

Responding to the Challenge of Non-communicable Diseases

International Organization for Migration

1. Migrants are at increased risk of NCDs and mental health conditions

Migration is an important determinant of health. It can challenge physical, mental and social well-being. Throughout the migration process, migrants experience difficulties in accessing health services and face increased exposure and vulnerability to NCDs and their risk factors as well as mental ill-health and injuries.

In their community of origin, migrants may face poverty, violence and social conflict, as well as limited access to health care.

For families left behind, the social cost is considerable, and has significant mental health implications.

Remittances that could be used for accessing long-term health protection schemes are often used for out-of-pocket health expenditure.

During transit, stressful and unsafe travel conditions and discontinued care can exacerbate migrants' risk of developing NCDs or worsen 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 increase the burden of NCDs on migrant communities.

United Nations high-level meetings have highlighted the need for UN agencies, including IOM, to scale up their work on NCDs as part of the 2030 Agenda for Sustainable Development.

NCDs contribute to ill-health, poverty and inequities and slow the development of countries. Every year 15 million people die before age 70 from NCDs, with 86% of these premature deaths occurring in low- and middle-income countries.

Major progress on NCDs is possible. Premature deaths from NCDs are largely caused by modifiable behavioural risk factors such as tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. Environmental risks (e.g. air pollution) and constrained access to basic services also contribute significantly to NCDs.

Addressing NCDs requires coordinated action from all UN agencies within a broader whole-of-society response.

Stigma, discrimination and restrictive policies also expose migrants to NCD risk factors. In addition, migrant workers are reported to have a higher risk of work-related injuries and chronic illnesses than native workers.

During return, especially after crisis situations, their access to health services may be limited. Migrants and mobile populations can face many obstacles in accessing essential health care services due to, among other factors, their irregular immigration status, language barriers, the absence of migrant-inclusive health policies and inaccessible services.

2. IOM has a role to play in supporting countries in preventing and controlling NCDs

IOM, as the UN migration agency, is committed to the inclusion of migrant and mobile populations in all relevant policies and programmes to reduce NCDs. This commitment is reflected in IOM's support for implementation of the Global Compact for Safe, Orderly and Regular Migration,¹ as well as World Health Assembly (WHA) Resolution 70.15 and the related Global Action Plan on promoting the health of refugees and migrants.

IOM serves as the Coordinator and hosts the Secretariat of the UN Network on Migration, which was established to ensure effective, timely and coordinated system-wide support to Member States in the implementation of the GCM. The Network working groups, especially related to improving access to services, can provide a further platform to promote NCDs related activities to promote health of migrants.

IOM is committed to supporting partnerships to ensure the inclusion of migrants and mobile populations in national and regional plans including Universal Health Coverage (UHC). Migrants should be afforded equitable access to high-quality health services including to prevent, treat and manage NCDs.

Continuity of care should be guaranteed, especially at the point of destination where they can receive more comprehensive treatment for diseases developed during the migration process, specifically NCDs.

To ensure that migrants are not excluded from accessing healthcare regardless of their race, gender, or legal status, it is important to develop migrant-inclusive policies and develop migration-sensitive and culturally appropriate health systems able to deal with NCD risk factors associated with population movements.

“Life Is Better”—psychoactive substances abuse primary prevention campaign, Georgia (2016–2017)

IOM Georgia implemented a multisectoral approach involving local authorities in seven public schools. The “Life is Better” school-based campaign used an innovative and interactive two-pronged educational approach combining information dissemination on the risks of drug use and skill-building which targeted youth and their families in migrant communities and among 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 a primary prevention method to combat NCDs since substance abuse can lead to mental health problems such as depression and anxiety. Substance abuse can also increase the 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.

MANAGEMENT OF NCDs WITHIN THE IOM HEALTH ASSESSMENT PROGRAMME (HAP)

IOM provides comprehensive pre-departure health assessment services for immigrants and refugees; these services generally include medical history-taking, physical examination, laboratory tests and radiology, through which the presence of NCDs may be disclosed or diagnosed. If an NCD is detected or suspected based on health assessment findings, the refugee or immigrant is provided with counselling and is referred for follow-up care or further investigations. If the beneficiary is a refugee for resettlement and will be traveling under the auspices of the Organization, IOM takes responsibility for the management of the refugee's medical condition, including pre-departure stabilization and care, travel health assistance, such as medical escorts, post-arrival follow-up care, and confidential transfer of medical information to the receiving entity to ensure the continuity of care.

¹ Global Compact for Safe, Orderly and Regular Migration, endorsed by the United Nations General Assembly in resolution 73/195 (2018).

BEST BUYS

In 2017, the World Health Assembly endorsed a set of “best buys” and other recommended interventions to address NCDs.² Best buy interventions address four NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity) and four disease areas (cardiovascular disease, diabetes, cancer and chronic respiratory disease). There are 88 recommended interventions, including overarching/enabling policy actions.

IOM has reviewed the recommended WHA-endorsed cost-effective interventions and recommended policy actions to identify those that are linked to IOM’s work at the global, regional and country level.

3. Partnerships are critical for IOM in mobilizing an effective response to NCDs

IOM has partnerships with multiple stakeholders on issues relating to international health and migration. At the national level, IOM works closely with relevant government ministries, particularly ministries of health and immigration, NGOs and private sector entities (e.g. employment agencies). At the regional and global levels, key partners include UN agencies such as WHO, UNAIDS, UNHCR and ILO, as well as civil society partners such as migrants’ associations and academia.

Evidence-based interventions	IOM actions
Raise public and political awareness, understanding and practice in relation to the prevention and control of NCDs.	<p>Include NCDs in the tools used to monitor the health of migrant populations, and enhance IOM’s knowledge-base to inform evidence-based programming and policy development.</p> <p>Strengthen community-based surveillance (CBS) systems to monitor NCD trends and identify the health priorities of migrants.</p>
Integrate NCDs into the social and development agenda and poverty alleviation strategies.	<p>Implement NCD-focused interventions for migrants and displaced populations in transit and destination communities.</p> <p>Provide clinicians and public health planners in host countries with adequate knowledge of NCD profiles in migrants’ countries of origin.</p> <p>Advocate for psychosocial support to be provided to migrant and mobile populations.</p>
Strengthen international cooperation for resource mobilization, capacity building, health workforce training and exchange of information on lessons learned and best practices.	<p>Raise awareness of NCDs in national and regional capacity development activities.</p> <p>Foster multisectoral dialogues to address migrants’ structural vulnerabilities to NCDs.</p>



² ‘Best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. WHO. 2017. Available at: <http://apps.who.int/iris/bitstream/handle/259232/10665/WHO-NMH-NVI-17.9-eng.pdf>

4. Mobilizing resources to deliver

IOM will continue to highlight NCDs as an important issue with donors, and ensure that IOM country and regional offices include NCDs in project development and implementation.



The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was established in 2013 by the Secretary General and placed under the leadership of WHO to coordinate the activities of the UN System to support the realization of the commitments made by Heads of State and Government in the 2011 Political Declaration on NCDs. Joint activities included in the work plan of the Task Force are additive to various, more comprehensive efforts conducted by the UN agencies to prevent and control NCDs. These joint activities offer important opportunities to address cross-cutting issues and to advance capacity and learning in countries.



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