

# Hidden in plain sight: the increasing burden of noncommunicable diseases among refugees and migrants

What is the evidence and actions so far?

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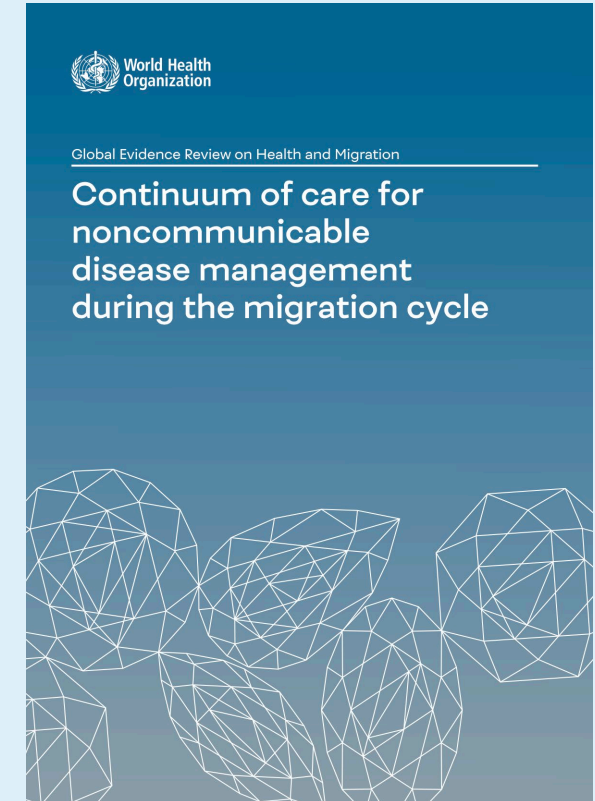
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75<sup>+</sup>  
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# Evidence

Health for all,  
including  
refugees and  
migrants:  
**time to act now**



# Global displacement and migration patterns



**281 M** International Migrants  
(2020)

**100 M** Forcibly Displaced  
(May 2022)

**36 M** Children  
(2020)

At no time have more  
people been on the move.  
Let's make their health  
needs visible to achieve  
**health for all.**

# Examples from examined evidence



## Health literacy

Low level of **health literacy** combined with language barriers, hinders the seeking of health services and adherence to treatment

## Gender

**Women and girls** face unique challenges and vulnerabilities, such as unique privacy and security challenges in accessing WASH services and facilities

## Immigration policies

**Fear of deportation and anti-migration discourse** reduces willingness of migrants to access health services and consequently potentially leads to poorer health outcomes

## Age

The number of **older people** displaced by humanitarian crisis is growing rapidly and displaced populations health needs are often overlooked

## Housing conditions

**Overcrowding and inadequate ventilation** may contribute to the dissemination of specific diseases

## Education

Access to **good quality education** after migration is limited in many settings, often affecting young girls disproportionately

