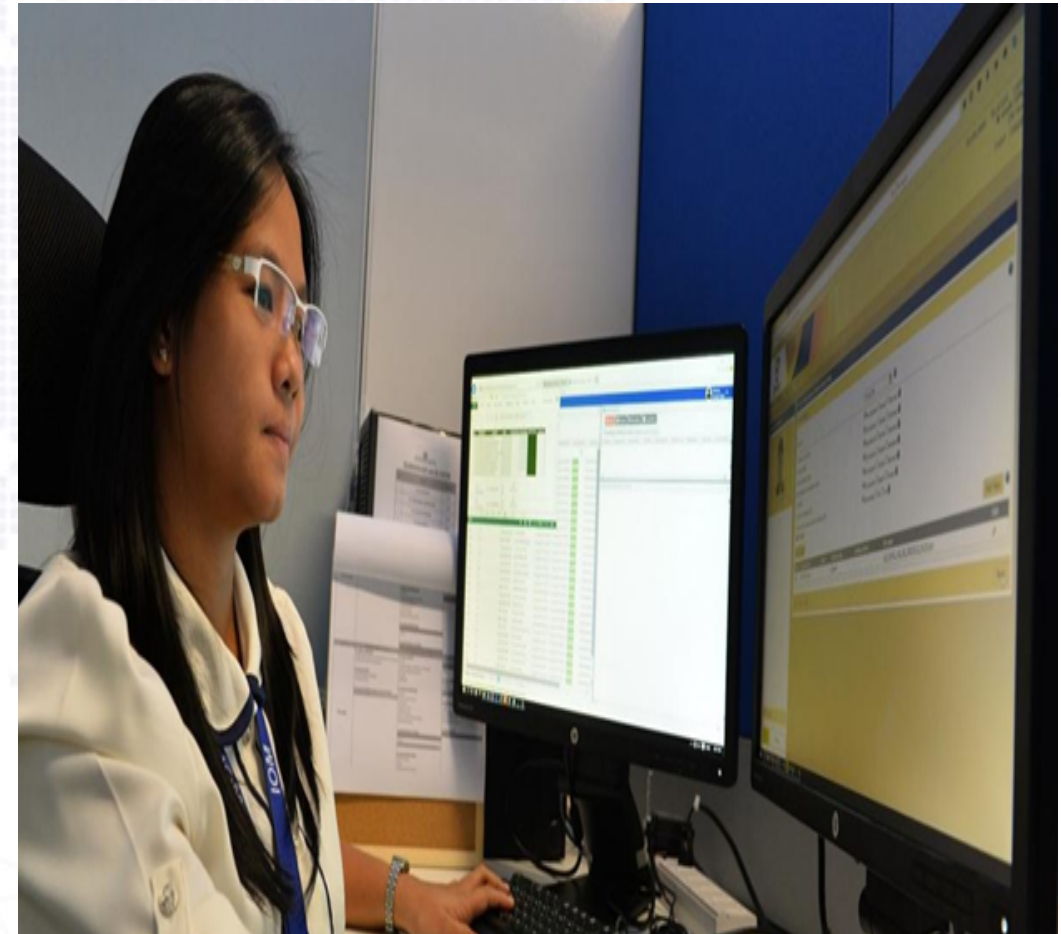
Information management systems for **tuberculosis-related migrant health records (TB IMS)** and for laboratory services (**LIMS**), as well as an electronic personal health record (**ePHR-Lite**) system.

United Kingdom Tuberculosis Global Software (UK TB GS), used for capturing migration health assessment data for visa applicants to the United Kingdom.

Systems for data validation and quality control used in IOM teleradiology services;

Interfaces for data exchange with external partners to facilitate application processing;

Mobile applications (**MigApp**) to facilitate access to information and services for migrants



IOM PRE-MIGRATION HEALTH ASSESSMENT: coverage in 2019

In 2019, IOM worldwide conducted approximately

- 429,000 migration health assessments, 74.1% were on behalf of immigrants and 25.9% on behalf of refugees
- 347,918 chest X-rays were taken as part of the MHAs process, of which 15,166 (4.4%) had abnormal findings suggestive of Tuberculosis
- 622 active cases of TB detected, 465 active TB cases (74,8%) laboratory confirmed with positive sputum culture.
- 15 multidrug-resistant (MDR) TB cases (3.2%), 1 extensively drug resistant (XDR) TB case (0.2%).
- 379 patients (60.9%) were provided treatment by IOM while the rest were referred to national TB programmes



Pre-migration health assessment is an effective filter on the path of TB infection and brings positive results not only for the country of destination, but, with a serious organization of the process, and for the migrant himself, providing early diagnosis, as well as for the country of origin, being an additional diagnostic tool.

