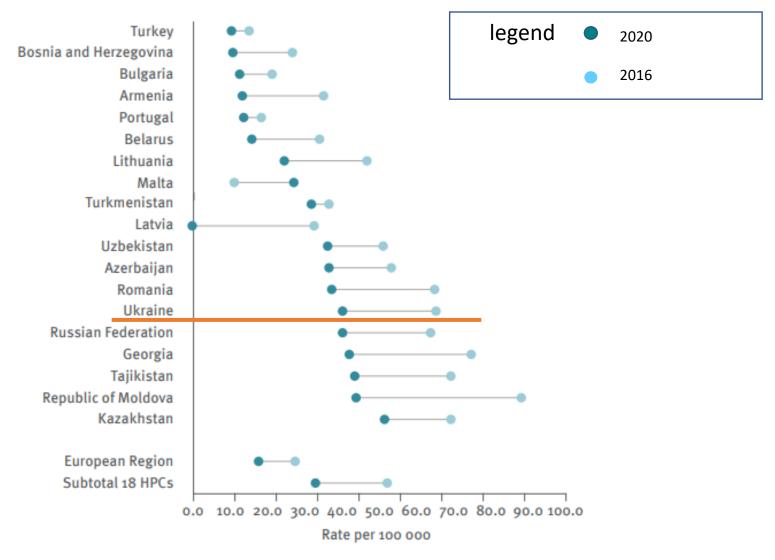




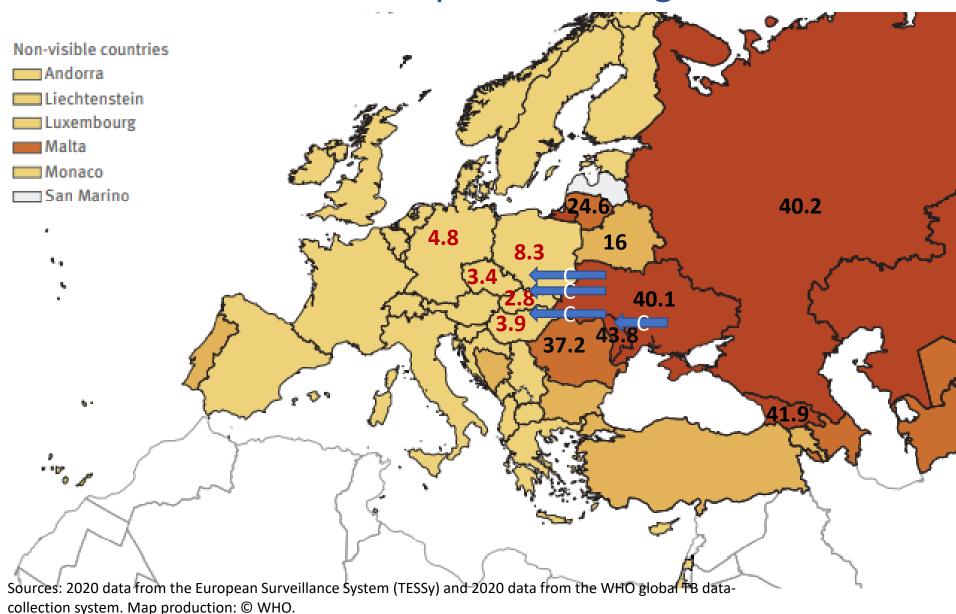
Migration and TB in the European region a brief update

In Ukraine TB notification rate dropped from 75 to 44 per 100 000 between 2016 and 2020

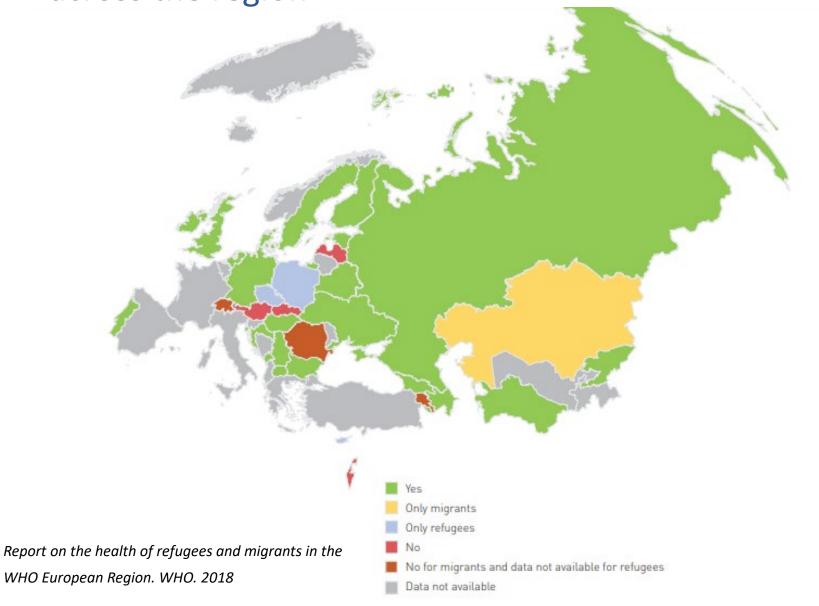


Note: Latvia did not report data in 2020 and is excluded.

