

Migration and Human Rights
Tuberculosis Services for Afghan Refugees and Migrants
March 2020

Migration is a global phenomenon that impacts the lives of millions around the world and is a significant impetus for the global economy. Migrants represent approximately 3 per cent of the world's population and produce more than 9 per cent of global GDP¹.

Migration is a well-recognized and powerful driver of sustainable development, for the migrants themselves and their communities in their countries of origin, transit and destination. However, if poorly managed, migration can also negatively impact development; migrants can be put at risk, host communities, as well as communities of origin, can come under strain and consequently, development gains may suffer.

“Goals and targets will be met for all nations and peoples and all segments of society.”

The 2030 Sustainable Development Agenda recognizes migration as an essential core development consideration that encompasses all mobile populations regardless of origin, reasons for migration and regardless of whether they are internal or cross border migrants, displaced or not. Migration is firmly rooted in the agenda which goes on to further identify migrant women, men and children ***as a vulnerable group*** that should be protected. By including migration as a core developmental concern within the SDGs, there is greater opportunity for collaboration between migration and development sectors and, through this, collaboration towards greater policy coherence whereby migration policies can improve development outcomes, and vice versa.

“We recognize the positive contribution of migrants for inclusive growth and sustainable development.We will cooperate internationally to ensure safe, orderly and regular migration involving full respect for human rights and the humane treatment of migrants regardless of migration status, of refugees and of displaced persons. Such cooperation should also strengthen the resilience of communities hosting refugees, particularly in developing countries.”

United Nations,2015

Why is Migrant Health an Important Issue?

Although migration does not inherently cause disease, migrants are dis-proportionately faced with many health vulnerabilities. As important agents of development, addressing migrant health is a precondition for economic development as well as social development. Furthermore, migration is increasingly recognized as a social determinant of health and can therefore impact the attainment of many SDGs.

¹ https://publications.iom.int/system/files/pdf/sdg_en.pdf

The International Organization for Migration (IOM) strongly urges that migrants should be included in universal health coverage (UHC) and all health and health-related targets set in the SDGs. Further, understanding migration is crucial to strengthen health emergency preparedness, to develop inclusive health policies and enhance access to migrant sensitive health services. The volume, rapidity and ease of modern travel pose new and formidable challenges to cross-border disease control, and it is crucial to understand migration and mobility patterns to better prevent, detect and respond to disease outbreaks. *As the world is now bearing witness with the recent outbreak of Covid-19, the need for multi-sectoral collaboration and migration sensitive health policies to strengthen country and regional core capacities is very much evident.*

Migration and Tuberculosis

Tuberculosis (TB) remains a public health burden in many parts of the world and a leading infectious killer, with an estimated 10 million new cases and over one million deaths per year² disproportionately affecting poor and marginalized populations, such as migrants. Every year, over 10 million individuals are affected by TB, a disease that is very much preventable and curable however, about 40 percent of these patients are “missed” i.e. they do not receive the necessary care by health systems after failing to be diagnosed, treated or reported³. Current TB prevention and control efforts often do not address the specific vulnerabilities of migrants, which in most cases leads to delayed diagnosis and/or interrupted treatment.

“They are missing because we have not done enough to remove the barriers they face to accessing the right services, or because they belong to vulnerable populations that are hard to reach, such as migrants, miners, refugees, children and people living with HIV”

Eliud Wandwalo- The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Migration in itself is subject to many other parameters. For example, for migrant workers with legal status in a host country, access to diagnosis and care is subject to employment contracts, work and residence permits or the availability of insurance from the State or an employer. On the other hand, an undocumented migrant may face challenges such as fear of deportation that may limit their access to diagnosis and care, and in the case care is received, fear or deportation will lead to poor adherence to treatment, discontinuation of treatment that may in turn lead to drug-resistant disease and further spread of infection. Another category of migrants is those detained or trafficked who often live in unhealthy and disease-conducive conditions for extended periods of time thus creating foci of TB vulnerable societies. Another important and increasing class of migration is **forced displacement** following conflicts or a natural disaster; this type of migration is more commonly associated with increased TB risk resulting from malnutrition, overcrowding in camps or other temporary shelters, interruption of treatment and health services and a heightened risk of drug resistance.⁴