## Discrimination

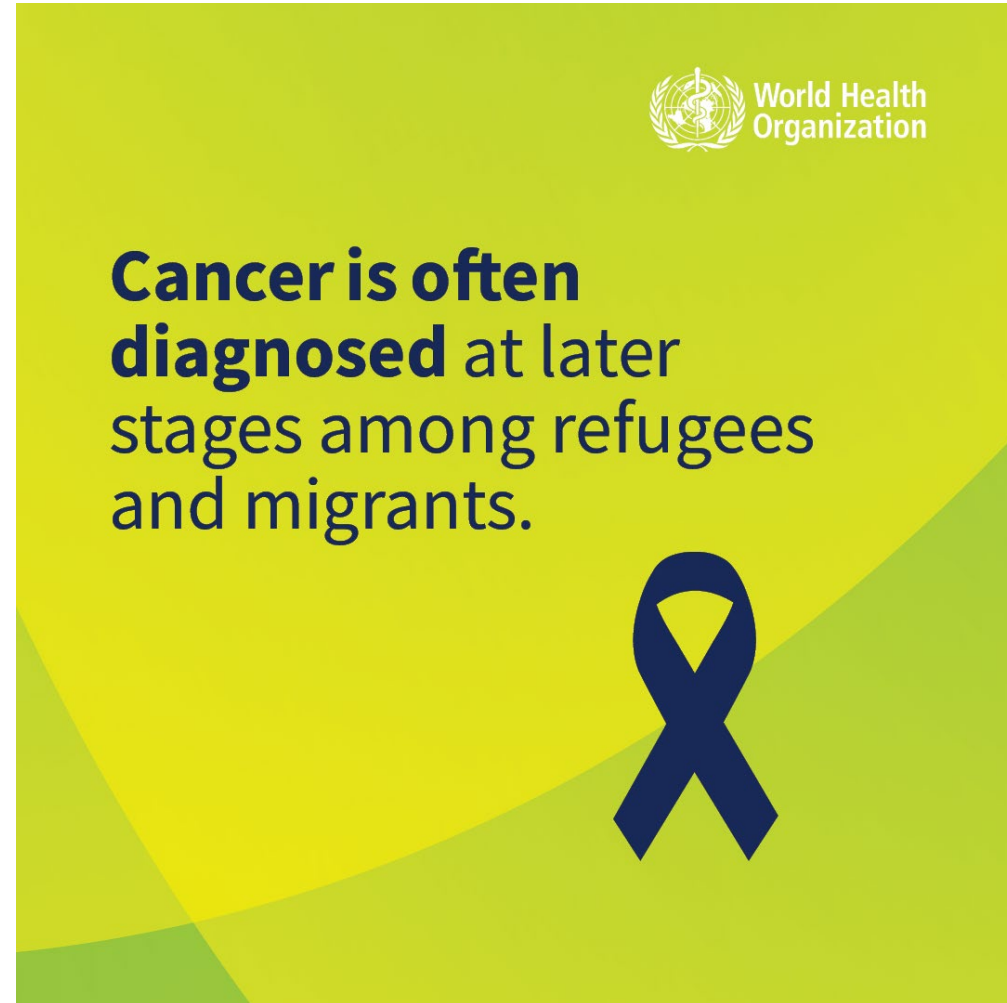
LGBTQI+ refugees and migrants typically lack social support, **face discrimination** and experience unique challenges with local health services. Mental health burdens are high among this population

## Employment conditions

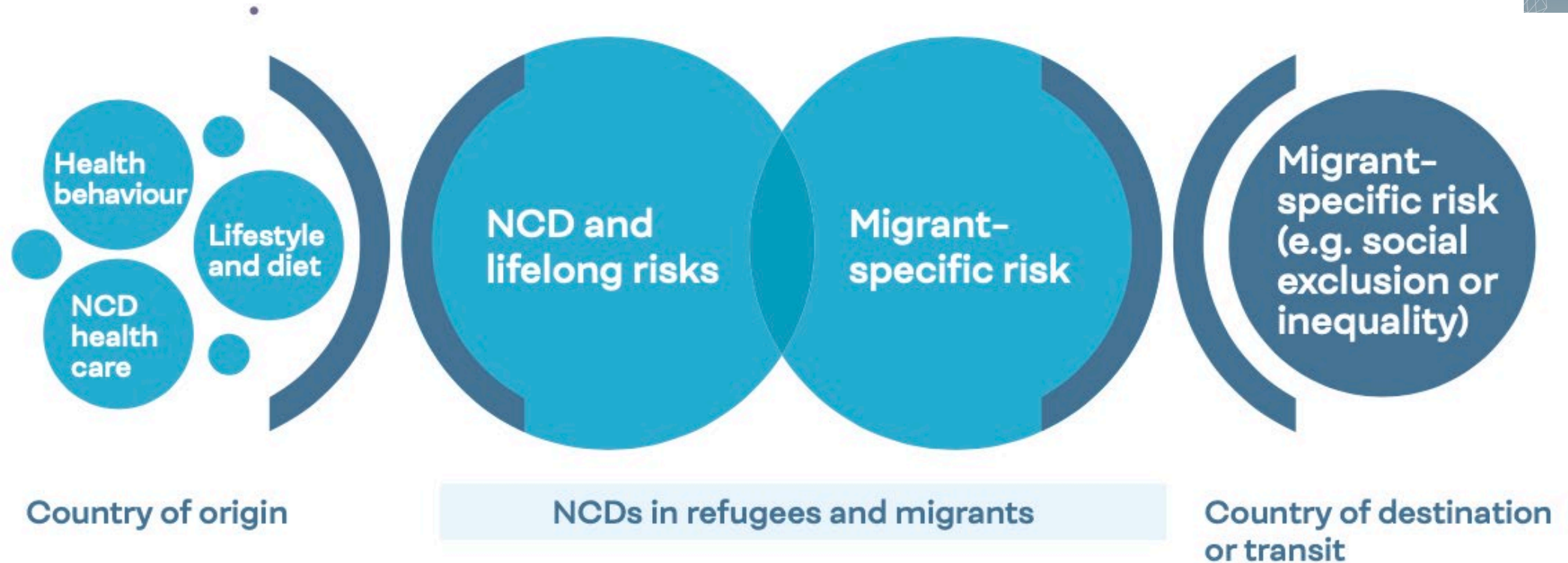
Across high-income settings, **highly skilled** refugees and migrants are often **employed in jobs below their educational and employment qualifications** – case of health care workers

