



## **M8 Alliance Webinar Series on Migrant and Refugee Health**

**Organized by the M8 Alliance  
under the leadership of the Sapienza University of Rome**

**From generating evidence to implementing medical care: how to improve the health of migrants and refugees?**

**23 June 2023, 14:00 – 16:00 CEST (Central European Time)**

**Zoom Link: <https://uniroma1.zoom.us/j/91926143873>**

**Webinar in cooperation with the  
Division of Primary Care Medicine, Geneva University Hospitals and  
Faculty of medicine, Université de Genève**

The M8 Alliance Webinar Series on **Migrant and Refugee Health**, aims at bringing together experts from across the M8 Alliance to discuss global, develop innovative and collaborative answers and promote science-based policy advice.

## PROGRAMME

**WELCOME** by **Luciano Saso**, Sapienza University of Rome, Coordinator of the M8 Alliance Webinar Series on Migrant and Refugee Health

**PANEL** Chaired by **Yves-L Jackson**, *Division of primary care medicine Geneva University Hospital and University of Geneva, Switzerland*

**Ethical challenges of conducting research with migrants and refugees' populations** by **Bernard Hirschel**, *Honorary Professor, University of Geneva. Head of the ethics board of research, Geneva Canton, Switzerland*

**Methodological challenges** by **Charles Agyemang**, *Amsterdam Institute for global health and development, University of Amsterdam and Vrije University, The Netherlands*

**Does participatory research bridges evidence-practice gaps, and is evidence useful to influence health policies for migrants and refugees?** by **Nora Gottlieb** *Bielefeld school of Public health, Universität Bielefeld, Germany*

**Methodological and structural translation processes in mental health for immigrants and refugees- oscillating between theory, practice, methods and diverse stakeholders: insights from three international research projects** by **Ulrike Kluge**, *Center of Cross-Cultural Psychiatry and Psychotherapy (ZIPP), Charité Universitätsmedizin, Berlin, Campus Mitte & Berlin Institute for Empirical Integration and Migration Research (BIM) at Humboldt Universität zu Berlin*

**Q&A**

**CONCLUSIONS**

## DESCRIPTION

- Despite growing interest, health and medical research about migrants and refugees remain limited in quantity, quality and scope.
- Studies tend to be retrospective or cross-sectional, to lack control groups and to cover only limited samples. In addition, most researches are monodisciplinary and monothematic, failing to capture the complex interplay of contextual factors shaping migratory processes with health.
- Conducting researches with hard-to-reach groups such as migrants or refugees entails specific methodological and ethical challenges, which may deter researchers from planning ambitious projects by lack of resources and time.
- Recent scientific literature highlights the interest of interdisciplinary approaches and mixed methodologies in order to better understand the issues.
- In these precarious, vulnerable and highly mobile populations, a major methodological challenge is the involvement of migrants and refugees in the design, conduct and interpretation of the project results.
- Finally, the implementation of the results of this research and their concrete translation into services and programmes is confronted with the reality that migration is a highly politicised issue

## CHAIRS, SPEAKERS AND ABSTRACTS



**Prof. Luciano Saso** (Faculty of Pharmacy and Medicine, Sapienza University of Rome, Italy) received his PhD in Pharmaceutical Sciences from Sapienza University in 1992. He is author of more than 350 scientific articles published in peer reviewed international journals (H-index Google Scholar 60). He coordinated several research projects and has been referee for many national and international funding agencies and international scientific journals in the

last 30 years. Prof. Saso has extensive experience in international relations and he is currently as a member of the executive committee of the M8 Alliance of Academic Health Centers, Universities and National Academies (<https://www.worldhealthsummit.org/m8-alliance.html>) and Coordinator of the M8 Alliance webinar series on Migrant and Refugee Health.



**Prof Yves Jackson**, MD, MPH, PhD graduated from the Geneva University in Switzerland. He subsequently trained in general internal medicine, tropical diseases and public health. He currently practices at the Geneva University Hospitals as a primary care physician and manages the Community health unit which provides medical care to underserved groups of population such as

undocumented migrants and people experiencing homelessness. Assistant Professor at the Geneva University medical School, he teaches public health, community medicine and is developing a new cursus in planetary health. His multidisciplinary research focuses on the health of migrants and other vulnerable groups with an attention on equity and participatory approaches. His last project evaluated the health and socioeconomic effects of legal status regularization among undocumented migrants in Geneva (<https://cigev.unige.ch/recherches/research-l/health/parchemins>). Moreover, his conducting research on emerging tropical diseases in non-endemic areas such as Chagas disease in Europe.



