



## IN THIS EDITION

We profile articles featured in the landmark UCL-Lancet Commission report on Migration and Health in December 2018 and feature research papers centering on tuberculosis and human mobility. Also, we present a study that summarizes the work done to address the legal obstacles that migrants face in accessing health services in the Greater Mekong Subregion countries and its impact on malaria elimination as well as a study looking at whether the risk of suicidal behaviour is increased in left-behind family members.

An exciting new feature of the Bulletin is the introduction of an Audio Podcast with IOM authors/contributors featured on the issue!

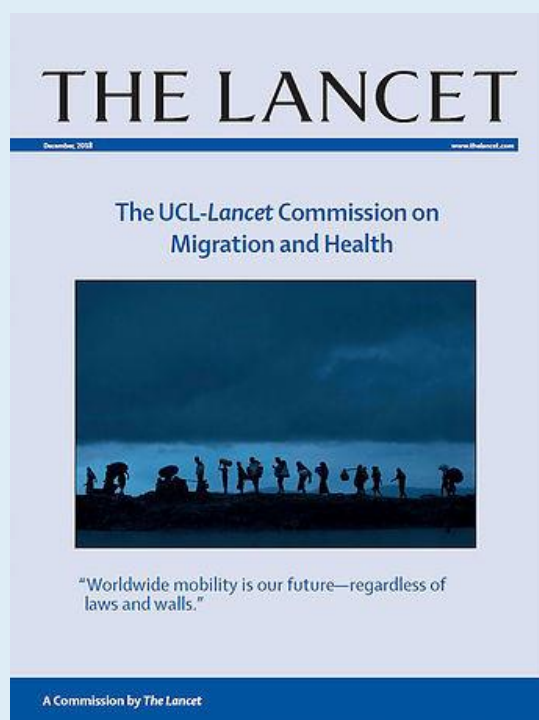


## Articles

- ❶ Ibrahim Abubakar, Robert W Aldridge, Delan Devakumar, Miriam Orcutt, Rachel Burns, Mauricio L Barreto, Poonam Dhavan, Fouad M Fouad, Nora Groce, Yan Guo, Sally Hargreaves, Michael Knipper, J Jaime Miranda, Nyovani Madise, Bernadette Kumar, Davide Mosca, Terry McGovern, Leonard Rubenstein, Peter Sammonds, Susan M Sawyer, Kabir Sheikh, Stephen Tollman, Paul Spiegel, Cathy Zimmerman, on behalf of the UCL-Lancet Commission on Migration and Health. "The UCL-Lancet Commission on Migration and Health: the health of a world on the move." *The Lancet*, 2018, 392(10164): 2606-2654.
- ❷ Kolitha Wickramage, Giuseppe Annunziata. "Advancing health in migration governance, and migration in health governance..." *The Lancet*, 2018, 392(10164): 2528-2530.
- ❸ Delan Devakumar, Neal Russell, Lisa Murphy, Kolitha Wickramage, Susan M Sawyer, Ibrahim Abubakar. "Children and adolescents on the move: what does the Global Compact for Migration mean for their health?" *The Lancet Child & Adolescent Health*, 2019, 3(2): 64-66.
- ❹ Montira Inkochasan, Deyer Gopinath, Estefanía Vicario, Aimee Lee, Patrick Duigan. "Access to health care for migrants in the Greater Mekong Subregion: policies and legal frameworks and their impact on malaria control in the context of malaria elimination." *WHO South-East Asia Journal of Public Health*, 2019, 8(1): 26-34.
- ❺ IOM. "Regional Migrant Health Survey on Tuberculosis and HIV and Health Service Response for Migrants in Armenia, Azerbaijan and Georgia." 2019.
- ❻ Barbara H. Bardenheier, Meda E. Pavkov, Carla A. Winston, Alex Klosovsky, Catherine Yen, Stephen Benoit, Stefan Gravenstein, Drew L. Posey, Christina R. Phares. "Prevalence of Tuberculosis Disease Among Adult US-Bound Refugees with Chronic Kidney Disease." *Journal of Immigrant and Minority Health*, 2019.
- ❼ Claudia C. Dobler, Greg J. Fox, Paul Douglas, Kerri A. Viney, Faiz Ahmad Khan, Zelalem Temesgen, Ben J. Marais. "Screening for tuberculosis in migrants and visitors from high-incidence settings: present and future perspectives." *European Respiratory Journal*, 2019, 52.
- ❽ Jacob Creswell, Zhi Zhen Qin, Rajendra Gurung, Bikash Lamichhane, Deepak Kumar Yadav, Mohan Kumar Prasai, Nirmala Bista, Lal Mani Adhikari, Bishwa Rai, Santat Sudrungrot. "The performance and yield of tuberculosis testing algorithms using microscopy, chest x-ray, and Xpert MTB/RIF." *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases*, 2019, 14: 1-6.
- ❾ Duleeka Knipe, Helen Lambert, Melissa Pearson, Michael Eddleston, Shaluka Jayamanne, Kolitha Wickramage, Keith Hawton, Flemming Konradsen, Chris Metcalfe, David Gunnell. "Are left-behind families of migrant workers at increased risk of attempted suicide? – a cohort study of 178,000+ individuals in Sri Lanka." *BMC Psychiatry*, 2019, 19(25).