² <https://apps.who.int/iris/bitstream/handle/10665/329368/9789241565714-eng.pdf?ua=1>

³ <https://www.theglobalfund.org/en/blog/2017-10-10-make-a-global-priority-of-finding-missing-cases-of-tuberculosis/>

⁴ https://www.who.int/tb/publications/WHOIOM_TBmigration.pdf

Health and Human Rights

The 2015-2030 Sustainable Development Goals and the 2030 Agenda are deeply rooted and based on human rights. Over 90 percent of the goals and targets of the SDGs align with human rights obligations; ***progress in SDGs is progress in human rights***⁵. A human rights-based approach to health is essential in providing clear principles for the development of health policies, clear evaluation indicators and ensuring equitable service delivery.

The WHO Constitution envisages “...the highest attainable standard of health as a fundamental right of every human being.”

The World Health Organization

The envelopment of health in the larger human rights package creates a legal obligation on all member states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to catering for the underlying determinants of health, e.g. water and sanitation, food, housing, education, gender equality and employment.

In the larger scope of human rights recognized by the international community, the right to health is inseparable or ‘indivisible’ from others. Thus, achieving the right to health for all is dependent upon, and cannot be attained without, the realisation of other fundamental human rights that underpin health.

In recognition of the critical need and urgency to address the issue of tuberculosis worldwide, the UN high level meeting declaration “United to End Tuberculosis” in 2018 was the first-ever political declaration on tuberculosis by the General Assembly in the larger context of human rights. The declaration included some very bold commitments: preventive treatment targeting 40 million people, mobilizing \$13 billion for the TB response, as well as \$2 billion for research and development. The declaration further places special attention to children and vulnerable populations including migrants, gender and human rights among others⁶.

The case of Afghanistan

Afghanistan has one of the highest numbers of refugees, returnees and internally displaced people (IDPs) in the Middle East. According to IOM, one in three Afghans has migrated or has been displaced in the past six years and five million Afghan nationals continue to reside in Pakistan and Iran⁷, as a result of sustained conflict and violence, and often are without official documentation.

Population movement across borders with neighbouring Pakistan and Iran are substantial and have contributed, to a large extent, to the high TB burden among the migrant population. Moreover, the

⁵ <https://www.undp.org/content/undp/en/home/blog/2019/human-rights-and-the-sdgs---two-sides-of-the-same-coin.html>

⁶ https://www.un.org/en/ga/search/view_doc.asp?symbol=A/73/PV.18

⁷ <https://humanitariancompendium.iom.int/appeals/afghanistan-2019>

lack of stability that often results from other external factors such as lack of documentation, causes abrupt movement amongst these populations. As a result of policies, often discriminatory in nature, such as detention, deportation or work/residence restrictions in host countries, migrants with TB may delay or avoid seeking care. The lack of adequate preventive measures and care at border, and beyond border, sites have prompted an urgent need to ensure all Afghan mobile populations have access to TB diagnosis and timely treatment and support services, irrespective of location. A key component to fighting tuberculosis among these mobile populations is the continuity of treatment, a six-month regimen in most cases, that should be strictly adhered to and monitored, to prevent further spread and transmission of resistant strains especially in crowded settings.

Afghanistan, Iran, and Pakistan have well-established and strong national tuberculosis (TB) programs (NTP) which have successfully ensured appropriate TB prevention, care, and control services to populations, however, the harmonization of some TB services provision is not yet fully formalized among the three countries and there are no well-defined interventions which specifically target migrants. Furthermore, information on migrants, refugees, returnees and IDPs with TB is not systematically and routinely collected within the NTP networks of the three countries.

From this view, there was a clear need to coordinate the collection and sharing of health information on mobile individuals across the three countries, to ensure timely diagnosis and that those diagnosed with TB can receive treatment and care, and more importantly, to complete treatment regimens.