# Noncommunicable Diseases

- Refugees and migrants have **lower uptake of and access to preventative health measures** posing a major risk factor on their wellbeing
- Diseases are often **undiagnosed**, or **diagnosed later** and **uncontrolled** or treated among refugees and migrants than in host communities, such as: **cancer, diabetes and hypertension**
- Refugees and migrants **face increased burden of NCDs**, including cardiovascular diseases, hypertension, substance use disorders, nutrition-related health issues, inflammatory diseases and renal diseases.
- NCDs among refugees and migrants are often **linked with longer residence in host country**, particularly middle- and high-income host countries



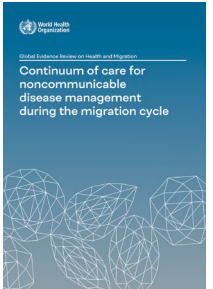
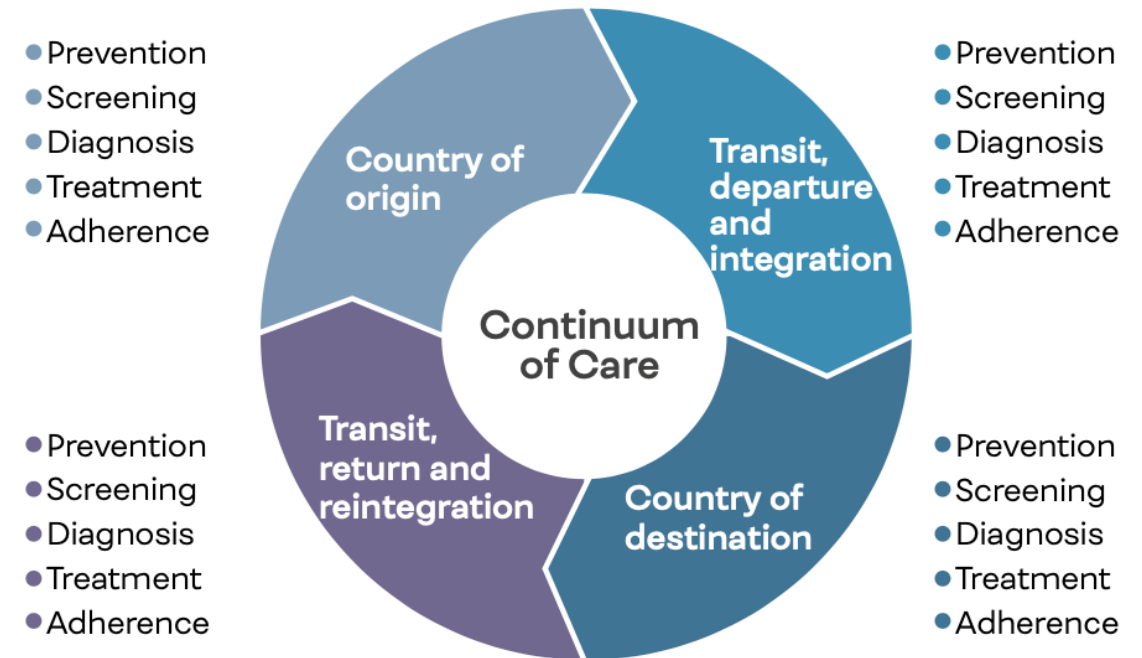
# Noncommunicable diseases in refugees and migrants





