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Research approach to migration and health

MIGRATION HEALTH COURSE, ESCMID, 4TH OCTOBER

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Overview

1. Importance of migrant health research
2. Approaches and methodology
3. Key areas of research
4. Research priorities
5. Ethics

1. Importance of migrant health research

- Migration is an integral part of our past, present and future
- Number of migrants and diversity of origins will continue to expand
- Emerging area of research and many unanswered questions
- Increasing quantity and improving quality of research
- Further research needed to understand causes and effects of migration; implement evidence based policies and interventions at all stages of migration

Trends

Global migrant numbers:

- In 2015 it was estimated that there were a total 244 million international migrants:
  - An increase of 91 million (from 153 million) in 1990
  - Largest total number of international migrants were found in Europe (76 million), closely followed by Asia (75 million) and North America (55 million).
  - As a percentage of their total population, United Arab Emirates (88.4%), Qatar (75.5%) and Kuwait (73.6%) had the highest number of migrants in 2015.

Trends

- **South-South** migration flows continued to grow compared to South-North movements (from developing to developed countries), in 2015:
  - 90.2 million international migrants in the Global South
  - Versus 85.3 million in the Global North.
- 1 in 5 migrants in the world live in the top 20 largest **cities**, according to IOM's World Migration Report 2015.
- Vast majority of refugees continue to be hosted by developing countries

(Reference: Global Migration Trends 2015, International Institute for Migration)

2. Approaches and methodology

- Who, what, where, why, when?

To consider:

- Migrant **population** characteristics
- **Stages** of migration: movement of people (origin, transit, destination, return)
- **Type** of migration and journey across borders or internally

Who - Typology and definitions

Status versus need

- Provision of minimum level of health care or any other services and protection regardless of status

Why are definitions important?

Different groups may have specific needs

- Refugees and asylum seekers not allowed to work in a destination country, and therefore difficulties accessing health services.
- Stigma and discrimination affecting access to services may also be higher among certain groups and costs of services may be higher for specific groups

What - Conceptual models

1. The healthy migrant effect: migrant populations have mortality advantages compared to indigenous population of the host country.

2. The health transition model: migrants have lower mortality rates despite having lower socio-economic class
   - Singh and Hiatt (2006): migrants in US have 30% lower mortality from cardiovascular disease and diabetes than non-migrant population
   - Movement from society in earlier phase of the health transition to society of more advanced stage – rapid health transition (therapeutic and risk factor components)

2. Life course epidemiology model: which factors and exposures to consider in life course of migrants

Source: Migration and Health: A research methods handbook (Eds: Schenker, Castaneda, Rodriguez-Lainz)

Where - Nature and stages of migration

- **Stages of migration and health impact**
  - Origin: direct push factors – substantial stressors
  - Transit: poor living conditions; discrimination; violence
  - Arrival: poorer socio-economic conditions than indigenous population
- **Type of journey** and displacement
  - Spending longer in a 'transition' phase: informal or temporary settings for many years at a time with little/no recourse to healthcare
  - Mixed migration models e.g. Lebanon
  - More middle income countries affected both in conflict or as hosts of conflict refugees

Methodology

- Quantitative examples:
  - Longitudinal studies: timing and dynamics of exposure; follow up of migrant and host population
  - Case-control studies: association between exposure and health outcome (selected based on disease status)

- Qualitative examples:
  - Ethnographic research: longer term study of interactions and experiences using participant observation; symbolic meanings, power hierarchies, social and cultural workings.
  - Focus groups/qualitative interviews: exploring issues in depth; multiple subjects.

3. Key areas of research

- Data
- Vulnerabilities
- Law and human rights
- Socio-cultural and identity
- Health systems
- Labour migration
- Forced migration
- Innovations

Data

- Migration data sources
- National data collection systems to consider:
  - Population registers
  - Population census (mostly socio-demographic, may include some health data)
  - Border statistics
  - Health information systems (e.g. disease surveillance system)
  - Demographic data (demographic surveillance systems)
- Often no migration-related data
- Assess:
  - ✓ Availability of data
  - ✓ Quality of data

Challenges

- Normalising the process of data generation and analysis of data on health determinants and outcomes for international and internal migrant populations in health and migration research, vital statistics and administrative data.
- Volume, variety and velocity of the data
- New epidemiological methods required e.g. machine learning vs. traditional statistical models
- The new ethical and legal challenges of big data for migration health: consent, benefit/risks, legal protections (privacy)

Vulnerabilities

- Health related risks interact with migration: age, disability, gender

a. Violence
b. Poor access to care
c. Insecurity of basic needs
d. Human trafficking and labour exploitation

Challenges

- Degrees of vulnerability present or absent in different situations
- Health effects migration may lead to loss of normal continuity of health care, leading to poorer control of risk factors e.g. for non-communicable diseases.
- Considerations of migration as a whole, including the populations not migrating (children, the elderly, disabled people).

