

The “covidisation” of migration and health research: implications for academia, policy and practice

Summary of Workshop #1 discussions

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Introduction and webinar objectives

The novel coronavirus (COVID-19) pandemic has dominated most aspects of 2020 and the start of 2021, including research in the field of migration and health. Writing early on in the pandemic, Pai drew attention to the ‘covidisation’ of academic research and scholarship - the re-orientating of research to focus on COVID-19 - particularly in the field of global health, which, he argued, could have serious consequences not only for research, but also for the development and implementation of policy and global health practice (2020). The field of migration and health has not been spared this shift in research agenda nor the consequences of a global pandemic on conducting and sharing research. This series of webinars aims to explore the possibilities of achieving ethical and equitable international research partnerships in the field of migration and health within the context of the ongoing COVID-19 pandemic.

In doing so, we explore the application of the draft [Guidelines for Ethical and Equitable International partnerships in Migration Research \(Johannesburg Principles\)](#), which can help guide ethical and equitable international research partnerships in the field of migration and health research in the context of COVID-19. This includes paying attention to the opportunities - and ethical challenges - associated with the increasing need to move research online.

In a series of two online workshops, we seek to unpack the challenges and potential opportunities COVID-19 has presented to the field of migration and health research and, through collaborative discussions and dialogue, consider solutions-focused ways forward.

More information: <https://tinyurl.com/j98cpvks>

Report on workshop #1

The aim of the first workshop was to explore some of the challenges and opportunities posed by Covid19 on migration and health research particularly on partnerships and collaborations. Discussion centred around different types of partnerships with academics, state or policy makers and third sector practitioners or with healthcare providers. While the initial intention was to have smaller breakout groups to discuss the questions raised, we ended up having one group discussion as there were not many people. This approach proved to be productive as participants managed to engage with examples from diverse contexts. This document outlines the main findings coming from the group discussion which three main subcategories challenges, opportunities and reflections for way forward. The main questions guiding discussion include:

- How has COVID affected research partnerships and collaborations?
- What are the key challenges and opportunities?
- How do we foster inclusion and equality in research moving forward?

Main challenges

Generally, the challenges identified by the participants are the ones that had immediate impact on their work and reflections were made on possible long-term impact of some of the challenges. The challenges therefore could be categorised as immediate and long term; impact on individuals and on partnerships. Areas to think about particularly in the next workshop on JHB Principles are highlighted at the end of each point.

Immediate impact on travel

One of the immediate impacts of the pandemic on research entails travel restrictions on both cross-border and internal mobility thereby disrupting traditional ways of doing research. Trying to plan for travel and take into account the differing Covid19 trajectories in different contexts has been very complicated e.g. you can work in some areas but not others - (so the shifting geography of the pandemic has been significant). This will continue to complicate as vaccine nationalism affects the geography of the pandemic.

Example: Food Security Project in Zimbabwe. Covid19 has had a profound impact on the development of these projects. Specifically, because the main partner organisation in Shurugwi, Zimbabwe experienced an outbreak of Covid19 so it was not possible to get the recruitment process started. They had to get the research programme going online rather than face-to-face- which changed the dynamics and the sorts of interactions one can have as a research team. *“The waves of pandemic impacted not only how we communicate with each other but also what we can do in the field for example their work with women in rural districts – on migration and remittances.”*

Areas to ponder

- Impacts on the mobility of researchers and the difficulties of keeping a close eye on work in the field

- How may the shifting geography continue to complicate as vaccine nationalism affects the geography of the pandemic
- How may the ongoing response by governments impact the work of researchers?

Immediate impact on individuals ECRs

All researchers have been affected, but the effect on ECRs, particularly those who are currently doing PhDs will likely have the biggest impact on professional development. For example, PhD students who were about to start field research and have had to completely change plans – created a great deal of insecurity. In addition, the mental strain on being separated from families cannot be over emphasised.

Areas to ponder

- Diversity of ECRs and their experiences during this time e.g. some are separated from family, some are with family with associated burdens and challenges.
- Some of the university strict rules on not being able to do research are more about insurance requirements and the university not wanting to take responsibility. Universities have by-and-large, limited research, IRBs are only approving certain research:
 - Some of these changes/ guidelines/ directives may not be appropriate for contexts within which PhD students are based.
- Also, implications for PhD examiners and what could be the mitigation measures on the impacts / implications for examining. There is need for a realistic reappraisal of what is appropriate and possible for PhD students to do during this time is needed:
 - What should we be encouraging students to document? How should they be encouraged to write and to reflect? What should they be doing if they can't be conducting research? (How) should they be encouraged to rethink their research design and methods?
 - And how do we encourage examiners to think differently about PhDs that were undertaken during this time?

