



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

8th Edition | Dec 2017

IN THIS EDITION

We provide a brief overview on the 'MHADRI Global Network Member Meeting' held in Colombo, Sri Lanka in Sep 2017, outlining MHADRI's vision and initiatives. We also highlight a book on the assessment on malaria control in Yemen. Lastly, we present three journal articles; one from IOM Nairobi focusing on evaluation of rapid diagnostic test for Rotavirus in Dadaab Refugee Camp; one from IOM Washington D.C. centering on comparative cost analysis of the Vaccination Program for US-bound Refugees; and one from IOM Global (Manila) looking at the relationships among migration, work, and health.



Featured Event

Migration Health & Development Research Initiative (MHADRI) Global Network Member Meeting
28-29 September 2017 | Colombo, Sri Lanka

Featured Book

International Organization for Migration. ***Malaria in Yemen: Needs Assessment 2017***. Amman: IOM, 2017

Featured Research Articles

- 1) Maurice Ope, Raymond Nyoka, Ahmed Unshur, Fredrick O. Oyier, Shafe A. Mowlid, Brian Owino, Steve B. Ochieng, Charles I. Okello, Joel M. Montgomery, Burton Wagacha, Aleksandar Galev, Abdikadir Abdow, Mathew D. Esona, Jacqueline Tate, David Fitter, Susan T. Cookson, Balajee Arunmozhi, Nina Marano. ***"Evaluation of the Field Performance of ImmunoCard STAT!® Rapid Diagnostic Test for Rotavirus in Dadaab Refugee Camp and at the Kenya–Somalia Border."*** *The American Journal of Tropical Medicine and Hygiene*, 96, no. 6 (2017): 1302-1306.
- 2) Heesoo Joo, Brian Maskery, Tarissa Mitchell, Andrew Leidner, Alexander Klosovsky, Michelle Weinberg. ***"A comparative cost analysis of the Vaccination Program for US-bound Refugees."*** *Vaccine*, (Sep 2017).
- 3) Michael A. Flynn, Kolitha Wickramage. ***"Commentary: Leveraging the Domain of Work to Improve Migrant Health."*** *International Journal of Environmental Research and Public Health*, 14, (2017): 1248.



**Migration Health and Development Research Initiative (MHADRI)
Global Network Member Meeting
28-29 September 2017 | Colombo, Sri Lanka**

Migration Health and Development Research Initiative (MHADRI) was launched in 2016 with the aim of building a global network of research scholars devoted to: advancing inter-disciplinary research at the nexus of health and migration; promoting global research collaborations; producing high-quality quantitative and qualitative evidence reviews; disseminating research findings; and catalyzing innovations and scientific debate/inquiry. In doing so, the network seeks to advance evidence-based global migration health policies and practices that will ultimately improve the health and well-being of migrants and communities affected by migration. Since its inception, MHADRI network members have contributed to



At the MHADRI meeting. Standing from left: Paul Douglas, Kamran Abbasi, Dominik Zenner, Denise Spitzer, Court Robinson, Sharika Peiris, Susie Perera, Renuka Jayatissa, Dee Knipe, Anjali Borradhe, Usula Trummer, Charles Hui. Kneeling from left: Kol Wickramage, Kevin Pottie, Anthony Zwi, Paul Bukuluki, Joel Buenaventura and Teck Chuan Voo. Absent in photo: Waleed M. Sweileh.

international policy forums on advancing migration health and whose expertise has been utilized by intergovernmental agencies and national governments to provide technical review and catalyze research. The informal network has grown rapidly in size and scale over the past 12 months to encompass 87 scholars representing all regions of the world and across a multiplicity of academic disciplines. A key hallmark of the network is in advancing research and research collaboration with scholars within developing nations.

