



We feature in our audio podcast section an interview with one of the authors of a study that examines the effectiveness of pre-entry active tuberculosis and post-entry latent tuberculosis screening among new-entrant migrants to the United Kingdom. This issue profiles several book chapters outlining the health commitments within the Global Compact for Safe, Orderly and Regular Migration and migration health governance. Research studies on community-based mental health and psychosocial support in emergencies and psychological morbidity and alcohol use disorder among migrants are also featured. The issue provides information for readers to contribute to an exciting new series on migration health launched by The BMJ, IOM and MHADRI network. See inside for details!

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International Journal of Migration, Health and Social Care, 2019, 15(4)

PODCAST

"One thing you could do, and we have to work on this, is to register early with primary care. This is key because that's where, in a tax-finance health system such as the NHS [National Health Service], a lot of the entry points to the health systems are given. And there is a very stark message there because we are fighting for inclusion of migrants, not only [the] visa applicants or refugees, but all types of migrants into a full package of universal health care. And this is important because we can see that we are preventing illness and we are preventing disease by doing so. And so that's a very timely and important reminder. The other thing of course is that we know that screening activities work, and we have augmented the evidence in carrying out this study and it is very reassuring to see that both active and latent TB screening are effective."

Dr. Dominik Zenner, IOM's Regional Migration Health Specialist in Europe, talks about their study that evaluates the interventions that might lead to a reduction in tuberculosis in high-income countries.

[LISTEN](#)

LATEST PUBLICATIONS

- The Global Compact for Safe, Orderly and Regular Migration: Adoption and Implementation**
Dominik Zenner, Poonam Dhavan, Kolitha Wickramage, Eliana Barragan, Jacqueline Weekers
In Health Diplomacy: Spotlight on Refugees and Migrants, WHO, 2019
The Global Compact for Safe, Orderly and Regular Migration (GCM) has been adopted by the majority of UN Member States in 2018. This book chapter outlines the elements that were proposed by IOM, WHO, other UN agencies, and Member States for inclusion in the GCM to ensure that migration health is addressed. The inclusion of these commitments is a significant step forward to promote migrant health, with health-related commitments and actions featured throughout the GCM. [SEE BOOK CHAPTER.](#)
- World Migration Report 2020: Chapter 7 - Migration and Health: Current Issues, Governance and Knowledge Gaps**
Jo Vearey, Charles Hui, Kolitha Wickramage
In World Migration Report 2020, IOM, 2019
This book chapter examines the four key aspects of migration and health: (a) the health of individual migrants ("migrant health"); (b) the ways in which migration can affect the health of populations ("public health"); (c) healthcare systems (response); and (d) the global governance of migration and health. It emphasizes the importance of investing in effective migration and health governance, and how current approaches could ideally be strengthened. [SEE BOOK CHAPTER.](#)
- Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement**
IOM, 2019
The manual aims to aid mental health and psychosocial support (MHPSS) experts and managers in designing, implementing and evaluating community-based MHPSS programs, projects, and activities for emergency-affected and displaced populations in humanitarian settings. It highlights the activation of context-specific, multidisciplinary support systems that build on existing strengths of affected communities, rather than limiting the intervention to the provision of services to respond to the deficits created by the emergency. [SEE MANUAL.](#)
- Effectiveness of pre-entry active tuberculosis and post-entry latent tuberculosis screening in new entrants to the UK: a retrospective, population-based cohort study**
Luis C Berrocal-Almanza, Ross Harris, Maeve K Lalor, Morris C Muzymba, John Were, Anne-Marie O'Connell, Adil Mirza, Onn-Min Kon, Ajit Lalvani, Dominik Zenner
The Lancet Infectious Diseases, 2019, 19(11)
The study assessed the effectiveness of screening for active tuberculosis before entry to the UK and for latent tuberculosis infection (LTBI) post-entry for reduction of tuberculosis in new-entrant migrants to the UK. It also investigated the effect of access to primary care on tuberculosis incidence in this population. The study revealed that pre-entry tuberculosis screening, early primary care registration, and LTBI screening are strongly and independently associated with a lower tuberculosis incidence among new-entrant migrants. [SEE FULL ARTICLE.](#)
- An evaluation of a tuberculosis case-finding and treatment program among Syrian refugees—Jordan and Lebanon, 2013–2015**
Andrew T. Boyd, Susan T. Cookson, Ibrahim Almahshayek, Hiam Yaacoub, M. Saiful Qayyum, Aleksandar Galev
BMC Conflict and Health, 2019, 13(32)
Since 2012 in Jordan and 2013 in Lebanon, IOM has supported the National TB Program (NTP) in detecting and treating TB among Syrian refugees. The study focused on case-finding, including contact investigations, and treatment components of the IOM program during 2013–2015 in Jordan and 2015 in Lebanon. The study showed that IOM's program of NTP support provides critical TB services for Syrian refugees with high treatment completion rates. [SEE FULL ARTICLE.](#)
- Using artificial intelligence to read chest radiographs for tuberculosis detection: A multi-site evaluation of the diagnostic accuracy of three deep learning systems**
Isabelle Zhi Zhen Qin, Melissa S. Sander, Bishwa Rai, Collins N. Titahong, Santat Sudrungrot, Sylvain N. Laah, Lal Mani Adhikari, E. Jane Carter, Lekha Puri, Andrew J. Codlin, Jacob Creswell
Scientific Reports, 2019, 9(1)
The study is a retrospective evaluation of three deep learning (DL) systems (i.e., CAD4TB, Lunit INSIGHT, and qXR) for detecting TB-associated abnormalities in chest radiographs (CXRs) from outpatients in Nepal and Cameroon. The study found out that using DL systems to read CXRs could reduce the number of Xpert MTB/RIF tests needed by 66% while maintaining sensitivity at 95% or better, and that these DL systems should be considered by TB programs where human resources are constrained, and automated technology is available. [SEE FULL ARTICLE.](#)
- Psychological morbidity in Nepali cross-border migrants in India: A community-based cross-sectional study**
Raja Ram Dhungana, Nirmal Aryal, Pratik Adhikary, Radheshyam Krishna KC, Pramod Raj Regmi, Bikash Devkota, Guna Nidhi Sharma, Kolitha Wickramage, Edwin van Teijlingen, Padam Simkhada
BMC Public Health, 2019, 19(1)
The study assesses the prevalence of and the factors associated with psychological morbidity among Nepali migrants upon their return from India. It demonstrates that psychological morbidity was prevalent in the study participants and varied significantly with individual characteristics, work conditions, and health. The study recommends multifaceted approaches including psychological counselling for returnees and protection of labour and health rights in the workplace to help reduce psychological morbidity. [SEE FULL ARTICLE.](#)
- Alcohol use disorders among Myanmar migrant workers in Thailand**
Deivi Gaitan, Valerie Daw Tin Shwe, Predrag Bajcevic, Anita Gagnon
International Journal of Migration, Health and Social Care, 2019, 15(4)
The study determines the prevalence of Alcohol Use Disorders (AUDs) among Myanmar male migrant workers (> 15 years) living in Mae Sot, Thailand, and their patterns of drinking. Given the health risks associated with AUDs and heavy episodic drinking, the findings of this study suggest a need for appropriate alcohol-related health education and intervention for Myanmar male migrant workers. [SEE FULL ARTICLE.](#)