**Dr. Sophie Durieux-Paillard** is physician, specialized in public health (MPH) and in migrant health. She is in charge of the migrant health programme, an outpatient unit of the Geneva University Hospitals (HUG) that treats refugees. Her activities are divided between clinical work, project coordination, teaching and research in the field of refugees health.

## **Ethical and practical challenges of medical research in migrants and refugees by *Bernard Hirschel***

Migrants and refugees suffer many indignities and may be vulnerable to exploitation through medical research. They need special protection, but let's not forget that for every migrant protected through rules and regulations from abusive research, there may be another who is protected through research – as happened during the AIDS epidemic when undocumented migrants were enrolled into clinical trials to obtain access to expensive drugs. Autonomy and understanding the issues are the basis for informed consent. Information may be hampered by language barriers, and autonomy by administrative and cultural obstacles. I will consider these issues in the context of a study of Chagas disease in immigrants from South America. Health and medical problems in refugees often go far beyond the individual. Research in public health does not jibe well with the individual approach of a traditional randomized controlled trial. A before-and-after approach called stepped-wedge design makes creative use of resource constraints without obvious ethical problems. In cluster-randomized trials (CRTs), groups of individuals are randomly assigned to different interventions. Individual consent is impossible, and many countries including Switzerland, research laws do not accommodate CRTs.



**Prof. Bernard Hirschel** is honorary professor at the Geneva Medical School. He is a specialist for infectious diseases, directed the HIV/AIDS unit at the Geneva University Hospital from 1988 to 2011, and authored or co-authored more than 500 publications in medical journals. He founded the clinical research center in Geneva in 2007, and since 2014, he has been the president of the Research Ethics Committee which examines all medical research with human subjects in Geneva.

## ***Methodological challenges in health research by Charles Agyemang***

The number of people on the move for better life and safety has increased exponentially since 1960. Despite the numerous advantages associated with migration, migrants often face many challenges including maintaining healthy lifestyle upon migration. Gaining insights into the health status and their determinants of migrant populations is critical for developing culturally sensitive public health and clinical interventions. However, robust data on migrant health are often limited in several countries due to lack of investment in fundamental and longitudinal studies. There are also many challenges regarding the methodological aspects of conducting health research among migrants such as accurate categorisation of migrant populations, and ethnic minority groups, and confusion of migrant health concepts such as healthy migrant effect. The current research is mostly focused on ethnic inequalities with limited opportunities to gain better understanding about the role of migration and context on the health of these populations. This lecture will discuss some of these methodological challenges and potential solutions and the need for paradigm shift for migrant health research.



**Prof. Charles Agyemang** is a Professor of Global Migration, Ethnicity and Health and Principal Investigator at Amsterdam University Medical Centres, University of Amsterdam; and an Adjunct Professor at the Johns Hopkins University School of Medicine, Baltimore, MD, USA. He received his PhD from Erasmus Medical Centre, University of Rotterdam, and Master degree at Edinburgh University Medical School. Prof. Agyemang is currently the Vice President of the Migrant Health section of the European Public Health Association; Scientific Chair of the Global Society of Migration, Ethnicity, Race & Health, and a fellow of the prestigious European Research Council (ERC) under the Consolidation Award programme; a member of The Lancet Racial Equality Advisory Board, World Health Organisation taskforce on NCDs in Migrants. His research is focused on ethnic inequalities in health and non-communicable diseases (NCD) in low- and middle-income countries. He is the founder and a PI of European Commission funded RODAM study and ERC funded Pros-RODAM study ([www.rod-am.eu](http://www.rod-am.eu)). Prof. Agyemang is a highly productive scholar with over 380 scientific publications. Prof. Agyemang serves as a member on several scientific advisory boards. He is Section Editor for Journal of the American Heart Association (JAHA), an Associate Editor for Internal and Emergency Medicine, and serves as Guest Editor and Editorial Board member for several journals. Prof. Agyemang is passionate about training the next generation of scientists and health leaders, and he has mentored

several undergraduate, graduate and postdoctoral students in Europe and Africa.

