

Viral Hepatitis and Migration: the Perfect Storm

Dr Manuel Carballo
ICMHD

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

