We provide a brief overview on the ‘2nd Global Consultation on Migrant Health’ held in Colombo, Sri Lanka in Feb 2017, highlighting the research agenda embedded as a dedicated technical ‘stream’ within the Global Consultation. Next issue will provide details on the outcomes of the research stream. We profile a research guidance book launched at the Consultation on advancing evidence based policy and practice. Lastly, we present three journal articles; the first from IOM Thailand on vaccination programme for U.S.-bound refugees; and two articles focusing on tuberculosis and migration led by MHD in partnership with WHO and the The International Journal of Tuberculosis and Lung Disease.

Featured Event

2nd Global Consultation on Migrant Health: Resetting the Agenda
21-23 February 2017 | Colombo, Sri Lanka

Book Launch


Featured Research Articles


The 2nd Global Consultation on Migrant Health: Resetting the Agenda

Held on 21-23 February 2017 in Colombo, the ‘2nd Global Consultation on Migrant Health: Resetting the Agenda’ brought together 40 delegates from 25 Governments, and around 130 participants from academia, civil society, international organizations and other experts to advance the migration health agenda. The consultation reaffirmed migration health as a global agenda of multilateral and multi-sector interest, unifying within its scope health issues associated with both large scale, crisis-driven, movements of migrants and refugees, and long term, structural and disparities-driven migration. The consultation provided a forum to: share lessons learned, good practices and research evidence in advancing the health needs of migrants; to take stock of progress made in advancing migration health agenda since 2010; identify the gaps, current opportunities and emergent challenges; reach consensus on key policy strategies toward a unified migration agenda; and, to pave the way towards a roadmap of key benchmarks via commitments of participating member states, international organizations, academia and civil society.

The Consultation was framed around three themes: 1. Health, Health Systems and Global Health; 2. Vulnerabilities and Resiliencies; and, 3. Development. Each theme was presented and discussed through plenaries and breakout groups. Objectives were to: identify common themes and actionable policy objectives; develop a research agenda; and formulate a progress monitoring/indicator framework. The sessions also brought about discussions on principles, priorities, special considerations and recommendations of each outcome through interactive discussions and deliberations among participants.
The 2nd Global Consultation placed research as a key priority, with a dedicated ‘stream’ galvanized around advancing a research agenda. The critical importance of the need to harness a global research network for the development, production, training and sharing of evidence to enhance migrant-inclusive policy development were also highlighted during the consultation. The Migration Health and Development Research Initiative (MHADRI) was also launched during a side-event of the conference hosted by the Government of Sri Lanka with IOM. MHADRI is an international network of academic organizations and UN agencies, established to improve the health of migrants globally through the promotion of evidence-based research to guide national policy and practice. Next issue of this Bulletin will feature the network, vision and scope of activities in more detail.

The Consultation concluded with the launch of the Colombo Statement in the presence of Hon. Maithripala Sirisena, President of the Democratic Socialist Republic of Sri Lanka. Government representatives adopted the Colombo Statement, which called for international collaboration to improve the health and well-being of migrants and their families, and to address the health challenges posed by increasingly mobile populations. Government representatives made statements and agreed for the need to strengthen and enable health systems to provide equitable, non-discriminatory, migrant-centered health services. There was a recognition that high-level policy commitment is needed towards mainstreaming the health of all categories of migrants so they are not ‘left-behind’ within national, regional and global level health action. Many government delegates noted that addressing the health needs of migrants reduces long-term health and social costs, enhances health security and contributes to social and economic development.

For more information, please refer to the dedicated website on Consultation outcomes: http://www.iom.int/migration-health/second-global-consultation
Launched by His Excellency the President of Sri Lanka during the ‘2nd Global Consultation on Migrant Health: Resetting the Agenda’ in Colombo, February 2017.


Abstract

Despite the growing recognition of the importance migration health plays in advancing global health and sustainable development goals, there is a paucity of technical guidance and “lessons learnt” documents to guide Member States, international organizations, academia, civil society and other stakeholders seeking to develop effective migration health policies and interventions using evidence-based approaches. Studying the health of migrants residing within and crossing national borders, across diverse linguistic and cultural gradients and with differing legal status pose challenges in evidence generation. IOM’s migration health research series aims at sharing high-yield scientific papers and analytical commentaries aimed at advancing migration health policy and practice at national, regional and global levels. The first book of the series is a two-part volume profiling the development of the National Migration Health Policy and intervention framework in Sri Lanka, that to a large extent was driven by an evidence-informed, multi-sectoral approach.

Overview

The book is divided into four sections (see Figure 1):

- Section 1 – presents a brief overview of the overarching global frameworks on migration health and describes the National Migration Health Policy development process in Sri Lanka.
- Section 2 – presents papers at the nexus of migration and infectious disease.
- Section 3 – explores health research across “outbound”, “inbound” and “internal” migration flows in Sri Lanka. It encompasses a wide range of research areas including nutrition, mental health, forensic medicine, violence and injury prevention and health law.
- Section 4 – focuses on applied research undertaken in domain of health systems strengthening and migration management. This includes national border health mechanisms, International Health Regulations, management of medico-legal cases at international points of entry and integrated migration health information systems. Two critical commentaries linking migrant health assessments with health systems are also presented.
“This publication covers a wide range of domains related to migration health, including infectious disease, mental health, forensic medicine and health diplomacy. It advances our understanding and analysis of factors that impact the health of migrants, and reminds us on the need for a shared multi-sectoral response. I sincerely hope the collection of scientific articles presented in this book will be an invaluable resource for policymakers, practitioners, researchers and advocates to learn from Sri Lanka’s experience and guide them in implementing their own national migration health development agenda through an evidence-based approach.”

