

TB prevention and control across the borders in the WHO European Region

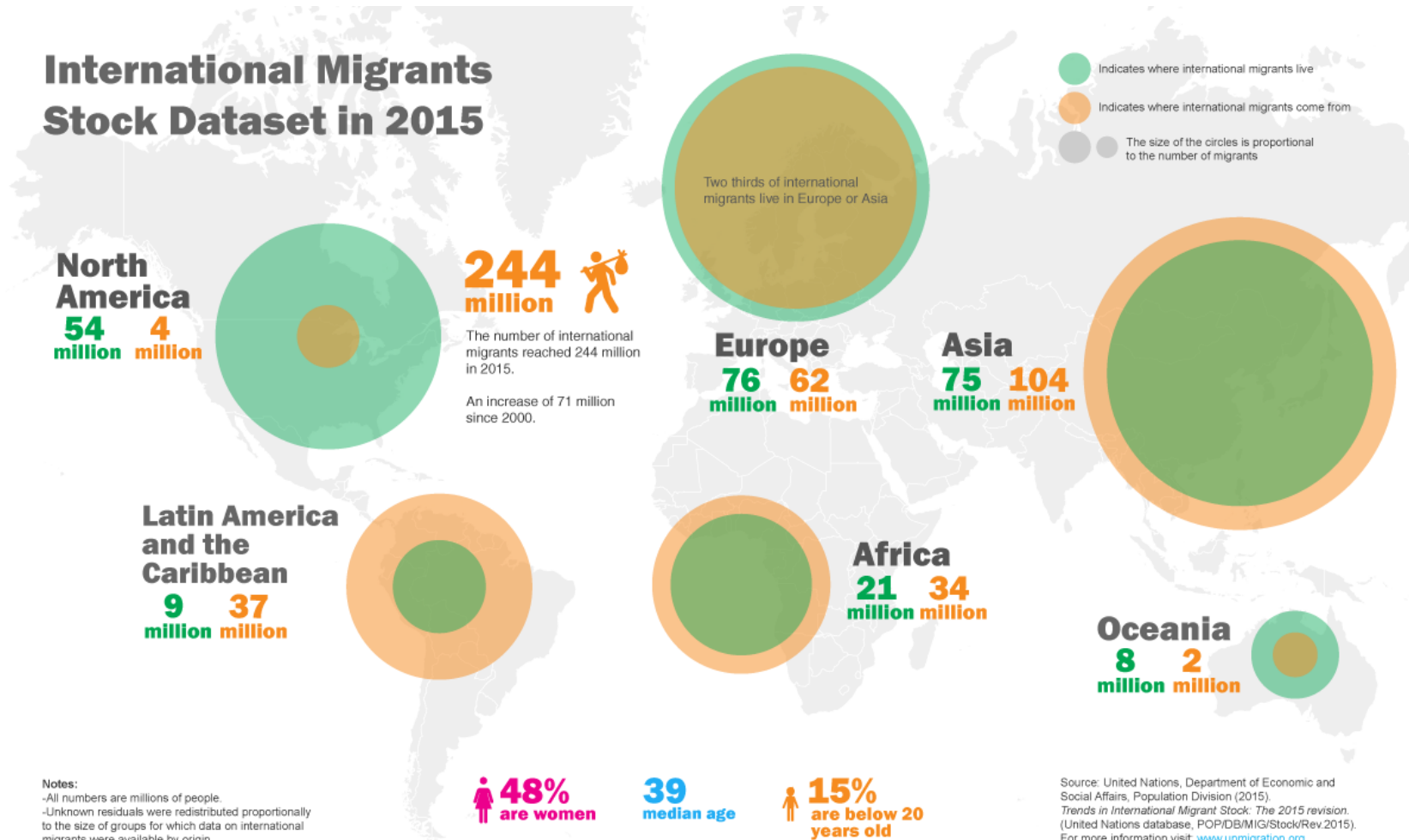
TB care for Refugees and Migrants in Europe
Wednesday 30th March



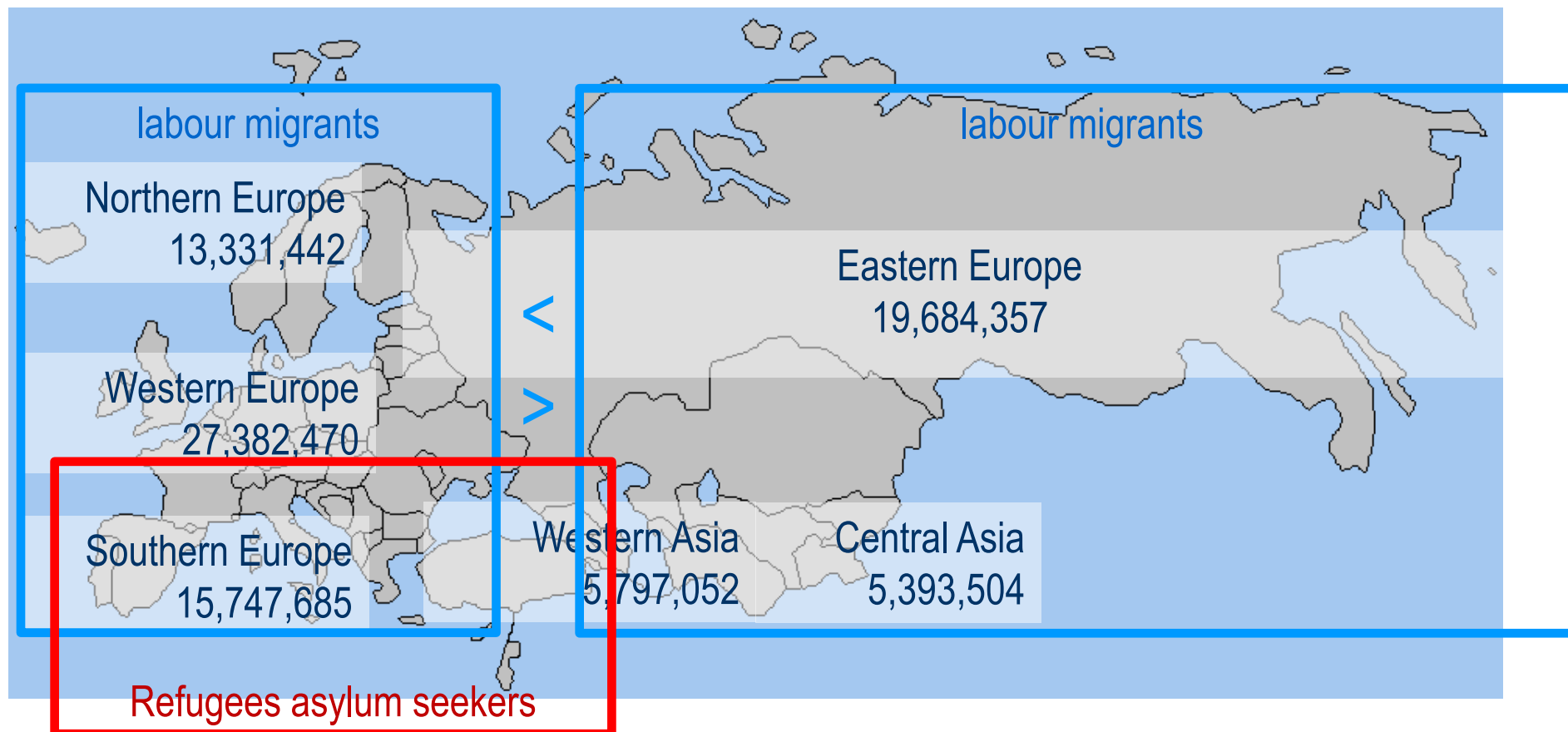
BACKGROUND

Global Migration

Globally 244m international migrants (UNDP), most common destinations Europe and Asia (151m)



