



Global research agenda on health, migration and displacement

Strengthening research and translating research priorities
into policy and practice





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Foreword by the Director-General



Globally, an estimated one billion people are migrants, refugees or internally displaced. This number is increasing, driven by global trends such as climate change, and the devastating impacts of wars and conflict. But given these rapidly shifting dynamics, there is much we still do not know about their health needs, access to health services, inclusion in health systems and responses to health emergencies.

This World Health Organization (WHO) Global research agenda on health, migration and displacement sets out for the first time the priorities for research in this area globally. We need to strengthen evidence and address key challenges in five main areas: scaling up access to services and universal health coverage; making health emergency preparedness more responsive; better understanding determinants of health; bringing visibility to underresearched groups; and finding new ways to collaborate in research.

This research agenda provides a road map on how these five priorities can be achieved over the next five years. It is aimed at Member States, global research funders, academic institutions, non-government organizations and other international stakeholders, showing how we can advance knowledge across sectors, develop policies and practices through research, and prioritize the health needs and health rights of migrants, refugees and other displaced populations.

To create thriving societies and ensure the health of refugees and migrants and their host populations, governments and partners urgently need better evidence. Strengthened knowledge in these five research themes, by countries and the international community, can develop better evidence-based policy to support a paradigm shift in the way we navigate a world increasingly on the move.

I hope that the Global research agenda will serve as a catalyst and foundation for strengthening knowledge production and knowledge translation not just at a high level, but also within regions, countries and local communities. It will help the scientific community, policy and operational actors to galvanize health, migration and displacement research as a global priority, and to work together to address some of the biggest global public health challenges of our time.

A handwritten signature in blue ink, which appears to read 'Tedros Adhanom Ghebreyesus'.

Dr Tedros Adhanom Ghebreyesus

Director-General

World Health Organization

Preface



WHO works closely with all partners to achieve the health, migration and displacement objectives within the implementation of the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees. The Department of Health and Migration within the WHO Division of Universal Health Coverage and Healthier Populations works to implement the Global action plan on promoting the health of refugees and migrants, 2019–2030 (GAP).¹

WHO's commitment to research is clearly identified in the Constitution: “to promote and conduct research in the field of health”. As demonstrated by the WHO Science Division, “measurable impact” is at the heart of all WHO's work in public health, with research cross-cutting in all global public health impact activities. Research is a critical tool for achieving WHO's Triple Billion Targets: achieving universal health coverage, effectively responding to health emergencies, and ensuring healthier populations. None of this can be realized if the health of all migrants, refugees and other displaced populations is excluded from research, policies and practices.

The health of different groups of migrants and displaced populations is underresearched, as are health systems' responses to the needs of populations affected by emerging migration and displacement dynamics such as climate change, pandemics and protracted crises. It is essential to address the knowledge gaps highlighted in the Global research agenda, and the disconnect between research, policy and practice. Our hope is that this agenda can support and encourage Member States, global research funders, academic institutions, nongovernment organizations, international organizations, WHO regional and country offices and United Nations agencies to prioritize research activities that facilitate the effective translation of knowledge into much-needed action. Research undertaken on the identified priorities will provide evidence to inform policy-making and support country and regional efforts to respond to the health needs of migrants, refugees and other displaced populations within the Sustainable Development Goals.

Practically, the implementation framework of the Global research agenda will promote better engagement in knowledge generation at the global, regional and national levels through use of an Implementation Guide and Toolkit that can be applied in any setting. A key part of the Global research agenda vision is the formation of the WHO Global Research Network on health, migration and displacement – an initiative to enhance cross-border sharing of knowledge and policy solutions. WHO looks forward to ongoing collaboration with all of the partners that have contributed to the Global research agenda, as well as with Member States that pledged their support during the Third Global Consultation in Rabat (June 2023) to create a shared roadmap. Together, these activities can help to strengthen research relevant to policy needs, thus supporting the translation of evidence into policy and practice and improving the health of migrants, refugees and other displaced populations globally.

A blue ink signature of Dr. Santino Severoni, written in a cursive style.

Dr Santino Severoni

Director

Department of Health and Migration

¹ Global action plan on promoting the health of refugees and migrants, 2019–2030. In: Seventy-second World Health Assembly, Geneva, 20–28 May 2019. Resolutions and decisions, annexes. Geneva: World Health Organization; 2019: Annex 5 (WHA72/2019/REC/1; <https://apps.who.int/iris/handle/10665/331821>).

