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

Concept Note

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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.

The first workshop will bring together a diverse range of individuals involved in the field of migration and health to discuss and elucidate the implications of COVID-19 on research partnerships. This involves a specific focus on the existing inequities and challenges in migration and health research that COVID-19 has exacerbated, the opportunities that the move to online

platforms has provided, and suggestions for leveraging both the challenges and opportunities to foster more inclusive approaches to international migration and health research.

The second workshop will build on the discussions and conclusions from workshop 1 to explore how the Johannesburg Principles can be adapted to international migration and health research in the context of COVID-19. This will focus on articulating actionable steps that can be taken to ensure that international research in the field of migration and health is more equitable and inclusive moving forward.

The challenges and opportunities outlined in this concept note are not intended to be exhaustive, but aim to promote discussion during the workshops.

We hope that the two workshops will lead to the publication of an addendum to the Johannesburg Principles, which will articulate actionable ways forward to ensure that existing inequities are not exacerbated during the pandemic and to outline the opportunities identified for improving research and international collaboration in the field. In addition, we hope to publish a commentary which would pull together the discussions from these webinars, highlight the challenges and opportunities created/exacerbated by COVID-19 and identify ways forward.

Migration & health

COVID-19 has unequivocally changed the ability of people to move, exacerbating existing inequities and creating new challenges for migrant and mobile populations. In April 2020, as much as 91% of the global population was living in a country with restrictions on cross-border movement (Connor, 2020). Travel restrictions and border closures have stalled asylum systems and procedures, limiting the ability of asylum seekers to seek refugee (European Union Agency for Fundamental Rights, 2020; Médecins sans Frontières, 2020), and left many cross-border and internal migrants stranded, without safe and regular ways to return home (Asian Development Bank, 2020). Migrants who are trapped in transit or who are living with undocumented or irregular status have become additionally vulnerable, sometimes turning to smugglers who, due to border closures and travel restrictions, have had to explore new, often more dangerous routines (Bird, 2020), and often having to fund their own repatriation journeys and accommodation costs for poor quarantine facilities (İçduygu, 2020).

In addition to experiencing family separation and/or having to undertake dangerous travel, globally cross-border migrants have been excluded from efforts on the part of states to alleviate some of the economic burden of the pandemic, even as some migrant and mobile communities have experienced a disproportionate burden of COVID-19 (Benavides et al., 2020; Kluge et al., 2020; McNeil, 2020; Noel, 2020), specifically in high income countries where cross-border migrants have been at higher risk of infection and disproportionately represented in reported COVID19 deaths (Hayward et al., 2020). Many undocumented migrants have found themselves homeless or trapped in camps where social distancing is not feasible (Mukumbang et al. 2020). Border restrictions, matched with rising levels of unemployment around the world, have led to

many migrants losing their livelihoods and seen a decline in remittances, with implications for the many families and communities dependent on this support (Asian Development Bank, 2020; World Bank, 2020). In addition to the economic and social disruptions that came with COVID-19 containment measures, studies have already shown that the lockdown was associated with mental health challenges such as "depressive symptoms, anxiety, sleeping disturbances, substance abuse and neglect of self care" (Mukumbang et al. 2020, 3). The implications of this in a context where mental health is not prioritised cannot be overemphasized.

Regardless, however, of the economic and health burden experienced by migrant and mobile populations during this time and of the close association between *all* human mobility, not simply migration, and the spread of COVID-19 and migrants, cross-border migrants have by-and-large been excluded from biomedical responses to COVID-19 (Alemi et al., 2020; Devakumar et al., 2020; Doctors of the World, 2020; Hayward et al., 2020; Lancet Migration, n.d.[1]). In addition, instances of xenophobia and xenophobic violence linked to the pandemic are increasing (Human Rights Watch, 2020; 'List of Incidents of Xenophobia and Racism Related to the COVID-19 Pandemic',[2] 2020; UN News, 2020).

Prior to the pandemic, few health systems were migration-aware and mobility-competent, resulting in barriers to healthcare access for many migrant and mobile populations (Abubakar et al., 2018; Mosca et al., 2020; Vearey et al., 2019). Coupled with the exclusion of key populations, including migrant and mobile communities, from pandemic preparedness plans, access to both COVID-19 testing and care, in addition to routine healthcare (when and where it has continued), has been further limited (Alemi et al., 2020; Devakumar et al., 2020; Doctors of the World, 2020).