Distribution of migrants and Major groups of migrants; WHO Europe, 2015, before Syria crisis

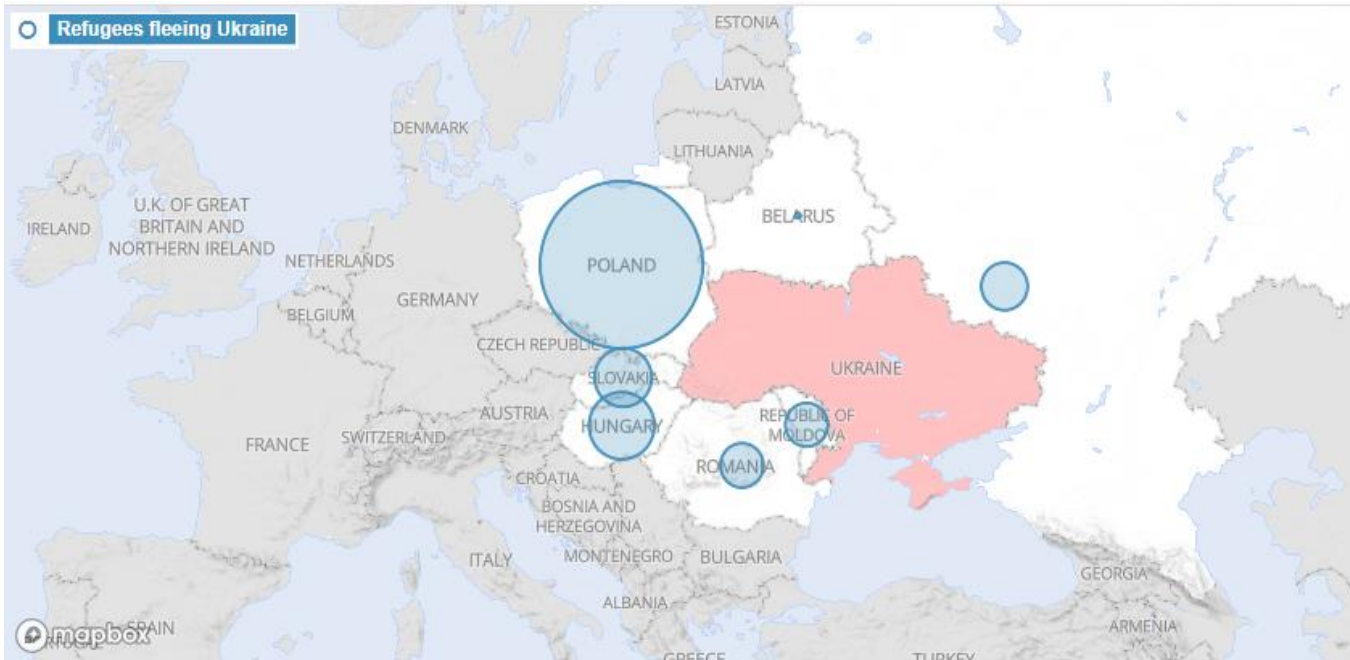


Refugees fleeing Ukraine

(since 24 February 2022)

3,557,245

Last updated 21 Mar 2022



Location name	Data date	Population
Poland	21 Mar 2022	2,113,554
Romania	21 Mar 2022	543,308
Republic of Moldova	21 Mar 2022	367,913
Hungary	21 Mar 2022	317,863
Slovakia	21 Mar 2022	253,592
Russian Federation	21 Mar 2022	252,376
Belarus	21 Mar 2022	4,308

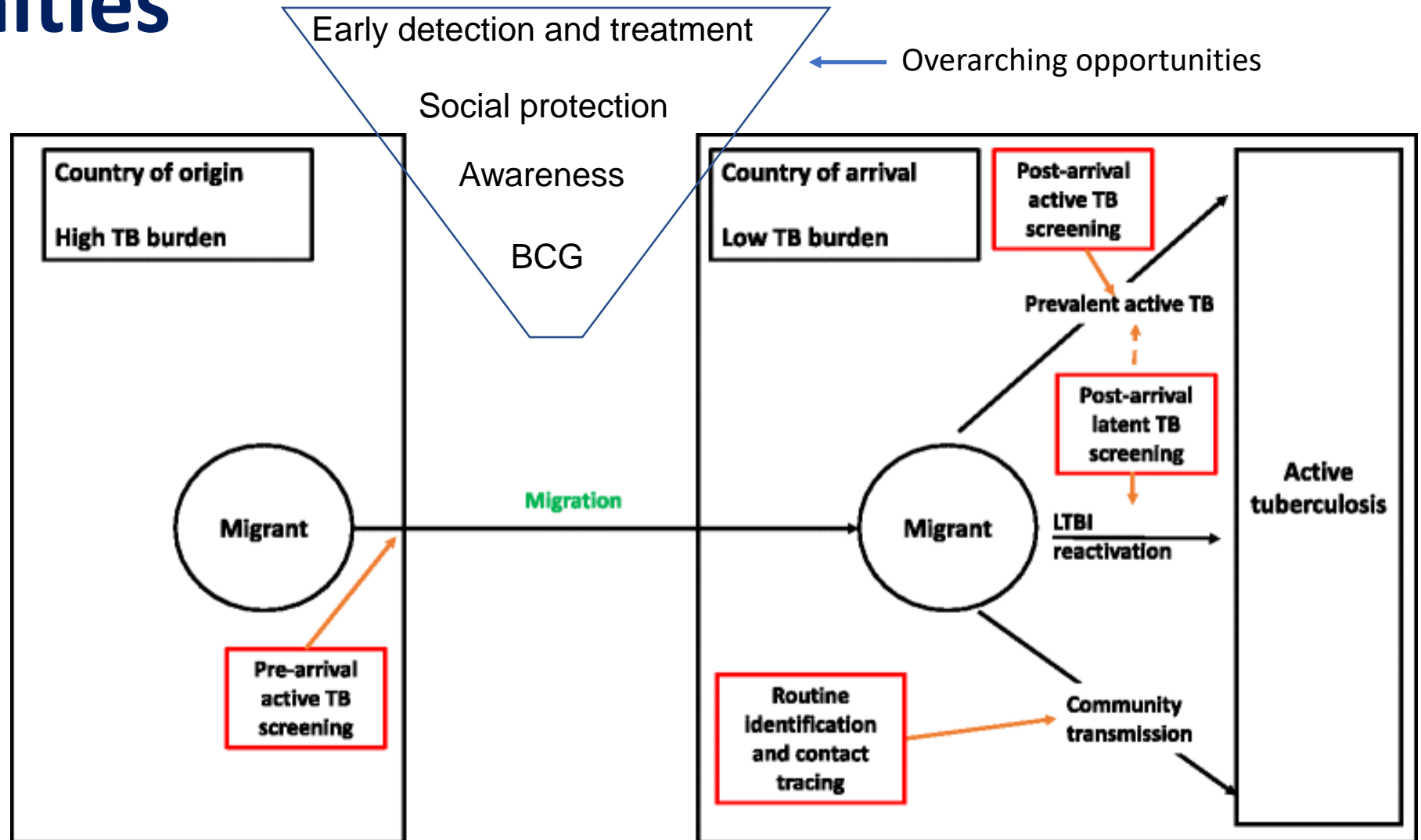
- The data of arrivals in Schengen countries (Hungary, Poland, Romania and Slovakia) bordering Ukraine only represents border crossings into that country
- It's estimated that a large number of people have moved onwards to other countries.