## UCL–Lancet Commission on Migration and Health



In December 2018, the University College London (UCL) and The Lancet jointly launched its “UCL–Lancet Commission on Migration and Health: the health of a world on the move”, a landmark report that aimed to debunk myths about migrants, and articulate evidence-based approaches to inform policy and programs. IOM contributed to this study as a commissioner, as well as in reviewing and writing analytical commentaries, such as “Advancing health in migration governance, and migration in health governance”.

The launch coincided with the adoption of the Global Compact for Safe, Orderly and Regular Migration (also known as the Global Compact for Migration or GCM) by the majority of UN Member States at an Intergovernmental Conference in Marrakesh, Morocco. The Global Compact for Migration presents framework and opportunity for Member States to improve the governance of migration and address related challenges as well as strengthen the contribution of migrants and migration to sustainable development.

In line with this, IOM supported two side-events that took place in Marrakesh in December, namely: “Mainstreaming Health of Migrants in the Implementation and Review of GCM” initiated by IOM, and “Health: The Key to Migration’s Role in Sustainable Development” initiated by UCL and The Lancet. In April 2019, regional launch of the “UCL–Lancet Commission on Migration and Health: the health of a world on the move” will take place in Kathmandu, also supported by IOM and the Migration Health and Development Research Initiative (MHADRI).

To learn more:

The UCL–Lancet Commission on Migration and Health

Available at: <https://www.thelancet.com/commissions/migration-health>

Global Compact for Migration

Available at: <https://www.iom.int/global-compact-migration>

## Article



### **The UCL–Lancet Commission on Migration and Health: the health of a world on the move**

Ibrahim Abubakar, Robert W Aldridge, Delan Devakumar, Miriam Orcutt, Rachel Burns, Mauricio L Barreto, Poonam Dhavan, Fouad M Fouad, Nora Groce, Yan Guo, Sally Hargreaves, Michael Knipper, J Jaime Miranda, Nyovani Madise, Bernadette Kumar, Davide Mosca, Terry McGovern, Leonard Rubenstein, Peter Sammonds, Susan M Sawyer, Kabir Sheikh, Stephen Tollman, Paul Spiegel, Cathy Zimmerman, on behalf of the UCL–Lancet Commission on Migration and Health.

*The Lancet*, 2018, 392(10164): 2606-2654.

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The UCL–Lancet Commission on Migration and Health examines key issues surrounding migration at present and outlines evidence-informed approaches in crafting migrant-sensitive and migrant-inclusive national, regional and global policies and programs. Brought forward through international collaboration, the report presents evidence that challenges the myths around migration and looks at the benefits and contribution that migrants make in the host country. The report also provides an in-depth profiling of migration and health discourses in relation to gender, education, culture and identity, rights, legal and economic issues, as well as environmental hazards and climate change.

