



Migration Health Research Bulletin



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

6th Edition | Aug 2017

IN THIS EDITION

We profile a book launched last July on the analysis of migration and health related laws, policies and legal frameworks that impact upon access to health and malaria services in the Greater Mekong Subregion. We also present three articles; the first from IOM Thailand on multidrug-resistant tuberculosis patients from the Thailand-Myanmar border; the second from IOM Russia on pre-entry health assessment among labour migrants in the CIS; and lastly, from IOM Belgium on health-related aspects in the context of immigration detention in Europe.



Featured Book

WHO and IOM. ***Population Mobility and Malaria: Review of International, Regional and National Policies and Legal Frameworks that Promote Migrants and Mobile Populations' Access to Health and Malaria Services in the Greater Mekong Subregion (Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam).*** World Health Organization, Regional Office for South-East Asia, 2017.

Featured Research Articles

- 1) Thi, S. S., Parker, D. M., Swe, L. L., Pukrittayakamee, S., Ling, C. L., Amornpaisarnloet, K., Vincenti-Delmas, M., and Nosten, F. H. ***"Migration histories of multidrug-resistant tuberculosis patients from the Thailand-Myanmar border, 2012–2014."*** International Union Against Tuberculosis and Lung Disease, 21, no. 7 (2017): 753-758.
- 2) Sergeyeve, B. and Kazanets, I. ***"Potential benefits of pre-entry health assessment among labor migrants in the CIS context."*** International Journal of Migration, Health and Social Care, 13, no. 2 (2017): 265-276.
- 3) Rijks B., Schultz C., Petrova-Benedict R., Samuilova M. ***"Immigration Detention and Health in Europe."*** In: Elger B., Ritter C., Stöver H. (eds) Emerging Issues in Prison Health. Springer, 2017.



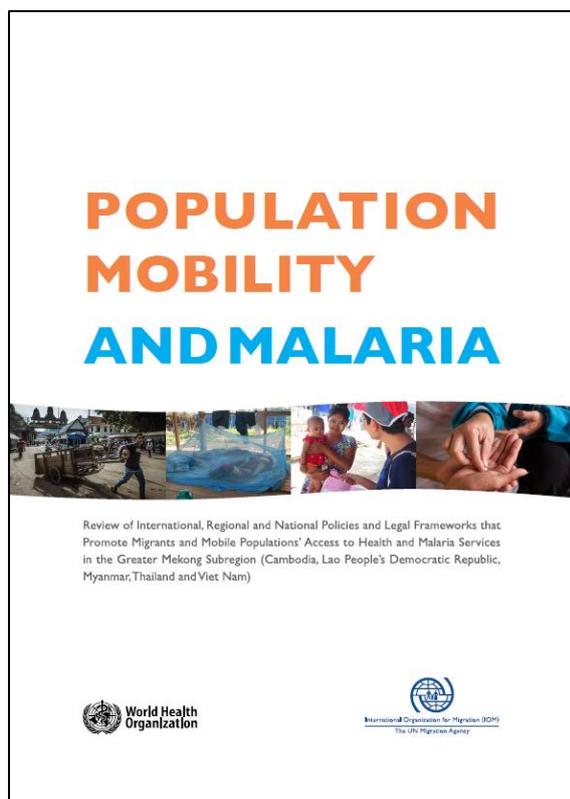
Featured Book

“The *Global Technical Strategy for Malaria 2016-2030* highlights among its five key principles and a key pillar, the importance of equity in access to services especially for the most vulnerable and hard-to-reach populations. This is also echoed in the recent *Framework for Malaria Elimination* (WHO, 2017) where elimination requires strong health systems in a country to ensure access, deliver quality services, track progress and rapidly and effectively respond to epidemiological challenges. In order to provide an evidence-base and guidance for malaria programme managers at national level, the International Organization for Migration (IOM), the World Health Organization (WHO) and key stakeholders in the five countries, collaborated on this document to provide recommendations on the technical implementation and policy implications of addressing malaria for MMPs [mobile and migrant populations].

