



International Organization for Migration (IOM)
The UN Migration Agency

Migration Health Research Bulletin



A bi-monthly update on migration health research from IOM programs globally

11th Edition | Jun 2018

IN THIS EDITION

We outline a book on Mozambique's national HIV response in emergency settings. We profile two reports on the Study on Mapping and Size Estimation of Key Populations in Somalia and Somaliland. We put forward an article about the invisibility of some migrant and mobile population groups in pandemic influenza preparedness plans. We also include conference abstracts presented during the World Congress on Migration, Ethnicity, Race and Health in May in Edinburgh.



Featured Book

International Organization for Migration. *Scoping Paper on National HIV Response in Emergency Settings in Mozambique: Utilizing Case Studies from Gaza and Zambézia*. 2018.

Featured Reports

- 1 International Organization for Migration – Mission in Somalia, Nairobi Office. *Study on Mapping and Size Estimation of Key Populations in Somalia*. 2018.
- 2 International Organization for Migration – Mission in Somalia, Nairobi Office. *Study on Mapping and Size Estimation of Key Populations in Somaliland*. 2018.

Featured Articles

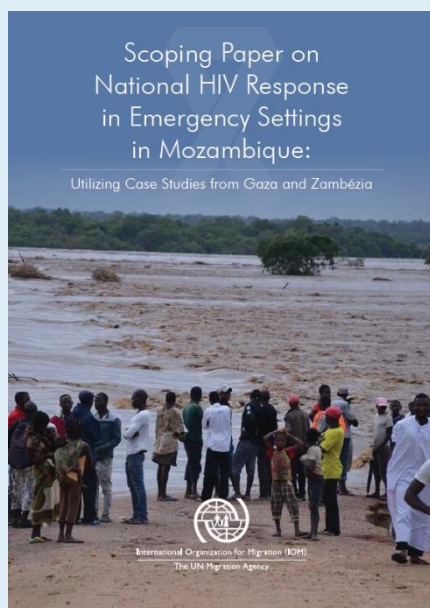
- 1 Kolitha Wickramage, Lawrence O. Gostin, Eric Friedman, Phusit Prakongsai, Rapeepong Suphanchaimat, Charles Hui, Patrick Duigan, Eliana Barragan, and David R. Harper. "Missing: Where Are the Migrants in Pandemic Influenza Preparedness Plans?" *Health and Human Rights Journal*, 20 (1), May 2018.

Featured Conference Abstracts

- 1 David Ingleby, Olga Gorbacheva, Steffen Schillinger, Kayvan Bozorgmehr, Isabel de La Mata, Teymur Noori, and Agapios Terzidis. "Migration health governance: from data to access." *European Journal of Public Health*, 28(Suppl 1), May 2018.
- 2 J Friedland, S Hargreaves, L Jones, P Mladovsky, M Norredam, and R Petrova-Benedict. "Migrants and health data: concerns and solutions" *European Journal of Public Health*, 28(Suppl 1), May 2018.
- 3 J Vearey. "(Re)framing the migration and health research agenda: a panel discussion" *European Journal of Public Health*, 28(Suppl 1), May 2018.



Featured Book



International Organization for Migration. *Scoping Paper on National HIV Response in Emergency Settings in Mozambique: Utilizing Case Studies from Gaza and Zambézia*. 2018.

Executive Summary

Introduction

The overall objective of this paper is to generate evidence on HIV vulnerability, prevention and treatment needs among migrants and internally displaced persons in selected districts in Mozambique where one or more humanitarian emergencies have been recorded in the past five years. The Inter-Agency Standing Committee (IASC) guidelines for addressing HIV/AIDS in emergency settings were the framework used to guide this paper.

The paper's specific objectives are as follows: (1) to describe the impact of emergencies on people living with HIV; (2) to describe current emergency planning and emergency practices; and (3) to offer recommendations for integrating HIV within emergency preparedness and response.

Conclusion

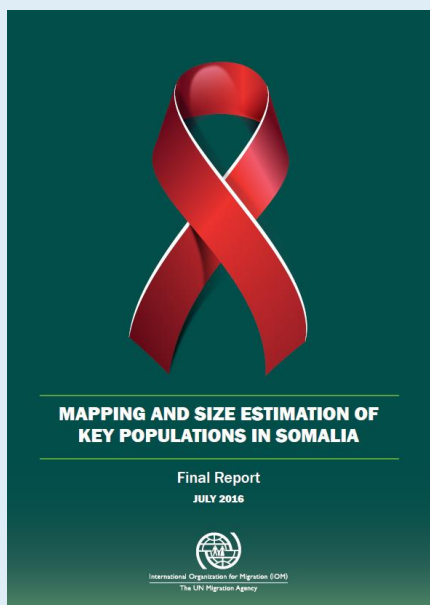
Key findings demonstrate that HIV, although recognized as a general development issue in Mozambique, is not placed as a priority for emergency contingency planning. The lack of prioritization of HIV/AIDS throughout the humanitarian programming cycle has resulted in a clear institutional absence of the IASC guidelines for addressing HIV in humanitarian settings.

