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Reflections on the State of the Art series on TB and migration, and the way forward

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OVER THE PAST YEAR, the *Grey Journal* has taken a bold step towards recognizing the critical importance of migrant health as a public health priority. Since the launch of the State of the Art (SoA) series on TB and migration in August 2017, the challenge of global migration for TB care and prevention has not diminished. Millions have experienced migration—either voluntarily or forced—due to economic hardship, military conflicts, or other disasters.¹ Migration has been a fundamental human experience since the beginning of time and is undoubtedly likely to continue. Therefore, as the SoA series has demonstrated, addressing migrant-specific health needs is a shared responsibility of the global health community that entails not only efforts in low-burden countries that receive the majority of migrants, but also strengthening of TB care and prevention in high-burden countries to lower overall TB incidence and minimize risk in future migrants.

In the final article of the series, in this issue of the *Journal*, Shete and colleagues provide a conceptual framework for countries to develop a migrant-inclusive TB research agenda addressing critical areas where evidence gaps remain.² They focus on epidemiologic research, including operational and implementation science along the full cascade of care, in addition to social protection research, which is particularly important in this highly vulnerable population. Importantly, the authors tackle the practical issue of operationalizing migrant-inclusive research agendas that, by their very nature, often require cross-country collaboration. A key challenge, however, is that research priorities in migrant-receiving (high or low TB burden countries) and migrant-origin countries may differ, and must therefore be harmonized at the outset in order to foster collaboration. An innovative approach is proposed where by regional research ‘hubs’ or platforms would be established

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that are tailored to addressing the evidence gaps in this population, along with translating and disseminating knowledge that is relevant to the region. Such hubs are already starting to emerge.³ This shared approach would serve to benefit not only the migrant population, but also the communities and countries from which they originate and to which they travel.

In today's increasingly interconnected world, as migration—temporary or permanent—surges throughout all regions, countries should consider migrant-specific health needs as part of their general health systems. For TB programs, in particular, fundamental challenges remain in the prompt diagnosis and treatment of latent infection with *Mycobacterium tuberculosis* (LTBI) and active TB, which are amplified in this population. As innovations emerge in more sensitive predictive tests for LTBI, shorter regimens for treating LTBI, and shorter and safer regimens for drug-susceptible and drug-resistant TB, the migrant population should be prioritized for implementation of these advances. The goals of the End TB strategy cannot be achieved unless we succeed in eliminating TB in migrant populations. We hope that this series will continue to stimulate the research required to fill the remaining knowledge gaps and inform evidence and human-rights based policy.

References

1. United Nations. International Migration Report. New York, NY, USA: UN, 2017 <https://www.un.org/development/desa/publications/international-migration-report-2017.html> Accessed June 2018.
2. Shete P, Boccia D, Dhavan P, et al. Defining a migrant-inclusive tuberculosis research agenda to end TB. *Int J Tuberc Lung Dis* 2018; 22: 835–843. [PubMed: 29991390]
3. Abubakar I, Matteelli A, de Vries G, et al. Towards tackling tuberculosis in vulnerable groups in the European Union: the EDETECT TB consortium. *Eur Respir J* 2018; 51: 1702604. [PubMed: 29748241]