The report looks at the determinants of health at any point in the migration cycle (from place of origin, transit, destination, and return). Challenges to healthy migration are also explored. For example, the study reiterated that discrimination, gender inequalities, and exclusion from health and social services persist and these have a negative influence on the health of the migrants.

The Commission offers an extensive set of recommendations or call to action to key stakeholders, including the governments, NGOs, CSOs, private sector, academe/researchers, UN/inter-governmental organizations, and migrant groups/migrant themselves. These key messages are outlined in Figure 1. It calls for the implementation and adherence to the health objectives of the Global Compact for Migration and Global Compact on Refugees among governments. It also calls for migrant-inclusive policies and services across all sectors that affect the health of migrants. Further, the Commission stressed that to better address the health of migrants through evidence generation, better data collection, robust research and research funding should be put in place.

**Key messages**

- We call on nation states, multilateral agencies, non-governmental organisations, and civil society to positively and effectively address the health of migrants by improving leadership and accountability. First, we urge the UN to appoint a Special Envoy on Migration and Health and national governments to have a country-level focal point for migration and health. This would enable much needed coordination and also ensure that migrants are included in all decisions about their health. Second, we propose that a Global Migration and Health Observatory is established to develop evidence-based migration and health indicators to ensure better reporting, monitoring, transparency, and accountability on the implementation of the Global Compact for Migration and the Global Compact on Refugees.
- International and regional bodies and states should re-balance policy making in migration to give greater prominence to health by inviting health representatives to high level policy making forums on migration. Health leaders and practitioners should fully engage in dialogues on the macroeconomic forces that affect population mobility and participate in multisector budgeting and programme planning for migrants.
- Racism and prejudice should be confronted with a zero tolerance approach. Public leaders and elected officials have a political, social, and legal responsibility to oppose xenophobia and racism that fuels prejudice and exclusion of migrant populations. Health professionals' and organisations' awareness of racism and prejudice should be strengthened through regulatory and training bodies including accreditation, educational courses, and continuous professional development. Civil society organisations should hold leaders to account to ensure the implementation of these obligations.
- Universal and equitable access to health services and to all determinants of the highest attainable standard of health within the scope of universal health coverage needs to be provided by governments to migrant populations, regardless of age, gender, or legal status. Solutions should include input from migrants and be specific to the diverse migrant populations. For those exposed to disaster or conflict, or both, mobility models and Disaster Risk Reduction systems should be integrated. Targeted interventions to improve the rights of migrant workers, their knowledge of workplace health and safety, and entitlement to health care are needed.

Figure 1. Key Messages. Reprinted from 'The UCL–Lancet Commission on Migration and Health: the health of a world on the move,' by Ibrahim Abubakar, et al., 2018, *The Lancet*, 392, p. 2606. Copyright by Elsevier Ltd.

See full article:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32114-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32114-7/fulltext)

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## Articles

### THE LANCET

#### **Advancing health in migration governance, and migration in health governance**

Kolitha Wickramage, Giuseppe Annunziata

*The Lancet*, 2018, 392(10164): 2528-2530

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This commentary piece welcomes the UCL–Lancet Commission on Migration and Health and unpacks some of the recommendations made by the Commission. In line with the Commission, the commentary calls for increased investments in research to inform programs and policies; meaningful participation of migrants and communities affected by migration in driving action; and engagement of relevant government agencies, NGOs, academe, civil society, private sector, media, and international organizations to bring the issues around migration and health at the forefront as well as to increase interest and commitment to generating evidence to address these issues.

See full article:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32855-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32855-1/fulltext)

### THE LANCET Child & Adolescent Health

#### **Children and adolescents on the move: what does the Global Compact for Migration mean for their health?**

Delan Devakumar, Neal Russell, Lisa Murphy, Kolitha Wickramage, Susan M Sawyer, Ibrahim Abubakar

*The Lancet Child & Adolescent Health*, 2019, 3(2): 64-66

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The article outlines the health objectives of the Global Compact for Migration that intersect with children and adolescents. For example, the Global Compact for Migration mentions that children and adolescents should be provided access to health care services, including mental health services, and continuity of care across borders, at any point in the migration cycle. However, it failed to mention about safeguarding the health of children and adolescents who are left behind when one or both parents migrate.

