

COVID-19 IMPACT ON MIGRATION AND HEALTH

MSF Virtual Scientific Days LatAm 2022

Session 1: Mapping and key findings of research at the intersection of COVID-19, health access and outcomes for People on the Move

30 November 2022

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Migration Health Research and Epidemiology Unit
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Outline

Introduction

Evidence mapping on COVID-19 and migration health

COVID-19 impact on migration and health

Resources

Introduction

H1
Migration Health Assessments
& Travel Health Assistance



H2
Health Policy,
Health Promotion



H3
Health Response to Crisis
Situations



**Global Migration Health Research & Epidemiology Unit:
Cross-cutting across MHD Programmes**



provides technical guidance on advancing migration health data and research across MHD's three programmatic pillars



harnesses meaningful and sustainable research collaborations and partnerships



promotes evidence-based practice



supports and undertakes research capacity building

Evidence mapping on COVID-19 on Migration and Health



Long lines of migrants hoped to board buses for home on the outskirts of New Delhi on Saturday. Most were turned away. Credit: Yawar Nazir/Getty Images (March 28, 2020) . [Accessed from the NYTimes](#).

COVID-19 Impact on Mobility

- COVID-19 cases causing migration → leaving hotspots
- COVID-19 response measures prompting movement → fleeing lockdown
- COVID-19 stopping migration → stranded migrants
- COVID-19 impacting migrants → repatriation

KEEP IN MIND

- Migration does not cause disease
- It is the conditions under which people migrate that can make them more vulnerable to illness
- Mobility does link communities with different epidemiological profiles

Bibliometric Analysis on COVID-19 in the Context of Migration Health

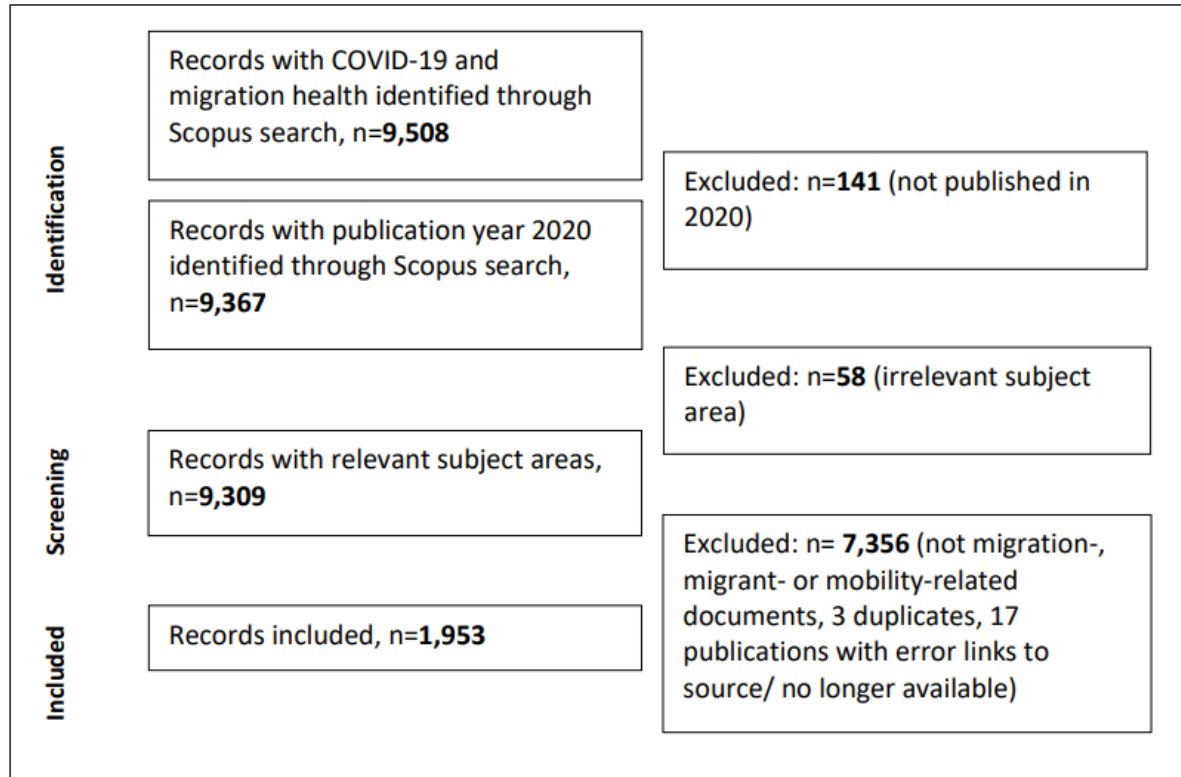





Figure 1. Search and Selection Flow Chart

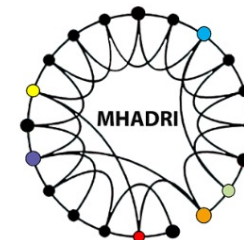




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Bibliometric Analysis of COVID-19 in the Context of Migration Health: A Study Protocol

Sweetmavourneen Pernitez-Agan, Mary Ann Bautista, Janice Lopez, Margaret Sampson, Kolitha Wickramage
 doi: <https://doi.org/10.1101/2020.07.09.20149401>

[PROTOCOL Preprint](#)