COMMITMENTS

On 19 September 2016, the United Nations General Assembly adopted the New York Declaration for Refugees and Migrants, setting out commitments including on essential health care to enhance the protection of both refugees and migrants.



Pathways analysis and Intervention opportunities



Pareek M, Greenaway C, Noori T, Munoz J, Zenner D.

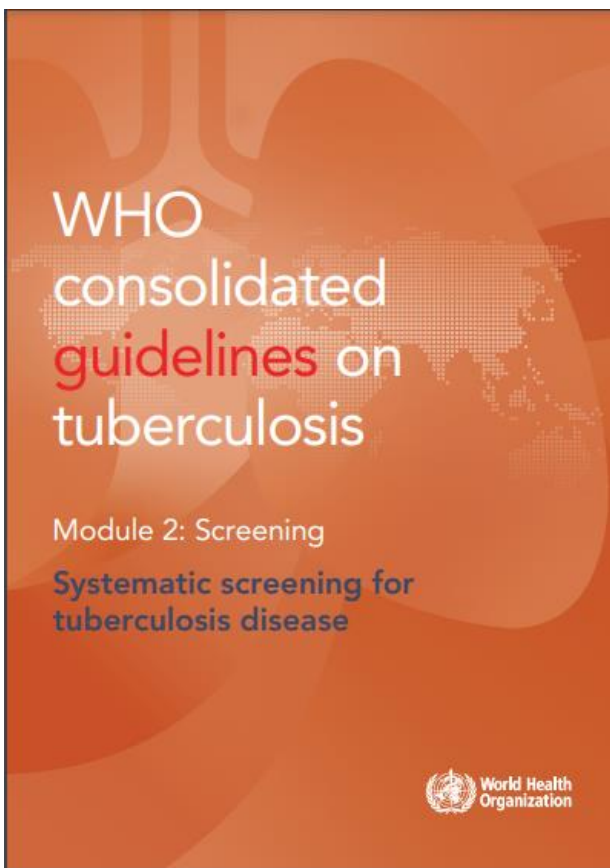
The impact of migration on tuberculosis epidemiology and control in high-income countries: a review. BMC Medicine. 2016;14:48.

WHAT FACTORS PUT REFUGEES AT RISK?

- **Congested and poor living conditions:** Congestion and poor initial living conditions, combined with poor health and nutritional status during the acute phase of refugee displacement may increase the susceptibility to infection.
- **Loss to follow up:** This may include difficulty in tracking existing TB patients among the new arrival refugee population and continuing their treatment which may result in the development and spread of drug-resistant TB.
- **Access to medicines:** The distribution system of TB drugs and supplies implemented by the National TB Program (NTP) is likely to be interrupted in refugee hosting areas especially during the acute phase of an emergency where the existing health infrastructure may be overwhelmed by the additional and urgent workload.
- **COVID-19 pandemic**



“To be or not to be, that is the question” Pre-entry, post-entry, or no tuberculosis screening?



- In low TB incidence countries, a high proportion of TB is present in foreign-born people with TB, therefore there is a lively debate on whether screening should be implemented and, if so, what approach should be used.
 - WHO guideline includes a conditional recommendation for systematic screening for active TB in subpopulations that have very high TB rates ($>0.1\% = 100/100\ 000$ pop) or poor access to health care, such as some migrants and refugees residing in, or coming from, settings with a high prevalence of TB.
- With the exception of some refugees, migrants are usually not a risk group in their country of origin, but might be deemed a high-risk group from the perspective of the receiving country.
- However, some other countries use pre-entry screening to unconditionally refuse entry even if screen-positive individuals were to be treated before migration—a discriminatory approach without any epidemiological rationale.

Most migrants do not have infectious diseases ...

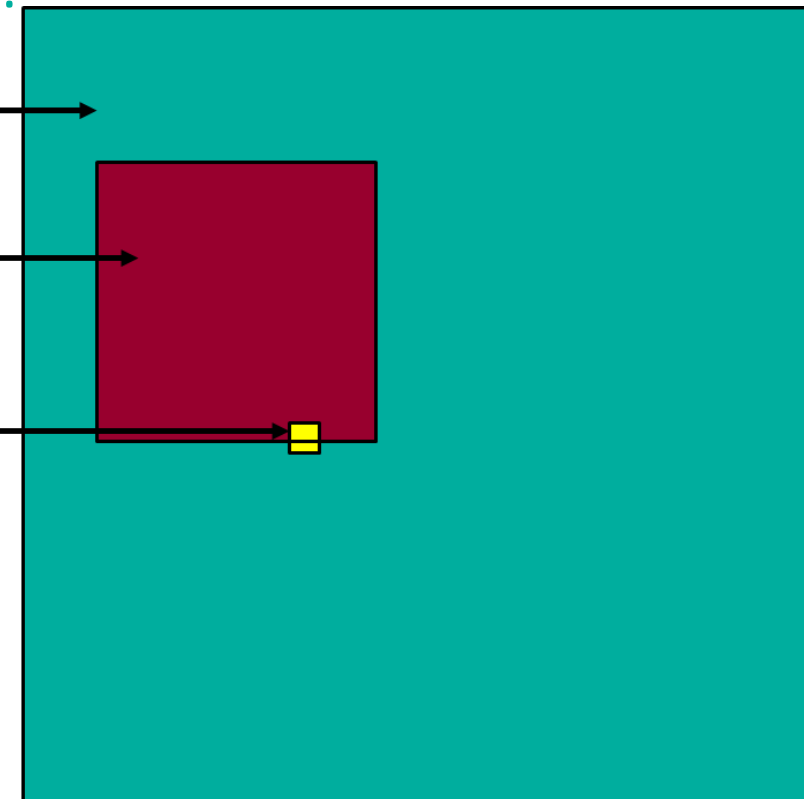
Migrants are: **vulnerable**, **at risk** and some **affected** ... so
...
universal health coverage (UCL) in Europe should cover them as well ... therefore

there is no End TB in Europe without Ending TB in migrants as you can not stop the wind with your hands



© Dr Pietro BARTOLO (Lampedusa island, Italy)

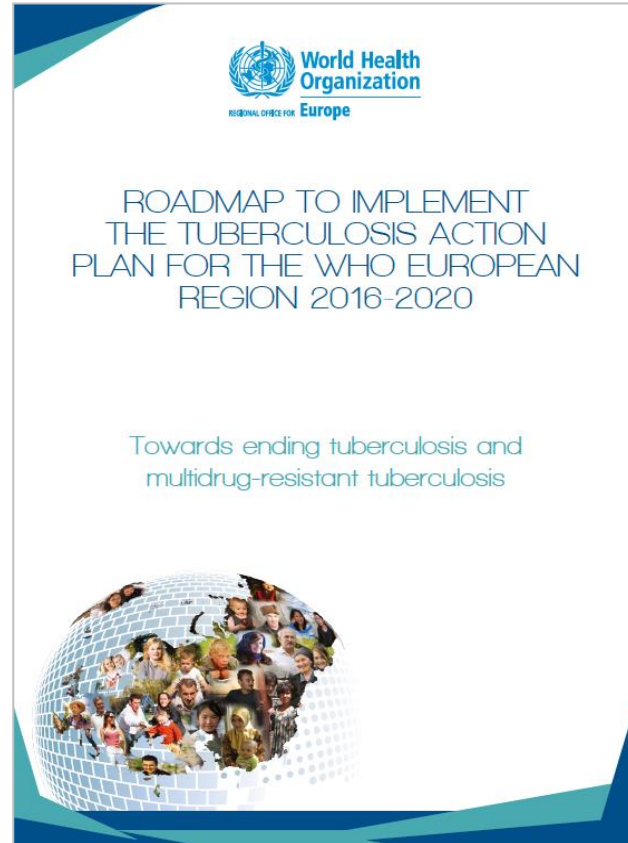
UK born population →
Non-UK born population →
Burden of infectious disease →