The authors offer a set of actions for health advocates who want to leverage their work around the Global Compact for Migration. Such action points include setting migration and health as a research priority, advocating to governments the implementation of the Global Compact for Migration, and promoting the inclusion of what are currently absent from the health objectives of the Global Compact for Migration, including reproductive and maternal health as these clearly relate to neonatal, child, and adolescent health.

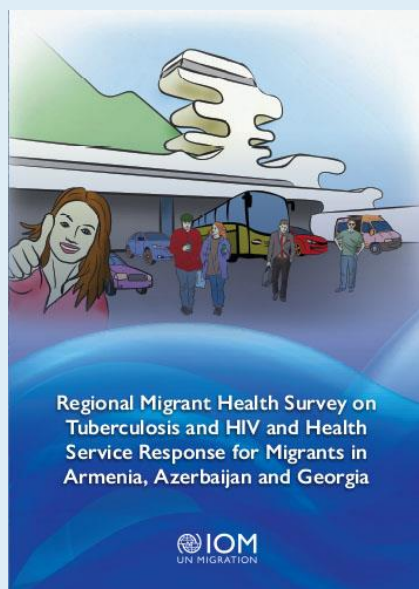
See full article:

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(18\)30376-6/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(18)30376-6/fulltext)

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## Report



### **Regional Migrant Health Survey on Tuberculosis and HIV and Health Service Response for Migrants in Armenia, Azerbaijan and Georgia**

IOM, 2019

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#### Executive Summary

##### *Background*

This report presents findings from qualitative and quantitative research among migrants in the South Caucasus countries of Armenia, Azerbaijan and Georgia. The objective of the qualitative research was to assess experiences with and access to public healthcare services related to human immunodeficiency virus (HIV) and tuberculosis (TB) in migrants' own countries and abroad. Specific goals were to clarify barriers on availability, accessibility, acceptability and quality (AAAQ) of TB/HIV health services for migrants within the countries of origin and destination and collect

recommendations and opinions to improve AAAQ of TB/HIV health services for migrants.

##### *Methods*

The qualitative research consisted of focus group discussions with migrants and in-depth (Armenia only) interviews with migrants and persons working with or knowledgeable about migrants. For the quantitative surveys, labour migrants (working in another country for the purposes of labour for at least three months but not more than one year in the past year) were selected with different sampling approaches.

##### *Findings*

Qualitative findings indicate that most migrants are less aware of available TB-related services compared to HIV-related services. Many migrants consider themselves not at risk for an HIV or TB infection. Few reported that they and their peers would seek HIV testing or TB screening unless recommended by a doctor, becoming very sick or unless it was required by officials. Stigma appears to be one of the barriers to HIV testing and TB screening, and also fear of deportation.

##### *Discussion and Recommendations*

Migrants in the three countries are generally unaware about the risks of HIV and TB and do not seek voluntary screening or testing unless they have to. These findings indicate that countries need to expand awareness among migrants about HIV and TB risks, as well as screening and voluntary counselling and testing (VCT) options. Also, countries should scale up programmes that provide migrant-inclusive health services, which include interpreters or medical social workers, as well as informed and welcoming health-care workers, and consider offering free VCT, diagnostic and treatment services for migrant populations.