The lack of inclusion of HIV in emergency planning may increase the risk of transmission during the acute phase of the emergency. The ability of communities to respond to and recover from emergencies is heavily linked to their resilience. Hence, ensuring access to prevention, treatment, care and support services to people affected by emergencies are prerequisites to building community resilience to disasters.

Download a copy of report:

<http://publications.iom.int/books/scoping-paper-national-hiv-response-emergency-settings-mozambique-utilizing-case-studies-gaza>

Featured Report



International Organization for Migration – Mission in Somalia, Nairobi Office. *Study on Mapping and Size Estimation of Key Populations in Somalia*. 2018.

Executive Summary

Methodology

The research was conducted through a cross-sectional study using both quantitative (largely) and qualitative methodologies. The study population was comprised of female sex workers (FSWs) and clients of FSWs. The clients of FSWs constituted truck drivers and their assistants, port workers, fishers, seafarers, police and military personnel, khat and tea clients. A total of 2,877 respondents participated in the three study sites namely Mogadishu, Hargeisa, and Bossaso.

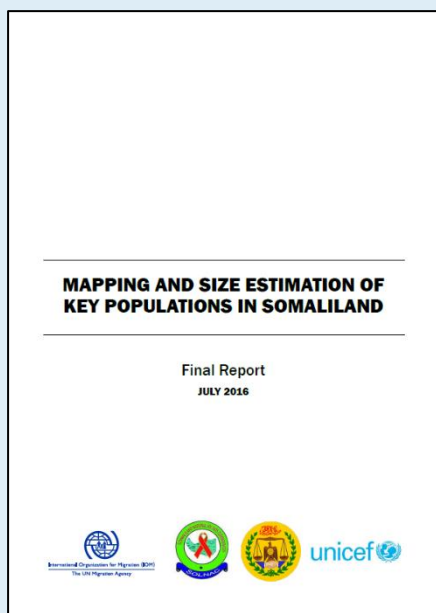
Conclusion and recommendations

FSWs and their male clients exist and operate in hidden ways in Mogadishu, Hargeisa, and Bossaso. The data generated from this study can be used to enhance HIV prevention programme planning and implementation for FSWs and their clients, to form the basis for subsequent population size estimates and impact evaluations, and to improve programme coverage by directing efforts to locations with the greatest need as demonstrated by the findings of this study. With the findings of this study, indicating that the majority of FSWs and their clients are not seeking essential health services, prompt HIV interventions targeting FSWs and their clients should be implemented. These services ought to include at least HTC, STI/STD screening and treatment, cervical cancer screening (FSWs only) and condom provision. It will be essential to create separate databases for FSWs and their clients to guide the monitoring and evaluation of HIV interventions targeting these populations. This can be achieved by registering the key populations in the programme(s) and issuing them unique identifiers. Access to FSWs and their clients can be done with initial seeds of these key populations who then recruit more members into the programme(s). Essential health service provision can after that be tracked per unique individual in the programme. While this study contributes to the ongoing HIV programming in the studied locations, similar studies should be conducted in other locations to develop a more targeted national response for the key populations.

Download a copy of report:

<http://publications.iom.int/books/mapping-and-size-estimation-key-populations-somalia>

Featured Report



International Organization for Migration – Mission in Somalia, Nairobi Office. *Study on Mapping and Size Estimation of Key Populations in Somaliland*. 2018.

Executive Summary

Methodology

The research was conducted through a cross-sectional study. The study population was comprised of vulnerable women and clients of vulnerable women. The clients of vulnerable women constituted truck drivers and their assistants, police and military personnel, khat and tea clients. A total of 780 respondents participated in the study.

Conclusion and recommendations

Vulnerable women and their male clients exist and operate in hidden ways in Hargeisa. Most of the vulnerable women (59.4%) are youths aged 15 to 35 years. The majority of sexual activities take place at their homes or the homes of their clients. Khat- and tea-selling shops are significant entry points to access and supply of sex work. The data generated from this study can be used to enhance HIV prevention programme planning and implementation for vulnerable women and their clients, to form the basis for subsequent population size estimates and impact evaluations, and to improve programme coverage by directing efforts to locations with the greatest need, as demonstrated by the findings of this study. With the findings of this study indicate that the majority of vulnerable women and their clients are not seeking essential health services, prompt HIV interventions targeting vulnerable women and their clients should be implemented. It will be essential to create a database of vulnerable women and their clients to guide the monitoring and evaluation of HIV interventions targeting these populations. This can be achieved by registering the key populations in the programme(s) and issuing them unique identifiers. Essential health service provision can after that be tracked per unique individual in the programme. While this study contributes to the ongoing HIV programming in the studied locations, similar studies should be conducted in other locations to develop a more targeted national response for the key populations.

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Featured Article



Kolitha Wickramage, Lawrence O. Gostin, Eric Friedman, Phusit Prakongsai, Rapeepong Suphanchaimat, Charles Hui, Patrick Duigan, Eliana Barragan, and David R. Harper. “Missing: Where Are the Migrants in Pandemic Influenza Preparedness Plans?” *Health and Human Rights Journal*, 20 (1), May 2018.