Building alliances for the global governance of migration and health

Jo Vearey, Miriam Orcutt, Larry Gostin, Christy Adeola Braham, Patrick Duigan
The BMJ, 2019, 366

The article examines the barriers that migrants face in accessing healthcare and argues that these are counterproductive for the host countries. It underscores that governments should expand and enhance health systems, where necessary, to incorporate the needs of undocumented migrants in the national and local healthcare policies and plans. [SEE FULL ARTICLE.](#)

Healthcare is not universal if undocumented migrants are excluded

Helena Legido-Quigley, Nicola Pocock, Sok Teng Tan, Leire Pajin, Repepong Suphanchaimat, Kol Wickramage, Martin McKee, Kevin Pottie
The BMJ, 2019, 366

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The BMJ Migration Health Series

A joint collaboration among The BMJ, IOM, and the Migration Health and Development Research Initiative (MHADRI) network, the series aims to serve as a platform to discuss relevant issues and gaps in advancing migration and health at the national, sub-regional, regional and global levels.

An editorial and analytical pieces (see below) as well as an [info@aphis](#), are now available online.

Researchers, policymakers, practitioners, government authorities, civil society organizations, and migrant and refugee communities, especially from the Global South, are encouraged to submit collaborative policy and analytical pieces on the evidence, controversies, and interventions relating to migration health policies and practice. The series also welcomes multimedia content submission including photo essays, audio-visual story board narratives, audio recorded commentaries/interviews, and visual artwork.

[SUBMIT HERE](#)

Improving the health of migrants

Kolitha Wickramage, Paul J Simpson, Kamran Abbasi
The BMJ, 2019, 366

The editorial piece tackles how anti-migrant rhetoric among politicians and media as well as the lack of or weak policy frameworks focusing on the healthcare access and coverage of labour migrants, internally displaced populations, and internal migrants contribute to the gaps in addressing the health needs of migrants and migrant populations. It notes that addressing these gaps remain to be a challenge among policymakers, practitioners, civil society, and researchers to ensure that migration and mobility are integrated in the health systems at the global, regional, and national levels. [SEE EDITORIAL.](#)

ONLINE REFLECTION

A quick guide to quantitative measures in epidemiology

Assessing the association between two or more variables requires quantitative measurements. These measures can be classified into three types: (1) **measures of disease frequency** estimate the rate of occurrence of events (e.g., cardiovascular disease (CVD)); (2) **measures of association or effect** help assess the association between exposure and outcome (e.g., diet and CVD); and (3) **measures of potential impact** are used to evaluate the impact of any change in the exposure variable among the exposed and general population (e.g., dietary interventions for patients at risk for CVD). Together, measures of frequency and association enable the estimation of measures of impact.

Recognizing the potential overlap across the different types of measures and the apparent lack of standardized terminology, this [online diagram](#) provides a useful reference for researchers in developing a better understanding of these quantitative measures.

Other useful materials:
https://www.who.int/water_sanitation_health/dwg/rwchap7.pdf
<https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section5.html>

Migration Health Research Portal



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