See full report:

<http://publications.iom.int/books/regional-migrant-health-survey-tuberculosis-and-hiv-and-health>

## Article



### Prevalence of Tuberculosis Disease Among Adult US-Bound Refugees with Chronic Kidney Disease

Barbara H. Bardenheier, Meda E. Pavkov, Carla A. Winston, Alex Klosovsky, Catherine Yen, Stephen Benoit, Stefan Gravenstein, Drew L. Posey, Christina R. Phares

*Journal of Immigrant and Minority Health*, 2019

#### Abstract

The association between chronic kidney disease (CKD) and tuberculosis disease (TB) has been recognized for decades. Recently CKD prevalence is increasing in low- to middle-income countries with high TB burden. Using data from the required overseas medical exam and the recommended US follow-up exam for 444,356 US-bound refugees aged  $\geq 18$  during 2009–2017, we ran Poisson regression to assess the prevalence of TB among refugees with and without CKD, controlling for sex, age, diabetes, tobacco use, body mass index (kg/m<sup>2</sup>), prior residence in camp or non-camp setting, and region of birth country. Of the 1117 (0.3%) with CKD, 21 (1.9%) had TB disease; of the 443,239 who did not have CKD, 3380 (0.8%) had TB. In adjusted analyses, TB was significantly higher among those with than without CKD (prevalence ratio 1.93, 95% CI: 1.26, 2.98,  $p < 0.01$ ). Healthcare providers attending to refugees need to be aware of this association.

See full article:

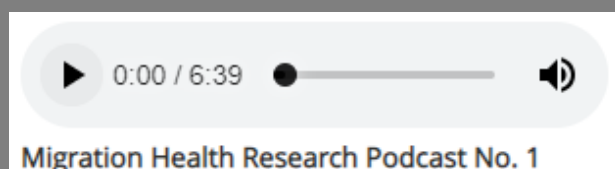
<https://www.ncbi.nlm.nih.gov/pubmed/30612283>

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#### LISTEN HERE: Migration Health Research Podcast



Dr. Alexander Klosovsky discusses the association between chronic kidney disease and tuberculosis among adult refugees going to the United States.



*Our study confirmed the known association between CKD and TB in refugee populations. Although we may have underestimated its magnitude, CKD is likely more prevalent in refugees than our data has shown. Therefore, healthcare providers attending to refugees need to be aware of this association and need to pay specific attention to diagnosing conditions for increased risk of developing TB because quite likely, based on our findings, these conditions are underdiagnosed.*

**Dr. Alexander Klosovsky**

## Article



EUROPEAN RESPIRATORY *journal*

FLAGSHIP SCIENTIFIC JOURNAL OF ERS

### **Screening for tuberculosis in migrants and visitors from high-incidence settings: present and future perspectives**

Claudia C. Dobler, Greg J. Fox, Paul Douglas, Kerri A. Viney, Faiz Ahmad Khan, Zelalem Temesgen, Ben J. Marais

*European Respiratory Journal*, 2019, 52

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#### Abstract

In most settings with a low incidence of tuberculosis (TB), foreign-born people make up the majority of TB cases, but the distribution of the TB risk among different migrant populations is often poorly quantified. In addition, screening practices for TB disease and latent TB infection (LTBI) vary widely. Addressing the risk of TB in international migrants is an essential component of TB prevention and care efforts in low-incidence countries, and strategies to systematically screen for, diagnose, treat and prevent TB among this group contribute to national and global TB elimination goals.

This review provides an overview and critical assessment of TB screening practices that are focused on migrants and visitors from high to low TB incidence countries, including pre-migration screening and post-migration follow-up of those deemed to be at an increased risk of developing TB. We focus mainly on migrants who enter the destination country via an application for a long-stay visa, as well as asylum seekers and refugees, but briefly consider issues related to short-term visitors and those with long-duration multiple-entry visas. Issues related to the screening of children and screening for LTBI are also explored.

