



IN THIS EDITION

We profile a book on IOM's response to Ebola crisis. We feature three reports on Integrated Biological and Behavioural Surveillance Survey conducted in Somalia and Somaliland. Lastly, we present three articles which examine (1) undocumented migrants' access to medical care in Latin American countries; (2) health system responses related to infectious disease prevention and control among refugees and asylum seekers in EU; and (3) challenges migrants and refugees face in accessing healthcare and good social determinants of health in Malaysia.



Featured Book

International Organization for Migration. *Resilience, Courage and Solidarity: Stories from the Ebola Response*. 2017.

Featured Reports

- 1 International Organization for Migration – Mission in Somalia, Nairobi Office. *Integrated HIV and Sexually Transmitted Infections (STIs) Biological and Behavioural Surveillance Survey among Key Populations in Somalia*. 2017.
- 2 International Organization for Migration – Mission in Somalia, Nairobi Office. *Integrated HIV and Sexually Transmitted Infections (STIs) Biological and Behavioural Surveillance Survey among Key Populations in Somaliland*. 2017.
- 3 International Organization for Migration – Mission in Somalia, Nairobi Office. *Integrated Biological and Behavioural Surveillance Survey among Vulnerable Women in Hargeisa, Somaliland*. 2017.

Featured Articles

- 1 Báltica Cabieses and Carlos Van der Laet. "La salud de los migrantes internacionales en el mundo en vías de desarrollo: Reflexiones desde el lente de la desigualdad." *Revista del Instituto de Salud Pública de Chile*, 1, no. 1 (2017): 8-10.
- 2 Kayvan Bozorgmehr, Kayvan Bozorgmehr, Mariya Samuilova, Roumyana Petrova-Benedict, Enrico Girardi, Pierluca Piselli, Alexander Kentikelenis. "Infectious disease health services for refugees and asylum seekers during a time of crisis: A scoping study of six European Union countries." *Health Policy*, April 2018.
- 3 Nicola S. Pocock, Rapeepong Suphanchaimat, Chee Khoon Chan, Erwin Martinez Faller, Nicholas Harrigan, Veena Pillai and Kolitha Wickramage. "Reflections on migrant and refugee health in Malaysia and the ASEAN region." *BMC Proceedings*, 2018, 12(Suppl 4):4.



Featured Book



International Organization for Migration. *Resilience, Courage and Solidarity: Stories from the Ebola Response*. 2017.

Description

This book was prepared to honour the efforts of IOM staff who contributed towards the Ebola humanitarian response.

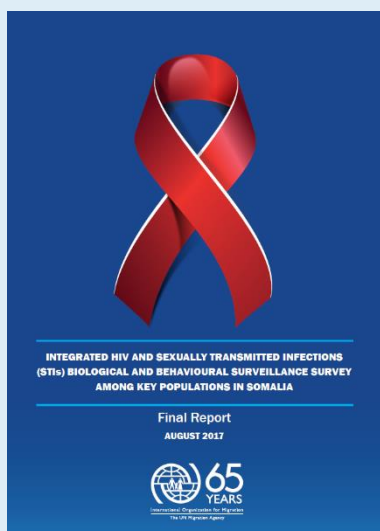
With the support and collaboration of partners, IOM responded in full force bringing in local expertise and specialists from around the world to help those affected and to prevent further spreading the disease.

Through stories, pictures and interviews, the book captures the resilience, courage and solidarity that were present at the frontlines of the response.

Download a copy of report:

<https://migrationhealthresearch.iom.int/resilience-courage-and-solidarity-stories-ebola-response>

Featured Report



International Organization for Migration – Mission in Somalia, Nairobi Office. *Integrated HIV and Sexually Transmitted Infections (STIs) Biological and Behavioural Surveillance Survey among Key Populations in Somalia. 2017.*

Executive Summary

Methodology

The 2017 IBBS survey involved four study groups: FSW, uniformed personnel, port workers and truckers. A total sample size of 2,288 respondents (n=286 per group) were recruited in Mogadishu and Bossaso. Data was collected between April 2017 and May 2017.