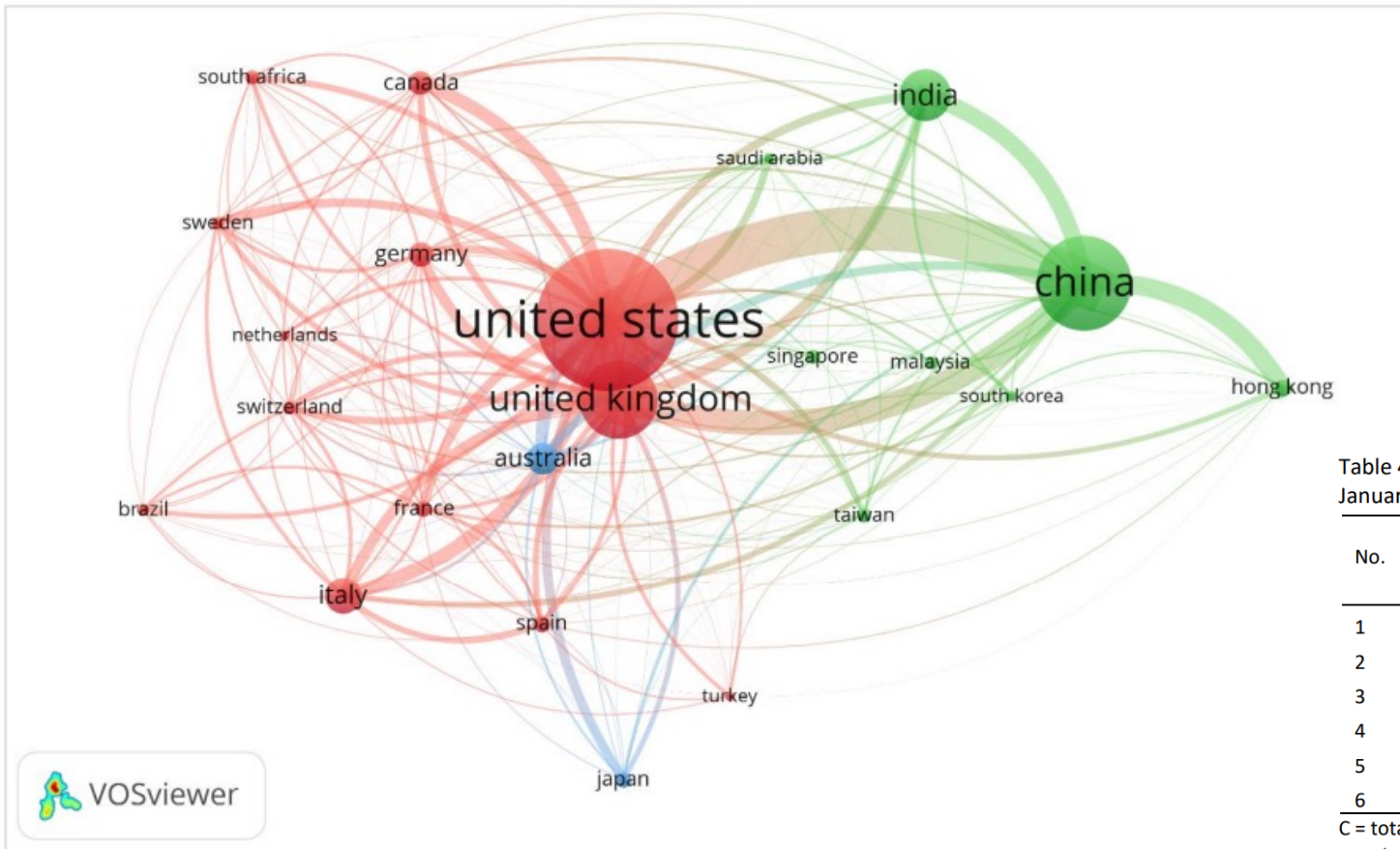


Table 4. List of most active* countries by authors' affiliation** on COVID-19 and migration health, 1 January 2020 to 31 December 2020 (N=1,953)

No.	Country	n	%	C	SCP***, n (%)	MCP***, n (%)
1	United States	478	24.5	23953	158	57
2	China	320	16.4	29351	168	66
3	United Kingdom	262	13.4	17433	50	46
4	India	173	8.9	2203	79	8
5	Italy	124	6.3	5677	51	17
6	Australia	110	5.6	2351	35	23

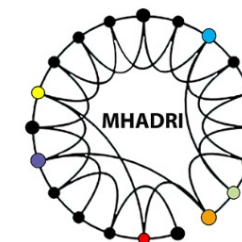
C = total number of citations; SCP = single country partnership, means that the authors of a publication come from the same country; MCP = multiple country partnership, means that the authors of a publication come from different countries

*Countries with 100 or more publication in Scopus.

**This is based on the recorded author affiliation address from the retrieved publications in Scopus.

***SCP and MCP counts were taken from Biblioshiny.

Figure 2. Network visualization map (international research collaboration) of countries active on COVID-19 and migration health (linked by co-authorship) with a minimum of 30 co-authored publications



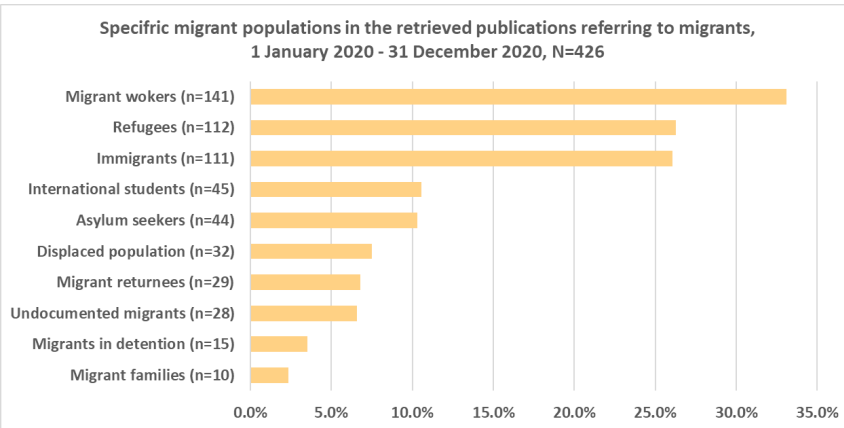
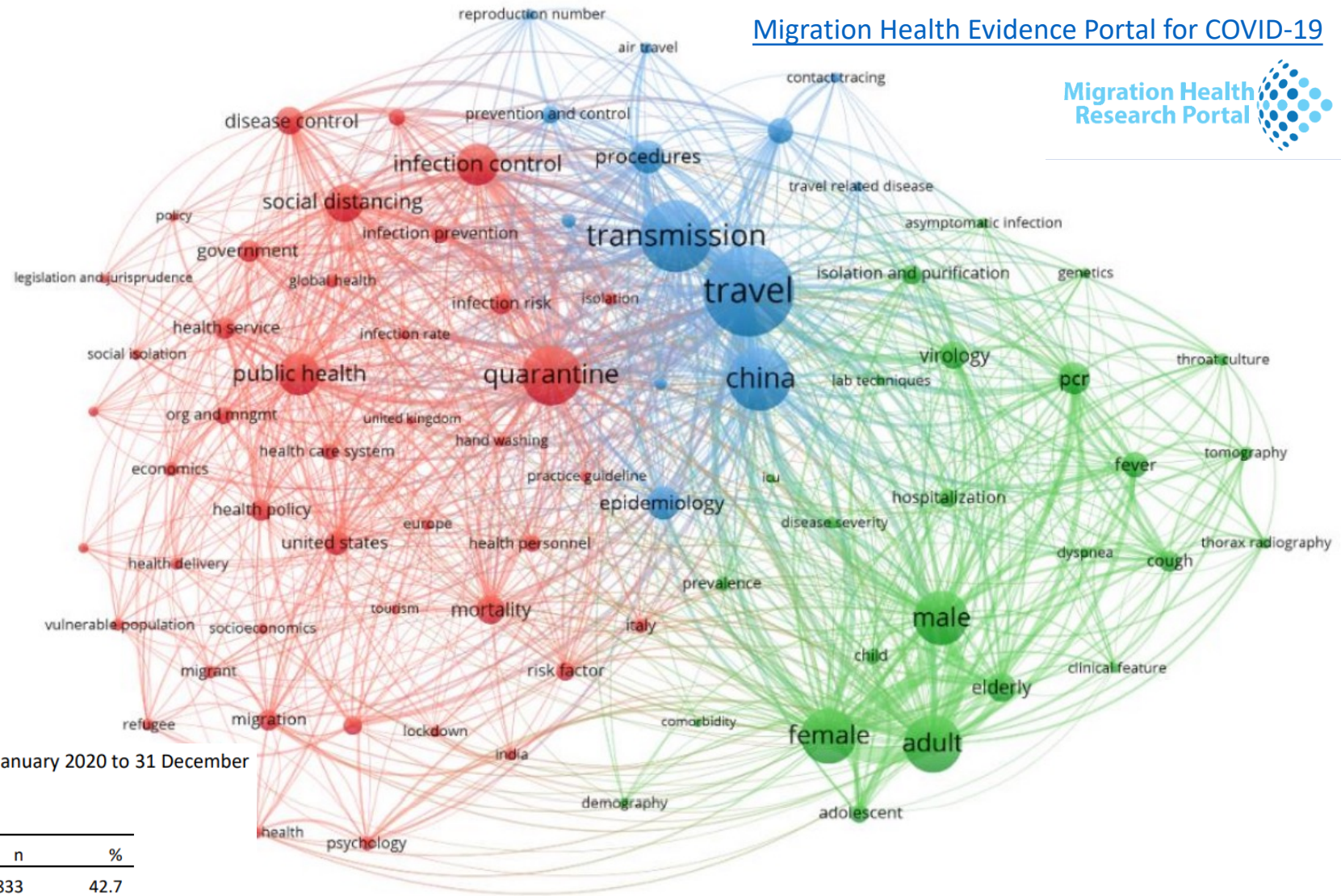
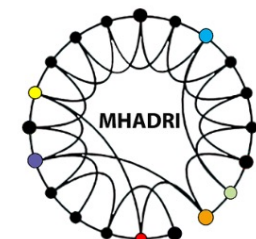