During the meeting held on 28-29 September 2017 in Colombo, the group agreed on governance and coordination of the MHADRI network, including its mission and vision statements, which are as follows:

Mission:

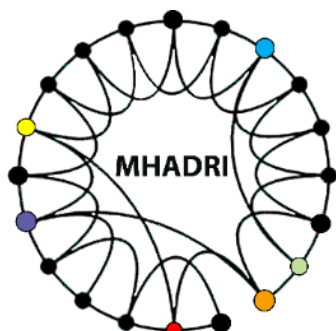
To advance evidence-based global migration health policies and practices through international research collaborations that will improve the health and well-being of people and communities affected by migration.

Vision:

Through international research collaborations, MHADRI will:

- Advance ethical inter-disciplinary research at the nexus of health and migration;
- Include peoples affected by migration and key stakeholders in research;
- Produce and disseminate high-quality evidence; and
- Drive policy and practice change working with policy makers, practitioners and relevant stakeholders.

In addition, the meeting served as a platform to move forward the development of joint scientific publication and collaborative research, such as MHADRI members undertaking a 16 year review of the peer-reviewed literature on migration and health. The findings of the review were presented at the meeting and has been now submitted for peer-review. Other efforts include partnership with the British Medical Journal on a Migration and Health Series to take stock of the current state of evidence, underscore advances as well as highlight critical gaps in evidence generation, emerging research priorities, and the key interventions needed for advancing migration health policies and practice across national, regional and global levels.



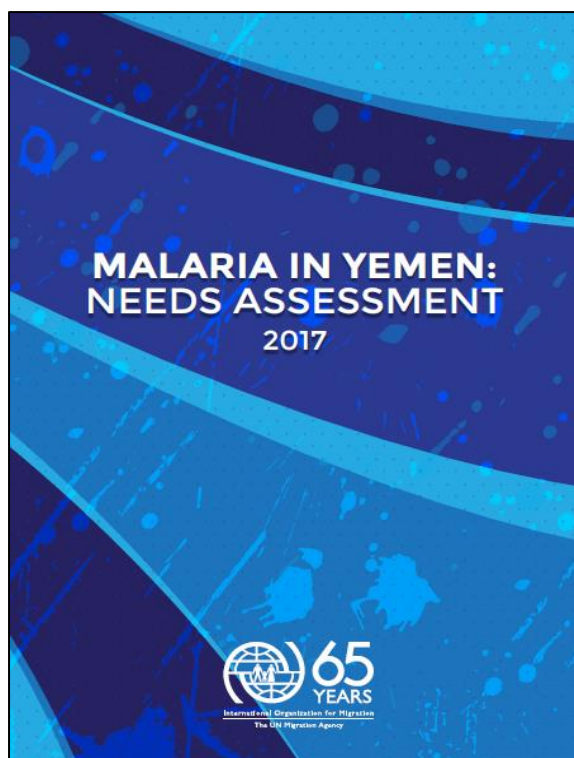
IOM is the secretariat for the MHADRI network and will continue to provide in-kind support to build the MHADRI portal and researcher/scholar database, and undertake communications on behalf of the network steering committee. Further, IOM will work with existing MHADRI network members as well as global and regional thematic health specialist focal points to build research database of academics across the globe.

For more information on MHADRI and meeting outcomes visit:

<https://migrationhealthresearch.iom.int/mhadri>

The logo is representative of "Small world network model" in mathematics. A small-world network is a type of mathematical graph that is hypothesized by researchers to reflect an evolutionary advantage that is more robust than other network architectures. The larger circle represents the Global Network. The multiple dots represent the diverse academic disciplines and the multi-sectoral approach needed to advance migration health research. The pathways from dots are symbolic of the diverse migration flows globally.

Featured Book



International Organization for Migration.
Malaria in Yemen: Needs Assessment 2017.
Amman: IOM, 2017

Description

IOM has commissioned Mentor Initiative (Mentor), London-based international NGO, to finalize an assessment on malaria control in Yemen, with the objective to make recommendations to IOM on how to achieve maximum impact on malaria control with limited financial means.

