CORRESPONDENCE

Addressing deprivation of liberty, human mobility and tuberculosis in 2018

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A significant threat to the United Nations (UN) Sustainable Development Goals (SDGs) target to end tuberculosis (TB) by 2030 is posed by restrictive immigration laws resulting in detention of migrants, refugees and asylum seekers in special detention centres, as well as by repressive policies leading to mass incarceration and compulsory treatment for people who use drugs, both of which frequently result in people living in unacceptable conditions.

TB remains one of the 10 leading causes of death globally, while drug-resistant TB is increasing at alarming rates in some regions.¹ Furthermore, it is projected that not a single country in the world will achieve the SDG target on ending the epidemic by 2030.² Risk factors for TB transmission frequently cluster in confined environments, including prisons, detention centres, camps and compulsory drug treatment centres.³ These confined environments are often characterised by overcrowding; poor ventilation, hygiene and sanitation; as well as absent or limited access to health care and harm reduction services.⁴ Together, these conditions compromise the immune system of populations deprived of liberty and reinforce their vulnerability.

States and policy makers have the moral and legal obligation to protect the right to health and ensure a healthy environment for detained populations, including safe sanitation and access to quality health services. This responsibility must be extended to include migrants, refugees, asylum seekers and their families who are confined to detention centres or camps or have restricted movement. Indeed, increasingly restrictive immigration and repressive drug policies and practices contribute to the same risk factors stated above, which in turn are aggravated by limited access to prevention, recommended diagnostics and treatment.⁵ Policy makers must commit to adopting people-centred policies and provide alternatives to detention when possible.

In 2018, the UN General Assembly will adopt its first political declaration on the fight against TB, and will also negotiate global compacts on migration and refu-

gees.^{6,7} With cross-sectoral and equitable policies being the basis of the SDGs, the international community has a real opportunity to discuss the multidimensional nature of the TB response among populations deprived of liberty and to address the challenges posed by the complexity of increased population mobility. It will be imperative to include national health, immigration, law enforcement and criminal justice stakeholders in the negotiation processes of these international mechanisms in order to efficiently address TB and to ensure that detention conditions are optimised. Acknowledging that drug control, migration policies and TB management present complex and intertwined challenges and require a combined coordinated approach, with special attention to the most vulnerable, would be the first step to ensure that the 2018 declarations will be inclusive of all and that they will leave no one behind.

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