... but much of the burden of infectious diseases falls on the migrant population

Cross border TB control and prevention

TB action plan for WHO Europe 2016-2020



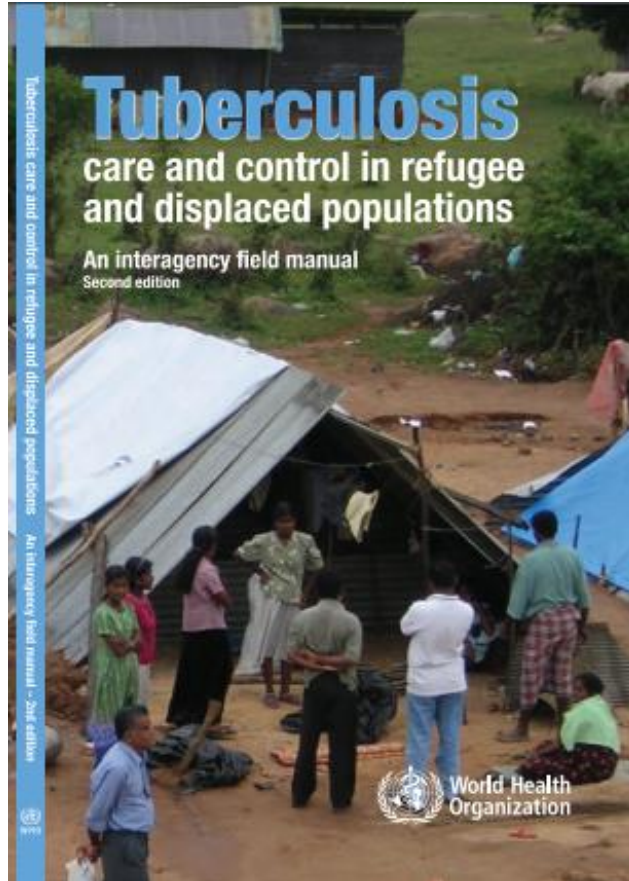
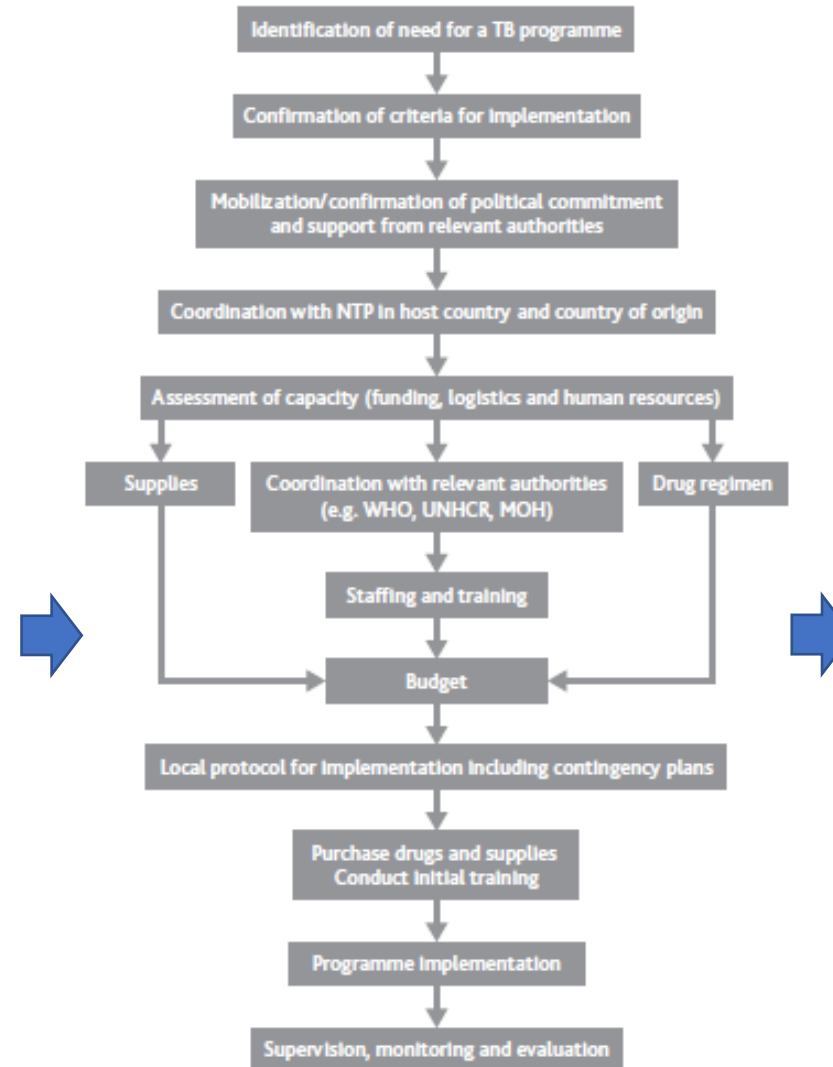
Activities (related to TB and migration)

- 1.C.10 Member States (MS) and WHO will implement a mechanism for cross-border tuberculosis control and care that enables a continuum of treatment for internal and external migrants and stateless populations (by 2017).
- 1.C.11 WHO will assist MS adopting evidence-based policies and practice for cost-effective screening of TB among receiving migrants.
- 1.C.12 WHO will promote and assist MS for the implementation of a minimum package for cross-border TB control and care that involves health authorities and main stakeholders, including migrant communities.

International health regulations

- Since June 15, 2007, the revised **International Health Regulations** (IHR) have been implemented by all countries worldwide.
- The full implementation of this **legally binding agreement** will significantly contribute to global public health security by providing a **framework for the coordinated management of events that may constitute a public health emergency of international concern**, and by promoting the capacity of all countries to detect, assess, notify and respond to public health threats.
 - Although **TB is not** listed on the group of diseases that constitute **a public health emergency**, the network developed for **IHR could be used in promoting the continuum of care of TB patients**
 - IHR is generally **applicable to trans-national TB transmission**; thus, notification of TB to WHO could be considered if the episode raises an important concern to international public health, **specifically in case of XDR**

Figure 2 Key steps in implementation of a TB programme in refugee and displaced populations



Minimum package for cross-border TB control and care in the WHO European region: a Wolfheze consensus statement

Masoud Dara, Pierpaolo de Colombani, Roumyana Petrova-Benedict, Rosella Centis, Jean-Pierre Zellweger, Andreas Sandgren, Einar Heldal, Giovanni Sotgiu, Niesje Jansen, Rankica Bahtijarevic and Giovanni Battista Migliori on behalf of the members of the Wolfheze Transborder Migration Task Force

Author Affiliations

G.B. Migliori, World Health Organization Collaborating Centre for Tuberculosis and Lung Diseases, Fondazione S. Maugeri, Care and Research Institute, Via Roncaccio 16, 21049, Tradate, Italy. E-mail: giovannibattista.migliori@fsm.it

Abstract

The World Health Organization (WHO) European region estimates that more than 400,000 tuberculosis (TB) cases occur in Europe, a large proportion of them among migrants.