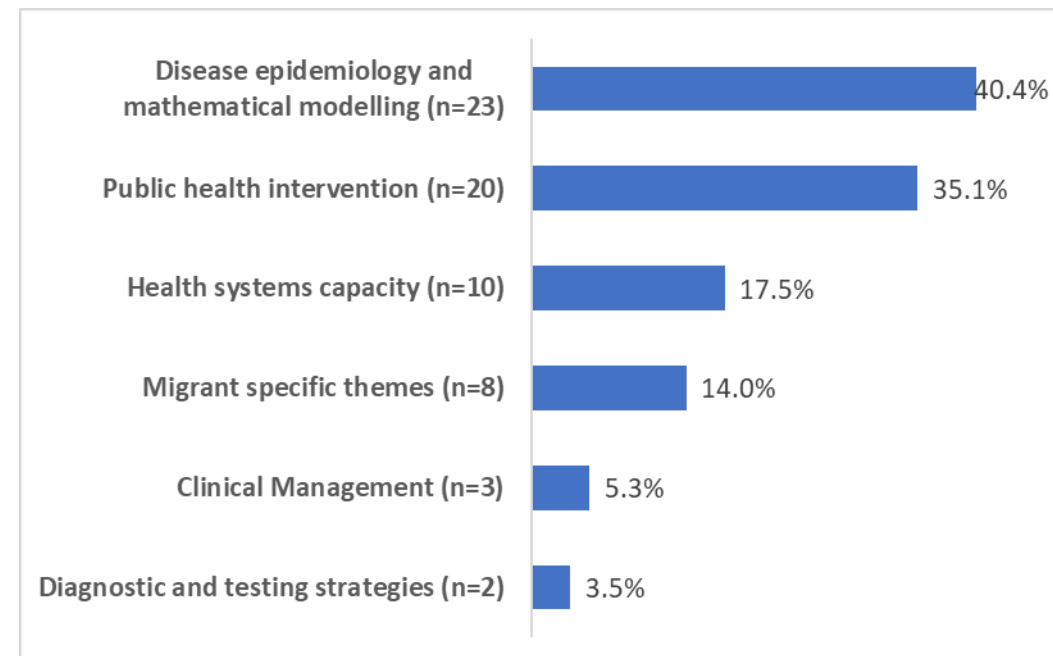
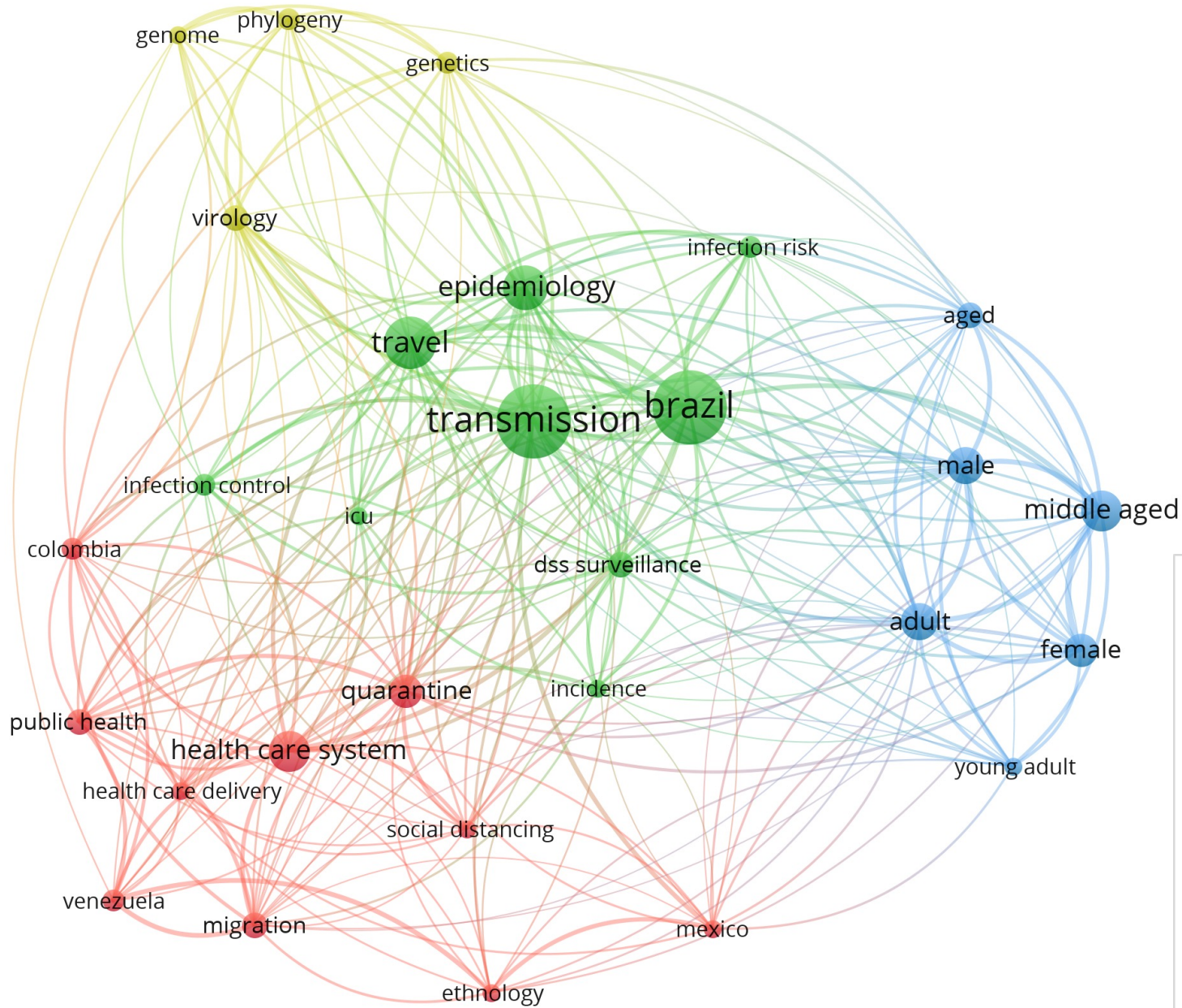
Table 9. Number of publications by theme on COVID-19 and migration health, 1 January 2020 to 31 December 2020 (N=1,953)

