

Cervical Cancer Prevention and Control Landscape in Displaced Populations

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• Organization's Role and Activities

EUCOMAR, a refugee, migrant, and diaspora-led organization based in Brussels, champions migrant integration in the EU. Launched in 2021 by the Refugee Lead Network, EUCOMAR ensures migrant representation in policy debates through strength, advocacy, and visibility.

EUCOMAR does not directly address immunization or cancer care, EUCOMAR's integration work, including advocacy and policy development, indirectly contributes to improved healthcare access for vulnerable populations.

EUCOMAR's focus is pan-European, with some global engagement.

EUCOMAR advocacy and policy work aims to influence policy and improve migrant meaningful access to services.

While no current projects focus on immunization or cancer care, EUCOMAR's expertise in migrant health and advocacy is readily applicable.

EUCOMAR's project-based funding model does not generally rely on donations.

- EUCOMAR, an umbrella network of 300+ refugee-led organizations and NGOs, reaches diverse affected communities across the EU. Our strength lies in this extensive network, connecting us with individuals from various backgrounds – asylum seekers, stateless persons, diaspora, migrants, and refugees. While representing all nationalities, we primarily work with Syrians, Afghans, Iraqis, Somalia and individuals from various African and global regions, reflecting post-2015 migration flows. (Regarding displaced population numbers and concentrations, please refer to national or EU-level statistics as EUCOMAR's focus is on networking and advocacy, not direct population data collection.)

🔄 Overview of Displaced Populations

- 🔄 Epidemiological data on HPV infection rates and related diseases among displaced populations, especially refugees, is limited but provides key insights:
 - 🔄 **HPV Prevalence:** Studies show varying infection rates. For example, a study on Syrian refugee women found an HPV positivity rate of 5.3%, with high-risk strains like HPV 16 (22.8%) and HPV 18 (17.6%).
 - 🔄 **Vaccination Barriers:** Refugees face challenges in accessing HPV vaccines due to language barriers, lack of awareness, and logistical issues in healthcare systems.
 - 🔄 **HPV Infection Among Immigrants:** Data from the U.S. suggests foreign-born individuals have lower HPV infection rates than U.S.-born individuals, but they may have less access to screening and treatment.
 - 🔄 **Mental Health Impact:** Stress and trauma in displaced populations can reduce healthcare-seeking behaviour, affecting HPV prevention efforts.

🔄 Cervical Cancer Prevention and Control

- 🔄 Displaced and refugee women face a disproportionately high burden of cervical cancer due to **limited access to screening, vaccination, and treatment**. The combination of **healthcare barriers, late diagnosis, and lack of awareness** leads to preventable deaths.
- 🔄 To reduce this burden, it is essential to expand **HPV vaccination, improve screening programs, and integrate cervical cancer care into humanitarian health services**. With targeted efforts and global commitment, we can ensure that these vulnerable populations receive the life-saving care they need.

Barriers to Access and Implementation Among These Populations

EUCOMAR identifies key barriers to healthcare access for vulnerable populations, including:

- Systemic exclusion: Discriminatory policies and practices create significant obstacles.
- Language & cultural barriers: Communication difficulties hinder access and understanding.
- Logistical challenges: Transportation, affordability, and bureaucratic hurdles limit access.
- Lack of information: Limited awareness of available services prevents utilization.
- Lack Educational Campings
- *Limited epidemiological data is available on HPV infection rates and cervical cancer about Refuge and Displaced populations.*
- Lack Mental Health Impact: Stress and trauma in displaced populations can reduce healthcare-seeking behavior, affecting HPV prevention efforts

🔄 The Way Forward

EUCOMAR bolsters HPV prevention by harnessing refugee-led community partnerships, tailoring culturally sensitive programs, integrating services with existing health systems, advocating for inclusive policies, Health Educational Campings and building provider capacity to ensure equitable care for vulnerable populations

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