



Migration Health Research Updates (Edition 2: Dec 2016)

A monthly update on selective research published from IOM health programmes from across the globe...

In this edition, we present four distinct research papers and reports from IOM MHD missions globally. The first one from IOM Mission in Russia looks at the provision of treatment for tuberculosis among labor migrants; the second one from IOM Mission in Sri Lanka explores patterns of labor migrant abuse; the third one from IOM Regional Office Bangkok is about assessment of HIV vulnerabilities and access to HIV health-care services among mobile populations; and the fourth is from IOM Regional Office Brussels centers on the Migrant Integration Policy Index (MIPEX) Health strand which measures the equitability of migrant health policies.

1st



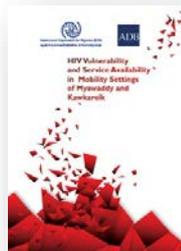
Boris Sergeyev Igor Kazanets, Davron Mukhamadiev, Pavel Sergeyev, (2016), "Managing tuberculosis among labor migrants: exploring alternative organizational approach", *International Journal of Migration, Health and Social Care*, Vol. 12 Iss: 4, pp. 278-287.

2nd



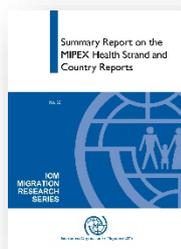
Kolitha Wickramage, Malintha De Silva, Sharika Peiris, (2017), "Patterns of abuse amongst Sri Lankan women returning home after working as domestic maids in the Middle East: An exploratory study of medico-legal referrals", *Journal of Forensic and Legal Medicine*, Vol. 45, pp. 1-6.

3rd



Montira Inkochasan, Kyaw Myint Tun, Patrick Duigan, Paula Bianca Blomquist, Jaime Calderon, Min Yu Aung, (2015), *HIV vulnerability and service availability in mobility settings of Myawaddy and Kawkareik*, IOM, Myanmar.

4th



International Organization for Migration, (2016), *Migration Research Series No. 52: Summary Report on the MIPEX Health Strand and Country Reports*, IOM, Geneva.

1st



Boris Sergeev Igor Kazanets, Davron Mukhamadiev, Pavel Sergeev, (2016), "Managing tuberculosis among labor migrants: exploring alternative organizational approach", International Journal of Migration, Health and Social Care, Vol. 12 Iss: 4, pp. 278-287.

Purpose

High volume of international migration calls for the establishment of financial and organizational mechanisms that would ensure provision of treatment for tuberculosis (TB) among migrants. In the case of countries like Russia where budget funding goes for TB treatment, the need is acute as delivering these services is affected by social perception that they should be provided to taxpayers only. While official policies in Russia promote voluntary medical insurance as a way to cover their health care needs, the problem is that neither voluntary medical insurance, nor the National Medical Insurance Plan, extend to cover the treatment of infectious diseases, such as TB making proposal of possible alternatives to these delivery vehicles appropriate. The paper aims to discuss these issues.

Design/methodology/approach

The analysis includes review of survey results on the extent of medical insurance coverage among migrants as well as legal provisions concerning access to medical care among migrants in Russia and some other migrant-receiving countries.

Findings

This exercise illuminates the public health risks and economic consequences related to inadequate access to medical help among migrants. Availability of medical insurance even among socially integrated segment of this group is limited. Also of notice is that citizens of Belarus as opposed to others are granted access to the full range of TB services in Russia.

Originality/value

Using this precedent, the authors propose an alternative mechanism – Inter-State Medical Insurance Fund – to be established by governments of CIS countries, with national allocations covering the provision of medical help to labor migrants from the respective countries in Russia.

Full Paper is attached with this Bulletin.

2nd



Kolitha Wickramage, Malintha De Silva, Sharika Peiris, (2017), "Patterns of abuse amongst Sri Lankan women returning home after working as domestic maids in the Middle East: An exploratory study of medico-legal referrals", *Journal of Forensic and Legal Medicine*, Vol. 45, pp. 1-6.

Objective

Migrant worker abuse is well recognized, but poorly characterized within the scientific literature. This study aimed to explore patterns of abuse amongst Sri Lankan women returning home after working as domestic maids.

Methods

Sri Lanka has over 2 million of its citizens employed overseas as international labor migrants. A cross-sectional study was conducted on Sri Lankan female domestic maids returning from the Middle East region who were referred for medico-legal opinion.

Results

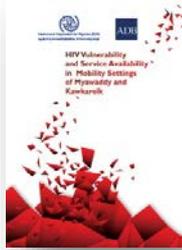
A total of 20 women were included in the study. Average length of their employment overseas was 14 months. Complaints of physical violence directed mainly through their employers were made by 60% of women. Upon physical examination, two-thirds had evidence of injuries, with a third being subjected to repetitive/systematic violence. Eighty percent suffered some form of psychological trauma. Personal identity papers and travel documents had been confiscated by the employer in 85% of cases, with two thirds indicating they were prevented and/or restricted from leaving their place of work/residence.

Conclusions

Our study demonstrates that female domestic maid abuse manifests through multiple pathways. Violence against such workers span the full spectrum of physical, financial, verbal, emotional abuse and neglect, as defined by the World Health Organization. Findings from this exploratory study cannot be generalized to the large volume of migrant worker outflows. Further research is needed to determine incidence and define patterns in other migrant worker categories such as low-skilled male workers.

Full Paper is attached with this Bulletin.