A key part of this collaboration is the documentation and analysis of migration and health related laws, policies and legal frameworks existing as of 2015 that impact upon access to health and malaria services, whilst identifying the gaps and further opportunities for paving the way to eventual malaria elimination in the GMS [Greater Mekong Subregion].”

Patrick Duigan

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WHO and IOM. **Population Mobility and Malaria: Review of International, Regional and National Policies and Legal Frameworks that Promote Migrants and Mobile Populations' Access to Health and Malaria Services in the Greater Mekong Subregion (Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam).** World Health Organization, Regional Office for South-East Asia, 2017.

Scope and objective

This review aims to develop a guidance document on strategies to address malaria, artemisinin resistance and malaria elimination for migrant and mobile populations in five countries of the Greater Mekong Subregion (GMS), namely Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. For the purpose of this report, the People's Republic of China (PRC, specifically Yunnan Province and Guangxi Zhuang Autonomous Region), which is also part of the Greater Mekong Subregion, is not covered in the study.

The study identifies and describes existing laws, policies and legal frameworks in both health and non-health sectors (such as labour and immigration) that impact on migrants and mobile populations' access to health services or ensure occupational health and safety of workers, in particular malaria interventions. The review of the existing laws and policies in the aforementioned five countries was conducted between April and June 2015; thus, this report outlines the situation as of June 2015.

Methodology

This report compiles findings from the five GMS countries, Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. Each country review was conducted by in-country consultants or IOM country offices and further reviewed by the IOM Regional Office for Asia and the Pacific and the WHO Thailand Office (Emergency Response to Artemisinin Resistance (ERAR)-GMS). A regional consultant was responsible for gathering applicable regional data and integrating all country reports. Technical review of the report was conducted by the Migration Health Unit of the IOM Regional Office for Asia and the Pacific with inputs from the WHO ERAR focal person for Malaria and Border Health based at the Thailand Office of WHO.

The methods used for this research include (1) reviews of existing documentation, electronic database, publications among other sources, detailing how Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam have addressed the health of inbound, outbound and internal migrants and responded to the global and regional migration and/or health frameworks, such as ASEAN resolutions, Memoranda of Understanding (MoUs) and beyond; and (2) supplementary informal discussions with key actors, such as the International Relations Division (IRD) of the Ministry of Health and other ministries of Myanmar and Cambodia, the Ministry of Health and Ministry of Foreign Affairs of Lao People's Democratic Republic as well as other experts in the field of malaria in Thailand.

The report also makes reference to Universal Health Coverage, International Labour Organization (ILO) conventions on Occupational Health and Safety, the International Health Regulations (IHR), WHA61.17, WHA68.2, AIM 2016–2030 and others as benchmarks, and considers their application in the context of malaria elimination and artemisinin resistance. Furthermore, this report identifies existing gaps and opportunities affecting the implementation of health policies and laws. It utilizes available data, reports, studies and publications to identify the trends and patterns of migration within and between countries and their implications on malaria in the Greater Mekong Subregion.

Download a copy of the book:

http://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/MMP_GMS_Legal%20Frameworks_2017.pdf

Featured Article



Thi, S. S., Parker, D. M., Swe, L. L., Pukrittayakamee, S., Ling, C. L., Amornpaisarnloet, K., Vincenti-Delmas, M., and Nosten, F. H. **“Migration histories of multidrug-resistant tuberculosis patients from the Thailand-Myanmar border, 2012–2014.”** *International Union Against Tuberculosis and Lung Disease*, 21, no. 7 (2017): 753-758.

Abstract

Setting

Multidrug-resistant tuberculosis (MDR-TB) is a growing public health threat in South-East Asia. TB is typically a disease of poverty and can be spread by infectious humans who migrate from one region to another.

Design

The authors interviewed 20 MDR-TB patients on the Thailand-Myanmar border with regard to their migration histories. Migration origins and destinations were mapped.