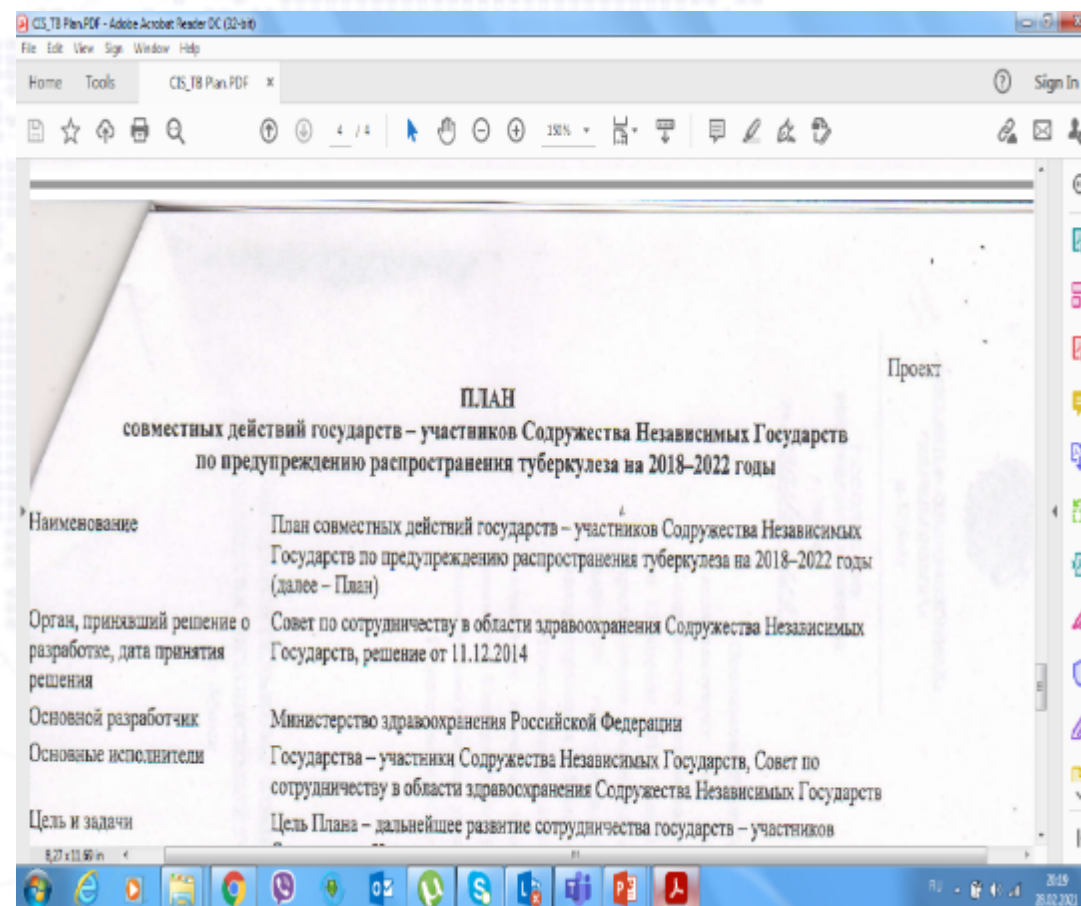
Available studies demonstrate that conducting disease screening programs in migrant-sending countries is associated with earlier detection of TB cases, shorter period of infectiousness and hospitalization, and significant savings in health budget.

Wickramage, K. and Mosca, D. (2014), "Can migration health assessments become a mechanism for global public health good?", International Journal of Environmental Research and Public Health, Vol. 11 No. 10, pp. 9954-63.

Boris Sergeyev, Igor Kazanets, (2017) "Potential benefits of pre-entry health assessment among labor migrants in the CIS context", International Journal of Migration, Health and Social Care, Vol. 13 Issue: 2, pp.265-276, <https://doi.org/10.1108/IJMHSC-11-2015-0047>

MINIMUM PACKAGE ON TB PREVENTION AND CARE IN THE CIS POLICY

Pre-departure health assessment of migrants is part of the Joint Action Plan of the states – members of the CIS on prevention of the spreading tuberculosis in 2018-2022



The logo for IOM Tajikistan is a blue square with a white border. The text "IOM" is in white, bold, sans-serif font, and "Tajikistan" is in white, sans-serif font, positioned below "IOM".