### **What is/can be the role of evidence in health policy-making for migrants and refugees?** by **Nora Gottlieb**

Debates on access to healthcare for migrants and refugees mix normative and factual arguments. Those advocating for inclusive health policies, e.g., frequently draw on public health ethical and human rights norms such as equity and non-discrimination. Whereas restrictions on migrants' access to care are often justified with the need to safeguard scarce resources. Hence, is this a conflict between ethical principles and practical concerns? Or between different ethical perspectives? And why would that question matter? In my talk, we will look at the fundamental differences between factual and normative arguments. From this philosophical basis, we will move on to a concrete example – arguments for/against the inclusion of migrants in public health insurance - to see the different kinds of arguments “at work”; i.e., we will examine how different arguments can interrelate, disrupt and stall a discussion, or also lead to fallacy. Finally, we will discuss what that means for the role of evidence in migrant and refugee health policy-making, incl. thoughts on dissemination and science communication as opposed to participatory action-research and strategic alliances.



**Nora Gottlieb (MSc, PhD)** is a public health scholar with a special interest in health inequities, health policies for migrants and ethnic minorities, the role of evidence in political decision-making, and the structural determinants of health in migration contexts. Her current work focuses on a) interrelations between migration, precarious work and health among migrants employed in the food supply

chain industries (e.g., agriculture, meatpacking, delivery) in different countries; and b) the rationales shaping health policies for migrant and minority groups; e.g., what evidence, assumptions, pressures and values informed pandemic measures in migration settings? or, how are health rights restrictions justified for different groups and in different contexts? Nora is currently working at the Department of Population Medicine and Health Services Research, School of Public Health, Bielefeld University. She holds a PhD in Health Science/Politics and Government from Ben-Gurion University, Israel (2013) and a MSc in International Health from Charité Medical School Berlin/European TropEd Network (2005). From 2014-15, Nora was a Fulbright postdoctoral research fellow at the University of Illinois at Chicago; and from 2016-19 a Marie Curie Actions postdoctoral research fellow at the Technical University Berlin. Nora was employed with the NGO Physicians for Human Rights Israel 2005-13, working on issues related to minority women's health rights and the

health rights of labor migrants, refugees and statusless persons. She has held various teaching positions, e.g., at the Berlin School of Public Health and the School of Public Health at the University of Illinois at Chicago.

### **Translation processes in mental health for immigrants and refugees -insights from international research projects by *Ulrike Kluge***

In migration and integration research as well as in intercultural and transcultural approaches to treatment translations, interpretations and corresponding negotiation processes are omnipresent and essential. They enable joint analytical work in transdisciplinary empirical research, communication between patients and practitioners in the clinical context, as well as the development of theoretical concepts in interdisciplinary research networks. Using four international research projects in the field of psychological and medical integration and migration research (FOCUS, TransMit, SeGeMi and TransVer-NeXus) as examples, corresponding translation processes and their relevance for empirical, theoretical and practice development are illustrated. The basic assumptions for the presentation are (1) the recognition of migration as a central perspective (2) the change of perspective to research along migration and flight routes (3) the necessity of research on fundamental concepts, practices and infrastructures in countries of origin, transit and arrival.

Introductorily, basic terms and concepts will be discussed: (a) the definition of people with a migration background (used in German-speaking countries) and the resulting consequences for research and (b) the potential political dimensions of research on psychological suffering based on resilience, traumata and vulnerability/vulnerabilization.

On this foundation, empirical results of the four research projects will be presented, focusing on (I) the risk of individual pathologization of political or social exclusion processes, (II) the necessity of oscillating between behavioral oriented and condition oriented prevention, and (III) the connection between increasing economization and structural discrimination, illustrated by the continuous lack of language mediation in the health care system in Germany.





**Prof. Dr. phil., Dipl.-Psych. Ulrike Kluge** is professor for medical and psychological integration and migration research at the Department for Psychiatry and Psychotherapy at Charité University Medicine Berlin. She heads the Center for Intercultural Psychiatry and Psychotherapy (ZIPP) and the Research Group Intercultural Migration and Health Services Research, Social Psychiatry. And she is head of the Department of Migration, Physical & Mental Health and Health Promotion at the Berlin Institute for Empirical Integration and Migration Research (BIM) at Humboldt University, Berlin.

She is a group analyst and member of the Interdisciplinary Forum for Neuro-Urbanism. Her main research areas are: psyche and society, migration and (global mental) health, ethnopschoanalysis and mediation of language and culture in psychotherapy. Prof. Kluge is currently leading various inter - and transdisciplinary research and intervention projects on (forced) migration and health, as well as on psychosocial integration and solidarity practices in the migration society.