A coordinated public health mechanism to guarantee TB prevention, diagnosis, treatment and care across borders is not in place. A consensus paper describing the minimum package of cross-border TB control and care was prepared by a task

Minimum package for cross-border TB control and care in Europe

Governance	Commitment	<ul style="list-style-type: none"> Full commitment of the country to cross border TB control and care
	Legal framework	<ul style="list-style-type: none"> Legal basis to ensure right to health and continuum of TB care regardless legal and residential status
	Inter-country correspondence	<ul style="list-style-type: none"> Country database of TB services and list of national focal persons (updated, online, confidential, 3 days for information exchange)
	Funding	<ul style="list-style-type: none"> Universal coverage by Governments, treaties of reciprocity, regional health insurance for undocumented migrants

Minimum package for cross-border TB control and care in Europe

Service delivery	Prevention	<ul style="list-style-type: none"> Access to diagnosis and treatment of latent TB infection
	Airborne infection control	<ul style="list-style-type: none"> In diagnostic and treatment centres, during transfer of patients
	Contact management	<ul style="list-style-type: none"> Family members and close contacts screened
	Diagnosis	<ul style="list-style-type: none"> Free-of-charge, early diagnosis including drug resistant TB in identified centres
	Treatment	<ul style="list-style-type: none"> Immediate, irrespective of legal status, comprehensive, user-friendly, no deportation
	Continuity of care	<ul style="list-style-type: none"> Drugs available, referral between health centres, no deportation
	Confidentiality	<ul style="list-style-type: none"> Health workers ethically bound, exceptions when treatment is refused

Minimum package for cross-border TB control and care in Europe

Surveillance and response monitoring	Individual patient data	<ul style="list-style-type: none"> Effective transfer of complete patient's medical records, feedback between centres
	Programme monitoring	<ul style="list-style-type: none"> Core indicators for cross-border TB monitoring
Supportive environment	Patient support	<ul style="list-style-type: none"> Counselling, enablers and incentives, psycho-social support Involvement of communities for migrant-sensitive services, cultural mediators
	Advocacy communication and social mobilization	<ul style="list-style-type: none"> Information of services among health providers and migrant communities Advocacy for full engagement of health authorities and stakeholders

The trinity

3 scenario of cross border TB data exchange

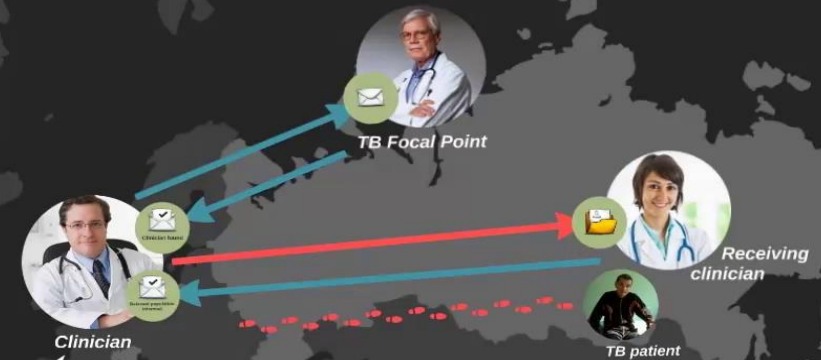
Scenario [A]: diagnosis



Scenario [B]: repatriation/treatment continuity/biosafety

Cross-Border Cases Management

Case B

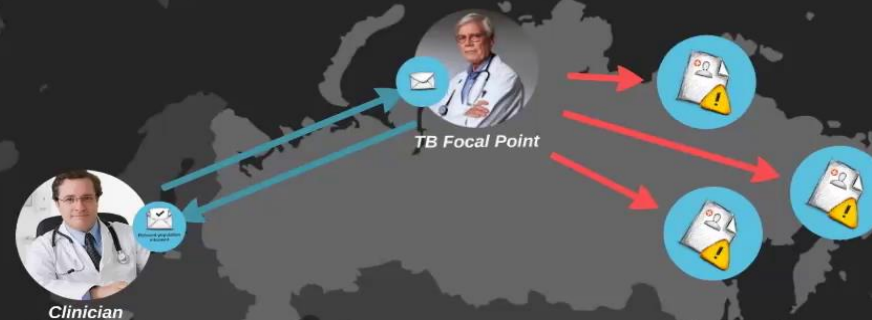


*I have a patient who will complete his/her treatment in another country.
How can I properly refer the patient in that country?*

Scenario [C]: contacts tracing

Cross-Border Cases Management

Case C



I have a patient who was recently in close contact with people from another country.
How can I inform the medical authorities in that country?

Cross-border TB countries focal point

- Established a workspace for inhouse and national counterparts and main partners <https://eurotb.net/mig-fp>

country		Ukraine		Select the country here							
Count of email											
Last Name	First Name	role	afiliation	email	phone	hot-line/whatapp/viber/telegram	address	web	Total		
PRILEPINA	Liudmila	TB surveillance focal point	Center for Public H	i.prylepina@phc.org.ua	(blank)	(blank)	(blank)	(blank)	1		
TERLEEVA	Iana	Head of the Department of Coord	Center for Public H	i.terleieva@phc.org.ua	+380504028001	(blank)	41 Yaroslavka Street, Kyiv, Ukraine	https://phc.org.ua/kontrol-zakhvoryuvan/tuberkuloz	1		
Grand Total		2									



Data exchange across borders:

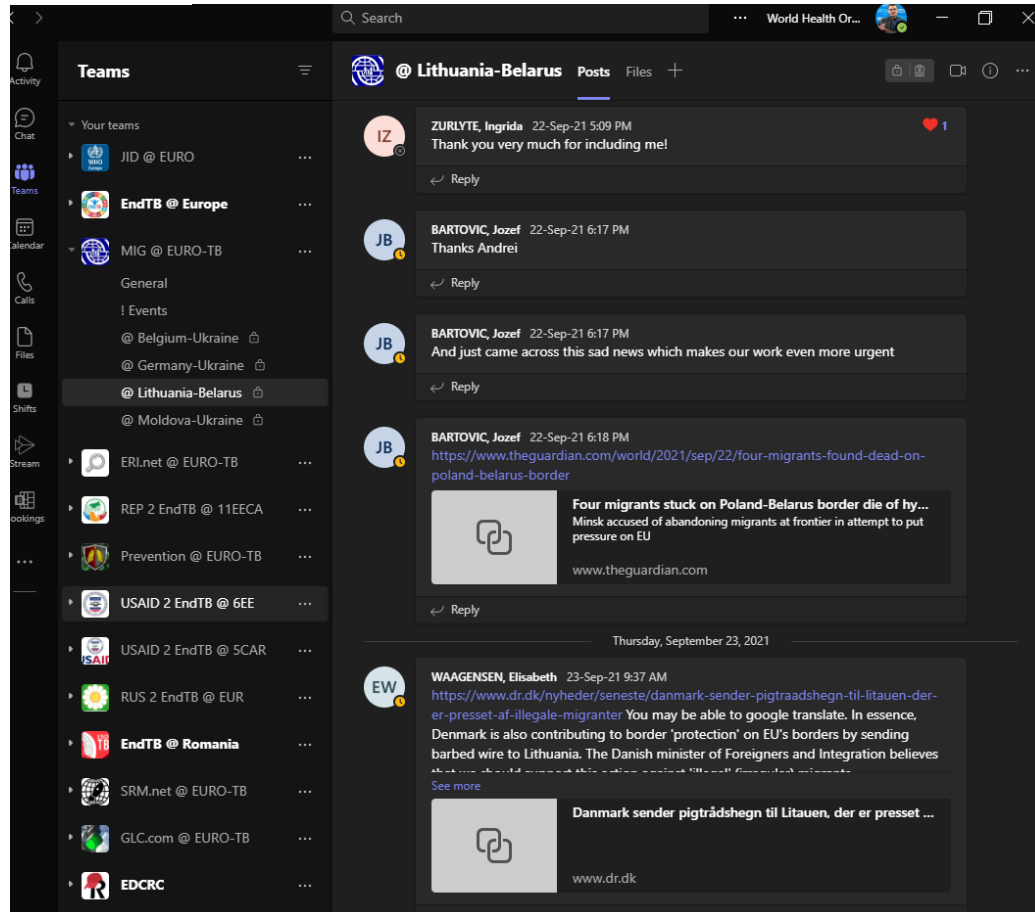
Fast track:

- go here <https://eurotb.net/mig-cfp> and find contact details of the country focal point for cross border TB CFP@MIG@EURO-TB.net
 - contact him/her directly via email/phone and exchange the data bilaterally without bottlenecks





Data exchange across borders



Long-track = triangulation by EURO-TB

1. Access the virtual workspace <https://eurotb.net/mig>, access to all TB-MIG CFPs was granted
 - a. If service provider or community wants access to the workspace, write to eurotb@who.int and access will be granted, requestor will receive an invitation to join the group
 - b. If the member can not access the workspace, please "book uncle Andrei" here <https://eurotb.net/book-andrei> for a remote support session, or
 - c. just pop-up into "uncle Andrei" virtual office <https://eurotb.net/zoom-andrei>, don't wait for more than 15 min, means uncle is not available, and so see [1.b]
2. initiate a request on the [general] channel by mentioning only the [country of departure of TB migrant], (remark> do not mention the personal data of the patient in the initial request)
 - a. a dedicated/"secrete" channel for the requestor and the CFP from the country of origin will be established
 - b. the "secrete channel" has its dedicated wall, chat, call, and repository, accessible for the nominated explicitly for this stream.
 - c. EURO/TB can offer en/ru/de/fr/ro/ua/+ translation during conf.calls, if necessary.
3. After two weeks, cross-border episod will be closed, the channel will be wiped out, unless a party request extension of the channel

Networking

For building up a network for TB service providers:

Collection of service providers contact details

- WHO launched 2 weeks ago two relevant resources that support our work these days:
 - WHO Global Health Facilities Database (GHFD):
<https://www.who.int/data/GIS/GHFD>
 - Tuberculosis prevention and care among refugees and other populations in humanitarian settings: an interagency field guide
<https://apps.who.int/iris/handle/10665/352283>
- We don't have time to ensure the subnational TB focal points/facilities in countries in the GHFD, therefore,
- Please download the CFP list and add your contact details / share/update with contact details of the country TB network basic medical units = (TB=BMU = lab+clinitianl/nurse+register).
- the generic contact details of TB-BMU across Europe for migrants/refugees and service provider along their pathways.
- If national CFP prefer the triangulation pass via him/her only, we will appreciate on update on this otherwise, we well indicate his/him contact details, as reported to the Global TB database



I would like to acknowledge and thank colleagues*

- BIVOL, Stela
- GOZALOV, Ogtay
- KOROTYCH, Oleksandr,
- KUCHUKHIDZE, Giorgi, and
- YEDILBAYEV, Askar

for their rapid and collaborative cooperation

P.S. I've just compiled the following set and a bit more

* In alphabetical order



EURO/TB response

Status quo

EURO/TB response and preparedness to the emergency

- Provided a [preparedness assessment] in the EU/EEA, [here](#) is the report:
- Estimated TB among refugees by receiving countries [here](#) and
- Developed a generic tool for needs forecasts [here](#)
- Organized 2 ad-hoc multicounty events to (a) inform on the situation, (b) discuss their challenges, and (c) country preparedness for universal TB care among refugees along their pathways:
 1. for frontline countries bordering and/or close to Ukraine (Balkans, Visegrad group and Baltics) [here](#)
 2. for EU/EEA countries (in cooperation with ECDC) [here](#) to:
- Plan for 1st April a webinar on [TB care in refugees] in the framework of the virtual medical Consilium (VMC) (we will share a registration link soon)
- Collaborate with MSF and GDF on ad-hoc delivery of TB drugs to countries in need for maintaining treatment adherence.
- Working/planning on
 - integrate TB care in [aidminutes.rescue].app <https://www.aidminutes.com/en/product-rescue> and
 - launch WHO's [preventTB].app in the selected countries <https://youtu.be/7YwQEgEriSg>
 - developing a [screening criteria] for active TB and LTBI among refugees
 - developing an [clinical management algorithm] for a TB in refugees
 - triangulating with service providers outside of Ukraine to maintain the management of the mSTR Ukraine cohort



WHO Regional Office for Europe

UN City
Marmorvej 51
Copenhagen Ø
Denmark

eurotb@who.int
www.euro.who.int/tb



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youtube.com/user/whoeuro



World Health
Organization

REGIONAL OFFICE FOR
Europe



Organisation
mondiale de la Santé

BUREAU REGIONAL DE L'
Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR
Europa



Всемирная организация
здравоохранения

Европейское региональное бюро

Additional slides

List of respondents (countries)



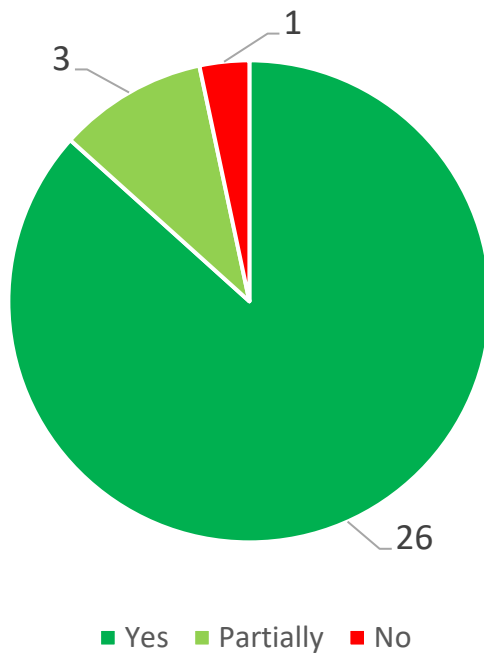
The designations employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

- | | | |
|------------------------|-----------------|------------------------|
| Albania | Georgia | Norway |
| Austria | Germany | Poland |
| Belgium | Hungary | Portugal |
| Bosnia and Herzegovina | Iceland | Republic of Moldova |
| Cyprus | Italy | Republic of San Marino |
| Czech Republic | Latvia | Romania |
| Denmark | Luxembourg | Slovakia |
| Estonia | Malta | Spain |
| Finland | Montenegro | Sweden |
| France | The Netherlands | Switzerland |

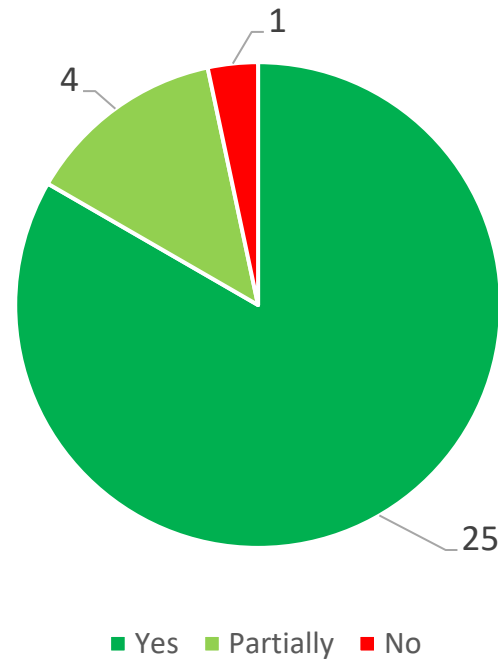
Access to local TB programme/services

- Countries report a good level of access to TB and social support services for displaced people from Ukraine; four symptom screening is also offered in most of the countries as a part of general health check