No.	Research Theme	n	%
1	Public health intervention (PHI)	833	42.7
2	Disease epidemiology and mathematical modelling (DEM)	550	28.2
3	Impact assessment and policy analysis (IAPA)	342	17.5
4	Health system capacity (HSC)	196	10.0
5	Migrant specific themes (MST)	186	9.5
6	Clinical management (CM)	163	8.3
7	Diagnostic and testing strategies (DTS)	45	2.3
8	Candidate therapeutics and vaccines (CTV)	15	0.8



Latin America, n=57

- **Regional topic:** South America (66.7%, n=38), Central America (n=17), Caribbean (n=2)
- **Country topic (top 3):** Brazil (n=27), Colombia (n=8), Venezuela (n=6)
- **Migrant & mobile pop's topic:** mobility (n=24), travelers (n=12); migrants (n=10), refugees and asylum seekers (n=9), patient mobility (n=2), tourist (n=2), immigrant (n=1), displaced (n=1)



COVID-19 Impact on Migration and Health



Contents lists available at ScienceDirect

Journal of Migration and Health

journal homepage: www.elsevier.com/locate/jmh



Clinical outcomes and risk factors for COVID-19 among migrant populations in high-income countries: A systematic review

Sally E Hayward^{a,o}, Anna Deal^{a,o}, Cherie Cheng^a, Alison Crawshaw^a, Miriam Orcutt^b, Tushna F Vandrevalla^c, Marie Norredam^d, Manuel Carballo^e, Yusuf Ciftci^f, Ana Requena-Méndez^g, Christina Greenaway^h, Jessica Carter^a, Felicity Knights^a, Anushka Mehrotra^a, Farah Seedat^k, Kayvan Bozorgmehrⁱ, Apostolos Veizis^j, Ines Campos-Matos^l, Fatima Wurie^m, Martin McKee^o, Bernadette Kumarⁿ, Sally Hargreaves^{a,*}, on behalf of the ESCMID Study Group for Infections in Travellers and Migrants (ESGITM)

Background: Migrants in high-income countries may be at increased risk of COVID-19 due to their health and social circumstances, yet the extent to which they are affected and their predisposing risk factors are not clearly understood. We did a systematic review to assess clinical outcomes of COVID-19 in migrant populations, indirect health and social impacts, and to determine key risk factors.

Methods: We did a systematic review following PRISMA guidelines (PROSPERO CRD42020222135). We searched multiple databases to 18/11/2020 for peer-reviewed and grey literature on migrants (foreign-born) and COVID-19 in 82 high-income countries. We used our international networks to source national datasets and grey literature. Data were extracted on primary outcomes (cases, hospitalisations, deaths) and we evaluated secondary outcomes on indirect health and social impacts and risk factors using narrative synthesis.

Results: 3016 data sources were screened with 158 from 15 countries included in the analysis (35 data sources for primary outcomes: cases [21], hospitalisations [4]; deaths [15]; 123 for secondary outcomes). We found that migrants are at increased risk of infection and are disproportionately represented among COVID-19 cases. Available datasets suggest a similarly disproportionate representation of migrants in reported COVID-19 deaths, as well as increased all-cause mortality in migrants in some countries in 2020. Undocumented migrants, migrant health and care workers, and migrants housed in camps have been especially affected. Migrants experience risk factors including high-risk occupations, overcrowded accommodation, and barriers to healthcare including inadequate information, language barriers, and reduced entitlement.

Conclusions: Migrants in high-income countries are at high risk of exposure to, and infection with, COVID-19. These data are of immediate relevance to national public health and policy responses to the pandemic. Robust data on testing uptake and clinical outcomes in migrants, and barriers and facilitators to COVID-19 vaccination, are urgently needed, alongside strengthening engagement with diverse migrant groups.

