



Uniting Streams newsletter

Winter 2025

migrant health

For every edition, we select a different topic related to global health. Something we think deserves attention or where important developments are taking place. This edition focuses on **migrant health**.

The existence of **migrant health** as a growing field of study is itself the admission of a problem: that people either deciding to move or fleeing tragic circumstances do not access healthcare that meets their needs. It's a grim irony that while the development priorities of the EU and its member states have shifted over the last fifteen years towards countries and regions from which the largest number of people are being forcibly displaced (e.g., the Sahel), the people that make it to the EU (many don't) by whatever means necessary can find themselves outside the concern of the same politicians. Moria in Greece, Lampedusa in Italy, or Ter Apel in the Netherlands. Refugee camps often exist in a geographical 'outside', and one that is also outside the normal public and civic space; where someone's entitlements or rights are in a state of limbo. Even globally, there are few examples where the supposed human 'right to health' enables a displaced person to avail health services just over the border of their home country. So in place of

again there is a need for 'interventions'. And in the pursuit of interventions best tailored to these peoples' needs comes the field of migrant health.

In this newsletter, we speak to **Dr. Jamilah Sherally** about her participatory research engaging women refugees in Lesbos on how best to serve their health needs. We also speak to **Dr. Jelte Elsinga**, Fellow at Amsterdam UMC and advisor at MSF, on his recently-published paper evaluating a novel diagnostic test for Lassa fever. He tells us about Lassa fever, why current diagnostic tools are insufficient, and the outcome of his team's test of a promising new tool.



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a personal glimpse.

Each of our newsletters highlights the profile of a researcher who has made their way, amidst failures and victories, in the complex professional world of global health. For this edition, we speak to **Dr. Jamilah Sherally**, a medical doctor in global

**Dr. Jamilah Sherally****PhD Candidate, Vrije Universiteit Amsterdam**

***Bio:** Jamilah trained as a medical doctor in Global Health and Tropical Medicine, holds a teaching degree and a master's in International Health.*

After her post-graduate training in the Netherlands, she worked with different international organizations in low-resource settings, including Nigeria, Mali, Thailand, and Greece. In these roles she combined clinical work with project development and coordination, research, advocacy, and teaching.

Jamilah is also [a regular columnist for the Dutch Journal of Medicine](#) (Nederlands Tijdschrift voor Geneeskunde).

What aspects of migrant health do you work on? Why do you think this is important?

In 2020, I spent six months on Lesbos as the medical coordinator of the Boat Refugee Foundation (*Stichting Bootvluchteling*), a Dutch NGO providing medical and psychosocial care to refugees on the Aegean islands. I vividly remember walking through the main 'market' of the refugee camp in Moria and seeing fruit and veggie stalls, restaurants, barber shops, bakeries, and kiosks lining the streets; all of which didn't exist when I was last there in 2016. The stark contrast between the camp's growing permanence and the ad-hoc, often inadequate, humanitarian assistance we were providing unsettled me. I soon realised that our top-down approach, lacking comprehensive research and meaningful involvement from the population we were trying to serve, had led to significant gaps in understanding and addressing the population's healthcare needs.

My PhD research focuses on the sexual and reproductive health of refugee women on Lesbos, guided by a participatory action research approach. This means I work with a team of ten co-researchers from the refugee community, representing the major ethnic groups in the camp, including Afghan, Arab, Congolese, Ethiopian, Eritrean, and Somali communities. The co-researchers are involved in every step of the process—from formulating the research questions and developing the data collection tools to recruitment, data collection, and analysis of the findings.

This approach has transformed not only the research but also my understanding of the power of collaboration. It has been one of the most transformative and rewarding experiences of my career. Involving refugees as collaborators not only enhances the quality and relevance of research but also strengthens community capacity and challenges harmful, colonial power structures.

What do you like about working in this particular field and what do you find challenging?

I love how dynamic and diverse the field is and how it taps into and challenges every aspect of my persona—from social and intellectual abilities to practical skills and creativity. The multidisciplinary learning and the opportunity to engage with all layers of society are incredibly fulfilling. Above all, I find great reward in working tirelessly with an inspiring team, united by a common higher goal driven by ideals rather than egos.

What I find challenging is navigating the delicate dance between being disruptive yet diplomatic. Pushing for change often means challenging existing norms, but requires tact and sensitivity. It's about advocating for new approaches while respecting the cultural and organizational landscapes you're working within. We can only venture into challenging terrains when we are convinced of our ability to create meaningful change. This vision is what drives innovation and fuels the ambition needed to address complex issues. Yet, staying humble and grounded is essential; recognizing that real progress is often incremental and that many hands contribute to meaningful change. In short, thinking big, yet remaining humble.

but a fundamental right, where accountability is woven into the fabric of our professional and personal lives, and where social justice is at the core of everything we do.

Do you have a must read for our readers?

For those interested in exploring participatory action research, [the position papers from the ICPHR](#) are a great place to start. As for SRHR, I always find the [State of the World Population reports](#) from UNFPA very eloquently written, visually engaging and eye-opening. The 2023 report in particular, was especially impactful for me—putting words and data to the feelings I had been grappling with for some time. It was a refreshing read.