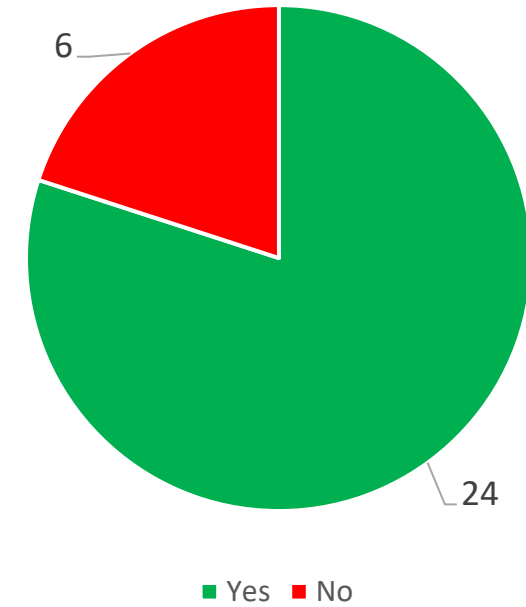
Health services, including TB are available for all displaced people from Ukraine free of charge/covered by national resources



Social support services for people with TB are available free of charge



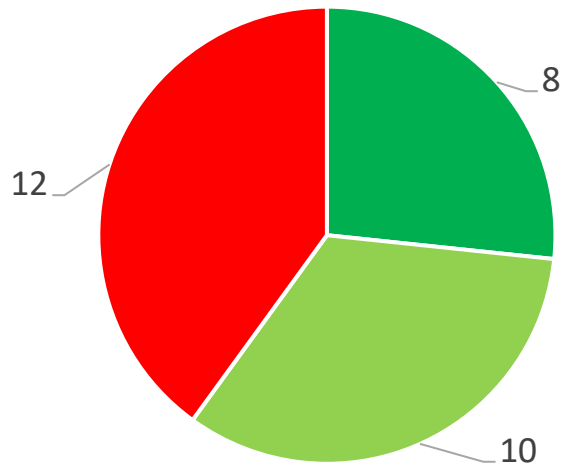
Four symptom screening for TB / questions about TB is integrated into general health check for displaced people



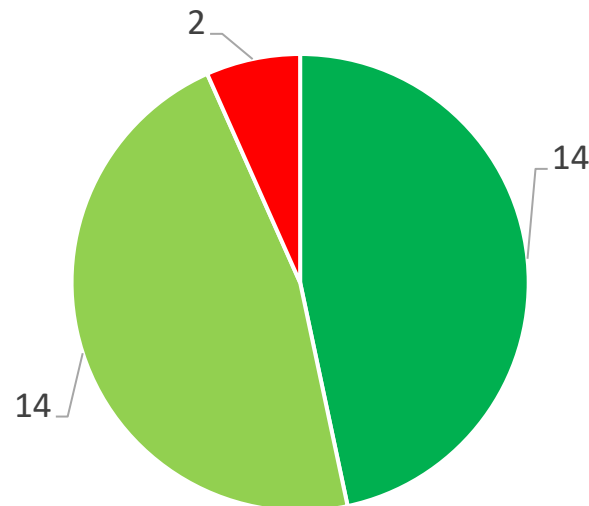
Availability of MDR-TB drugs (Group A)

- Lfx, Mfx and Lzd are widely available; in most of the countries, stock of Bdq is not ensured, in some countries it can be ordered, in others is not registered and would require importation on special procedure

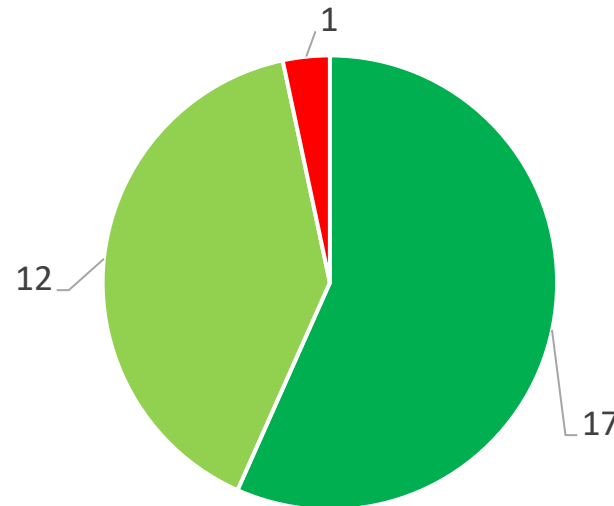
Bedaquiline



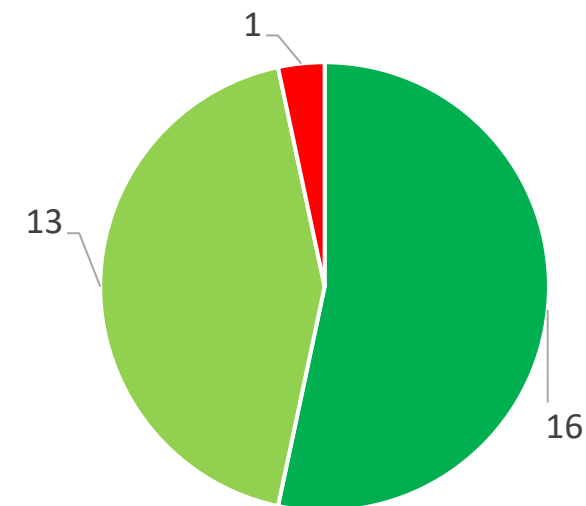
Linezolid



Levofloxacin



Moxifloxacin

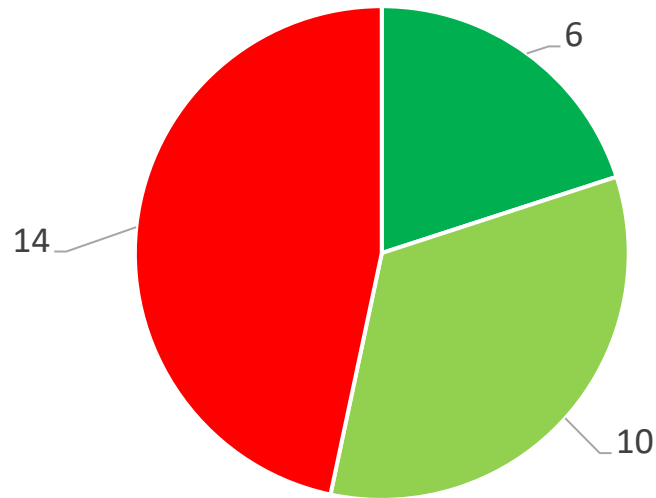


- Yes, additional stock available
- Yes, limited stock available
- No

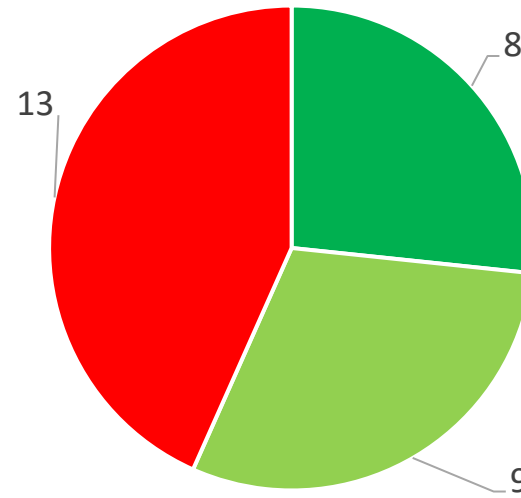
Availability of MDR-TB drugs (Group B + Delamanid)

- Most of the countries don't have stock of group B drugs and Delamanid available; in some of the countries needed drugs can be ordered on a case-by-case basis, if authorized on the market; delays expected

