Viral Hepatitis and Migration: the Perfect Storm

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Population movement:

- Migration has become a major global socio-demographic phenomenon
  - UN estimates 1 billion migrants i.e. 1 in 7 people is a migrant
- Massive movement of people from poor rural areas to cities
  - E.g. 376 million in China; much the same number in India; same phenomenon in other countries
- Rapid growth of urban slums in most low income countries
  - 4.6 billion living in urban slums by the year 2050
- Growing international movement in search of work
  - Very conservatively estimated 281 million in 2020 (based on official figures)
  - 330,000 irregular/unofficial/illegal migrants in EU
- Growing forced displacement due to conflict
  - In 2022 over 1 billion displaced by conflict
- Growing displacement due to environmental degradation
  - 21 million now; 1.2 billion climate refugees by 2050
- Massive growth in international tourism
  - 1.4 billion in 2018
Some determinants of viral hepatitis in migrants:

- viral hepatitis in the country of migrant origin (if truly known)

  - location e.g. urban or rural location
  - national viral hepatitis policy or not
  - real HBV/HCV prevention and treatment coverage
  - pre-migration lifestyle-life condition
  - education level and likelihood of knowledge/awareness of viral hepatitis
Some determinants of viral hepatitis in migrants:

✓ viral hepatitis in transit countries

- epidemiology of VH in transit countries and risk of exposure
- refugee camps with no or poor VH policy or practice
- no or poor VH policy and/or services for migrants in transit e.g. many years
- poor access to preventative and/or curative health services
- type of work done by migrants in transit and VH exposure e.g. sex work
- coping responses and VH exposure e.g. substance abuse and IDU
Some determinants of viral hepatitis in migrants:

- viral hepatitis and host country
  - location e.g. urban or rural location
  - national viral hepatitis policy and real action taken
  - real HBV/HCV prevention and treatment coverage in general population
  - no specific VH policy and/or services for migrants
  - regular/legal or irregular/illegal status and eligibility of health services
  - poor access to preventative and/or curative health services
  - poor knowledge of what might be available in terms of services
  - type of work and living condition/lifestyle of migrants e.g. sex work
  - coping responses and VH exposure e.g. substance abuse and IDU
  - pre-migration lifestyle-life condition
  - education level and likelihood of knowledge/awareness of viral hepatitis
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- Prevention and treatment in country of origin
- Prevalence of VH in origin and host country
- At-riskness in country of origin
- Migrant knowledge about viral hepatitis
- Host policy on (a) migrants, and (b) VH and migrants
- Cultural and/or linguistic barriers
- Cultural attitude to health and disease
- Access to health services in host country

**perfect storm conditions**