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A global research agenda on migration, mobility, and health

With 1 billion people on the move globally—more than 244 million of whom have crossed international borders¹—and a recognised need to strengthen efforts towards universal health coverage,² developing a better understanding of how to respond to the complex interactions between migration, mobility, and health is vital. At the 2nd Global Consultation on Migrant Health in Sri Lanka earlier this year, a group of global experts in health and migration discussed the progress and shortfalls in attaining the actions set out in the 2008 World Health Assembly (WHA) Resolution on the Health of Migrants.³ An anticipated outcome from the 2017 consultation is a “roadmap towards research and policy dialogue milestones”.⁴ At the 70th WHA in May, 2017, migration and health were discussed with delegates requesting the WHO’s Director-General to provide guidance to countries on promoting the health of refugees and migrants, with a draft global action to be considered at the 72nd WHA in 2019.

The specific challenges we have encountered in our fieldwork in migration contexts highlight the need for better evidence to improve health-system responses to migration, mobility, and health. We have identified

five core areas in which action is needed to support the development of a global research agenda on migration, mobility, and health.

First, nuanced and clear nomenclature on migration and health is needed that captures the complexity of the issue without reinforcing reductionist categories to describe migrant and mobile people. Less attention should be paid to the use of legal and administrative categories to classify people who move, and more attention should be paid to the development of systems that better understand and respond to health risks and benefits gained through mobility, health seeking, health-care access and use, and outcomes. Mobility does not necessarily correlate with the categorisation of “internal” or “cross-border” migration. The effects of mobility on health-service access, use, and health-related behaviour can be the same for internal and cross-border migrants.⁵ Additionally, a simplistic reduction of the experiences of people who move to categories such as refugee, internal migrant, or undocumented migrant risks creating inadequate governance structures and international responses that aggravate some of the challenges people on the move face when they try to access health services.⁶

Second, appropriate methodological approaches for researching and responding to the challenges associated with contemporary migration, mobility, and health need to be developed. Greater collaboration is needed between researchers who study the health effects of migration⁷ and the extent to which health itself acts as a driver of migration,⁸ and those who focus on the impacts of population movement on patterns of disease transmission. Despite an increasing focus on migration globally, there are insufficient robust data on the interactions between migration, patient mobility, and health. Data about whether and how migration and mobility affect health through population-based surveys, such as the Demographic and Health Surveys, is needed to understand mobility and migration more broadly at subnational, national, and global levels. New,



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appropriate methodological approaches will also require contributions from a range of disciplines, including anthropology, demography, epidemiology, policy analysis, and sociology.

Third, improved understanding of how migration and mobility affect health systems and how services need to adapt to global mobility is needed. This knowledge will facilitate the development of health systems and interventions that are responsive to migration and sensitive to the circumstances of mobile people. Population mobility affects the patterns of health-service access and use, and health-related behaviour. Legal status and the entitlements it confers can affect access, and might affect conscious and subconscious health-seeking and help-seeking behaviour.^{5,9} More analysis is needed of the experiences of migrant and mobile groups in accessing and using health services and the experiences of health-care providers within and beyond the biomedical sector in engaging with migrant and mobile groups.

Fourth, research is needed on the health risks and benefits gained through mobility, as well as ways to engage with the global health security agenda. Mobility and migration affect the health of people on the move,⁷ and of those who do not move, and they shape the movement of pathogens and patterns of disease independently of national sovereignty and associated international and internal borders.¹⁰ Strategies that seek to address disease transmission should reflect these issues. Research on such connections—eg, efforts to eradicate malaria or address antimicrobial resistance—is still in its infancy and deserves a broader and more nuanced focus than national security agendas currently consider.

Finally, improved governance mechanisms require support to ensure systems adapt and respond to migration rather than seek to control movement.⁶ National health systems often respond inadequately to global mobility, and the development of migration-aware, mobility-competent¹¹ health systems is urgently needed. This change requires a move away from viewing migrants as a problem population in need of specialised attention to recognising migration as a social norm, thereby supporting the integration of mobility and migration into overall health-system design and service provision.

Health researchers must develop a common agenda on migration, mobility, and health. This includes through

opportunities such as the University College London–Lancet Commission on Migration and Health¹² among others. Indeed, we urge this Commission to take note of the core research areas set out here. Such efforts will help ensure that no one is left behind when working to achieve universal access to health care.

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For more on
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[Obituary Lancet 2017; 389: 1878](#)

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