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Abbreviations

CSO.....	civil society organization
GAP.....	Global action plan on promoting the health of refugees and migrants
GCM.....	Global Compact for Safe, Orderly and Regular Migration
GCR	Global Compact for Refugees
GRA.....	Global research agenda
GRN	Global Research Network on health, migration and displacement
IOM.....	International Organization for Migration
LMIC	low- and middle-income countries
NGO.....	nongovernmental organization
PHC	primary health care
PHR	participatory health research
SDGs.....	Sustainable Development Goals
UHC.....	universal health coverage
UNHCR	Office of the United Nations High Commissioner for Refugees
WHO	World Health Organization

Glossary

The purpose of this glossary is to assist with understanding and interpreting the Global research agenda.

Allied health. Health professionals who are not doctors or nurses. This can include – but is not limited to – services provided by therapists (physiotherapists, occupational therapists, speech and language therapists, art therapists, drama therapists), dietitians, podiatrists, paramedics and radiographers (1).

Asylum seeker. A person who seeks international protection but whose is yet to receive a decision from their destination on their claim. Not every asylum seeker will be recognized as a refugee, but every recognized refugee is initially an asylum seeker (2).

Delphi. A method for surveying the opinions of experts often through a structured and repeated ranking process until a consensus is reached (3).

Detention. Immigration detention is deprivation of the liberty of foreign nationals by detaining them (i.e. holding or imprisoning them) as part of administrative or ad hoc procedures for migration-related reasons (4,5).

Determinants of health. A diverse range of social, economic and environmental factors that impact people's health and well-being. Systematic variation in these factors are drivers of health inequalities in society (6).

Displacement. Forced movement of people away from their usual residence due to the effects of war, armed conflict, generalised violence, violations of human rights, natural disasters or human-made disasters. Displacement can be acute or protracted, and within or across international boundaries (2).

Emergency preparedness and response planning. The processes and systems needed to prepare for and respond to humanitarian crises, disease outbreaks and other emergencies arising due to chemical, biological, radiological or natural hazards (7).

Equity. The absence of unfair and avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability or sexual orientation) (8).

Externalization of borders. When states take measures beyond their borders to obstruct or deter the arrival of foreign nationals who do not have permission to enter their intended destination country (9).

Governance. The policies and systems required to provide effective regulation, oversight, accountability and strategic direction to health and other systems (10).

Health emergency preparedness. To build core public health and health system capacities that reduce the health risks and negative consequences of all types of emergencies (11).

Health emergency response. The detection, verification, assessment, communication of potential and actual health threats and emergencies, as well as multisectoral responses to save lives and minimize their public health, social, political and economic consequences (12).

Health financing. The way in which funds for health systems and services are raised and distributed. There are various methods for financing and these are often called “health financing models”. Typically, a distinguishment is made between models for: (i) raising revenue for health services (e.g. through general taxation, out-of-pocket payments and other means); (ii) pooling funds to cover some or all of the population; and (iii) purchasing, concerning the way in which health services are paid for or resources allocated across different parts of the health system (13).

Health system strengthening. An array of initiatives that improve one or more of the functions of health systems and that lead to better health through improvements in access, coverage, quality or efficiency (14).

Internally displaced person. A person who has been forcibly displaced from their home but has not crossed an internationally recognized state border (2).

Irregular/undocumented migrant. Although a universally accepted definition of irregular migration does not exist, the term is generally used to identify people moving outside regular migration channels, such as a person who is not a national of a country, but enters or resides within it without required documentation (2).

Member States. WHO is an organization comprising 194 Member States. All countries which are Members of the United Nations may become WHO members by accepting the Constitution. Other countries may be admitted as members when their application has been approved by a simple majority vote of the World Health Assembly. Territories which are not responsible for the conduct of their international relations may be admitted as Associate Members upon application made on their behalf by the Member or other authority responsible for their international relations (15).

Migrant. A person who moves permanently or temporarily from their usual place of residence to another, whether across or within international boundaries (2,4).

Model of care. The broad approach by which health care is delivered. This can span the type of health care service, the setting in which it is delivered, the human resources required to deliver it, the way in which the service is funded and the pathways of care involved (16).