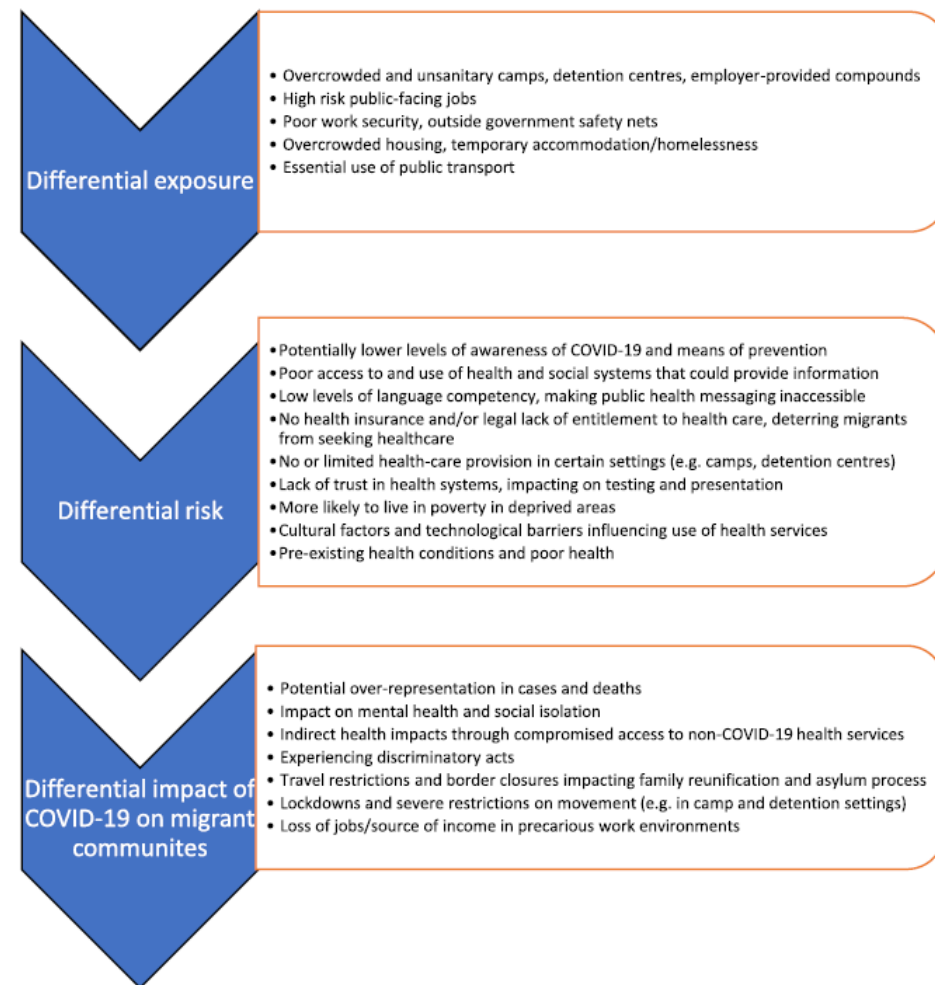


Fig. 2. Migrant-specific risk factors and vulnerabilities identified in included literature.



SARS-CoV-2 among migrants and forcibly displaced populations: A rapid systematic review

Maren Hintermeier^a, Hande Gencer^b, Katja Kajikhina^{c,f}, Sven Rohleder^{a,d}, Claudia Hövener^c, Marie Tallarek^e, Jacob Spallek^e, Kayvan Bozorgmehr^{a,d,*}



COVID-19 IMPACT

What do we know about SARS-CoV-2 among migrants and forcibly displaced populations?



The findings of the first ever systematic review among forced migrant groups (refugees, asylum seekers and IDPs) showed that compared to various non-migrant groups;

- The incidence risks reported among migrant and forcibly displaced populations tend to be consistently higher
- low hospital admission rates
- mixed mortality-related results

Incidence risk of SARS-CoV-2

0.1% to 2,1%

Baseline incidence of 0-12% to 2-08% in asymptomatic populations

SARS-CoV-2 attack rate in outbreaks

5,6% to 21,2%

High transmission in outbreak settings with 5-64% to 21-15% of migrants infected

Mortality from SARS-CoV-2

0.5% to 6%

Fatal outcomes among infected migrants ranged from 0-48% to 6%



Strengthening of health information systems and integration of these groups in notification and reporting systems at all levels of the healthcare systems are needed to ensure forced migrant groups do not remain invisible...

COVID-19 among migrants, refugees, and internally displaced persons:

a map of the global empirical literature (preliminary results)

[15th EUPHA Conference](#)

Maren Hintermeier^{1,2}, Nora Gottlieb², Jan Oppenberg², Amir Mohsenpour², Sergio Flores³, Sweetmavourneen Pernitez-Agan⁴, Janice Lopez⁴, Sven Rohleder^{1,2}, Mazen Baroudi⁵, Kolitha Wickramage⁴, Kayvan Bozorgmehr^{1,2}

¹ University Hospital Heidelberg, Germany; ² School of Public Health, University Bielefeld, Germany; ³ Department of Public Health and Caring Sciences, Uppsala University, Sweden;

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Background

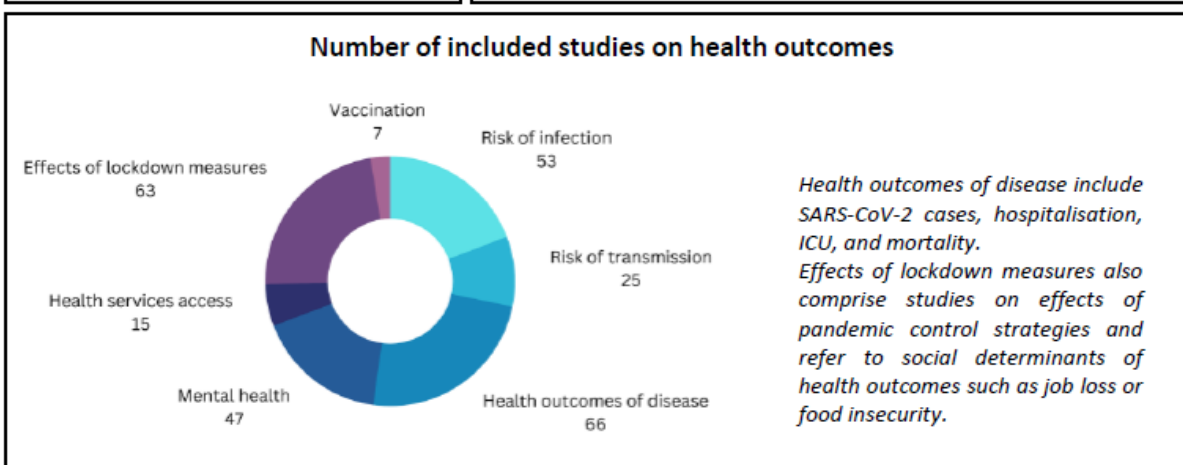
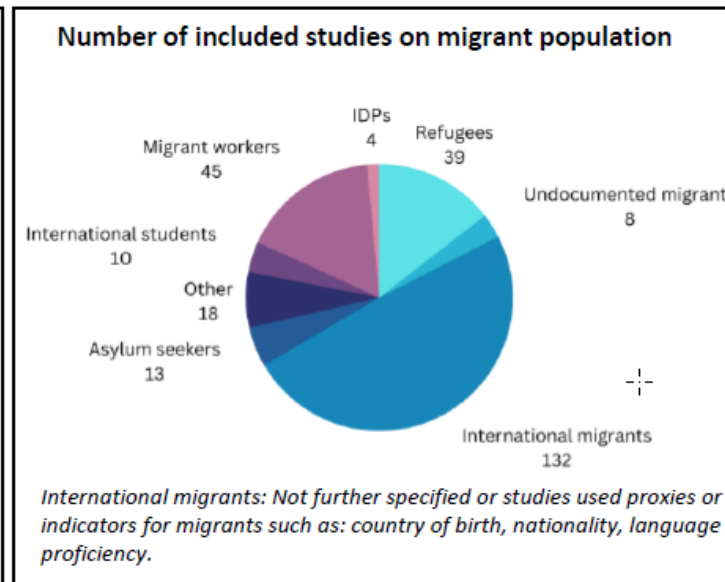
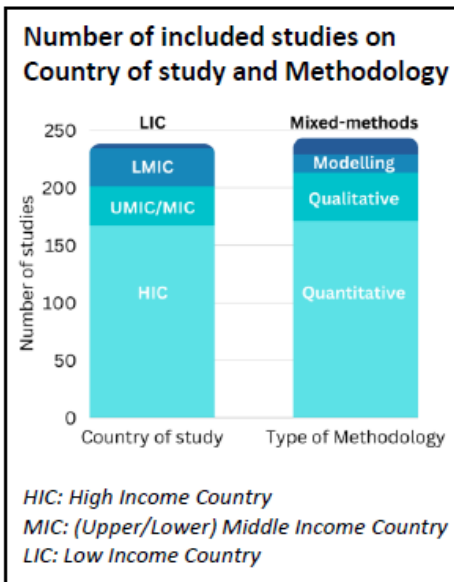
- The COVID-19 syndemic has revealed social and health inequalities and has put marginalised groups at greater risk [1].
- Health systems fail to routinely monitor migrants, refugees and internally displaced persons (IDPs).