Malaria has historically been a major public health concern in Yemen, noted to be the country of highest prevalence in the Eastern Mediterranean Region. Malaria is known to be present in all areas <2000mASL, primarily of the parasitic form *P. falciparum* with *P. malariae* and *P. vivax* accounting for the remaining cases.

The conflict in Yemen has been ongoing and, by most accounts, escalating since March 2015. This has resulted in a complex humanitarian situation where conflict has exacerbated existing volatilities and vulnerabilities in a country already considered to be insecure. Already the world's seventh most water insecure country, Yemen is now faced with severe challenges associated with deteriorating infrastructure, such as restricted access to and delivery of healthcare, water and sanitation and many other essential services. The latest UNOCHA report states that 18.8 million of Yemen's population (27.4 million) need humanitarian assistance, 10.3 million of those being acutely in need. Whilst conflict related deaths have been estimated at 7,100 and injuries at 44,000 (March 2015 and November 2016), these numbers fail to adequately depict the severity of the situation as information is primarily collated from health facilities. Between 274 and 600 health facilities are reported to have been destroyed or damaged, 31 health workers injured and a further 13 killed over the past 24 months, calling into question the accuracy of data collected from these strategic points. Patient consultations have dropped by as much as 20% at health facilities and underreporting of health issues, both directly and indirectly related to conflict, is therefore likely to be widespread. 14.8 million people lack access to basic healthcare and 8.8 million are living in severely underserved areas, representing a 76% increase since before the conflict began.

Download a copy of book:

<http://publications.iom.int/books/malaria-yemen-needs-assessment-2017>

Featured Article



Maurice Ope, Raymond Nyoka, Ahmed Unshur, Fredrick O. Oyier, Shafe A. Mowlid, Brian Owino, Steve B. Ochieng, Charles I. Okello, Joel M. Montgomery, Burton Wagacha, Aleksandar Galev, Abdikadir Abdow, Mathew D. Esona, Jacqueline Tate, David Fitter, Susan T. Cookson, Balajee Arunmozhi, Nina Marano. **"Evaluation of the Field Performance of ImmunoCard STAT![®] Rapid Diagnostic Test for Rotavirus in Dadaab Refugee Camp and at the Kenya–Somalia Border."** *The American Journal of Tropical Medicine and Hygiene*, 96, no. 6 (2017): 1302-1306.

Abstract

Rotavirus commonly causes diarrhea in children, leading to hospitalization and even death. Rapid diagnostic tests are feasible alternatives for determining rotavirus outbreaks in refugee camps that have inadequate laboratory capacity. We evaluated the field performance of ImmunoCard STAT![®] Rotavirus (ICS-RV) in Dadaab Refugee Camp and at the Kenya–Somalia border. From May to December 2014, we prospectively enrolled children aged < 5 years hospitalized with acute diarrhea, defined as ≥ 3 episodes of loose stool in 24 hours for < 7 days. Stool samples were collected and tested by trained surveillance clerks using ICS-RV per manufacturer's instructions. The field performance characteristics of ICS-RV were evaluated against the gold standard test, Premier[™] Rotaclone[®] enzyme immunoassay. The operational characteristics were evaluated using World Health Organization (WHO) ASSURED criteria to determine whether ICS-RV is appropriate as a point-of-care test by administering a standard questionnaire and observing surveillance clerks performing the test. We enrolled 213 patients with a median age of 10 months (range = 1–48); 58.2% were male. A total of 71 (33.3%) and 60 (28.2%) patients tested positive for rotavirus infection by immunoassay and ICS-RV, respectively. The sensitivity, specificity, and positive and negative predictive values of ICS-RV compared with the immunoassay were 83.1% (95% confidence interval [CI] = 72.3–91.0), 99.3% (95% CI = 96.1–100), 98.3% (95% CI = 91.1–100), and 92.1% (95% CI = 86.6–95.5), respectively. The ICS-RV fulfilled the WHO ASSURED criteria for point-of-care testing. ICS-RV is a field-ready point-of-care test with good field performance and operational characteristics. It can be useful in determining rotavirus outbreaks in resource-limited settings.