See full article:

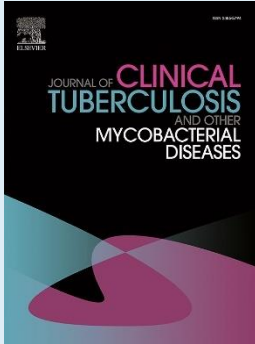
<https://erj.ersjournals.com/content/52/1/1800591.abstract>

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## Article



### The performance and yield of tuberculosis testing algorithms using microscopy, chest x-ray, and Xpert MTB/RIF

Jacob Creswell, Zhi Zhen Qin, Rajendra Gurung, Bikash Lamichhane, Deepak Kumar Yadav, Mohan Kumar Prasai, Nirmala Bista, Lal Mani Adhikari, Bishwa Rai, Santat Sudrungrot

*Journal of Clinical Tuberculosis and Other Mycobacterial Diseases*, 2019, 14: 1-6

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#### Abstract

##### Setting

The introduction of Xpert MTB/RIF (Xpert) and renewed interest in chest x-ray (CXR) for tuberculosis testing have provided additional choices to the smear-based diagnostic algorithms used by TB programs previously. More programmatic data is needed to better understand the implications of possible approaches.

##### Objective

We sought to evaluate how different testing algorithms using microscopy, Xpert and CXR impacted the number of people detected with TB in a district hospital in Nepal.

##### Design

Consecutively recruited patients with TB-related symptoms were offered smear microscopy, CXR and Xpert. We tested six hypothetical algorithms and compared yield, bacteriologically positive (Bac+) cases missed, and tests conducted.

##### Results

Among 929 patients, Bac+ prevalence was 17.3% (n = 161). Smear microscopy detected 121 (75.2% of Bac+). Depending on the radiologists' interpretation of CXR, Xpert testing could be reduced by (31%–60%). Smear microscopy reduced Xpert cartridge need slightly but increased the overall diagnostic tests performed.

##### Conclusion

Xpert detected a large proportion of Bac+ TB cases missed by microscopy. CXR was useful in greatly reducing the number of diagnostic tests needed even among presumptive TB patients. Loose CXR readings should be used to identify more people for TB testing. More analysis of costs and standardized CXR reading should be considered.

See full article:

<https://www.sciencedirect.com/science/article/pii/S2405579418300482>

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## Article



**Access to health care for migrants in the Greater Mekong Subregion: policies and legal frameworks and their impact on malaria control in the context of malaria elimination**

Montira Inkochasan, Deyer Gopinath, Estefanía Vicario, Aimee Lee, Patrick Duigan

*WHO South-East Asia Journal of Public Health*, 2019, 8(1): 26-34

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Abstract

The launch of the Global compact for safe, orderly and regular migration in December 2018 marked the first-ever United Nations global agreement on a common approach to international migration in all its dimensions. The global compact aims to reduce the risks and vulnerabilities migrants face at different stages of migration, by respecting, protecting and fulfilling their human rights and providing them with care and assistance. A key example of the intersection of the right to health and migration is seen in the Greater Mekong Subregion (GMS) – comprising Cambodia, Lao People’s Democratic Republic, Myanmar, the People’s Republic of China (Yunnan Province and Guangxi Zhuang Autonomous Region), Thailand and Viet Nam. The GMS has a highly dynamic and complex pattern of fluctuating migration, and population mobility has been identified as an important concern in the GMS, since five of the six GMS countries are endemic for malaria. Based on the concept of universal health coverage, and as endorsed by the 61st World Health Assembly in 2008, migrants, independently of their legal status, should be included in national health schemes. This paper summarizes work done to understand and address the legal obstacles that migrants face in accessing health services in the GMS countries, and the impact that these obstacles have in relation to elimination of malaria and containment of artemisinin resistance. Despite efforts being made towards achieving universal health coverage in all the GMS countries, no country has current health and social protection regulations to ensure migrants’ access to health services, although in Thailand documented and undocumented migrants can opt for acquiring health insurance. Additionally, there is a lack of migrant-inclusive legislation in GMS countries, since barriers to accessing health services for migrants – such as language and/or socioeconomic factors – have been scarcely considered. Advocacy to promote legislative approaches that include migrants’ health needs has been made at global and regional levels, to overcome these barriers. Assistance is available to Member States for reviewing and adopting migrant-friendly policies and legal frameworks that promote rather than hinder migrants’ and mobile populations’ access to health services.