Example: While countries such as Australia have been pretty safe in terms of numbers affected compared to other contexts but the impact on PhD students from other regions– Bangladesh and Nepal – has been evident. The additional mental strain on them – separated from families; concerns about what is happening in home countries; and having to put their research on hold while unable to travel home.

Immediate opportunities: As a mitigation strategy it would be good to think about potential benefits of 'support networks' for early career researchers on how to deal with their research and implications of Covid19. There is need to ensure that considerations for early career researchers includes PhD students. Graduate students and early career researchers can set up support networks where they can exchange experiences and learning e.g. in terms of taking research online with different forms of access to technology etc; or interviewing people in communities heavily impacted by the pandemic (such as migrant workers in the Gulf states or people returning home).

(Long-term) impact academic career development more broadly

- While the impact of closing schools has been discussed, very little on how the university closures will affect the next generation of scholars (undergrad, postgrad, and post-doctoral) was explored.
- Also impact on colleagues working in academic with young families and having to balance home/social roles with being 'productive' academics. What will be the longer term implications of this for both individual's career trajectories and the academy as a whole?
- Impact of isolation and not really addressed through being online; isolation from family, colleagues and from institutions in which they are working and the communities with which they were seeking to do research.
- Issue of funded scholarships that have been delayed and how we support students beyond three-year funding limit needs to be explored.

Immediate impact on partnerships

1. *Transnational partnerships*

Different kinds of partnerships have been affected differently. The limitations on project implementation have been unevenly distributed depending on the Covid profile of the country at the time and the type of partnerships. Some projects remained resilient in spite of the pandemic. It was evident that the more equitable partnerships and decentralised leadership were more resilient, flexible and had a greater chance of getting the research done. Conversely, those projects which are more hierarchically driven and contingent on UK PIs flying into countries to lead the research, proved less resilient and struggled to stay afloat. A big lesson from this is that the best research is that which is equitably distributed in terms of responsibilities and benefits. At the same time, it is important not to outsource risk unnecessarily onto project partners (this needs to be equally shared also).

Example: In Chile there has been a notable change in the relationship they used to have with the Ministry of Health. Previously there was a good relationship that ensured that research was linked to what the ministry needed and could be used. But since the pandemic the MoH has not been sharing data or connecting with researchers outside of the Ministry. It has been hard to gather data on migration and migrants. They are also not allowing researchers to look at the data themselves but only issue short quarterly reports. Now, there is more secrecy and cautiousness from them and concerns about how they will be assessed in relation to protection, prevention, diagnosis and treatment for migrants. So now collaborate with health care teams at primary healthcare level who work with migrant communities as well as ethnic minority communities.

2. *Research partnership with government departments*

- a. Research with Departments/Ministries of Health have become additionally difficult:
 - More secrecy and caution.

- Officials are also overburdened and under capacitated - assisting researchers not a priority.
- b. Research with health care workers: The pandemic resulted in extremely exhausted healthcare teams who are not as willing to participate in research as they were before the pandemic. Healthcare workers were affected in multiple ways including:
 - Experiencing burnout, personal experiences of covid, dealing with grief and fear to talk.
 - Less time to engage with research/reflect on research questions that are not about Covid19.

3. Partnerships with international organisations

International partners have changed their interests/shifted priority and due to borders being closed they have been reluctant to do research that pushes international cooperation and conduct research on health of migrants at the regional level. Researchers find themselves having to walk over egg shells.

4. Partnerships with local partner organisations:

- Recruitment of researchers/ administrators/ community liaisons in partner organisations could not happen.
- Covid19 outbreaks that affect partner organisations/ those in the community - hard to prioritise research during this time.
- Virtual engagement changed dynamic between researchers, partner organisations and the community.

5. Society

- In addition to research fatigue in the general population, the pandemic has brought xenophobic tensions to the fore for example some researchers have had local communities ask why researchers are focusing on migrants and migration at a time of national emergency - aren't citizens the priority?
- It feels like advances in terms of local communities understanding and accepting migrant and mobile populations and the importance of research that focuses on these populations have been lost. It's like we have gone backwards 15 years.

Example: Work in South Africa on migration and sexual and reproductive health rights and have had to postpone collecting data within the hospital (with nurses/ doctors) and migrant communities and non-governmental organisations. Researchers had to take work online, but this was difficult, and it was hard to reach the people they had targeted. At the same time there were rising tensions about the situation of migrants and increased deportations, so people were not accessing clinic facilities because they were afraid.