Multisectoral. Involvement of and engagement with, partners in one or more sectors outside health. Partners can include public, private or third sector actors or indeed the wider public (17).

Missing migrants. People who disappear along migratory routes on land and at sea and in countries of destination (18).

Mixed migration contexts. Flows of people travelling together, generally in an irregular manner, over the same routes and using the same means of transport, but for different reasons (19).

Non-state actors. Individuals and organizations that are not governed by, affiliated or funded by the government (20).

Other displaced populations. People who are forcibly removed from their homes, whether within their home country or across international boundaries. This is often due to emergencies such as extreme weather events, climate change, pandemics, wars or armed conflict (2).

Portability of health insurance. The ability of people covered by a health insurance scheme (whether public, private or occupational) in one context, to shift this coverage to another one, independent of nationality and country of residence (21).

Protracted displacement. At least 25 000 refugees from the same country have been displaced for more than five consecutive years (22).

Refugee. Any person who meets the eligibility criteria under an applicable definition of refugee, as provided for in international or regional refugee instruments, under the mandate of the Office of the United Nations High Commissioner for Refugees (UNHCR) or in national legislation. Refugees outside their country of origin need international protection because they fear persecution or a serious threat to their life, physical integrity or freedom in their country of origin as a result of persecution, armed conflict, violence or serious public disorder (2,4).

Returnees. The return of migrants to their countries of origin or third countries. This usually refers to voluntary return (2).

Right to health. One of a set of internationally agreed human rights standards and is inseparable or “indivisible” from these other rights. This means that achieving the right to health is both central to and dependent upon, the realization of other human rights, to food, housing, work, education, information and participation. The right to health, as with other rights, includes both freedoms and entitlements. Freedoms include the right to control one’s

health and body (for example, sexual and reproductive rights) and to be free from interference (for example, free from torture and non-consensual medical treatment and experimentation). Entitlements include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health (23).

Seasonal migrant worker. A worker who migrates for work/employment dependent on seasonal conditions. Their work is usually performed during only part of the year (2).

Securitization. The movement of issues relating to migrants, refugees and other displaced populations into those managed by security agencies or authorities through, for example, the use of restrictive border policies, policing of minority groups and other measures (24).

Universal health coverage. All people have access to the full range of quality health services they need, when and where they need them, without financial hardship (25).

For further WHO definitions, please refer to *Health promotion: glossary of terms 2021*. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Executive summary

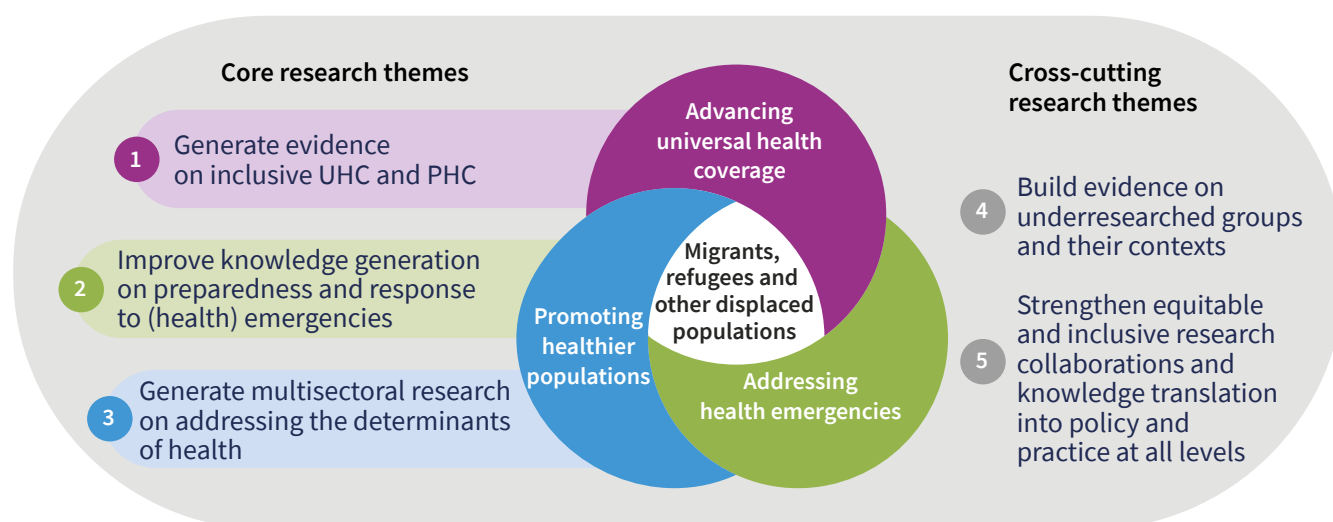
One person in every eight worldwide is a migrant or is forcibly displaced from their home. The experiences of migration and displacement are key determinants of physical and mental health and well-being. More high-quality research on health, migration and displacement is crucial to developing effective policies and actions for the WHO Triple Billion Targets: advancing universal health coverage (UHC), addressing health emergencies and promoting healthier populations. Persistent research gaps in these areas greatly impact the health of people who have migrated or been forcibly displaced and the health of communities worldwide. These gaps also jeopardize the attainment of the Sustainable Development Goals (SDGs).

