

Cervical Cancer Prevention and Control Landscape in Displaced Populations

Author

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Organization's Role and Activities

- Established in 1951, the **International Organization for Migration (IOM)** is the leading intergovernmental organization in the field of migration and part of the United Nations system.
- IOM works mostly on migrants including displaced populations, mobile populations and host communities and its coverage is global, with our presence in **172 countries through over 550 field offices**.
- IOM's health programme delivers on the promise of migration by **enabling migrants, mobile populations and host communities to sustainably contribute to society** through creating conditions in which they enjoy the highest attainable standard of health and well-being along all mobility pathways.
- In line with three objectives of **IOM Strategic Plan 2024-2028**, IOM's migration health programmes focus on: **1) saving lives and protecting people on the move** by improving access to quality health care and provision of health services; **2) supporting durable solutions** by strengthening health systems and anticipating and mitigating health-related risks surrounding displacement; and **3) supporting regular migration pathways** by promoting the health of migrants and mobile populations and strengthening migration health governance.
- Globally, IOM conducted over **6 million primary health care consultations** and administered **over 3 million vaccine doses** in 2023. In Europe and Central Asia (ECA), IOM implemented **67 health projects**, conducting 273,284 consultations, administering 11,469 vaccine doses, training 5,150 health workers, and supporting 426 health facilities and 56 mobile clinics, funded through various donors.
- As IOM has not yet implemented health initiatives that focus on HPV, IOM is keen in exploring the ways to integrate HPV prevention and control into the existing and future programmes especially within the primary care as well as sexual and reproductive health and rights activities.

Overview of Migrants and Displaced Populations

- There are **281 million international migrants** worldwide including 35.9% (100.9 million) hosted by ECA and 27.8% (78 million) from the region, with 52% being female migrants. **The incidence of migrants is 10.8% in ECA, almost 3 times than the world average of 3.6 %.**

Barriers to Access and Implementation Among These Populations

- There is limited response specifically targeting migrants for HPV prevention and control. However, based on the experience in the IOM vaccine demand and confidence initiative on COVID-19 vaccination among Ukrainian refugees in neighboring countries, we believe **human-centered design and community involvement** could be the key to overcome the barriers.
- With this regard, potentially effective interventions include: **engagement of community leaders/influencers, financial incentives, information provision through trusted sources as well as social media groups used by migrants**. In fact, proposed interventions to improve COVID-19 vaccination uptake among this population was a **mobile app listing all mobile vaccination points**, including hours of service and the medical staff working there, **the list of vaccines used, schedule of disinfection of vaccination points, as well as a Q&A section**. As for clinics offering vaccination, suggested solutions were to **offer better information on which days which specialists work in the clinic, to accept people without documents and to register patients directly to doctors**. Although these recommendations were for COVID-19 vaccination, some of them may be applicable to HPV vaccination. Other potential, but important factors influencing migrants' vaccination uptake **are attitudes of doctors toward migrants and information campaigns** that are relevant in content but are not well communicated due to the lack of **linguistic and cultural considerations**.
- There is also a critical gap in knowledge to better inform the HPV response, in particular **disaggregated epidemiological data** such as the estimated burden of cervical cancer among migrants, although there are a few systematic reviews on this population^{1,2}. Therefore, **it is critical to ensure to include migrants and migration as key variables in the existing and future HPV data collection, disease surveillance, research and assessments**.

1. [Barriers to and Facilitators for Accessing HPV Vaccination in Migrant and Refugee Populations: A Systematic Review](#)

2. [Health System Barriers to Child Mandatory and Optional Vaccination among Ukrainian Migrants in Poland in the Context of MMR and HPV Vaccines-A Qualitative Study](#)

The Way Forward

IOM looks forward to partnering with all key stakeholders at all levels, global, regional and country, including the non-health sector stakeholders (e.g. Ministries of Interior) for enhanced HPV response for migrants especially through **removing migrant specific barriers in vaccination, screening, treatment, and care, conducting targeted effective behaviour change communications, and in joint programming, resource mobilization and policy advocacy**. Also, to ensure the critical gaps in knowledge, IOM is keen in partnerships with academia and partners for **improved data and evidence through research**.

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Regional MHD programming and presence in ECA



There are **37.6 million refugees worldwide including 5.9 million Ukrainian refugees** who arrived in Europe between 24 February 2022 and 13 June 2024, and also 6.9 million asylum seekers globally including 22.4% in the region and 6.9% from the region (2023). There are also **3.5 million internally displaced persons (IDPs) in Ukraine** (April 2024).

*IOM's definition of migrants are inclusive and therefore internally displaced persons, asylum seekers and refugees such as Ukrainian refugees under the Temporary Protection Directive are considered migrants.

Cervical Cancer Prevention and Control (example of Ukrainian refugees in Moldova)

- For example in Moldova, where cervical cancer remains a significant public health concern, IOM has been working closely with the government and key holders providing substantial health support to Ukrainian refugees.
- Under the national immunization programme, those between 9 and 26 are eligible for the HPV vaccination, receiving three doses, with the second dose 1-2 months after the first, and third given 6 months after the initial dose, often at the family doctors' facilities.**
- The United Nations Population Fund (UNFPA) provides screening and treatment for Ukrainian refugees for women aged 18-50 (reproductive age) with support of IOM covering women aged 50 and above. A total of **41 Ukrainian refugee women have received cervical cancer treatment** covered by IOM, since the start of the war.
- Migrants and refugees are included in the National Cancer Control Programme 2025**. However, there are no established systems in place currently. An action plan is being developed and will be implemented as part of the National Development Plan for the Integration of Foreigners which includes essential services for migrants and refugees, with a particular focus on their integration into the health system.