Is there something you would advise our readers professionally?

Prioritize people and place relationships first. See the person beyond the data. Then watch as the magic unfolds.

a spotlight paper.

In every newsletter, we select one spotlight paper: a recent scientific article that has caught our attention for being thought-provoking or impactful. We ask (one of) the author(s) to answer three questions about their paper: *what made you write it, what impact do you hope for it to have, and why should we (you!) read it?* the paper.

Field evaluation of validity and
feasibility of Pan-Lassa rapid
diagnostic test for Lassa fever in
Abakaliki, Nigeria: a prospective
diagnostic accuracy study

The Lancet - September 2024

While not focused on migrant health, we spotted this paper from another early-career global health researcher in our network, **Jelte Elsinga**, on Lassa fever, hot off the press from Lancet Infectious Diseases. Uniting Streams asked Jelte four questions about the article.

What is Lassa fever for those who haven't heard about it before?

Lassa fever is caused by the Lassa virus. Lassa fever is transmitted by the Natal multimammate mouse and, to a lesser extent, from human to human, which poses an extra risk for healthcare workers. The disease is endemic in West-African countries, in particular in rural Sierra Leone and Nigeria. Lassa fever is a well-known cause of life-threatening Viral Hemorrhagic Fever. If Lassa fever is diagnosed, mortality is very high (20-30%).

What inspired you to write this paper?

Currently, there is no suitable point-of-care test for Lassa Fever. Diagnosis can only be made in tertiary healthcare centres by a PCR test. Therefore, many cases remain undiagnosed, leading to an underestimation of the Lassa Fever burden. Furthermore, since human-to-human transmission is possible, healthcare workers are at risk for Lassa Fever if they treat undiagnosed Lassa Fever patients without proper personal protective equipment. In an attempt to fill this gap, Doctors Without Borders (MSF) and AE-FUTHA (a tertiary hospital in Abakaliki, Nigeria) tested a Rapid Antigen Test that showed promising results in previous lab-based studies, but was not yet tested in a clinical setting.

What impact do you hope this paper has?

Spoiler alert: the test did not seem suitable for the clinical setting; possibly because its user friendliness was sub-optimal. This is very disappointing and highlights the need to develop accessible and suitable diagnostic tests for Lassa Fever. I hope that developers of diagnostic tests will be inspired to create something better for Lassa Fever, and engage with local professionals in every step of the design process.

This study is an interesting read about designing and implementing diagnostic assays in low-resource settings. MSF and AE-FUTHA's initiative, to evaluate a rapid diagnostic test for Lassa Fever in a clinical setting, attempts to address a major global health problem: the hidden burden of Lassa Fever, given it remains largely underdiagnosed. Our study shows the discrepancies between lab-based diagnostic studies and clinical diagnostic studies, and describes how these discrepancies could be explained.

Dr. Jelte Elsinga
Clinical Microbiology
Fellow, Amsterdam UMC

Jelte Elsinga, PhD, is a medical doctor with a specialisation in infectious disease control. His research activities encompass interdisciplinary (social, epidemiological, microbiological) studies with a focus on global health and infectious diseases (e.g., dengue, chikungunya, diphtheria). Currently he is a Fellow in Clinical Microbiology in the Amsterdam UMC and collaborates with Doctors Without Borders on Lassa Fever research.



some tips.

to be more involved. to contribute. to make a change.

The Global Health Geek Out: PhD Stories

PhD students from various global health sectors to share their experiences and insights.

The event started with an ice-breaker to introduce the diverse audience, with attendees from various professional backgrounds and expertise levels in healthcare. Each PhD student then gave a quick pitch on their projects and how they reached this point in their careers.

US moderators led a discussion with the speakers, covering topics like the impact of their educational backgrounds on current professional performance, maintaining a work/PhD-life balance, and advice for future Global Health PhD students. The audience also had the chance to ask questions about PhD journeys in global health.

The event explored the application process, challenges, successes, and future trends in global health. Afterward, attendees had time to network, chat, and enjoy refreshments.

A big thank you to our PhD speakers and audience for making the event a success, and special thanks to **KCGH** for co-organizing. We look forward to seeing you at future events!

If you have any feedback, feel free to email us at info@unitingstreams.org.



Amsterdam Public Health

Migrant Health: screening and prevention symposium, 24th October 2024

symposium on migrant health last October. The symposium aimed to summarise the body of evidence on migrants' disease burden alongside the prevention and screening programmes to detect this. The event included:

- Prof. Ibrahim Abubakar, University College London
- Prof. Charles Agyemang, Amsterdam UMC
- Dr. Dominik Zenner, Queen Mary University of London
- Dr. Marieke van de Werf, ECDC
- Emeritus Prof. Maria van den Muijsenbergh, Radboud University

To read the key takeaways from the symposium see [this event summary](#) from Sabine Hermans and Esmée Vesseur.

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