Aim

- To map the landscape of and synthesise up-to-date empirical evidence on COVID-19 infection risk, transmission, outcomes of disease and vaccination coverage among migrant populations worldwide.

Methods

- Following PRISMA guidelines [2], the WHO-database of global literature on COVID-19 (comprising 19 key-databases) was systematically searched from 12/2019 to 11/30/2021. Additional hand-searches for grey literature were conducted on relevant websites [3,4].
- English, German and Spanish reports were included.
- JBI Checklists [5] were used for quality assessment.



Results

We identified 7045 records through scientific databases and pre-print servers and 45 records through website-searches. 6981 records were included for title/abstract screening, 513 sought for retrieval and 485 full-texts were assessed for eligibility. 258 records were excluded based on: type of study or article (n=122), outcome (n=47), population (n=40), focus (n=31), language (n=4) or other reasons (14). 243 records were eventually included, including 8 studies from a previous review [3], 235 records from the updated search, and 8 records identified through snowball search. The figures provide a descriptive overview on Country of study, Methodology, migrant population and health outcomes. Synthesis is ongoing.

Conclusions:

The review provides a comprehensive map of COVID-19 related research among migrant groups globally. The descriptive results will be complemented by the synthesis of evidence on infection risk, health, and social determinants of health outcomes among different migrant groups worldwide until December 2021.

Reducing COVID-19 transmission and strengthening vaccine uptake among migrant populations



[ECDC Report 2021](#)



Some migrant groups have higher rates of COVID-19 infection, hospitalisations, and deaths than the local population.



Some migrants have a range of unique risk factors for exposure to COVID-19, e.g. occupational risks, overcrowded accommodation and language barriers impacting the uptake of public health prevention messages.



There is emerging evidence of low COVID-19 vaccination rates in some migrant and ethnic minority groups in the EU/EEA and the UK.

How to reduce transmission and ensure equitable vaccine uptake in migrant populations:



Implement innovative policy options that can support at-risk migrant groups to minimise transmission and to access health services and vaccination.



Ensure inclusion of migrants in national response plans, especially for those facing barriers and exclusion from mainstream health systems.



Include migrant communities to produce, translate and disseminate culturally-adapted public health messages.

Risk factors for increased COVID-19 exposure

Evidence suggests that some migrant populations may have a range of risk factors for increased exposure and infection with COVID-19. A summary of key findings is presented in Figure 1.

Figure 1. Risk factors for increased exposure to SARS-CoV-2 in some migrant populations with higher COVID-19 morbidity and mortality: summary of evidence

OCCUPATIONAL RISK

- Occupational risk: over-represented in public-facing jobs including health and social care, transport, low-skilled jobs.
- Precarious jobs with fewer safety nets, resulting in migrants having to go to work throughout the pandemic, increasing workplace transmission.
- Increased use of public transport.

OVERCROWDED ACCOMMODATION

- More likely to live in poverty and deprived areas.
- Living in overcrowded and unsanitary camps, reception and detention centres, and employer-provided communal accommodation.
- In the community, migrants are more likely to live in overcrowded housing, temporary accommodation, and shared accommodation.
- More likely to live in multigenerational households.

BARRIERS TO PUBLIC HEALTH MESSAGING

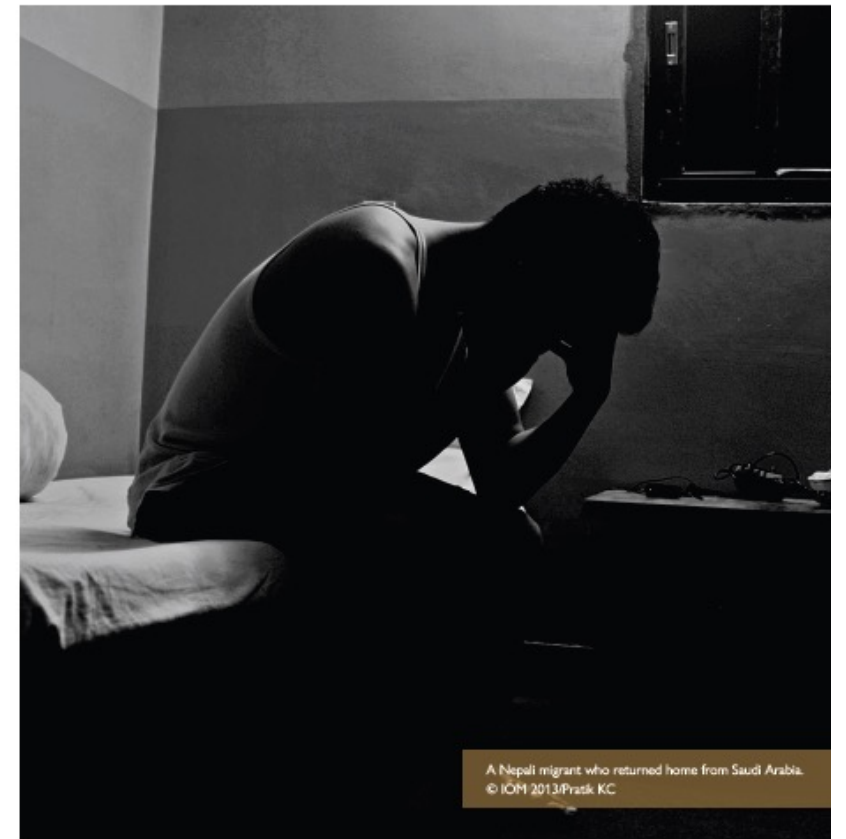
- Potentially lower levels of proficiency in the host country language.
- Potentially lower levels of awareness, perceptions of risk, and misconceptions, not addressed in public health guidance and the national response.