Most recently, concerns have been raised about the implications of vaccine nationalism and the exclusion of non-nationals from vaccine rollout plans (Severoni & Bartovic, 2020; United Nations High Commissioner for Refugees, 2020; Vearey, 2021; Weekers, 2020). Due to pervasive nationalism and xenophobia, there is a considerable risk that migrant and refugee populations will be excluded from vaccination programmes (Daniels, 2020; Vearey, 2021; Weekers, 2020). In response, many are calling upon countries to include all non-citizens in their vaccination programmes, highlighting the necessity of their inclusion for vaccine efficacy (Chulov, 2021; González Morales & Mofokeng, 2021; United Nations High Commissioner for Refugees, 2020; Vearey, 2021; Weekers, 2020).

While political leaders and United Nations (UN) agencies have acknowledged that 'COVID does not discriminate, and nor should our response' (Lancet Migration, 2020), reports from civil society and healthcare practitioners, in addition to emerging research indicates that the inclusion of migrants and refugees in responses to COVID-19 have been limited globally. Consensus around the key factors contributing to this exclusion are emerging and include:

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[1] Situational and policy briefs published by Lancet Migration which highlight 'key practical and operational aspects of the COVID-19 response in relation to migrants and refugees' can be found at https://www.migrationandhealth.org/migration-covid19-briefs

[2] Due to the rapidly increasing number of instances of xenophobia and constantly changing context, this webpage provides a useful resource as it is consistently updated.

1. The prioritisation of a Global Health Security (GHS) response to COVID-19 rather than a response rooted in the public health principles of inclusion and the right to health, which is seeing COVID-19 being used as justification for the further securitisation and restriction of migration and mobility (Carlà, 2020; Chugh, 2020; Sears, 2020);

2. Restrictive measures of lockdowns, such as physical distancing, and travel restrictions often being applied to migrant groups in a way that is not proportionate to public health need (Doctors of the World, 2020; European Centre for Disease Prevention and Control, 2020; European Union Agency for Fundamental Rights, 2020; McNeil, 2020; Mukumbang, 2020; Noel, 2020);

3. COVID-19 responses that are not migration-aware nor mobility-competent resulting in the exclusion of migrant and mobile populations from social relief schemes and additional barriers to healthcare (Benavides et al., 2020; Devakumar et al., 2020; Kluge et al., 2020; Lancet Migration, 2020; Severoni & Bartovic, 2020; World Health Organisation, 2020);

4. The covidisation of health systems has led to gaps in the provision of healthcare, specifically for chronic conditions, with implications for migration and mobile populations who often carry a disproportionate burden of diseases like, for example, HIV and TB (Cilloni et al., 2020; Dyer, 2020; World Health Organization, 2020); and

5. Concerns that the COVID-19 pandemic will contribute to existing xenophobic and racist tensions (Human Rights Watch, 2020; UN News, 2020).

Within this context, it is imperative that robust research is conducted on issues of migration and health and that every effort is made to ensure that this research is engaged with by policy makers and practitioners. However, simultaneous to the covidisation of health systems and programming and the use of COVID-19 to further the securitisation of migration, research in the field has also faced a rapid reorientation and realignment. While the funding that has been made available for research on COVID-19 has been important, it is likely that this will undermine research in the field of migration and health on other topics of inquiry. The close association of human mobility with the spread of COVID-19 may mean that work on the intersection of migration and mobility with HIV, TB, non-communicable diseases (NCDs), sexual and reproductive health rights (SRHR) and mental health is de-prioritised and that the focus of the field becomes on the securitisation of migration due to COVID-19. This shift in focus may also mean that important lessons that could be learnt from other areas of inquiry are ignored. In addition, the shift to online research methods has associated ethical and practical challenges that will need to be addressed.

