

HEADQUARTERS

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Mind The Gap: The COVID-19 Pandemic and Health Disparities

Bringing Migration and Haemoglobin Disorders Into Focus

**by Dr. Androulla Eleftheriou*

There is no doubt that 2020 was, due to the coronavirus pandemic, one of the most eventful and catastrophic years in the world history of the last decades. The outbreak has to date killed nearly 1.8 million people and infected more than 85 million, according to data compiled by Johns Hopkins University¹. It has also turned countless lives upside down, robbed individuals of livelihoods, countries of prosperity and, perhaps, changed the world forever. Similar consequences can be encountered only in times of generalized war conflicts.

The national and international response to the COVID-19 pandemic has reached unprecedented levels, whilst the culmination of the vast research efforts made by the global scientific community was the astonishingly rapid development of vaccines against the virus. Nevertheless, it has become evident that the pandemic will have a long-lasting and substantial influence on our society, globally and locally, far beyond but most importantly about health.

This outbreak of the new severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has also shed light on challenges already in place, such as the refugee crisis, which are converging with the pandemic.

¹ <https://coronavirus.jhu.edu/map.html>



In recent years, Europe has had to respond to the most severe migratory challenge since the end of the Second World War, which peaked in 2015. Whilst we read the continuously staggering number of daily cases and deaths from COVID-19, only in 2020, approximately 94,045 refugees and migrants arrived via the three Mediterranean routes to Greece, Italy, Spain, Cyprus and Malta from North Africa and Turkey². Among these migration flows to Europe there are significant numbers of populations with haemoglobin disorders, namely thalassaemia and sickle cell disease, making their entry into every European country and strengthening their presence daily. Hosting such patient populations altogether poses a significant “burden” to national competent authorities.

Prevention and management of haemoglobin disorders is well-established and managed in countries of the EU where these conditions were traditionally endemic (e.g. Cyprus, Greece, Italy) or in countries that have a longstanding tradition of receiving migrants (e.g., France and the UK). However, current and future mobility and migration flows to and within countries of Northern Europe, where such disorders were previously unknown or extremely rare among the indigenous population, have posed considerable new challenges that have to be taken into consideration by Member States (MS) and EU authorities³.

Haemoglobin disorders are still very rare conditions in Europe, which are treated in paediatric and adult haematology departments, with some treatment centres dealing with patients in single numbers. In the absence of registries in most host countries, the true numbers and location of these patients is not known. Language, cultural and economic barriers often do help for these patients to seek help. This is especially so where sickle cell disease is concerned, since its clinical manifestations are usually episodic. Yet there is increasing evidence from neonatal screening services that numbers are increasing in several European countries such as Belgium, France and Germany. Countries with established registries, including France, Spain and the UK are confirming these findings. Even in countries like Italy, where haemoglobin disorders are indigenous, the demography is changing and sickle cell disease is becoming more prominent than thalassaemia.

These new cases which are appearing in unfamiliar settings are also patients with possible complications, such as anaemia (often under-transfused), heart disease, pulmonary hypertension (which can be unrecognized initially), diabetes (often missed). Such

² The UN Refugee Agency. Operational portal refugee situations - Mediterranean route. 2020. Available at: <https://data2.unhcr.org/en/situations/mediterranean>

³ Martinez, P.A., Angastiniotis, et. Al. J.L.V., 2014. Haemoglobinopathies in Europe: health & migration policy perspectives. Orphanet journal of rare diseases, 9(1), p.97. <https://link.springer.com/article/10.1186/1750-1172-9-97>

complications can adversely affect outcomes if the SARS-COV-2 virus strikes. For these reasons, services and clinicians who meet these rare patients should be alerted. A system of referral to centres of experience across Europe has not yet been firmly established so that all physicians who come across cases can have a safety net to refer patients when symptoms of the infection arise.

As COVID-19 cases increase by the day and already over-stretched healthcare systems strain under mounting pressure, disadvantaged populations like migrants with low income and socioeconomic status, and often higher prevalence of underlying medical co-morbidities and chronic complications, such as those associated with haemoglobin disorders, are unduly affected⁴. This pandemic has, therefore, exposed and amplified the health disparities among these groups that are further fueled by complex socioeconomic health determinants and long-standing structural inequities⁵.

We sure have a long way ahead of us until we reach a satisfying coverage rate of population immunity against the coronavirus through vaccinations. Thus, we should bear in mind that if we aim to achieve the control of SARS-CoV-2 infection, no population at high risk of infection could be excluded. Although there is not a single solution that can address these deeply rooted health and socioeconomic inequalities among migrants in Europe, urgent initiatives should be adopted to mitigate the effect of COVID-19 among these vulnerable populations. These initiatives should emphasize the importance of interventions that guarantee the full integration of migrants and ethnic minorities in the health system, regardless of their migration status. Policies should also be developed to ensure access to information and prevention services without bearing any financial or legal consequences, especially among undocumented migrants.

The Thalassaemia International Federation (TIF), a non-profit, non-governmental umbrella organization, is working for over three consecutive decades to improve the lives of patients with thalassaemia and haemoglobin disorders at a global level and is tirelessly representing and safeguarding their rights. Through the implementation of its four-year co-funded project “THALassaemia In Action (THALIA)”, with a special focus on patients with haemoglobin disorders in Europe, many of whom are migrants, TIF is, amongst other activities, engaging into constant dialogue with policymakers at national and European level to accelerate knowledge and research on the clinical management of haemoglobin disorders, and support

⁴ Quinn SC, Kumar S. Health inequalities and infectious disease epidemics: a challenge for global health security, Biosec Bioterr. (2014) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4170985/>

⁵ Platt L, Warwick R. Are some ethnic groups more vulnerable to COVID-19 than others? 2020; 1–27. <https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>

the equitable and timely access of affected patients to COVID-19 tests, treatments, and vaccines. Throughout the pandemic, the Federation has also taken the lead, having worked swiftly and tirelessly with its international group of experts, doctors and patients, to develop a vast series of educational material and useful resources specifically in relation with COVID-19 and haemoglobin disorders, which are available for free [on our website](#).

An inclusive approach to refugee and migrant health that leaves no one behind during the COVID-19 pandemic should guide our public health efforts. The development of any strategies against coronavirus that do not favor an equitable health coverage of the whole population, including migrants, will be doomed to failure and will halt any efforts in controlling the spread of the infection.

For more information on TIF and the THALIA project, you can visit the following pages:

<https://thalassaemia.org.cy/>

<https://thalassaemia.org.cy/thalassaemia-in-action-the-thalia-project/>

<https://www.facebook.com/tif.thalassaemia/>

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