Findings

Most participants were aged between 25 and 34 years. A high proportion had either no education or primary education. Although the majority of participants (truckers, port workers and uniformed services) were married, most FSWs were either separated or divorced. The majority of participants had stayed in Mogadishu or Bossaso for than two years at the time of this data collection. Truckers significantly travel to neighbouring countries with varied duration of stay outside the country before visiting their families.

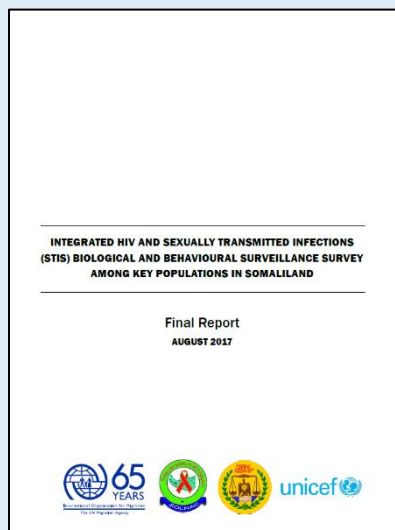
Conclusion and recommendations

There is variation in HIV and syphilis prevalence across the four study groups in each of the two sites. Generally, HIV prevalence is below 5 per cent but highest among FSWs in Bossaso (4.5%) and Mogadishu (2.9%). Port workers in Bossaso comprise a client's group with highest HIV prevalence (1.2%). Non-active syphilis, an indication of previous syphilis infection, is higher than active syphilis at 6.3 per cent in Mogadishu. While this IBBS is the first ever to be conducted in South Central Somalia and Puntland, it provides baseline data on a wide array of indicators to guide the redesign of HIV programme in Somalia. The variation across key indicators (including Global AIDS Response Progress Reporting indicators) across study groups and sites indicate the need to target and tailor HIV response intervention to address specific HIV programming gaps identified from this survey.

Download a copy of report:

<http://publications.iom.int/books/integrated-hiv-and-sexually-transmitted-infections-stis-biological-and-behavioural>

Featured Report



International Organization for Migration – Mission in Somalia, Nairobi Office. *Integrated HIV and Sexually Transmitted Infections (STIs) Biological and Behavioural Surveillance Survey among Key Populations in Somaliland*. 2017.

Executive Summary

Methodology

The 2017 IBBS survey involved three study groups: (a) vulnerable women; (b) uniformed personnel; and (c) truckers. A total sample size of 858 respondents (n=286 per group) were recruited in Hargeisa. Data was collected between 18 April 2017 and 13 June 2017.

Findings

Most participants were aged between 18 and 24 years among vulnerable women and truckers, whereas uniformed personnel were generally older (mean of 45 years). A high proportion had either no education or primary education. Although the majority of participants from truckers and uniformed services were married, most vulnerable women were either separated, divorced or single. The majority of participants had stayed in Hargeisa for more than two years at the time of this data collection.

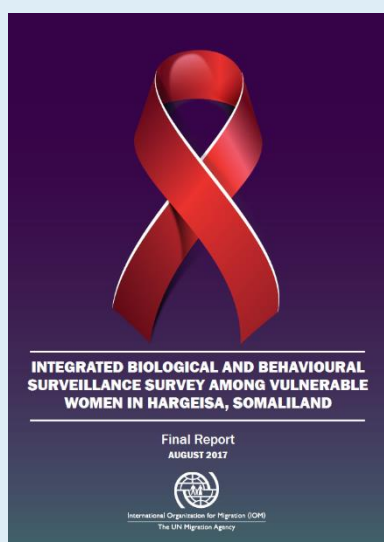
Conclusion and recommendations

There is variation in HIV and syphilis prevalence across the three surveys in Hargeisa. Generally, HIV prevalence is below 5 per cent but highest among vulnerable women (3.6%) compared to uniformed personnel (0%). This is a slight drop from the 4.8 per cent HIV prevalence recorded in 2014 and 5.1 per cent in 2008. Prevalence of non-active syphilis among vulnerable women is 5.2 per cent, and active syphilis is 3.3 per cent, in comparison with 2.4 per cent in 2014 and 3.4 per cent in 2008. The variation across key indicators (including Global AIDS Response Progress Reporting indicators) across surveys indicate the need to target and tailor HIV response intervention to address specific HIV programming gaps identified from this survey.