What is UNDP Doing to Help?

In response to this need, UNDP and the Global Fund to fight AIDS, Tuberculosis and Malaria are leading a regional approach, working closely with national governments and other partners including WHO, Stop TB partnership, UNHCR and IOM. A key component of the Global Fund Strategy is to promote and remove human rights barriers to access to TB services. This means universal access to TB and drug-resistant TB care through culturally sensitive, rights-based services.

Through this multi-country grant, the aim is to provide TB prevention, care and treatment services for migrants, refugees and returnees in Afghanistan, Iran and Pakistan. This involves working closely with refugee/migrants/returnee communities in all three countries to train community health workers, to ensure communities are involved in programme decisions and to develop information, education and outreach programmes that are delivered in ways people can access and understand. Multisectoral, multi-country and concerted efforts are required to address the complex nature of this population's mobility and instability, and the development of a regional approach to policies and practices would enable programmes to increase TB case detection and treatment success rates.

What Has Been Achieved?

Despite being in its first year of implementation, considerable efforts and achievements have been made. In the first year of implementation alone, over 350,000 Afghani refugees, migrants, returnees were reached with TB services in the three countries. The total number of cases that have been notified and have received treatment under this project is 1,360 in the first year alone, in Iran almost half of the cases have been detected through active case finding.

Capacity building of health personnel has progressed significantly in Afghanistan. Our implementing partners at IOM have successfully completed a 'Migration & TB' training in four provinces for the TB

control service providers for 200 TB service providers and a further 110 in Iran on migration health and TB.

Tuberculosis screening is a staple of control and prevention efforts, and with increasing border mobility, screening activities have faced many challenges. Through this regional grant, over 500 screeners have been trained and coached in several face-to-face or field level training courses during the process of screening. This has allowed for more effective case finding along the borders and in refugee camps.

Community engagement has played a major role in the success of the project thus far. Over 1100 group sessions have been conducted among Afghan refugees in Pakistan and 6655 houses visited in refugee villages. Further, to aid active community case finding in Iran, GeneXpert machines have been employed allowing for improved diagnostic abilities which is then translated into bettered notification and treatment uptake and success rates. Trainings included health care providers in settlements and this capacity building activity has enabled these providers to perform screening activities within their settlements.

In an effort to strengthening cross-border information sharing and referrals among NTPs in the three countries and to ensure treatment is not disrupted for patients relocating from one country to another, a national policy on prevention, care and control of TB and multi-drug resistant TB (MDR-TB) in migrants, refugees, IDPs and returnees is currently being developed and adapted to the contexts of the three countries. In Iran, referral mechanisms have vastly improved thereby helping the national system to improve existing mechanisms for managing the transfer of outpatients (patients not requiring hospital admission).

A mapping of the health facilities which provide significant health care services to returnees and IDPs within Afghanistan has been completed with the aim of identifying services, gaps and opportunities to strengthen diagnostics in refugee settings and ensure that diagnosis is offered, and that treatment is initiated as soon as possible for those in need.

While much is yet to be accomplished, the progress in this work further solidifies the need for a multi-sectoral and inter-agency response in progressing the SDGs in the context of migration and migrant health. The success thus far bears witness to attainableness of realising the Sustainable Development Goals. With this goal in sight, UNDP remains committed to working with its partners at national and international levels to ensure that no-one is left behind.

The Shorter Post

Migration is a global phenomenon that impacts the lives of many around the globe; migrants represent approximately 3 per cent of the world's population and produce more than 9 per cent of global GDP⁸. The 2030 Sustainable Development Agenda recognizes migration as an essential core development consideration and further identifies migrant women, men and children ***as a vulnerable group*** that should be protected. By including migration as a core developmental concern within the SDGs, there is greater opportunity for collaboration between migration and development sectors and, through this, collaboration towards greater policy coherence whereby migration policies can improve development outcomes, and vice versa.

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