Maithripala Sirisena
President of the Democratic Socialist Republic of Sri Lanka

“Governments today are faced with the challenge to integrate health needs of migrants into national plans, policies and strategies as outlined in the 61st World Health Assembly Resolution on Health of Migrants. This book teaches that effective policymaking requires better data for evidence informed decision-making. IOM remains committed to supporting governments and partners in strengthening our collective capacity to address health risks and vulnerabilities associated with migration and human mobility.”

William Lacy Swing
Director General
International Organization for Migration

Abstract

Humankind now lives in a globalised world that is interconnected across economic, political, social, technological and environmental spheres. Boundaries are eroded, and what happens in one country has direct consequences in many others. Rapid transport enables faster and more frequent movement of people. On top of this, humanitarian crises linked to ferocious conflict and environmental disasters mean that more people are on the move today than ever before in human history. Migration, both internal and international, involves documented and undocumented migrants, including seasonal workers, refugees and asylum seekers, and internally displaced persons. Each group carries its own specific social, economic and health challenges.

The global migration phenomenon, which affects nearly one billion individuals, has become one of the top challenges to be faced in this new millennium. However, migration is also recognised for its contribution to sustainable development…It is not by chance that the United Nations (UN) Sustainable Development Agenda, under the third goal, notes the need to ensure healthy lives for all at all ages, including universal health coverage, while at the same time, under its tenth goal on reducing inequality, it acknowledges the need for safe and regular migration and mobility of people through well-managed migration policies.

See full article:

IOM Contributor:

- Dr Davide Mosca (Geneva)

Abstract

With nearly one billion migrants worldwide, migration is both a dynamic and a divisive phenomenon facing the world today. Migrants are a heterogeneous group, and the conditions surrounding migration pathways often pose risks to the physical, mental and social well-being of migrants, with certain subgroups being more vulnerable than others. Several determinants of health and tuberculosis (TB) interplay to increase the vulnerability of migrants to tuberculous infection, TB disease and poor treatment outcomes, making them a key population for TB.

This article is the first in the State-of-the-Art series of the International Journal of Tuberculosis and Lung Disease on TB and migration. It provides an overview of migration trends, migration pathways and social determinants, and impact on TB. This article outlines a framework for the prevention and reduction of the TB burden among migrants, adapted from the World Health Organization's End TB Strategy, and in accordance with the Stop TB Partnership's Global Plan and the Sustainable Development Goals (SDGs) agenda. The framework highlights the need for migrant-inclusive national TB plans, and calls for action across all three pillars of the End TB Strategy for migrant-sensitive care and prevention, bold intersectoral policies and systems supportive of migrants, and operational research. More research is needed on the TB burden and challenges faced by migrants and on the feasibility and effectiveness of approaches proposed here and the scaling up of models already underway. Political commitment at the highest national and international levels will be critical to intensify action for promoting the health of migrants on the road to achieving the end TB targets.

See full article: http://www.ingentaconnect.com/contentone/iuatld/ijtld/2017/00000021/00000006/art00005

IOM Contributor:

• Dr Poonam Dhavan (Geneva)
Abstract

Background
On August 24, 2011, 31 U.S.-bound refugees from Kuala Lumpur, Malaysia (KL) arrived in Los Angeles. One of them was diagnosed with measles post-arrival. He exposed others during a flight, and persons in the community while disembarking and seeking medical care. As a result, nine cases of measles were identified.

Methods
We estimated costs of response to this outbreak and conducted a comparative cost analysis examining what might have happened had all U.S.-bound refugees been vaccinated before leaving Malaysia.

Results
State-by-state costs differed and variously included vaccination, hospitalization, medical visits, and contact tracing with costs ranging from $621 to $35,115. The total of domestic and IOM Malaysia reported costs for U.S.-bound refugees were $137,505 [range: $134,531 - $142,777 from a sensitivity analysis]. Had all U.S.-bound refugees been vaccinated while in Malaysia, it would have cost approximately $19,646 and could have prevented 8 measles cases.

Conclusion
A vaccination program for U.S.-bound refugees, supporting a complete vaccination for U.S.-bound refugees, could improve refugees’ health, reduce importations of vaccine-preventable diseases in the United States, and avert measles response activities and costs.

See full article:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5443367/

IOM Contributor:
• Dr Dmitry Shapovalov (Bangkok)
Comments or Questions
Migration Health Division
Manila (Global) Administrative Centre
International Organization for Migration
28th Floor, Citibank Tower, 8741 Paseo de Roxas, Makati City, Philippines 1226
E-mail: MHD Research and Publications <mhdrap@iom.int>