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Featured Report



International Organization for Migration – Mission in Somalia, Nairobi Office. *Integrated Biological and Behavioural Surveillance Survey among Vulnerable Women in Hargeisa, Somaliland. 2017.*

Executive Summary

Methodology

An integrated biological and behavioural surveillance (IBBS) survey among vulnerable women was undertaken from February to March 2014. A total of 97 vulnerable women participated in the study, undergoing pre- and post-test counselling, rapid HIV and syphilis testing through blood sample collection via intravenous blood draw, and urine sample collection for remote chlamydia and gonorrhoea testing. Respondents returned one week later for the chlamydia and gonorrhoea test results. Due to security concerns, recruitment stopped before reaching the target sample size ($n = 196$); however, convergence was reached on the primary key variable of HIV prevalence. Data from 2008 were re-analysed using the new RDS Analyst for comparing results.

Findings

HIV prevalence is stable across the two surveys at 5.1 per cent in 2014, and 4.8 per cent in 2014. Even though there is a slight decrease in HIV and syphilis prevalence, this change is not significant as confidence intervals overlap. For the first time, estimates of chlamydia and gonorrhoea in vulnerable women in Somaliland are available at 0.7 per cent and 0.4 per cent, respectively.

Conclusion and recommendations

HIV prevalence among vulnerable women has remained five times higher compared with pregnant women in the general population, indicating they are an important population in the epidemiology of HIV in Somaliland, as well as a priority population for prevention, care and treatment services. Targeted interventions considering the high stigma and discrimination of vulnerable women, as well as the security situation, are urgently needed, including social and behaviour change communication interventions emphasizing correct and consistent condom usage, increased advocacy around HIV and AIDS, and increased routine HIV testing.

Download a copy of report:

<http://publications.iom.int/books/integrated-biological-and-behavioural-surveillance-survey-among-vulnerable-women-hargeisa>

Featured Article



Báltica Cabieses and Carlos Van der Laat. “La salud de los migrantes internacionales en el mundo en vías de desarrollo: Reflexiones desde el lente de la desigualdad.” *Revista del Instituto de Salud Pública de Chile*, 1, no. 1 (2017): 8-10.

Introduction

PLA han enfrentado derechos humanos y protección de salud para los migrantes inconsistentes en el pasado, al igual que en otras regiones. En Chile, por ejemplo, cerca del 70% de los inmigrantes provienen de otros PLA (2.7% de la población total), y se ha estimado que un tercio de ellos son indocumentados o viven en vulnerabilidad socioeconómica.

Estos inmigrantes vulnerables tienden a trabajar en empleos informales y viven en edificios sobrepoblados de baja calidad. Los migrantes indocumentados tienen acceso limitado a la atención médica y muchos de ellos temen utilizar el sistema de atención de salud cuando sea requerido. Entre el 20% y el 60% de sus ingresos son enviados a sus países de origen, para cubrir las necesidades básicas de la familia que queda allá.

Los efectos sobre la salud, particularmente la salud mental, son severos y prolongados: “Sobrevivo aquí para ellos, este es mi sacrificio de vida” (mujeres indocumentadas colombianas). Los migrantes utilizan los servicios de salud mental en Chile incluso más que los chilenos, independientemente de su nivel socioeconómico.

See full article:

<http://revista.ispch.gob.cl/index.php/RISP/article/viewFile/18/10>

IOM Contributor:

- Carlos Van der Laat (San Jose)

Featured Article



Kayvan Bozorgmehr, Kayvan Bozorgmehr, Mariya Samuilova, Roumyana Petrova-Benedict, Enrico Girardi, Pierluca Piselli, Alexander Kentikelenis. “*Infectious disease health services for refugees and asylum seekers during a time of crisis: A scoping study of six European Union countries.*” *Health Policy*, April 2018.

Background

Systematic information on infectious disease services provided to refugees and asylum seekers in the European Union (EU) is sparse. We conducted a scoping study of experts in six EU countries to map health system responses related to infectious disease prevention and control among refugees and asylum seekers.