Opportunities partnerships

In terms of partnerships and networks, it has been possible to leverage existing research networks e.g. MHADRI have been ideally placed and have managed over the last year to map what research is being done across different regions on Covid19. Before the pandemic there was a lot of focus on capacity building and training, work around mapping migration and health research in different

regions in Southern Africa and Asia Pacific, Middle East and North Africa regions. When pandemic came, it was possible to look at how we could use migration and health research network to look into how to do COVID-19 related research. This should give some good proxy-level data about who is doing what and where and what the collaborations are (whether and how these have been maintained etc) in the field of migration health. Some preliminary results might be quite surprising

Covidisation of research and research adaptation

In addition to pressure from funders, researchers have felt the need to adapt research, pause/stop research and focus on Covid19. This has been uneven - in some contexts research has completely stopped, in others it's been able to continue, in others it's needed to be adapted. This section looks at the various shifts taking place as researchers navigate the current research landscape as shaped by funders and partnerships.

1. Impact of covidisation of research on social sciences

There has been such a strong focus on the health sciences and research into vaccine trials and epidemiological studies of how the disease behaves. Most money and resources have been going to health sciences rather than social sciences. Yet the economic and social impacts are going to be felt for a long time and it is really important to fully understand these impacts through social science research.

2. Impact of covidisation of research on funding

Covidisation was notable in the funding streams. Funding for biomedical research - vaccine trials, epidemiological studies of how the disease behaves - and work has been prioritised, often at the expense of the social sciences. Examples were shared about scenarios where research was not possible to go ahead, there were certain pressure from funders to repurpose money to explore Covid19 and its impact. For example, in the UK there was a notable increased focus from funders - through calls for funding-, to redirect funding towards global health security Global health security has been a research focus for some time but now it is explicitly centred on Covid19. So how does that shape our research on the nexus of migration and health and the direction of that research? How does a researcher ethically apply for funding (because they have to) within these constraints?

If one's research is not into health systems research, then the focus suddenly has to be on health systems in the context of Covid19 when this was not the research question and yet the original research question is still valid and is addressing an issue that has been around for years (and certainly pre-COVID). For example, there is still need for research on chronic illnesses and underlying structural issues which have tended to be derailed. For many places the economic and social aspects and legacies are going to be felt a lot longer. Even in places where there hasn't been much of a public health impact, there has been a social and economic impact. This provides an opportunity for social scientists to make sure that these things are taken into account.

Example Kenya: Since everything in migration and health research now is being seen through the lens of Covid19 it is difficult to focus on pre-existing issues for example one call was about migration and health and the researchers wanted to look at access to health services for migrants in migration

corridors in Kenya and Uganda (both with very different migration policy regimes). But they were told that there was no longer cause to look at this issue any more (in the context of Covid19). This happened also in their research project on urbanization in Nairobi – issues of sanitation, land, (work with UCL, Liverpool University and other groups) being overlooked in favour of Covid19. Therefore, it is important to not just focus on migration and health but see what is happening in other areas of research – looking at commonalities and differences. We also have to change methods; apply to ethical boards for changing approaches etc (phone/online interviews etc).

A lot of funding cuts (including UKRI) have been taking place away from actual researchers. Though implications are not clear upfront and are being poorly communicated. This has put pressure on research partnerships.

Areas to ponder

- As a group, one of the things we want to unpack is whether there have been specific forms of pressure that have been placed on people by funders or institutions to shift resources and funding away from original research agendas.
- How do we redirect funders again and away from Covid19? To understand the importance of research on other things - some which were and some which weren't research priorities pre-Covid19?

Research adaptation

Some researchers have been able to re-orientate and create a profile speaking about Covid19. But positionality is important. This raises issues about 'expert' and ethical equitable partnerships (who is speaking out and where are they and based on what reason – particularly when people can't travel. Who is writing from certain contexts about what's happening in other contexts?)

While covidisation maybe seen as opportunism it can also be seen as adaptation to the changing context. It is important, therefore, to think about how to embed questions about the current context and experiences thereof into existing research and research structures.

Example Zimbabwe Food

Security Project: Since the research looks at remittances and food security already and with the pandemic it made sense to look at how Covid19 was impacting people's ability to remit – so researchers embedded these questions in the research. It is not so much about being opportunistic but responding to the changing context.