WHO's Department of Health and Migration has developed the Global research agenda on health, migration and displacement: strengthening research and translating research priorities into policy and practice (the Global research agenda), working closely with the WHO Science Division and Research for Health Department. The strategic objectives of the Global research agenda are to (i) establish health, migration and displacement research as a global priority, (ii) strengthen knowledge production for policy-making and action, (iii) build research capacity, (iv) promote the translation of knowledge into policy and action and (v) enhance collaboration, knowledge-sharing and engagement with research across sectors.

The agenda-setting process was a multistage approach involving 181 stakeholders with significant expertise in health, migration and displacement. Stakeholders spanned global, regional and local contexts, working in academia, civil society organizations (CSOs; including migrant- and refugee-led organizations), United Nations agencies, including UNHCR and IOM, and WHO (with representatives from all WHO regions). Following a set of evidence reviews and surveys, stakeholders participated in a series of participatory consultations and prioritization exercises in 2022 and 2023.

The rigorous, consultative agenda-setting process identified five key research themes via consensus as global priorities to be addressed over the next five years.

Fig. 1. Five key research themes identified as global priorities to be addressed over the next five years



In addition, six research subthemes under the three core themes have been prioritized to address in order to strengthen research on health, migration and displacement:

- **Core theme 1:** generate evidence on inclusive UHC and primary health care (PHC) for migrants, refugees and other displaced populations:
 - **priority subtheme 1.1** – effective models of health financing for migrants, refugees and other displaced populations;
 - **priority subtheme 1.2** – interventions to improve the responsiveness of service provision to diversity (for example, but not limited to: cultural background, language, religion, gender and sexuality).
- **Core theme 2:** improve knowledge generation on the inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies:
 - **priority subtheme 2.1** – effective and sustainable models of health care for migrants, refugees and other displaced populations in humanitarian settings in low- and middle-income countries (LMICs) and fragile contexts;
 - **priority subtheme 2.2** – effective models of UHC in protracted displacement contexts.
- **Core theme 3:** generate multisector research on addressing the determinants of health of migrants, refugees and other displaced populations:
 - **priority subtheme 3.1** – impact of living and working conditions on the health of migrants, refugees and other displaced populations;
 - **priority subtheme 3.2** – impact of restrictive immigration policies, securitization and externalization of borders on the health of migrants, refugees and other displaced populations.

Three of these themes are core themes, as they bring together specific research subthemes. The two remaining themes are cross-cutting, as they are actions that need to be addressed across all research subthemes. Of the 50 research subthemes identified for the three core themes, six priority research subthemes (two under each core theme) emerged from the formal prioritization exercises. Stakeholders determined that these six subthemes:

- (i) are the most feasible to carry out within the next five years;
- (ii) have the greatest potential for implementation into policy and practice; and
- (iii) will have the most global public health impact for migrants, refugees and other displaced populations.

Future research on these subthemes will require contextualization at the regional and national levels and the development of specific research questions relevant to the needs of each setting.

The next steps of this agenda must be sufficiently and sustainably funded, effectively governed and collaboratively implemented in order to facilitate the creation of evidence that is actively transformed into policy and practice. To support this, the Global research agenda includes a roadmap that sets out multisectoral and multilevel actions that should be undertaken at the global, regional and national levels. It also includes a Toolkit (Annex 1) for other actors to adapt and expand upon the agenda at regional, national and local levels.