Results

All but one participant had a history of migration, and maps of migration ranges revealed wide geographic dispersal. Most described living and work conditions that could contribute to the spread of drug-resistant TB, including numerous contacts and crowded living quarters.

Conclusion

Results show that at least some migrant workers in the region carry MDR-TB, and indicate that this subgroup of the population is important with regard to the transmission of MDR-TB throughout the region. Migrants in this region come into contact with high numbers of people and may be able to spread the disease across wide geographic ranges. Access to diagnosis and treatment and socio-economic development are at least as important as any TB control measures, meaning that innovative and bold approaches that extend across international borders are needed to address these problems.

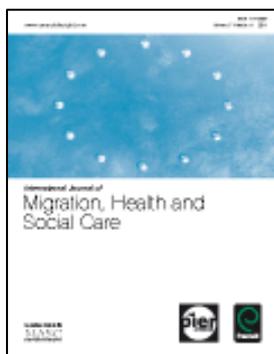
See full article:

<https://doi.org/10.5588/ijtld.16.0658>

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Featured Article



Sergeyev, B. and Kazanets, I. **“Potential benefits of pre-entry health assessment among labor migrants in the CIS context.”** *International Journal of Migration, Health and Social Care*, 13, no. 2 (2017): 265-276.

Abstract

Purpose

Influx of labor migrants into Russia makes it necessary to put TB prevention measures in place, both inside and outside of Russian borders. While inside Russia TB response is premised on testing migrants applying for work or residence permits for diseases of public significance, millions of migrants – specifically, those working without completing necessary paperwork – evade this requirement. In light of that, the purpose of this paper is to propose introducing disease screening in migrant-sending countries, i.e. testing of potential migrants for infectious diseases in local medical institutions certified by Russian authorities.

Design/methodology/approach

To support the proposal, the authors provide review of official data on TB prevalence among migrants in Russia as well as publications on international experience with conducting disease screening in migrant-sending countries.

Findings

Available studies demonstrate that conducting disease screening programs in migrant-sending countries is associated with earlier detection of TB cases, shorter period of infectiousness and hospitalization, and significant savings in health budget.

Originality/value

Taking into account this experience, the authors propose introducing disease screening programs in CIS both under current legal arrangements and with the requirement for labor migrants to produce medical certificate when entering Russia being introduced. The need for trans-border cooperation in assuring positive health outcomes among labor migrants is also highlighted.

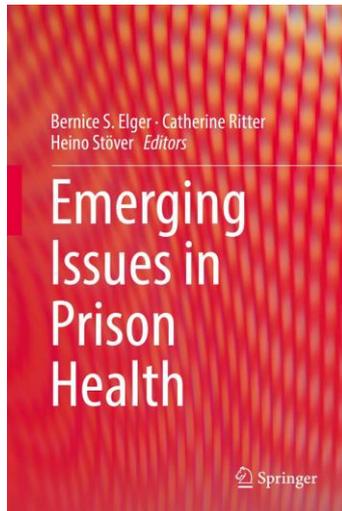
See full article:

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Featured Article



Rijks B., Schultz C., Petrova-Benedict R., Samuilova M. **“Immigration Detention and Health in Europe.”** In: Elger B., Ritter C., Stöver H. (eds) *Emerging Issues in Prison Health*. Springer, 2017.

Abstract

In Europe, irregular migrants and rejected asylum-seekers still face detention. This chapter examines the most important aspects related to health in the context of immigration detention in Europe. Reviewing the literature and drawing on field evidence from IOM projects, it identifies the main health conditions of migrants in detention and looks into the common EU standards set in the Return Directive and the Reception Condition Directive as well as the relevant non-binding resolutions of the Council of Europe. The main finding is that despite these policies being in place, conditions typically found in European migrant detention facilities pose risks both to the physical and mental health of migrants as well as to immigration officials and health professionals working with detainees. Health conditions in detention facilities need to be improved by avoiding overcrowding and prison-like conditions as well as training staff to the specific requirements of immigration detention.

See full article:

https://doi.org/10.1007/978-94-017-7558-8_14

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