Abstract

Novel influenza viruses continue to emerge, posing zoonotic and potentially pandemic threats. Many countries have developed pandemic influenza preparedness plans (PIPPs) aimed at guiding actions and investments to respond to such outbreak events. In our analysis of PIPPs from 21 low to middle-income countries, we found only three that identified strategies for at least one migrant group.

PIPPs that are migrant inclusive enable greater public health protection for all. The majority of human cases of influenza A (H5N1) infection have been associated with direct or indirect contact with infected live or dead poultry. Worldwide, international migrant workers are overrepresented in sectors such as poultry farming and related industries. Migrant workers also represent a possible “bridge population” for viral spread—defined as a population transmitting infection from a high-prevalence group to individuals who would otherwise be at low risk of infection—when they travel to their place of origin. It is thus imperative to understand the linkages between formal and informal migration routes with networks of migrant labor in animal husbandry and related industries for instance in order, to develop evidence-informed policies that anticipate and prevent the emergence of novel zoonosis.

Migration governance rests upon the fulcrum of national sovereignty, whereas pandemics and other novel diseases transcend local, national, and regional boundaries. In reiterating the call of the Sustainable Development Goals to “leave no one behind” and to address global health security in a meaningful way, we contend that irrespective of a person’s migrant status, his or her access to health services and social protection must be included within pandemic preparedness and response efforts.

See full article:

<https://www.hhrjournal.org/2018/05/missing-where-are-the-migrants-in-pandemic-influenza-preparedness-plans/>

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Featured Conference Abstract



David Ingleby, Olga Gorbacheva, Steffen Schillinger, Kayvan Bozorgmehr, Isabel de La Mata, Teymur Noori, and Agapios Terzidis. “*Migration health governance: from data to access.*” *European Journal of Public Health*, 28(Suppl 1), May 2018.

Background and Objectives

The EU recently experienced unprecedented migratory flux, which challenged its health systems and evidenced the need to expedite implementation of directives aiming at ensuring access to health care, data sharing, and the development of uniform e-health systems.

The workshop aims at:

- Identifying the major new sources and approaches to migration data collection (from the point of entry to destination) and evidencing the needs for real-time data collection and management in a safe way, capable of ensuring continuity of care and referrals for migrants.
- Outlining the importance of related enabling policies (i.e., Migrant Integration Policy Index - MIPEX-Health strand) and Regional/Global cooperation towards the Sustainable Development Goals (SDGs).

See article:

https://academic.oup.com/eurpub/article-abstract/28/suppl_1/cky049.014/4973592

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Featured Conference Abstract



J Friedland, S Hargreaves, L Jones, P Mladovsky, M Norredam, and R Petrova-Benedict. “Migrants and health data: concerns and solutions” *European Journal of Public Health*, 28(Suppl 1), May 2018.

Background

Identifying key migrant health issues and how to respond to them requires data. Health systems need migrant-specific data to develop appropriate evidence-based services. Improving data collection on migrant health has the potential to be of major benefit for these communities but may be challenging due to their high mobility and a lack of availability of patient records across countries. Even more concerning is that data collected for health reasons may end up with immigration officials and be used for immigration enforcement.

See article:

https://academic.oup.com/eurpub/article-abstract/28/suppl_1/cky049.032/4973610

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Featured Conference Abstract



J Vearey. “(Re)framing the migration and health research agenda: a panel discussion” *European Journal of Public Health*, 28(Suppl 1), May 2018.

Background

The 2nd Global Consultation on migration health and recent Global Compacts on migrants and refugees have emphasized the critical need to advance effective migration and health policies and practices. However, migration and health discourses and national/regional/global agendas are often framed through lenses of border protection, disease control, and dominated by ‘othering’ discourses. Controversies surrounding the domain of ‘migration and health’ and ‘migrant health’ will be shared, and challenges from the perspective of researchers, policy makers and civil society explored and new research trajectories discussed.

See article:

https://academic.oup.com/eurpub/article-abstract/28/suppl_1/cky049.009/4973587

Contributors:

- Migration Health and Development Research Initiative (MHADRI) Network

Reflection

Published in 1994, “The scandal of poor medical research” is at the core of this issue’s Reflection piece.

In the universe of academic research where the mantra has always been "publish or perish", does quantity really weigh more than quality? Is the researcher's lengthy list of publications a good yardstick for research rigor? Doug Altman tried to answer these in his editorial piece, and his answer to both questions is, ‘probably not’.

Written more than a decade ago, Altman’s conclusion still holds true today. Still, nothing beats a reliable and valid research with good design and methodology.

To read the full article:

<https://www.bmj.com/content/308/6924/283>

Editorials

The scandal of poor medical research

BMJ 1994 ; 308 doi: <https://doi.org/10.1136/bmj.308.6924.283> (Published 29 January 1994)

Cite this as: *BMJ* 1994;308:283

Linked Opinion

Richard Smith: Medical research—still a scandal

Article

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