Dear Chairperson, Distinguished Delegates, Ladies and Gentlemen,

The Thalassaemia International Federation welcomes WHO’s efforts to alleviate the many health issues that refugees and migrants have to face, while drawing attention to the needs of chronic disease patients.

Recent migrations are from countries with a high prevalence of thalassaemia and sickle cell disease, to low prevalence areas of Northern and Western Europe. For example, about 80% of the global carriers of the sickle cell gene are from Sub-Saharan Africa, most of whom enter Southern Europe mainly from Italy and Spain. Likewise, migrants from Iraq, Thailand, Syria, Afghanistan and Turkey, entering Europe from the Eastern borders of Greece and the Balkans, are carriers of thalassemia genes and HbE. Sweden, for example, hosted 200 patients with hemoglobin disorders between 1998 and 2003, and more than 3,000 in 2015.

A major concern is the flow of refugees from war zones to neighboring countries, which also have a high burden of these disorders. For example, Lebanon hosts around 1-1.5 million Syrian refugees while Jordan and Egypt have received around 700,000 and over 100,000, respectively. These countries now need to host at least 126,500 carriers and 8,000 thalassaemia patients among a total of 2.3 million Syrians, whose fate is to-date unknown.

Through this statement, TIF wishes to bring this migration-related issue of chronic and hereditary diseases to the attention of all host countries and urge them to identify patients and plan for their treatment in the best possible way. Policies should be adopted, for both prevention and optimal care, to ensure the survival and quality of life.

Finally, we would like to express our sincere appreciation and confirm our strong support for WHO’s efforts concerning the health of refugees and migrants. We are ready to work with all relevant stakeholders to address this major challenge.

Thank you for your attention.