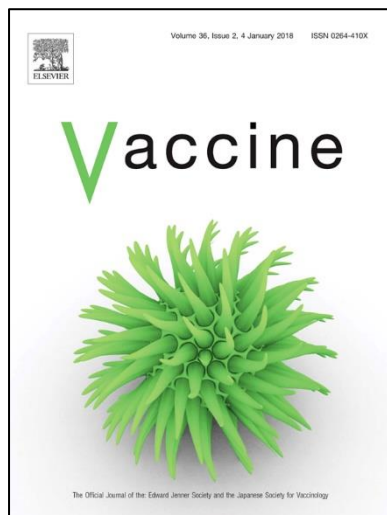
See full article:

<https://doi.org/10.4269/ajtmh.16-0885>

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Featured Article



Heesoo Joo, Brian Maskery, Tarissa Mitchell, Andrew Leidner, Alexander Klosovsky, Michelle Weinberg. **"A comparative cost analysis of the Vaccination Program for US-bound Refugees."** *Vaccine*, (Sep 2017).

Abstract

Background

Vaccination Program for US-bound Refugees (VPR) currently provides one or two doses of some age-specific Advisory Committee on Immunization Practices (ACIP)-recommended vaccines to US-bound refugees prior to departure.

Methods

We quantified and compared the full vaccination costs for refugees using two scenarios: (1) the baseline of no VPR and (2) the current situation with VPR. Under the first scenario, refugees would be fully vaccinated after arrival in the United States. For the second scenario, refugees would receive one or two doses of selected vaccines before departure and complete the recommended vaccination schedule after arrival in the United States. We evaluated costs for the full vaccination schedule and for the subset of vaccines provided by VPR by four age-stratified groups; all costs were reported in 2015 US dollars. We performed one-way and probabilistic sensitivity analyses and break-even analyses to evaluate the robustness of results.

Results

Vaccination costs with the VPR scenario were lower than costs of the scenario without the VPR for refugees in all examined age groups. Net cost savings per person associated with the VPR were ranged from \$225.93 with estimated Refugee Medical Assistance (RMA) or Medicaid payments for domestic costs to \$498.42 with estimated private sector payments. Limiting the analyses to only the vaccines included in VPR, the average costs per person were 56% less for the VPR scenario with RMA/Medicaid payments. Net cost savings with the VPR scenario were sensitive to inputs for vaccination costs, domestic vaccine coverage rates, and revaccination rates, but the VPR scenario was cost savings across a range of plausible parameter estimates.

Conclusion

VPR is a cost-saving program that would also reduce the risk of refugees arriving while infected with a vaccine preventable disease.

See full article:

<https://www.sciencedirect.com/science/article/pii/S0264410X17312409>

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Featured Article



Michael A. Flynn, Kolitha Wickramage.
"Commentary: Leveraging the Domain of Work to Improve Migrant Health." *International Journal of Environmental Research and Public Health*, 14, (2017): 1248.

Abstract

Work is a principal driver of current international migration, a primary social determinant of health, and a fundamental point of articulation between migrants and their host society. Efforts by international organizations to promote migrant health have traditionally focused on infectious diseases and access to healthcare, while international labour organizations have largely focused on issues of occupational health. The underutilization of the domain of work in addressing the health of migrants is truly a missed opportunity for influencing worker well-being and reducing societal economic burden. Understanding of the relationships among migration, work, and health would facilitate further integration of migrant health concerns into the policy agenda of governments and international agencies that work at the nexus of labor, health and development. The domain of work offers an opportunity to capitalize on the existing health and development infrastructure and leverage technical resources, programs and research to promote migrant health. It also provides the opportunity to advance migrant health through new and innovative approaches and partnerships.

See full article:

<http://www.mdpi.com/1660-4601/14/10/1248>

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