IOM Tajikistan

1. Government of Tajikistan became a member state of IOM in 1992
2. Health promotion and assistance to migrants since 2005

Improving migrant's access to TB prevention and care in Tajikistan

- Researches and advocacy
- Networking: multisectoral and cross border
- Technical support and capacity building
- Promoting health seeking behavior among migrants
- Extending migrants friendly health services
- Engaging migrants' communities and diaspora to TB prevention and care



In 2008-2014, the Ministry of Health and Social Protection of the Republic of Tajikistan was the initiator of a working group at Eurasian Economic Community (ЕвразЭС) on the health of migrants.

With the support of the IOM and the WHO, more than 8 meetings were held within the framework of the Eurasian Economic Community (ЕвразЭС) on the issues of medical examination of migrants.

CA REGIONAL EVENTS ON TB AND MIGRATION

- The Ministry of Health and Social Protection of the Republic of Tajikistan initiated the Regional Meeting of the Central Asian countries and the Russian Federation on transboundary TB control (with the support of the USAID TB Program). Dushanbe, September 29-30, 2015
- Based on the results of the regional meeting, a general action plan for cross-border TB control among migrants was developed
- With the support of Project HOPE, an intercountry technical group was established between Tajikistan and Kazakhstan
- With the support of the IOM of Tajikistan, a bilateral multisectoral working technical group was established between Tajikistan and the Russian Federation



RESULTS OF THE BILATERAL MULTISECTORAL TECHNICAL WORKING GROUP

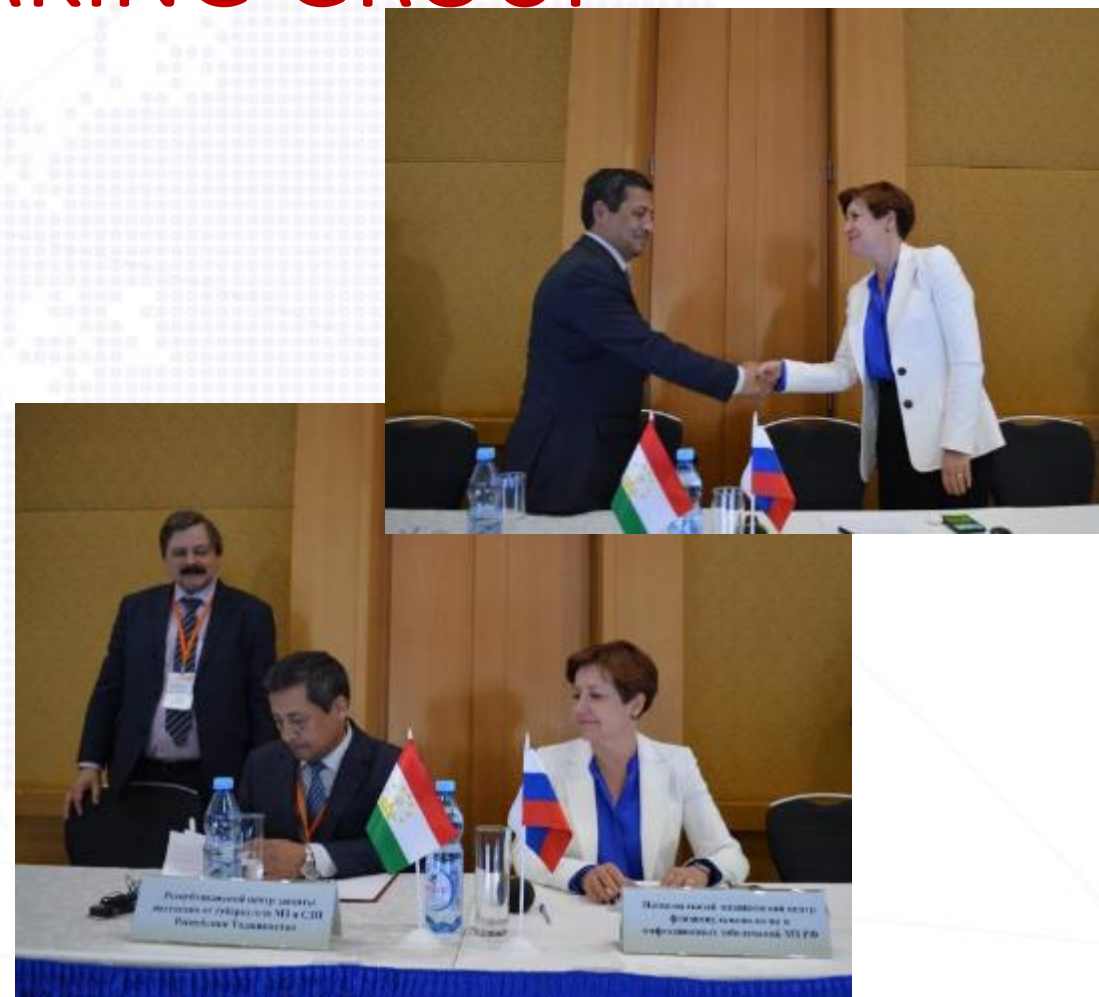
The Republic of Tajikistan and Russian Federation

