

NON-COMMUNICABLE DISEASES AND MIGRATION



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Non-communicable diseases (NCDs) are chronic diseases resulting from genetic, physiological, environmental and behavioral factors, and are the leading cause of death worldwide, accounting for nearly 70% of global mortality rates.

The burden continues to rise disproportionately in low- and lower-middle-income countries, in 2015 47% of premature deaths were from NCDs, equating to 7 million deaths. Many migrants originate from countries with increased NCD rates, and then conditions surrounding the migration process may increase exposure and vulnerability to NCD risk factors.

For example, limited access to healthcare due to legal status and poor living conditions affect continuity of treatment, which is crucial for many NCDs. Upon arrival in higher income countries, migrants may then be further exposed to lifestyle risk factors and behaviour change that favor the development of NCDs. High quality data looking at the association between migration and NCDs is needed, to develop evidence based programming.

At a global level, the prevention and control of NCDs has gained momentum in view of SDG 3.4. "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being." Efforts invested in achieving this goal must address the NCD-related vulnerabilities and the needs of the sizeable migrant population - currently estimated at 244 million international migrants globally, or 3.3 per cent of the world's population.



The Sustainable Development Goals (SDGs) are targets set by the United Nations that call for universal action to protect the planet and ensure that human rights are protected for all individuals. The SDGs target poverty, hunger, the environment and education. SDGs that relate to NCDs and migration are ending hunger, achieving good health and wellbeing, reducing inequalities and building sustainable cities and communities.

ADDRESSING MIGRATION'S DETERMINANTS OF NCDS

Throughout the migration process, migrants face conditions that affect their exposure and vulnerability to NCD risk factors. At their countries of origin, migrants often face poverty, political conflict and limited access to healthcare which increase their vulnerability to NCDs. During transit, stressful and often unsafe travel conditions and discontinued care exacerbate migrants' risk of developing NCDs or worsening pre-existing conditions. At destination, potential challenges in continuity of care, coupled with difficulty adapting to a new culture may lead to the adoption of unhealthy lifestyle behaviors which further increases the burden of NCDs on migrant communities. Finally, upon return, some migrants return home less healthy than when they left. In these cases, the level of health services available and accessible are limited, especially after crisis situations.

TOWARDS AN INCLUSIVE MODEL: UNIVERSAL HEALTH COVERAGE

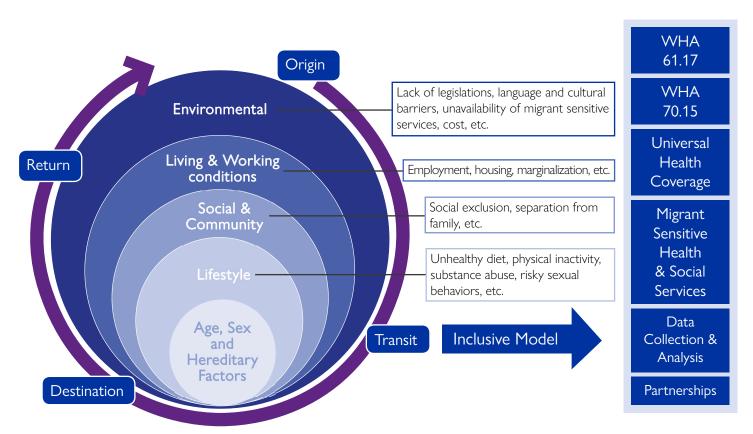
Migrants should have access to health services before, during and after the migration process. Continuity of care is important to prevent, detect and treat the health problems of migrants. All migrants should have universal health care coverage, especially at the point of destination where they can receive more comprehensive treatment for diseases developed during the migration process, specifically NCDs.

Migrant Sensitive Health & Social Services: currently, inclusion of migrants in health legislation varies. To ensure that migrants are not excluded from accessing healthcare regardless of their race, gender, or legal status, it is important to create migrant-inclusive policies and raise health providers' cultural sensitivity to train them to deal with NCD risk factors associated with population movements.

Data Collection & Analysis: There are gaps in the current data on migration health trends. It is necessary to collect and analyze data on migrants' health to establish practices that are suitable for migrants.

Partnerships: Implementing effective health programmes for migrants requires collaboration between various sectors. In order to establish programmes that meet the health needs of migrants, it is necessary for national health systems to collaborate across borders, for multilateral and bilateral organizations to communicate and partner together.

ADRESSING MIGRATION'S DETERMINANTS OF NCDS



Adapted from the WHO Social Determinants of Health Model and based on World Health Assembly Resolution 61.17 on the Health of Migrants.



IOM SELECTED ACTIVITIES ADDRESSING NCDS

"LIFE IS BETTER"- PSYCHOACTIVE SUBSTANCES ABUSE PRIMARY PREVENTION CAMPAIGN, GEORGIA

This pilot project was carried out during 2016-2017 and focused on three of Georgia's regions with the highest prevalence of substance abuse: Tbilisi City, Shida Kartli and Samegrelo-Semo Svaneti regions. Based on evidence showing that initiation of psychoactive substance abuse takes place in early adolescence, IOM Georgia implemented a multi-sectoral approach involving local authorities to deliver a pilot in 7 public schools within the high prevalence regions. The "Life is Better" schoolbased campaign used an innovative and interactive educational approach combining information dissemination about the risks of drug use and skill building to target youth and their families in communities of migrants and ethnic minorities. The campaign reached 4,067 school children who were shown to be comparatively more aware of drug related risks and better equipped to face social pressures relating to drug use. The "Life is Better" campaign acts as primary prevention to combat NCDs since substance use can lead to mental health problems including depression and anxiety and increases risk of developing cancer, diabetes, and other NCDs. The campaign was adopted by the Ministry of Education and Science of Georgia and has been expanded nationwide.



contest. © Nino Shushania

NCD GUIDELINES AND MHEALTH RECORDS FOR REFUGEES, **LEBANON**

Given the protracted nature of the crisis in Syria, national and international assistance agencies face immense challenges in providing for the needs of refugees and host Lebanese communities due to the high burden of NCDs among both populations. To improve the quality of care and health outcomes for patients with hypertension and type II diabetes, a study was implemented over 20 months to evaluate the effectiveness of mHealth, an electronic application. mHealth is a software application that serves as an electronic, patient controlled, medical record, including information on prescriptions and healthy lifestyle behaviors. Supported by IOM and the International Medical Corps, mHealth was tested in 10 health clinics in Southern Lebanon, Bekaa, Beirut, and Mount Lebanon that serve Syrian refugees and host communities. The mHealth tool has the potential to improve quality and continuity of care, health literacy, mobility of medical records, and health outcomes for patients.



Information campaigns on the harmful effects of drug and substance use among migrant youth in Lebap region, October, 2016. © IOM 2016

RECOMMENDATIONS FOR NCD PREVENTION AND CONTROL PROGRAMMES

IOM recognizes that different cultures and health systems may require different approaches for preventing and treating NCDs. Several approaches that IOM uses and recommends include:

- → Create programmes that empower migrant communities to support health promotion initiatives in origin and host countries.
- → Develop a national surveillance systems to track NCD trends and determine the health priorities of migrants.
- → Provide clinicians and public heath planners in host countries with adequate knowledge on NCD profiles of migrants' origin countries.
- → Foster multi-sectoral dialogue among health, migration, labour, housing and transport sectors to address migrants' structural vulnerabilities to NCDs.

For more information on the above activities please contact Migration Health Division (MHD) at mhddpt@iom.int