Law and human rights

- **Human rights of migrant workers**
  - infringements on human rights in border control practices, criminalization of migrants, and exploitation and mistreatment of migrants.
  - restrictions on migrants' rights to health, to decent working conditions, and freedom of movement
  - failure of the migrant worker treaty to end mistreatment and exploitation.
- **Rights of children**, including rights to avoid family separation, rights to education, and rights to be free of exploitation and trafficking.
- **Health related restrictions on entry**
  - Review of laws that restrict or prohibit entry based, or impose unfair conditions on entry into a country based on medical conditions, e.g., HIV, TB.

Socio-cultural and identity

- The **intersection of culture, society and self-identity** will affect when, where and how individuals seek health care both before they become migrants, during the migrant experience and over the long-term once resettlement occurs.
- Culture and self-identity for populations and groups in the process of migration are critically important elements to understand who seeks services, for what and from whom while in transit
- Research shows that all migrant populations – even those coming from traditional communities with a strong commitment to maintaining their values, norms and social structures – change in response to new ideas, experiences, stresses and opportunities – found in the communities through which they travel and in which they eventually settle

Health systems

- Service delivery: barriers to access to healthcare, both national/structural barriers and individual/experiential barriers.
- Financing: universally acceptable baseline level of health provision for migrants that is fair and equitable.
- Health workforce: health workforce competency to manage migrant needs, and the discourse of health worker migration. Ability to harness the capabilities of migrant health workers in transit.

Labour migration

- **Migrant journeys** often prove harmful and sometimes fatal
  - Exploitative labour conditions
  - Dangerous journeys: smuggling agents, human trafficking.
  - Adolescents and children - coercion, deprivation, abuse and health and developmental problems.
- Literature shows higher risks: gender, age, under- regulated low skill labour sectors, irregular migration and poor law enforcement.
- Few areas are free from human trafficking and modern slavery
  - 20-35 million people subjected to extreme forms of exploitation

Source: Safer Migration Report, LSHTM and The Freedom Fund, 2015.

Forced migration

- **Type of journey** and displacement
  - Spending longer in a 'transition' phase
- A high burden of **non-communicable diseases**
  - Epidemiological transition from communicable to non-communicable diseases (NCDs) worldwide
- Changing nature of conflict
  - **Protracted conflicts**
    - average length of major protracted refugee situations globally is now 26 years (UNHCR, 2015)
  - **Mass displacement** in short time
    - 4.8 million Syrian refugees, 7m IDPs in less than 6 years.

Innovations

- **Mapping internal migration** using mobile phones e.g. after natural disasters
  - Example of Nepal flooding in 2016[1]
- Constructing **migrant research cohorts** through data linkage and mobile phone collected personal data
  - Examples from UK[2] USA[3] and Isreal[4]
- **Mapping international migration** using using passenger flows
  - Example of international spread of yellow fever virus[5]

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4. Research priorities

- **Key gaps** in the literature: non-communicable disease, health services, and health of forced migrants in transit.
- **Quality of service delivery**
  - Evidence base for health interventions
  - Implementation research focused on testing humanitarian intervention impact and effectiveness
- Health of/and health response for **internally displaced populations**
- Health effects of different types of **protracted conflict** e.g. Latin America versus MENA regions (both data and analysis)
- Funding and interventions to address protracted conflicts should be planned for medium and long term and should take in consideration the hosting communities.

Opportunities (1)

- **Building capacity**
  - Refugee/migrant population itself should be viewed as an asset
  - Participatory approach - community involvement and sustainability in all phases of research

- **Population specific**
  - Focus on the double burden of disease
  - Socio-cultural factors: consideration of varied health contexts, health systems and health policies

- **Broader considerations**
  - Long term analysis of costs and benefits
  - Humanitarian and human rights obligations of nations states.
  - Analysis of interventions

Opportunities (2)

- **Synergistic work**
  - Linkage of academia, policy and frontline clinicians and humanitarians
- Research on the **capacity and resilience** of migrants
- **Changing the narrative**
  - Migrants and refugees as assets and opportunity rather than a burden
- **Further data** on possible benefits of migration
  - Voluntary migration: fluid movement of people between countries linked to economic/labour needs
  - Migrants contribution to workforce and cultural diversity
- **Mixed methods** approaches
  - Qualitative data / social research to capture migration experience

Challenges

- **Siloed approach** taken by researchers working either on refugees, migrants or asylum seekers
- Public perception and portrayal in the media**:** rising racisim and xenophobia
- Accessibility of migration and health data; long term studies

5. Ethics

- Inequality of power
- Vulnerable populations: true informed consent, participant autonomy, prevent mistreatment
- Cultural competence

Thank you!

With thanks to all the Commissioners and Contributing authors of the UCL-Lancet Commission on Migration and Health and especially, Rob Aldridge, Delan Devakumar and our Chair, Professor Ibrahim Abubakar (further information at http://www.migrationandhealth.org/)

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UCL-*Lancet* Commission on Migration & Health

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Taking an **inter-disciplinary** approach to the appraisal of information and data and the presentation of recommendations.

Reviewing current knowledge and producing **new empirical work** and **policy recommendations** on migration on health.