Migrants and Displaced People: global landscape and human papillomavirus

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to improve HPV screening, vaccination & treatment by understanding:

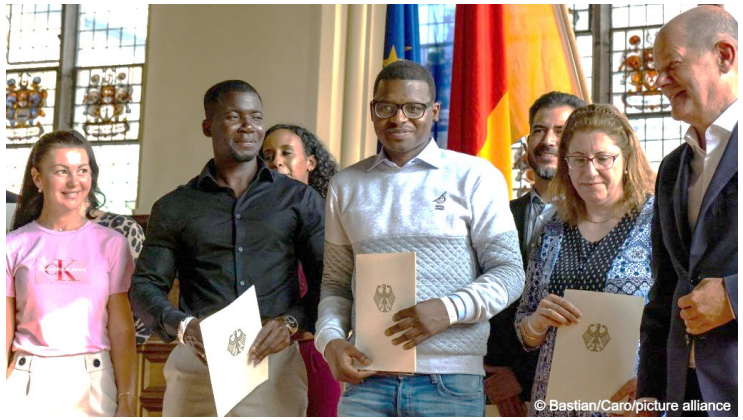
- **who is on the move**
- **how many are they**
- **why are they on the move**
- **where from and where to**
- **what are the circumstances under which they are moving**
- **how are they being seen and received**
- **with what implications for HPV screening, vaccination and treatment?**

Who : migrants and displaced people (refugees and IDPs)

- number of migrants and displaced people is growing everywhere
- involves people of diverse origins, health and healthcare needs
- influenced by economic, socio-political, environmental push & pull forces
- poverty and conflict remain the two main “push” factors
- poverty conditions often characterize transit & resettlement
- poverty & conflict linked to poorly developed low-coverage health systems
- poverty & conflict key social determinants of exposure to HPV

Who : “regular” migrants going from one country to another

- currently 280 million living in “countries other than their place of birth”
- “south to north” and “south low-income to south higher-income”
- in 2023 estimated 6.3 million new permanent migrants in OECD countries
- probability of effective HPV screening, vaccination and treatment VARIABLE



Who : irregular migrants going from one country to another

- growing number of young migrants
- poorly enumerated, but estimated to constitute 15% - 20% of all migrants
- in some countries possibility of young single women forced into sex work
- high probability of sexual abuse during transit and after resettlement
- probability of interest in HPV screening, vaccination and/or treatment LOW

Who : age and gender

- on the whole migrants are “young”
- in “high income” regions the median age of migrants is 42
- in “low-income” regions the median age is 30
- women and men increasingly moving alone, especially to Gulf region
- in Switzerland 40% of population aged over 15 has “migration background”
- 80% of them are first generation and still highly influenced by family culture
- other OECD countries have similar age profiles and situations
- probability of effective HPV screening, vaccination and treatment VARIABLE

Moving faster and further from “poor” to “wealthy” countries

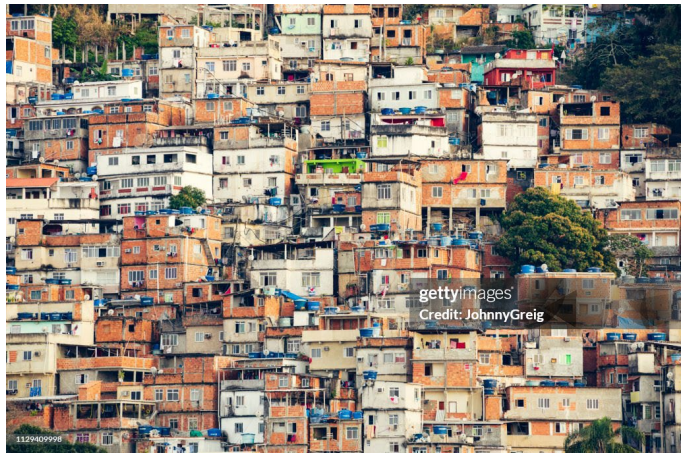
main source countries		**main destination countries**	
India :	approx. 18 million	USA :	approx. 50.6 million
Mexico :	approx. 11.2 million	Germany :	approx. 15.8 million
China :	approx. 10.5 million	Saudi Arabia:	approx. 13.5 million
Russia :	approx. 10.8 million	Russia :	approx. 11.6 million
Syria :	approx. 8.5 million	UK :	approx. 9.4 million
Bangladesh :	approx. 7.4 million	UAE :	approx. 8.7 million
Ukraine :	approx. 6.2 million	France :	approx. 8.5 million
Philippines :	approx. 6 million	Canada :	approx. 8.0 million
Afghanistan	approx. 5.9 million	Australia :	approx. 7.7 million
		Spain :	approx. 6.8 million

But also, significant movement between low and middle-income countries

UN Population Division International Migration Stock 2020

Who : internal migrants from countryside to city

- **estimated 770 million**
- **largely concentrated in low and middle-income countries**
- **typically going into unplanned, unhealthy and poorly served shanty towns**
- **probability of timely HPV screening, vaccination, treatment LOW**



Who : refugees crossing borders

- **UNHCR reported record 43.4 million in 2024 and still growing**
- **“south to south” but also “south to north” & “north to north”**
- **high probability of sexual abuse during flight and while in camps**
- **fast challenging capacity of hosts and humanitarian organizations**
- **probability of HPV screening, vaccination and/or treatment LOW**

Who : IDPs fleeing within their own borders

- poorly enumerated but conservatively estimated at 63.3 million in 2024
- most in “south” but some in “north” (e.g. BiH & Ukraine)
- typically seen as “no one’s responsibility”
- probability of interest in HPV screening, vaccination and/or treatment LOW
- probability of healthcare in general LOW

Things all people on the move tend to share:

- move from and across different ecological & epidemiological environments
- face new health challenges and aggravated old ones while in transit
- experience short and long-term physical (sexual) and psychosocial trauma
- have different health literacy and healthcare attitudes from host societies
- have physical and psychosocial needs that are poorly recognized by hosts
- resettle in countries that may not have migrant inclusive health/social policies
- are increasingly being seen by hosts as problematic and possibly undeserving

Some concluding thoughts about operational issues :

- **may be coming from countries and communities with low HPV awareness**
- **may not know anyone ill or died of HPV related causes**
- **may not know what HPV is and what its implications are**
- **may not know that HPV screening and vaccine is available**
- **may not understand value of disease prevention (fatalistic vs. futuristic)**
- **may have a cultural fear & resistance to screening and vaccination in general**
- **may have a cultural resistance to discussing HPV related issues e.g. sexuality**
- **may be from cultures that do not give high priority to women's health**

Some concluding recommendations:

countries and communities should commit to proactive HPV screening, vaccination & treatment of migrants and refugees

- **make inclusive healthcare available and proactively promoted**
- **provide HPV screening, vaccination & treatment as integral part of healthcare**
- **provide focused culturally sensitive out-reach initiatives**
- **engage local associations, religious associations, NGOs etc.**
- **provide health and HPV education to all school-age children**

THANK YOU

and apologies again for not being with you in Istanbul