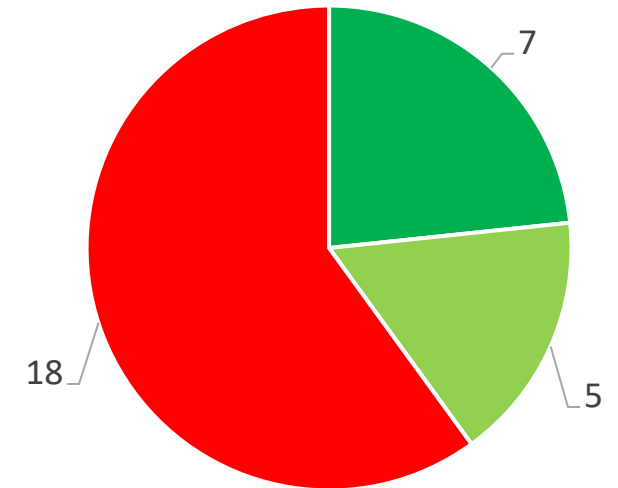
Clofazimine



Cycloserine



Delamanid

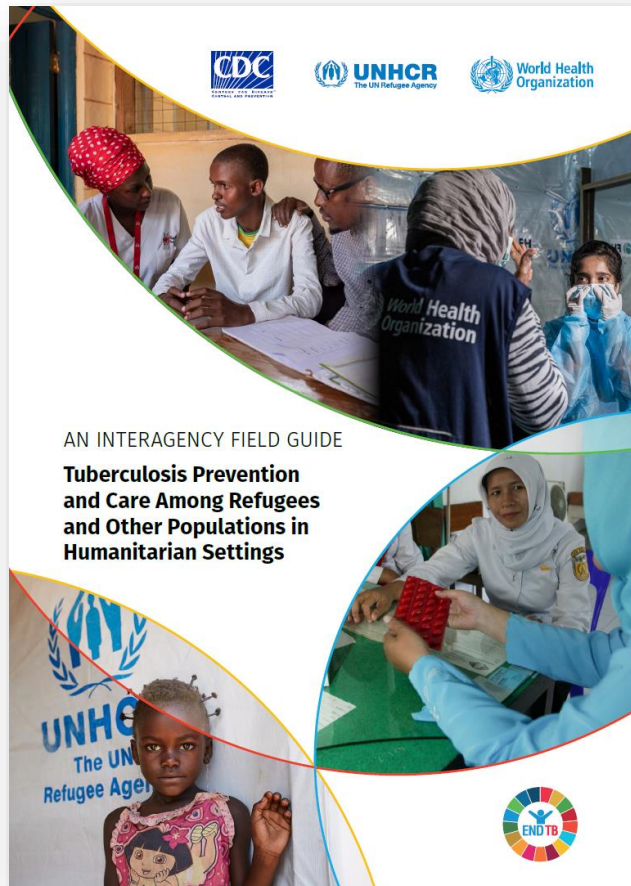


■ Yes, additional stock available ■ Yes, limited stock available
■ No

WHO manual on ...

TB treatment, care and prevention in refugee
and displaced populations

Interagency field guide on tuberculosis prevention and care among refugees and other populations in humanitarian settings



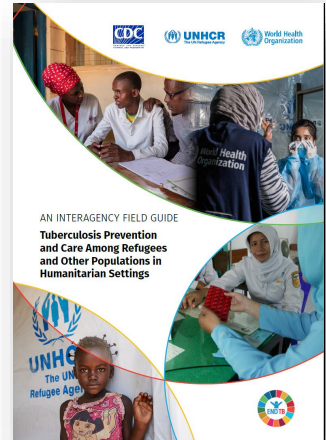
- This guide is a joint effort of the **UN High Commissioner for Refugees (UNHCR)**, the **Centers for Disease Prevention and Control (CDC)**, and the **World Health Organization (WHO)**.
- It includes **new strategic approaches, guidance and innovations** for TB prevention and care interventions in **humanitarian settings**.
- The guide **focuses primarily on managerial/organizational aspects of TB interventions and provides links to the most updated guidelines** for the clinical aspects.
- It can serve as a **useful tool in humanitarian settings to alleviate the suffering and deaths caused by this preventable and curable disease**, especially for refugees and displaced populations in humanitarian settings.
- **Case studies and practical examples**

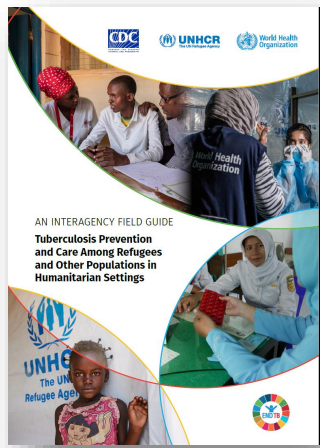


Target audience: Interagency field guide

There are three main and complementary audiences for this guide:

- Persons leading, managing and technically supporting overall emergency preparedness and response in any given country or setting, including those overseeing and delivering health-related services.
- Persons leading, managing and technically supporting the implementation of NTPs aimed at ending the TB epidemic in any given country or setting.
- Persons engaging in the design, delivery and/or monitoring of services provided to displaced populations and surrounding communities that are affected by complex humanitarian emergencies.





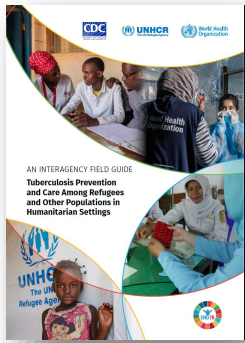
Interagency field guide

Addressing TB within emergency preparedness



- This section addresses the nature of national emergency planning and how TB concerns can be tackled.
- Introduces how national TB strategic plans (NSPs) can be strengthened to enable better in-depth planning for the TB response in humanitarian emergencies.
- Offers some guidance and tools for specific elements of planning that can be useful for both overall national planning and TB strategic and operational planning.
- **Integrating efforts into overall preparedness**





Interagency field guide TB prevention and care in emergency response

- The initial phase of a humanitarian emergency is often characterized by extreme hardships and deprivation, which later stabilizes when basic needs are met and mortality and morbidity rates decrease.
- TB emergency interventions can be categorized by “minimum priority actions” for **immediate response** and additional actions to those already initiated and to be continued for a more **comprehensive response** as soon as there is adequate capacity.
- This section in the guide outlines interventions (under minimum response and comprehensive response) in TB management, care and prevention during a humanitarian emergency in line with the latest WHO recommendations on TB prevention, diagnosis and care, and highlights key resources including operational guides.
- Monitoring and evaluation including key indicators
- Partners and role allocation in emergencies
- **ANNEXES- KEY RESOURCES AND TEMPLATES**



Estimating TB needs among refugees fleeing Ukraine

Assumptions used

- Women, children and men over 60 are allowed to cross the Ukrainian border
- Composition of the refugee population: women 15+ (65%), children 0-14 (23%), men 60+ (12%)[#]
- Estimated TB incidence among women over 15 displaced from Ukraine =0.05%
- Estimated TB incidence among men over 65 displaced from Ukraine =0.06%
- Estimated TB incidence among children 0-14 displaced from =0.02%
- 33% of pulmonary TB patients from Ukraine are estimated to have RR/MDR-TB
- 27% of RR/MDR-TB patients from Ukraine are estimated to have pre-XDR-TB

Simple calculator for estimating country needs

Country calculator to estimate required TB resources

Location name	Number of refugees	estimated proportion of			TB treatment needs		RR/MDR-TB needs among all TB	pre-XDR-TB needs among RR/MDR-TB
		Female 15+	Children 0-14	Male 60+	Adults (rounded)	Children (rounded)		
Location name	10,000	6,500	2,300	1,200	4	1	2	0

Please provide your inputs to the cells C25 and D25

*Estimations should be revised in case everyone becomes eligible to cross the border

[Link: simple calculator for estimation of TB and HIV needs](#)