Roadmap developed

A protocol for pre-departure medical examination of migrants has been developed

A Memorandum of Cooperation was signed between the FBSI "National Medical Research Center for Phthisiopulmonology and Infectious Diseases" of the Ministry of Health of the Russian Federation and the State Institution "Republican Center for the Protection of the Population from Tuberculosis" of the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan

The Republic of Tajikistan is included in the research network of the countries of Eastern Europe and Central Asia (EECA), where one of the priority areas is the study of TB among migrants



JOINT ACTIVITIES WITH CROSS BORDER COUNTRIES (1)

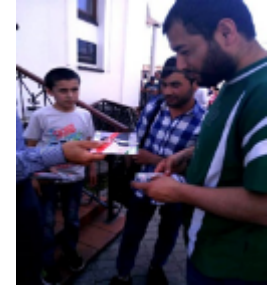


Joint development of the IEC materials

Printing developed IEC not only by IOM but also by MSF Tajikistan, Russian NGO “There is an opinion” from Chelyabinsk, RF

JOINT ACTIVITIES WITH CROSS BORDER COUNTRIES (2)

Engaging diaspora through capacity building and mobilizing for awareness raising campaign and case management



Building networking with the Russian HIV service NGOs



REINTEGRATION OF THE RETURNED TAJIK MIGRANTS WITH TB

- Multisectoral approach for promoting health of migrants
- Psychosocial support
- Treatment adherence support
- Contact tracing
- Income generation support
- Legal support
- Peer education



SUCCESS STORIES



PROMOTING PRE DEPARTURE HEALTH ASSESSMENT IN TAJIKISTAN

Signed Agreement between Clinical Center on Occupational Diseases and entities of the Ministry of labour, migration and employment of RT

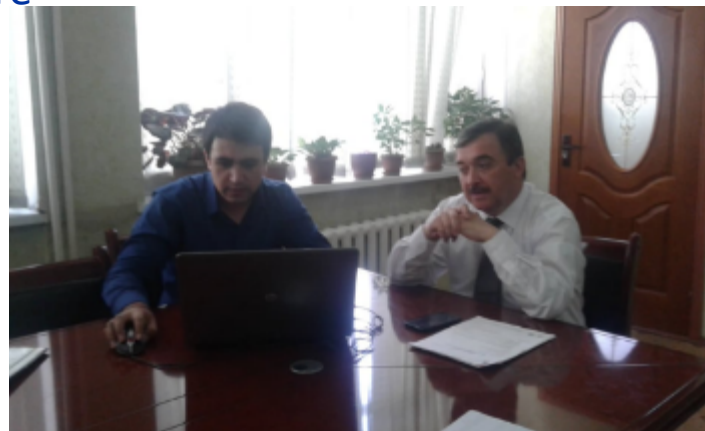
Conducted training on health assessment of migrants

Provided equipment and technical support for data collection (digitalization)

Study visit to IOM Clinic in Almaty

Number of the migrants approached Center for pre departure health assessment increased:

- 87 in 2014
- 554 in 2018
- 1331 in 2019



A faint, stylized world map composed of small dots is centered in the background. The map is light gray and covers most of the slide area. Overlaid on this map is a network of thin, light gray lines that intersect to form a grid-like pattern across the entire slide.

Thank you for your attention!

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