Methods

We conducted 27 semi-structured in-depth interviews with first-line staff and health officials to collect information about existing guidelines and practices at each stage of reception in first-entry (Greece/Italy), transit (Croatia/Slovenia), and destination countries (Austria/Sweden). Thematic coding was used to perform a content analysis of interview material.

Results

Guidance on infectious disease screening and health assessments lack standardization across and—partly—within countries. Data collection on notifiable infectious diseases is mainly reported to be performed by national public health institutions, but is not stratified by migrant status. Health-related information is not transferred in a standardized way between facilities within a single country. International exchange of medical information between countries along the migration route is irregular. Services were reported to be fragmented, and respondents mentioned no specific coordination bodies beyond health authorities at different levels.

Conclusion

Infectious disease health services provided to refugees and asylum seekers lack standardization in health assessments, data collection, transfer of health-related information and (partly) coordination. This may negatively affect health system performance including public health emergency preparedness.

See full article:

[https://www.healthpolicyjrn.com/article/S0168-8510\(18\)30079-4/fulltext](https://www.healthpolicyjrn.com/article/S0168-8510(18)30079-4/fulltext)

IOM Contributors:

- Mariya Samuilova (Brussels)
- Roumyana Petrova-Benedict (Brussels)

Featured Article



Nicola S. Pocock, Rapeepong Suphanchaimat, Chee Khoo Chan, Erwin Martinez Faller, Nicholas Harrigan, Veena Pillai and Kolitha Wickramage. *“Reflections on migrant and refugee health in Malaysia and the ASEAN region.”* BMC Proceedings, 2018, 12(Suppl 4):4.

Introduction

Migrants and refugees face challenges accessing both healthcare and good social determinants of health in Malaysia. Participants at the “Migrant and Refugee Health in Malaysia workshop, Kuala Lumpur, 9-10 November 2017” scoped these challenges within the regional ASEAN context, identifying gaps in knowledge and practical steps forward to improve the evidence base in the Malaysia.

See full article:

<https://bmcproc.biomedcentral.com/articles/10.1186/s12919-018-0100-6>

IOM Contributor:

- Kolitha Wickramage (Manila)

Reflection

Dear Colleagues,

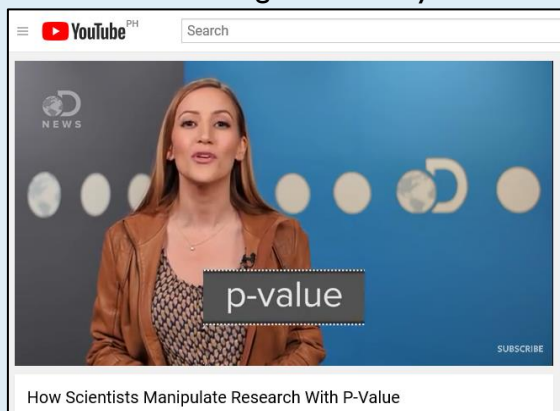
This Reflection section is dedicated to the P-Value. The P-Value is the well-known statistical power calculation that is often cited as making results significant. However, it should come with warning labels attached and one should be aware of its use and 'abuse'.

Plenty of advice is available to help readers identify studies with weak methods, but would you be able to identify misleading claims in a report of a well-conducted study? Here in this short article, Montori and colleagues provide a guide to detecting misleading claims in clinical research reports.

Users' guide to detecting misleading claims in clinical research reports:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC526126/>

Short video showing in a fun way how the P-values are manipulated:



<https://www.youtube.com/watch?v=kTMHruMz4ls>

The link referred to in the video is also put here:

<https://amstat.tandfonline.com/doi/abs/10.1198/000313001300339897>

The final presentation makes argument how Confidence Intervals include much more information, including an estimate on precision and information on clinical vs statistical significance: <https://www.youtube.com/watch?v=51uXJkVf-kk>

I hope this short reflection section will prompt more questions and inquiries!

Best wishes!
Kol

Comments or Questions

Dr. Kol Wickramage
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>



International Organization for Migration (IOM)

The UN Migration Agency