Evidence specific to Latin America

- A joint assessment in Colombia, Ecuador, El Salvador, Honduras and Peru has revealed that the pandemic is **exacerbating pre-existing threats to the physical and mental health, nutrition, financial autonomy and legal status of older refugees and others on the move**. Source: [UNHCR, 2021](#)
- IOM conducted a survey in June 2020 on the effects of the pandemic on emigrants from Central America and Mexico and immigrants from any part of the world residing in Central America and Mexico at the time of response. Key findings: (1) Migrants have suffered **negative impacts on their income levels as well as significant unemployment or reduction of working hours**. (2) A high percentage of migrants have experienced an increase in affectations such as stress, sadness and anxiety. Source: [IOM, 2020](#)

Summary

- The COVID-19 pandemic has revealed **migrant workers as both essential and marginalized.**
- Data on COVID-19 **hospitalisation, mortality, and excess deaths** involving migrant patients are extremely limited due to the fact that migrant status is not readily embedded in routine HIMs and Migrant Management systems at the country level.
- Where data do exist, **most of the studies done are on migrants, refugees, and asylum seekers in high-income/resettlement countries.**
- **Data on migrants in destination countries in the Global South is relatively limited.**
- **COVID-19 is exacerbating pre-existing inequalities**, particularly for migrants.
- COVID-19 outbreaks in migrant communities show how the **conditions in which they migrate, live, or work can influence health outcomes for migrants themselves and, as a result, host communities.**



A Nepali migrant who returned home from Saudi Arabia.
© IOM 2013/Pratik KC

IOM Migration Health Research Resources

<https://migrationhealthresearch.iom.int/>



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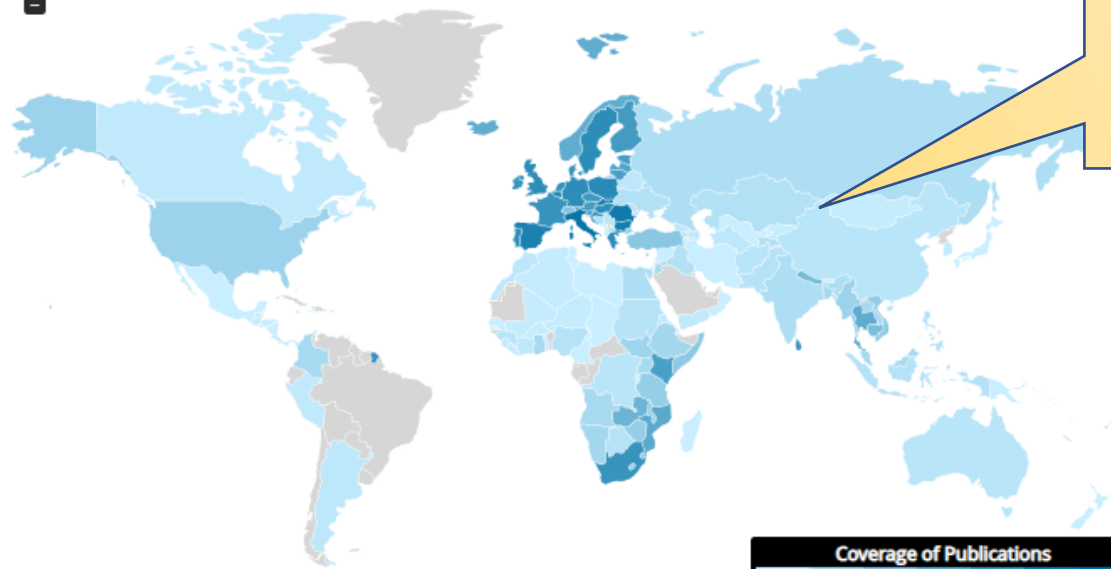
Publications Search

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This **publications portal** is a repository of all **IOM migration health publications from 2006 to present** where IOM was a primary contributor.

Publications include peer-reviewed scientific papers, technical reports, training guides/manuals, policy briefs/discussion papers, factsheets, newsletters, research reviews, conference and poster presentations. These are categorized by topic, author, country/region covered as well as by year, language, and type of publication. The map reflects the countries covered by the publications.

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The Podcast



Dr. Farah Amin, IOM Vaccination Coordinator for Sub-Saharan Africa, outlines the result of a study on immunization coverage for refugees resettled in the United Kingdom who used IOM's migration health assessments.

"This study highlights the need for improved data collection and data sharing between IOM, other non-governmental organizations delivering immunization services in humanitarian contexts, and refugee-receiving countries. This study also highlights the need for clearer definitions of where the responsibility for providing vaccines to resettle refugees lies between host countries and health assessment providers."



Dr. Radheshyam Krishna KC, former Migration Health Officer in Nepal -- now working for IOM Libya in Tunis -- discusses the findings on management of migrant health information in Nepal.

"In a nutshell, the migrant health information is highly fragmented. The information is there but [it is] not systematically recorded. The pre-departure health assessment centres, they do the health check-up and it is linked to [the] foreign employment information system, but it is not systematically stored so retrieval of any information is a challenge."

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The Podcast



Dr. Ana Requena-Méndez, Assistant Research Professor at the Department of Medicine Solna, Karolinska Institutet, Sweden and Barcelona Institute for Global Health, Spain, speaks about a health information system that registers health data on newly arriving migrants and findings about the health status of migrants.

"This kind of health information system may avoid duplication of tests [and] over-vaccination of population because this record will be efficiently tracked across the migration journey, and this will prevent important diseases, [and also] for example, drug allergies, and will improve the patient care. Therefore, this will definitely benefit migrants and refugees and also protect the public health of host countries."