Example IOM: In some spaces - specifically work led by the IOM - donors and implementing partners as well their projects with the CDC, they have been very aware of the importance of not completely re-orientating research to focus exclusively on Covid19. Instead, Covid19 has been added as an additional lens and embedded in existing research structures without re-orientating the entire project. For IOM Commissioning of research since the start of the pandemic has been a 'mixed bag'. There have been dedicated projects on COVID-19 but also awareness about the COVIDISATION – perhaps a counter view to others. Existing research has had to be reshaped but some good examples of how research has not been subjected to Covidisation. Such as TB control amongst cross-border migrants in Nepal and migration disability in Belarus (amongst retuning labour migrants from the Russian Federation. So there seems to a concerted effort to resist Covidisation in some cases and this has been a 'pleasant surprise'.

Engaging with policy and policy makers

JHB principles acknowledge the long-standing tension between policy makers and academics for example the different timelines and the issue of policy makers wanting answers from academics to questions that researchers may not be able to provide given research limitations. For example, from the policy side there was encouragement by partners (in Zimbabwe) to bring Covid19 in because they needed those questions answered about the impact. These tensions have become more pronounced. Consultancies are stepping in to fill and exploit these tensions. Researchers are engaged in a much wider range of fora that academics were previously - unclear which fora policy makers are engaging in e.g. Biomedical fora > social science.

Academic critiques of state responses to covid are vital, even if they create tensions between researchers and policy makers - it is important to hold politicians and government officials to account. It is evident that responses to covid is politicised and draconian:

- No thought given to the appropriateness of lockdown measures in African contexts.
 - Ruthless policies in the first lockdown: how can we expect people to quarantine or stay at home when they are for instance living in slums (such as in cities as Nairobi where 60% population is in slums) or are even homeless? And what about the workers (they can't have zoom meetings !!).

Therefore, researchers need to assess these plans against bodies of research on health systems, public health, behaviour, social and economic impacts of austerity, mass job loss etc and assess if and how these plans are being implemented.

Areas to ponder

- Are there ways to engage with policy makers more constructively than simply offering critique?
- UN agencies have been entrusted to review national Covid19 response plans - but where are the academic reviews?
- How do we articulate a way forward? How do we redirect funders to see this; that the problems were already there but they have been made worse in Covid19?

Opportunities: What are the opportunities, and have we capitalised on them sufficiently?

There is a lot to do and think about in terms of going beyond traditional ways of engaging with each other and with research processes – we need something different though we do not have all the answers yet.

Digital ways of doing research

- There's been a swift move to digital research methods e.g. Survey Monkey, WhatsApp, key informant interviews via conferencing platforms.
- Qualitative research has been easier during this time.
- Important opportunity to work with IRBs and RECs and demonstrate how ethical concerns can and should be taken into consideration when using digital research methods.
- Concerns that some more traditional spaces (journals, fora, universities) including participants are not taking digital methods seriously. Research using WhatsApp or survey monkey etc is not being taken seriously. How is it being perceived/ viewed by review boards; or those sitting on editorial committees when it comes to publishing in journals – is this a legitimate study – considered non serious (i.e using social media).
- Key opportunity for learning how digital methods can be used in research and really understanding the ethical aspects of this research – we really need to reflect on this more and write about it more. Also, the practical implications of using these methods – so sharing more of this learning is critical.
- Unfortunately, many of the opportunities to really engage with and use these methods ethically and develop this best practice are being missed. Some very poor examples of research are emerging such as poor use of technology; poor/absent engagement with ethical considerations; lack of rigour in analysis. Check out the example of poor use of online survey forms; the kind of interpretation, extrapolation and hyperbole when it comes to recommendations in – WHO 'together apart survey'. That should be seen as an example of how not to do research in Covid19. There was no due diligence. Claim to have done surveys with different types of migrants around the world. We asked questions of why do a quantitative survey? Why not use deep-dive qualitative investigation? But the allure is with these types of technology (without really considering their appropriateness). The dangers of over-extending analysis to make recommendations
- Digitalisation of research is also producing it's kind of research 'experts', who is being left out in such processes including research participants e.g. unequal access to online platforms