See full article:

<https://www.ncbi.nlm.nih.gov/pubmed/30950427>

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## Article



### **Are left-behind families of migrant workers at increased risk of attempted suicide? – a cohort study of 178,000+ individuals in Sri Lanka**

Duleeka Knipe, Helen Lambert, Melissa Pearson, Michael Eddleston, Shaluka Jayamanne, Kolitha Wickramage, Keith Hawton, Flemming Konradsen, Chris Metcalfe, David Gunnell  
*BMC Psychiatry*, 2019, 19(25)

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#### Abstract

##### *Background*

There are an estimated 258 million international migrants worldwide. In Asia low-skilled workers often emigrate on a temporary basis (2–3 years) without their families. There is significant concern over the mental health and wellbeing of left-behind families in this region. No previous study has examined whether the risk of suicidal behaviour is elevated in left-behind family members.

##### *Methods*

Cohort study using baseline data from a large randomised controlled trial in Sri Lanka (n = 178,730 participants; 8% households had a current temporary foreign migrant) and prospective hospital presentations of suicide attempts. Using multilevel Poisson regression models, we compared the risk of attempted suicide in households with left-behind and non-left-behind family members. We also investigated whether the sex of the migrant or the age/sex of the household member left behind altered any associations.

##### *Results*

The risk of an attempted suicide was elevated in female migrant households (IRR 1.60 95% CI 1.38, 1.85), but not male migrant households (IRR 1.01 95% CI 0.76, 1.36) with strong evidence that risk differed for female vs. male migrant households (p-value = 0.005). We found no evidence that the age or sex of the left-behind household member altered the association observed.

##### *Conclusions*

This analysis suggests that members of households with a temporary female foreign migrant are at an increased risk of attempted suicide, but these findings must be interpreted with caution. The increased risk of suicidal behaviour in these households may be due to factors that were present before the migration and persist post-migration (e.g., household violence, poverty).

See full article:

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-2000-8>

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## Reflection

### Global Burden of Disease (GBD) Study

*What is the Global Burden of Disease Study and how is this useful in crafting evidence-informed health policies and programs?*

GBD Study refers to the global research program spearheaded by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington that looks at the death and disability from diseases, injuries, and risk factors by age, sex, and country/region. It is an international collaboration spanning 195 countries and territories looking at approximately 450 diseases, injuries, and risk factors.

The Study generates evidence that may help respond to a number of research questions, for instance:

- 1) What diseases, injuries, and risk factors cause the most early death and disability in a given country?
- 2) How does health performance differ across countries?
- 3) When designing an intervention to improve the health of young women, which health problems should be targeted to make the greatest impact?

Further, GBD Study offers measures to help frame planning health improvement at the local, national and global levels. An example is indicated below.

#### **Case: Utilizing the GBD Study**

#### **Global, regional, and national burden of tuberculosis, 1990–2016: results from the Global Burden of Diseases, Injuries, and Risk Factors 2016 Study**

GBD Tuberculosis Collaborators, *The Lancet Infectious Diseases*, 2018, 18(12): 1329-1349

*Background:* The study assessed the levels and trends in the fatal and non-fatal burden of tuberculosis by drug resistance and HIV status for 195 countries and territories from 1990 to 2016.

*Findings:* If current trends in tuberculosis incidence continue, few countries are likely to meet the Sustainable Development Goal (SDG) target to end the tuberculosis epidemic by 2030. Progress needs to be accelerated by improving the quality of and access to tuberculosis diagnosis and care, by developing new tools, scaling up interventions to prevent risk factors for tuberculosis, and integrating control programs for tuberculosis and HIV.

See full article:

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30625-X/fulltext#](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30625-X/fulltext#)

To produce robust and rigorous estimates, the GBD Study utilizes diverse data sources including censuses, birth and death registrations, disease registries, peer-reviewed literature, online data repositories, interviews, among others. Since migration-specific variables are not captured within the available data at the national level, disaggregation of disease and mortality estimates along migration variables becomes challenging.

To learn more:

#### **Global Burden of Disease (GBD)**

Available at: <http://www.healthdata.org/gbd>

*Comments or Questions*

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