# Noncommunicable diseases in refugees and migrants

- **Lack of NCD services** in countries of origin and during phases of transit
- Compared with host populations, refugees and migrants are **less likely to access NCD services of prevention, screening, diagnosis and treatment**, resulting in untreated NCDs that are linked to poor health outcomes and catastrophic health expenditure



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# Refugee and migrant health – NCD and women



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## NCD and women

- **Overweight/obese conditions:** length of stay in host countries was observed to affect female refugees and migrants in specific WHO regions.
- **Physical activity:** lack of security and access to public spaces or female-only settings
- **Diabetes**
  - **Higher prevalence** (including gestational) in migrant women in specific regions
- **Cancer**
  - **Lack of knowledge and awareness** by refugee and migrant women
  - Migrant women reporting **lower utilization of screening services**

# Maternal and Child Health

**Refugee and migrant mothers and children** have poorer knowledge of, and access to, maternal and child health services.

**This puts their health at a higher risk.**



Evidence indicates that compared to women in their host communities, in many cases refugee and migrant women:

- Have **less access to maternal and child health services**
- Experience **higher risk of negative outcomes during pregnancy and delivery**
- **Attend fewer antenatal care visits**

Common factors influencing seeking and receiving care among refugee and migrant women include:

- Migratory status
- Education levels
- Fees associated with visits
- Lack of access to health insurance



# Sexual and Reproductive Health (SRH)

- **Awareness and use** of SRH services by some refugees and migrants are **low** compared with the host population
- Some refugee and migrant groups continue to practice **Female Genital Mutilation**, and evidence shows acceptability of the practice decreases over time in host countries
- **Lower levels of knowledge of STIs** and increased risks among some groups of refugees and migrants are often associated with limited access to information
- **Exposure to sexual violence** among woman, mal, boys and girls refugees and migrants is a potentially understudied issue.

Cases of sexual violence among refugee and migrant boys and men are often underreported as a result of social and cultural stigma



Refugees and migrants, especially women, but also men, frequently experience **sexual and gender-based violence** during displacement and after arrival.



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Noncommunicable  
diseases and refugee and  
migrant health– what  
concrete actions can we  
implement?



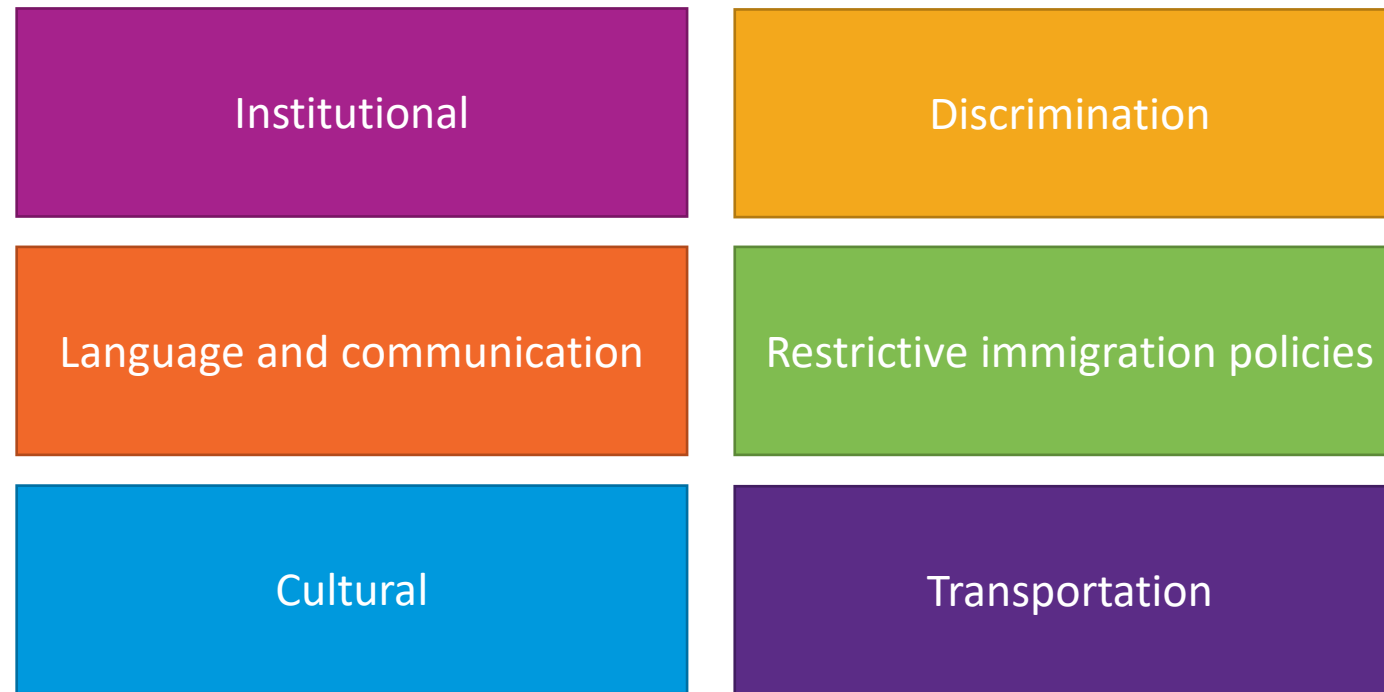
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# Health system - common barriers