Knowledge production in this context

Research in the field of migration and health faces ethical challenges, some are specific to the field while others are more general concerns about the state of knowledge production globally. At the outset, the field - like many research fields - is deeply inequitable. Researchers based in the Global South[3] - where the majority of human mobility occurs - are often underfunded and

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[3]Here we use the language of Global North/South, rather than the Low- and Middle-Income Countries (LMICs)/ High-Income Countries (HICs) or more/less developed shorthand, unless referencing work that uses these terms. As Ingleby

face resource constraints that are foreign to their counterparts in the Global North (Britz & Ponelis, 2012; Landau, 2012; London International Development Centre Migration Leadership Team, 2020). What the Migration Leadership Team of the London International Development Centre describe as this 'unequal status in setting research agendas and accessing funding opportunities' is further exacerbated by the different institutional capacities and pressures placed on academics in the Global North and in the Global South (London International Development Centre Migration Leadership Team, 2020).

The prioritisation of teaching and research that is policy-orientated ensures that researchers based in the Global South are seldom able to undertake theoretical work or work that is not on the agenda of funders. Researchers in the Global South are largely pushed - by funders - to focus on policy-oriented research and research that supports the policy goals of funding bodies (Adepoju et al., 2020; Landau, 2012). A key example on the African continent is the tying of Overseas Development Assistance (ODA) and research funding from the European Union (EU) to African countries to efforts on the part of these countries to improve their border and migration control, primarily in an effort to ensure that 'displaced people never get to Europe's borders in the first place' (Akkerman, 2018). This may mean that the covidisation of research is experienced differently by those in the Global South conducting 'demand led research' (Landau 2012).

Further, when in partnership with researchers based in the Global North, those based in the Global South are often treated as data collectors and sidelined at the points of analysis and writing (London International Development Centre Migration Leadership Team, 2020, p. 32). This is one of the many factors that has contributed to uneven global research output in the field of migration and health. A bibliometric analysis of research published in the field between 2000 and 2016 found that the ten countries with the highest volume of publications on migration and health were all in the Global North, and that high-income countries accounted for 89.6% of total output in the field (Sweileh et al., 2018). With regards to health research more broadly, such disparities exist not only at a global level, but also at a regional level, including in Africa. Between 2000 and 2014 three countries - South Africa, Nigeria and Kenya - accounted for more than half of the research produced by the continent (Uthman et al. 2015), highlighting the existing inequalities in structural and institutional capacities at a continental level.

The participation of Global South-based academics in conferences and workshops has also historically been undermined and restricted by exorbitant travel costs, restrictive and expensive visa regimes, and the failure on the part of event organisers to invite, include and consider researchers based outside of the Global North in their events (Britz & Ponelis, 2012; Niner et al., 2020; Velin et al., 2021).

However, due to the COVID-19 pandemic, traditional ways of engaging with colleagues and sharing research, such as conferences and workshops, have either been cancelled or moved online, held through software like Zoom, Skype, BlueJeans, and Webex. 'Virtual conferences can

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et al. (2019) demonstrate, development nomenclatures are inherently limited. However, for the purposes of this concept note, we believe that the former is best placed to capture and reflect global realities.

help researchers and scientific societies to meet more frequently as well and build long-term, inclusive, economically sustainable, and easily accessible communities nationally and globally in specific disciplines and across disciplines' (Sarabipour, 2020), in addition to making participation easier for women, minorities, early career researchers and those based in the Global South - all of whom tend to lose out in traditional conferences (Niner et al., 2020; Sarabipour, 2020). However, this is not necessarily the case, especially when online conferences simply replicate traditional conference formats. The cost of data and access to stable internet and devices that can run the plethora of software required to attend academic events is largely determined by geographic location and access to research funding and institutional support.

Furthermore, it remains to be seen whether the shift online has led event organisers based in the Global North to invite more researchers based in the Global South to contribute to and participate in events or indeed include more migrants or migrant-led organisations (Niner et al., 2020; Sarabipour, 2020). The question remains, has COVID-19 provided an opportunity to overcome some of the barriers to inclusion traditionally faced by researchers based in the Global South, or has the move online further entrenched inequities?

In addition, due to the COVID-19 pandemic, the use of some traditional research methods, primarily face-to-face interviews and surveys and participant observation, have not been possible given travel restrictions and social distancing requirements. Given the close association of COVID-19 transmission with human mobility, it is also important to consider just how ethical it will be to expect different migrant groups to talk about their migration histories in the foreseeable future.

