

Global Evidence Review on Health and Migration

Continuum of care for noncommunicable disease management during the migration cycle



WHO Health and Migration Programme

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Foreword

Noncommunicable diseases (NCDs), particularly cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, cause 74% of all deaths worldwide and also have social and economic costs. The percentage of deaths due to NCDs is higher in the WHO European Region than in all other WHO regions, with 90% of all deaths due to NCDs. This figure is equally high for both sexes (88% for men and 92% for women).

Globally, more than 15 million people between the ages of 30 and 69 years die from an NCD every year. Although the rate of premature mortality is lower in the WHO European Region compared with other WHO regions, it remains high: nearly one in three NCD deaths occur in the 30–69-year age group and the risk of premature death due to NCDs (16%) is only slightly below the global average (18%). The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 provided a roadmap and strategies to reduce premature NCD deaths worldwide, with a target of reducing global mortality from NCDs by one third by 2030. A set of 16 best buy options outline practical and cost-effective interventions.

The worldwide burden of NCDs is further exacerbated by health inequalities hitting the poorest and most vulnerable people, which may include refugees and migrants (particularly those in irregular situations). Social, political and economic exclusion can result in poverty, homelessness and exploitation, which can create a higher risk of NCDs. Prevention of NCDs is best achieved by access to preventive services and the impact of NCDs is minimized by consistent health care. Migration itself is not a determinant of NCDs but can contribute to the poor health outcomes of untreated NCDs. NCD risk factors can be exacerbated by social determinants of health surrounding the migration process. Refugees and migrants may face particular challenges in maintaining a healthy lifestyle or have suboptimal health-seeking behaviours, and they may face barriers in accessing quality health care such as language and cultural differences, discrimination, distrust of governments when seeking health care, and limited availability of accessible, affordable and appropriate health-care services.

This Global Evidence Review on Migration and Health considers the issues in providing a continuum of care for management of NCDs in refugees and migrants. It identifies challenges and opportunities and offers policy considerations to help ensure that refugees and migrants are included in the much-needed efforts to reduce the burden of NCDs. The pressure that the COVID-19 pandemic is exerting on health services and the health workforce will undoubtedly have a long-term impact on prevention and treatment services for NCDs. Refugees and migrants are likely to be among the groups most affected by these issues in public health services.



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Preface

Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are the leading global cause of death and are responsible for 74% of deaths worldwide, as well as increased health-care expenditure and socioeconomic costs. These NCDs share key modifiable behavioural risk factors, such as tobacco and alcohol use, as well as unhealthy diet and lack of physical activity that can lead to overweight and obesity, raised blood pressure and cholesterol, and, ultimately, disease.

NCDs are an important public health challenge in all countries, particularly in low- and middle-income countries that lack a resilient health-care system, where more than three quarters of NCD deaths occur. They also have the greatest impact on the poorest populations globally; this includes those who are socioeconomically vulnerable in all countries, including high-income countries.

In response to global NCD burdens, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (NCD-GAP) provided a policy roadmap and strategies for all Member States and key actors to reduce premature NCD deaths worldwide. Progress in implementation of the recommended NCD indicators has been monitored in 151 Member States. Among these, some are developing whole-of-government policies to address NCDs, implementing measures to reduce risk factors and strengthening health systems through primary health care and universal health coverage.

Although the process of migration itself is not a determinant of NCD prevalence, NCD risk factors can be exacerbated by social determinants of health surrounding the migration process. Treatment of existing NCDs may be disrupted by the migratory journey and by issues of accessing care in new health systems, and possibly in multiple different systems during the migratory journey. Refugees and migrants have often faced extreme poverty and inadequate access to food and other essential items in their country of origin. In transit and on reaching their

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