Digital ways of engaging

- Virtual engagement does provide opportunities for engagement with a more diverse and geographically dispersed range of people. However, it is increasingly clear that this opportunity is being missed as the space is still dominated by researchers / 'experts' in the global North. We could do the online thing much better – making it more equitable. The number of panels and events and their virtual nature means that participation in these fora is not being taken as seriously as participation in in-person events for which travel was required. If there is a global south presence in an online panel it is often not taken as seriously as if they were on a 'real' panel (In the UK or USA) – so participation is not recognised.
- Because of so many online engagements, it is hard to get the right people in those forums because people are so spread out across events and spaces: e.g. working with the federal government in the planning commission – they do not have the sort of time that researchers need to do relevant research, they need much more immediate information to make quick policy decisions (policy makers and researchers operating to different time lines). Online working has offered another layer of opacity to this issue. Are policy makers even in the room? Who is being left out?
- While we indeed are able to engage in a much wider range of fora - and can sometimes get closer to decision makers and policy makers. Are we taking sufficient advantage of that? Could we learn more about those environments? Critique of state responses to Covid19 is a very important area of research. States do need to be accountable for issues related to protection and ensuring the interests of all – citizens and non-citizens/ migrants and non-migrants. So, what can we learn about the policy-making environment and how can we demand forms of accountability? Can we do this more strategically?

Importance of local partners

- The pandemic provided an opportunity to see capacity and expertise globally – particularly in the Global South. This was an opportunity to see how partners can co-create and help each other navigate the local context.
- The local partners have emerged as key in gaining/maintaining access with communities and research participants. This raises important questions about their role (often unacknowledged) in research and how it maps onto traditional understandings of 'expertise' and 'research' - who is actually conducting the research?
"We never used to have recruiters from the communities to find participants – but now they have become very important – people in communities who are willing to support research – so this is something we have learned. It has meant that we put people in the field in a different place – speaks to issues of more equitable research and how we work with people in the communities. So questions of 'expertise' – and made us rethink who are the expert – and this speaks to the nature of partnerships."

Role of academics in response mechanisms

- One opportunity is that there's been a lot of emphasis on national vaccine plans; deployment plans and on what member states have submitted to facilities such as the

COVAC facility. WHO, UNICEF and organisations like IOM have been asked to review these plans. There is a real role for researchers to assess the extent to which these plans are implemented – an important research agenda in terms of holding governments to account. Why is it only the UN doing this assessment – where are the academics?

Key reflections for moving forward

- How will vaccine nationalism/ vaccine passports affect the geography of the pandemic and thus transnational research?
 - Has the disruption of transnational research perhaps created an opportunity to reflect on the limitations of ‘parachute research’ or has/will it emboldened researchers in the global north to conduct virtual research without ever having set foot in a local context?
 - What will the inequality in vaccination (the global north will be vaccinated a lot quicker than the global south) mean for the future of transnational research?
- A note on how this work has evolved from the Migration Leadership Team which has come to the end of funding but is continuing in various guises – e.g. through the partnership with WITS and the Johannesburg Principles; Work on remittance practices in the context of Covid19; Commissioned work with UNDP looking at internal displacement in a number of contexts. So it is still very much active even though the MLT original grant has ended.
- How do we conduct a reappraisal of what is appropriate and possible for PhD students and academics at early, mid and advanced career stages to do during this time?
- Covid19 has reaffirmed the importance of community interlocutors in research - how do we ensure this is not forgotten?
- Social science research is not being prioritised by officials (access to government departments and data not a priority, policy makers are not ‘in the room’) or funders (focus on global health security and biomedical research) - how do we re-focus? Reaffirm our importance?
- Re-orientating research to take account of Covid19 and embed Covid19 in existing research is not inherently bad. But how do we ensure that this research is good and rigorous and contributes to a body of ethical research that outlines best practice for research using digital methods and during a pandemic?
- How can we improve virtual ways of engagement to ensure that the opportunities provided by working online (improved access for many to events) are taken advantage of rather than squandered?
- Decentralised and (more) equitable research partnerships and networks have succeeded where centralised and hierarchical partnerships have failed to adapt - how do we ensure that this lesson is learnt by funders and researchers?
- Migration and health researchers and practitioners to also engage with discussions with other fields to see commonalities in challenges and opportunities
- What are the potential long-term effects of Covid-19 on academic research? How will for instance long-term closure of universities impact future generations of scholars?

Next steps:

- At the second workshop (Wednesday April 14) we will present some of these ideas for further discussion about what are the opportunities for improving research and collaboration (making partnerships more ethical and equitable). We hope to work with you all to produce a short commentary for the wider international research community and what we feel is needed in the field of migration and health research moving forward.
- We encourage participants to host smaller consultations with others who were unable to join (in your institutions or partners you are aligned to) – to see if we can consolidate these inputs in other ways – so about using online forums for wider consultations. As part of this process, an online consultation will take place for the Southern African region on Tuesday 13th April.

More information: <https://tinyurl.com/j98cpvks>

Register for the 2nd workshop here: <https://tinyurl.com/ydkt3d2t>

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