Having had to abandon planned research, many researchers have turned to online research methods. These include surveys administered through Google Forms or SurveyMonkey, interviews conducted over Skype or Zoom, and the use of news aggregators and internet scraping. However, concerns have already been raised about the use of such methods by researchers based in the Global North, specifically to circumvent established ethical guidelines for research which were primarily developed with face-to-face research in mind (Moodley, 2020). Being able to circumvent the need for local research partners may further exacerbate inequities in access to funding and lead to the further exclusion of local researchers from research. In addition, where previously the buy-in of specific key stakeholders - for example, facility managers and civil servants within the various spheres of government responsible for health - was needed prior to conducting research within facilities and with healthcare providers or patients, this may now be more easily sidestepped. However, this may reduce interest in and uptake of the research findings by these key stakeholders.

If online or telephone-based research becomes the norm moving forward, important questions need to be asked about who will be left out of future research. Research in the field already tends to favour repeat research projects with the same participants, leading to research fatigue (London International Development Centre Migration Leadership Team, 2020). Will the move online render researchers additionally reliant on pre-established contacts and participants? Furthermore, given inequities in access to devices, the cost of data and predetermined research agendas which favour certain types of migrant and mobile communities over others, efforts will

need to be taken to ensure that migrant and mobile populations are equitably represented in current and future research.

Articles outlining the opportunities and challenges of conducting "essential" clinical research during the pandemic speak to the importance of continuing with medical research at this time (Gewin, 2020; Mourad et al., 2020; Stiles-Shields et al., 2020). However, a similar conversation remains to be had with regards to research in the social sciences and public health more broadly.

Finally, important questions about how to manage the risks posed by collecting information from migrant and mobile individuals, specifically the potential for the use of this data by states and for political purposes, needs to be addressed by researchers (Abubakar et al., 2018; London International Development Centre Migration Leadership Team, 2020, p. 28). As the Migration Leadership Team reflects - 'this goes beyond mere anonymisation to consideration of informed consent, the contexts of trust within which data is often gathered, and the ever-changing landscape of risk in migration situations' (London International Development Centre Migration Leadership Team, 2020, p. 29). In addition to pre-existing concerns, it's unclear whether assurances about data protection and anonymity can be made for online survey tools or video-conferencing platforms which are now being used to conduct interviews (Coyne, 2020). The move online has meant that when and where migrants, researchers or policy makers view dissenting opinions, they are more likely to be recorded and less likely to remain anonymous.

Although efforts have been made - like the Johannesburg Principles - to rethink what constitutes quality and equity in research and research partnerships in the field of migration and health, few of these efforts speak to a world in which the vast majority of research sharing is virtual/online and in which researchers are scrambling to develop and implement research projects using tech-based research tools with which they may have little experience.

Conclusion

The ongoing exclusion of migrant and mobile populations from responses to COVID-19 and the inherent relationship between human mobility and the spread of COVID-19, which is being used to further securitise migration globally, warrant the attention of researchers in the field of migration and health. However, there are two imperatives for researchers within this context. The first is to ensure that research into other topics of enquiry in the field is not neglected. The Johannesburg Principles speak about the importance of ensuring that policy priorities are 'not detrimental to curiosity driven research' (Principle 2). In the current context, it's not only curiosity driven research that needs protecting, but also research on issues that should be political priorities, but have been forgotten due to the focus on COVID-19. The second imperative is to ensure that the pandemic, and the move to online research and collaboration, is not used to further exacerbate existing inequities in the field. Rather, the opportunities provided by the move online should be used to improve existing inequities among researchers.

Wickramage et al. 'emphasize the importance of creating an "enabling environment" for migration and health research at national, regional and global levels, and call for the

development of meaningful linkages – such as through research reference groups – to support evidence-informed inter-sectoral policy and priority setting processes' (2018). In order to ensure that migrants and refugees are not only included in responses to COVID-19 and future pandemics, but in health systems and policies more broadly, developing such linkages and addressing inequities in the field of migration and health research are essential. We hope to use these two workshops to outline exactly how we can respond to these two imperatives.

If you would like to participate in the virtual consultative process and/or be informed of developments in the process, please sign up here.

For more information about the workshops or the process, please email Heleen Trummers ht27@soas.ac.uk

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