[LISTEN TO THE PODCAST NOW](#)

<https://migrationhealthresearch.iom.int/>

Migration Health Evidence Portal for COVID-19

Home / Migration Health Evidence Portal for COVID-19



This **evidence portal** is a repository of research publications and high-yield evidence briefs on COVID-19 and its intersection with migration health.

The scientific literature and knowledge base on the epidemic rapidly expand daily. Tremendous efforts are being made by the global community of clinicians, researchers, and journal editors to advance scientific evidence to guide policy and decision-making at the field level. **There is a need to build evidence platforms for sharing and distilling key findings emergent from the growing body of scientific literature, relevant to migration, health, and human mobility.** These findings can ultimately assist evidence-informed decision-making from a migration lens.

The **portal** contains:

- An interactive, open-source, searchable (and downloadable) **repository** of research publications on COVID-19 in relation to migrants, migration, and human mobility based on the quantitative analysis of the thematic trends and impact of relevant publications.
- The **full paper** of the quantitative analysis of publications on COVID-19 and migration health (i.e., bibliometric analysis), which is regularly updated to include the latest peer-reviewed studies available.

Repository of Research Publications on COVID-19 and Migration Health

Search for **research publications** on COVID-19 with reference to migration health and human mobility **here**.

Bibliometric Analysis

Download the **full paper** of our ongoing **bibliometric analysis** on COVID-19 with reference to migrants, migration, and human mobility.

- Version 3.0
- Version 2.0
- Version 1.0

Read the **Bibliometric Analysis of COVID-19 in the Context of Migration Health: A Study Protocol**

Evidence Briefs

This section features **high-yield evidence briefs** synthesizing key information relevant to IOM's COVID-19 strategic preparedness and response plan. This space will focus on driving key messages relevant to priority areas in the field of migration health and COVID-19.

- COVID-19 response in resource-limited settings with reference to migrant and mobile populations
- National preparedness and response plans for COVID-19 and other diseases: Why migrants should be included
- Neglect of low-income migrants in covid-19 response

Key messages

- **Overview of search:** The search strategy retrieved a total of 1,953 publications relevant to COVID-19 and migration health, **covering the period, 01 January 2020 to 31 December 2020.** Many of the publications were research articles (59.9%) and mostly covered the following subject areas: medicine (61.0%), social sciences (21.1%), and environmental science (7.6%).
- **Research themes:** The publications relevant to migration health and human mobility mapped by research themes included: public health interventions (42.7%), disease epidemiology and mathematical modelling (28.2%), impact assessment and policy analysis (17.5%), health system capacity (10.0%), migrant specific themes (9.5%), and clinical management (8.3%). Research themes such as: diagnostic and testing strategies, and candidate therapeutics and vaccines were largely under-represented in the current evidence base (less than 5 per cent of the 1,953 publications). About 10% (n=190) of the publications used mathematical modelling to predict spread, and model social distancing, border closures, and impacts on the health care system capacities. Of this number, about 28 per cent (54 out of 190) were global in scope and about 25 per cent (48 out of 190) covered China. There were only two studies that investigated situations in camps settings. These findings highlight the importance of considering the migrant- and migration-health-related concepts in research and scientific communications.
- **Migrant groups and mobile populations:** Most studies investigated cases of COVID-19 in the context of population movement. Approximately 22 per cent (n=426) of the retrieved publications mentioned or referred to a 'migrant' in the title or abstract. A few publications covered specific migrant populations: migrant workers (33.1%, n=141), immigrants (26.1%, n=111), returning migrants (6.8%, n=29), undocumented migrants (6.6%, n=28), migrants in detention (3.5%, n=15), irregular migrants (0.5%, n=2), and migrant families, dependents, and children (n=10). Over one-fourth (n=521) of the publications covered non-specific mobile populations (i.e., tourists and travelers) with majority covering public health interventions and disease epidemiology.
- **Refugees, asylum seekers, and displaced populations:** Most of the publications involving refugees (n=112), asylum seekers (n=44), displaced population (n=32) were mainly on protection support services in the health response against COVID-19. Further, these publications discussed in length the risks and pre-existing vulnerabilities (i.e. overcrowded and poor living conditions, multiple barriers to health care, and others), and the humanitarian barriers that refugees face due to the mobility restrictions implemented by the governments [1, 2, 3, 4, 5, 6].

<https://migrationhealthresearch.iom.int/migration-health-evidence-portal-covid-19>

<https://migrationhealthresearch.iom.int/mhadri>

MHADRI

Home / MHADRI

Migration Health and Development Research Initiative (MHADRI) Mission Statement:

To advance evidence-informed global migration health policies and practices (through the unique international migration health researchers' collaboration) that will improve the health and wellbeing of people and communities affected by migration.

Vision:

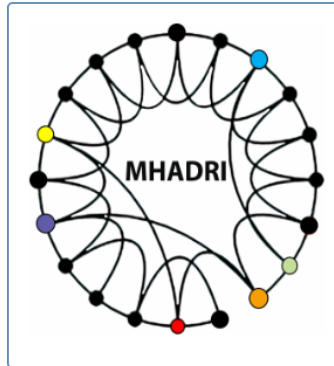
Through international research collaborations, MHADRI will:




- Advance ethical inter-disciplinary research at the nexus of health and migration;
- Include peoples affected by migration and key stakeholders in research;
- Produce and disseminate high-quality evidence; and
- Drive policy and practice change working with policymakers, practitioners and relevant stakeholders.

Principles and Values:

- Ensure meaningful representation from researchers/scholars from the Global South, and commitment to engage and capacity build research in migration in developing nations.
- Researchers/scholars' participation not only from universities but from civil society groups, governments and UN agencies.
- Support early to mid-career researchers.

Membership: Active researchers, from any discipline and organizational background - including early career researchers, graduate students and NGO-based researchers - currently working on researching any aspect(s) of the relationship between migration and health are invited to join the network. Any person who has or is currently undertaking research on advancing knowledge on any aspect(s) of the relationship between migration and health is eligible to be MHADRI network member, especially researchers based in Global South contexts, from developing nations or those classified as low-income, lower-middle-income or upper-middle-income countries. Please click on [Membership Guide](#) to register.



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“There is ample evidence that the pandemic has exacerbated many of the existing vulnerabilities faced by migrants and other people on the move, including their level of exposure to disease and mental health challenges and experiences of discrimination and stigma. In many cases, mobility-related policies and lockdown measures taken to reduce the transmission of the virus have created significant additional challenges for these populations, including the loss of income, livelihood opportunities, and remittances, the risk of becoming stranded, decreased access to essential services, higher risk of exposure to gender-based violence (GBV), and a reduced ability to seek refuge, among others.”

“António Vitorino, IOM Director General,
IOM COVID-19 2020 Achievements Report,
ForewordYOU”