3rd



Montira Inkochasan, Kyaw Myint Tun, Patrick Duigan, Paula Bianca Blomquist, Jaime Calderon, Min Yu Aung, (2015), HIV vulnerability and service availability in mobility settings of Myawaddy and Kawkaik, IOM, Myanmar.

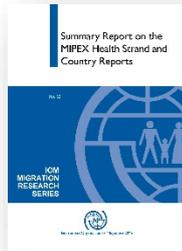
Description

This study provides an assessment of HIV vulnerabilities and access to HIV health-care services among key affected populations that live or work along the economic corridor between Myawaddy and Kawkaik. The research targets migrants, female sex workers, men who have sex with men and people who use drugs. The assessment applied a mixed methods approach, acquiring mapping, quantitative data and qualitative data.

Results show that there are misperceptions about HIV. Mobile men with money were found to have the greatest lack of knowledge and most fear compared with other key affected populations. Negative attitudes towards HIV were found in the quantitative and qualitative research despite the respondents' general willingness to look after their relatives with HIV. About half of all survey respondents experienced at least occasional difficulties in accessing health services. Cost, waiting time, and health personnel competency and attitudes were major reasons for dissatisfaction. Only 17 per cent of migrants had ever been tested for HIV; of these less than one third had pre-/post-test counselling and only 70 per cent received their test results.

Key recommendations include: 1) establishing a full package of HIV services in all areas; 2) improving health-care quality, not just quantity and accessibility; 3) prioritizing increasing knowledge and reducing stigma; 4) developing tailored approaches to promote meaningful access and engagement among specific migrant groups; 5) strengthening cross-border and in-country referral mechanisms; 6) strengthening coordination between government and non-government (including private) providers; and 7) engaging in policy development to promote migrant-sensitive health systems and services.

Access full report at: <http://publications.iom.int/books/hiv-vulnerability-and-service-availability-mobility-settings-myawaddy-and-kawkaik>

4th

International Organization for Migration, (2016), Migration Research Series No. 52: Summary Report on the MIPEX Health Strand and Country Reports, IOM, Geneva.

Description

The Migrant Integration Policy Index (MIPEX) Health strand is a questionnaire designed to supplement the existing seven strands of the MIPEX, which in its latest edition (2015) monitors policies affecting migrant integration in 38 different countries. The questionnaire measures the equitability of policies relating to four issues: (A) migrants' entitlements to health services; (B) accessibility of health services for migrants; (C) responsiveness to migrants' needs; and (D) measures to achieve change. The work described in this report formed part of the EQUI-HEALTH project carried out by the International Organization for Migration from 2013 to 2016, in collaboration with the Migrant Policy Group (MPG) and COST Action IS1103 (Adapting European health services to diversity). Part I of this report shows that many studies have already been carried out on migrant health policies, but because they tend to select different countries, concepts, categories and methods of measurement, it is difficult to integrate and synthesize all these findings. The MIPEX Health strand sets out to surmount this obstacle by collecting information on carefully defined and standardized indicators in all 38 MIPEX countries, as well as Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia. Part II describes the conceptual framework underlying the questionnaire and the way in which aspects of policy were operationalized and scored in the 38 indicators. This is followed in Part III by a detailed description of the pattern of results found in 34 European countries on each item in the questionnaire. Part IV reports the results of statistical analyses of collected data.

Access full report at: <https://publications.iom.int/books/mrs-no-52-summary-report-mipex-health-strand-and-country-reports>

This edition's Reflection Piece



(Photo via [Katinka Matson](#))

Intellectual Honesty and importance of evidence based approach

by Dr Sam Harris

Wherever we look, we find otherwise sane men and women making extraordinary efforts to avoid changing their minds.

Of course, many people are reluctant to be seen changing their minds, even though they might be willing to change them in private, seemingly on their own terms—perhaps while reading a book. This fear of losing face is a sign of fundamental confusion. Here it is useful to take the audience's perspective: Tenaciously clinging to your beliefs past the point where their falsity has been clearly demonstrated does not make you look good. We have all witnessed men and women of great reputation embarrass themselves in this way. I know at least one eminent scholar who wouldn't admit to any trouble on his side of a debate stage were he to be suddenly engulfed in flames.

If the facts are not on your side, or your argument is flawed, any attempt to save face is to lose it twice over. And yet many of us find this lesson hard to learn. To the extent that we can learn it, we acquire a superpower of sorts. In fact, a person who surrenders immediately when shown to be in error will appear not to have lost the argument at all. Rather, he will merely afford others the pleasure of having educated him.

Intellectual honesty allows us to stand outside ourselves and to think in ways that others can (and should) find compelling. It rests on the understanding that wanting something to be true isn't a reason to believe that it is true—rather, it is further cause to worry that we might be out of touch with reality in the first place. In this sense, intellectual honesty makes real knowledge possible.

Our scientific, cultural, and moral progress is almost entirely the product of successful acts of persuasion. Therefore, an inability (or refusal) to reason honestly is a social problem. Indeed, to defy the logical expectations of others—to disregard the very standards of reasonableness that you demand of them—is a form of hostility. And when the stakes are high, it becomes an invitation to violence.

In fact, we live in a perpetual choice between conversation and violence. Consequently, few things are more important than a willingness to follow evidence and argument wherever they lead. The ability to change our minds, even on important points—especially on important points—is the only basis for hope that the human causes of human misery can be finally overcome.