*World Report on the health of refugees and migrants*



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# Concrete actions

- **Address the root causes**, including key determinants that lie outside the health domain, that negatively influence health, including education and migratory status
- **Reorient existing health systems** into integrated and inclusive health services and programmes for refugees and migrants, in line with the principles of **primary health care** and **universal health coverage**
- Promote **advocacy and public education** concerning refugees and migrant health, and its vital contribution to a “one health” world.
- Invest in **comprehensive data** and monitor health determinants, status and outcomes of refugees and migrants to assess accountability for progress, or lack thereof, towards the SDGs and other goals and targets
- Promote **high quality global research**, strengthen knowledge production, and **build research capacity** in health and migration, to support evidence-informed policies and actions



“The physical, economic and psychological challenges posed by migration and displacement, and integration in host communities, are often misheard, overlooked or misperceived.

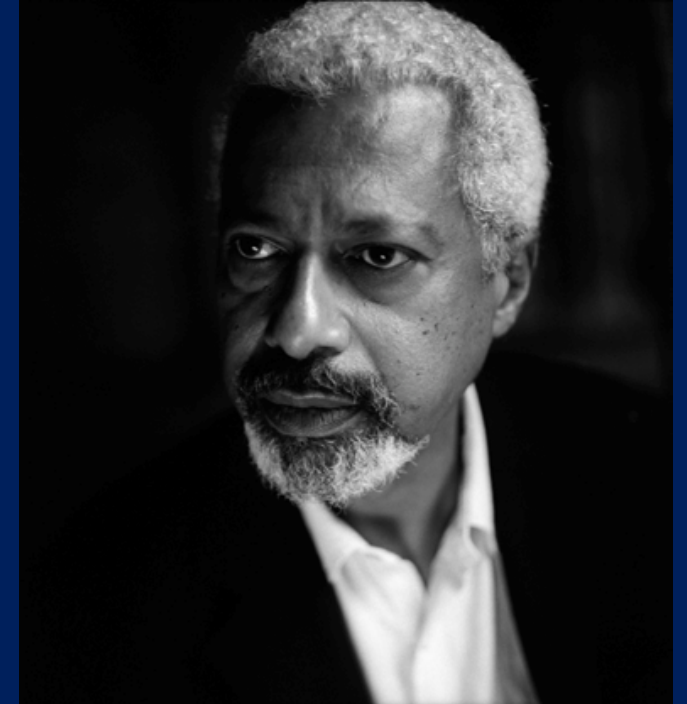
Concrete steps towards **protecting and promoting the health of refugees and migrants** are steps closer to **our health.**”

For more information, please contact us:

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