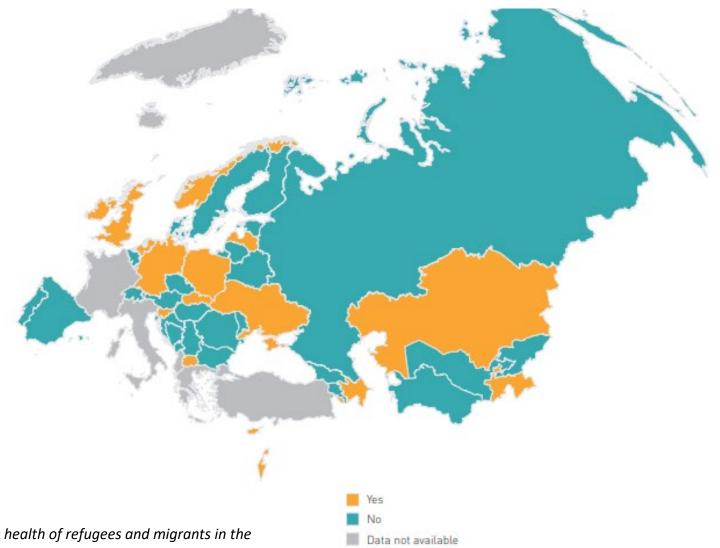
Still the difference between notification rate in Eastern and Central Europe is stunning



Free care for refugee and migrant children in the WHO European Region – difference of approached across the region



Member States in the WHO European Region that collect systematic information on the health of refugee and migrant children



Report on the health of refugees and migrants in the WHO European Region. WHO. 2018

Eastern – Western parts of the WHO European region

West:

- Most EU/EEA countries are low-incidence countries (with a notification rate below 10 per 100 000)
- TB predominantly affects migrants, prison inmates and people coinfected with HIV

East:

- Ukraine belongs to the 5 countries with the highest number of incident TB cases (per 100 000): Kyrgyzstan (105), Tajikistan (84), Moldova (74), Ukraine (73) and Georgia (70) all located in the eastern part of the region
- TB predominantly affects rural population, prison inmates, people coinfected with HIV and other key populations
- 9 of the 30 countries with the highest RR/MDR-TB burden in the world are in the WHO European Region, including Ukraine

Ukraine vs Germany

 Total number of cases 	19521	4127
 TB Notification rate (per 100 000) – 	40.1	4,8
 Notified pulmonary MDR-TB cases - 	32,6%	3,1%
 Foreign origin of TB cases - 	0,2%	68,3%

Profile of the humanitarian crisis due to direct results of the war

In the first month of the war:

- Over 6,5 million internally displaced people in Ukraine (IOM)
- Over 3 million people displaced abroad (IOM)
- Up to 200 000 are third-country nationals
- Many of the displaced people are particularly vulnerable: pregnant and breastfeeding women, elderly people, disables people and people with chronic diseases, people directly affected by violence*

^{*} Tuberculosis services disrupted by war in Ukraine. The Lancet. Published online March 22, 2022 https://daoi.org/10.1016/S1473-3099(22)00214-6

How the war could affect TB services in Eastern and Central Europe

Immediate consequences to continuity of care:

- bombardment of cities, targeting of hospitals and warehouses by Russian forces
- A large number of people affected by TB are IDPs and migrants; it is difficult to reallocate and supply drugs.

Mid-term consequences to transmission of TB:

- Delayed diagnosis of TB and DR-TB will result in delays to initiation of appropriate treatment, eventually leading to poor treatment outcomes;
- Cramped emergency shelters and other living facilities, poor mental health of IDPs and refugees, shortage of general medicines in commercial pharmacies, poor nutrition are risk factors for new cases of TB.

Main flows of circular migration in EECA



Normal maintenance of TB services across borders

- About 7 million people are estimated to be international migrants in Russia.
- Relocation of Ukrainian nationals from Eastern parts of the country occupied by Russia since Feb 2022 (over 230 000 into Russia)
- An international migrant is denied work permit, residence permit or citizenship of the Russia in case of identified HIV, Tuberculosis, or STIs.
- Many migrants with TB are lost to follow up and remain in irregular conditions for a long time without access to services, fearing to leave the country.
- The Russian war against Ukraine has led to direct consequences such immediate closure of international economic cooperation with EU countries leading to loss of jobs and other consequences such as shortages in drug supply.
- Many migrants in EECA (particularly, undocumented) could soon experience deterioration across their social determinants of health
- More details can be found in the report of REG on Migration and Health: http://migrationhealth.group/en/hiv-en/documents-en/

Russia - access to TB services for migrants

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What should be done now

- Call Russia for immediate cessation of fire in the areas of hospitals, medical warehouses and other humanitarian facilities
- Regular monitoring of migrants and refugees needs assessments in TB services and situation with drug supplies, including interviews with community-based groups and CSOs
- Creation of emergency HIV and TB drug stock supplies for refugees and migrants for the European WHO region (in cooperation with UNHCR and IOM and other international organizations)





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