The Global research agenda on health, migration and displacement is a crucial step in shifting how the world addresses the right to health for all. In a world that is more interdependent and interconnected than ever before, any improvement in global public health relies on ensuring good health for our increasingly mobile populations.

This new agenda calls for urgent investment in research and the translation of evidence into policy and practice, to support leaders at all levels in creating inclusive and responsive health care systems for migrants, refugees and other displaced populations. In doing so, the health of societies as a whole can be improved. Investment in research on health, migration and displacement not only aligns with numerous global agreements and development goals, but also ensures better global and local responses to health emergencies, offers the possibility of achieving truly universal health care, and promises a healthier planet for each and every one of us.

1. Introduction

1.1 The need to strengthen research on health, migration and displacement

One in every eight people worldwide is a migrant, refugee or displaced person, and these numbers are growing (4). Conditions surrounding displacement and migration are key determinants of physical and mental health and well-being and can adversely affect migrants, refugees and other displaced individuals. Social and structural determinants of health affect all aspects of migration. Migration itself is also a determinant of health. Consequently, addressing these determinants and enhancing the health of migrants, refugees and other displaced populations are essential goals for global health and sustainable development.

To reach these goals, knowledge must be improved in certain areas. The landmark 2022 World report on the health of refugees and migrants (4) noted a global lack of comprehensive, high-quality and contextualized research on health, migration and displacement. This is particularly the case for topics relevant to policy-making and policy implementation (particularly for marginalized and disadvantaged migrant subgroups) and for the responsiveness and appropriateness of health strategies for migrants, refugees and other displaced populations. There is also lack of clarity about which knowledge gaps should be prioritized, given the heterogeneity of this population.

There are significant knowledge gaps in how research on health, migration and displacement is currently addressing the WHO Triple Billion Targets: UHC strategies and programmes, health emergencies and promoting the wider determinants of health. This is further complicated by the limited evidence available on newly emerging migration and displacement dynamics, such as those linked to climate change.

The lack of evidence and data has hindered the development of policies and programmes to achieve the SDGs (26) for migrants, refugees and other displaced populations. It has also limited progress towards the objectives of the Global Compact for Safe, Orderly and Regular Migration (GCM) (27), the Global Compact on Refugees (28,29) and the WHO Global action plan on promoting the health of refugees and migrants, 2019–2030 (30).

The WHO Department of Health and Migration has been working to improve the evidence base on health, migration and displacement (Box 1).

Box 1. The WHO Department of Health and Migration

The WHO Department of Health and Migration was established in 2020 to provide global leadership on health, migration and displacement issues. This included implementing the Global action plan on promoting the health of refugees and migrants, 2019–2030 (GAP) (30), which was extended until 2030 by the Seventy-sixth World Health Assembly in 2023. The Department of Health and Migration has also advanced the global evidence base on health, migration and displacement through the Global Evidence Review series (31), the first World report on the health of refugees and migrants (4) and a compendium of country case studies (32). Ongoing work includes initiating the formation of the WHO Department of Health and Migration Global Data Initiative on Refugee and Migrant Health (33) to strengthen data collection and monitoring systems globally on the topic and Refugee and Migrant Health Country Assessments (34).

Research agenda setting is a central priority of the Department of Health and Migration, both as a core function and a cross-cutting issue. This Global research agenda is the first step in the Department of Health and Migration's coordination of global action to generate the research and evidence needed to address the health, migration and displacement issues identified by the GAP, SDGs and 2023 Rabat Declaration (35). It builds on the Department of Health and Migration's existing work and other global efforts on research agenda setting in this field to act as a catalyst for context-specific and national-level research.



The WHO Department of Health and Migration has also worked in close collaboration with the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) through the implementation of the GAP. UNHCR and IOM have worked with WHO to create protocols for continuity of care and collection of health-related data across borders, to support coordination arrangements for migration and forced displacement, and to develop and implement assessment tools.

Note: The Rabat Declaration was adopted during the high-level segment of the Third Global Consultation on the Health of Refugees and Migrants, co-organized by WHO, UNHCR and IOM, and hosted by the Kingdom of Morocco, which took place from 13–15 June 2023 (36). It includes a commitment from Member States to support “high quality global research, strengthen knowledge production, and build research capacity on the health of refugees and migrants, to support evidence-based policies and actions where appropriate and/or feasible”.

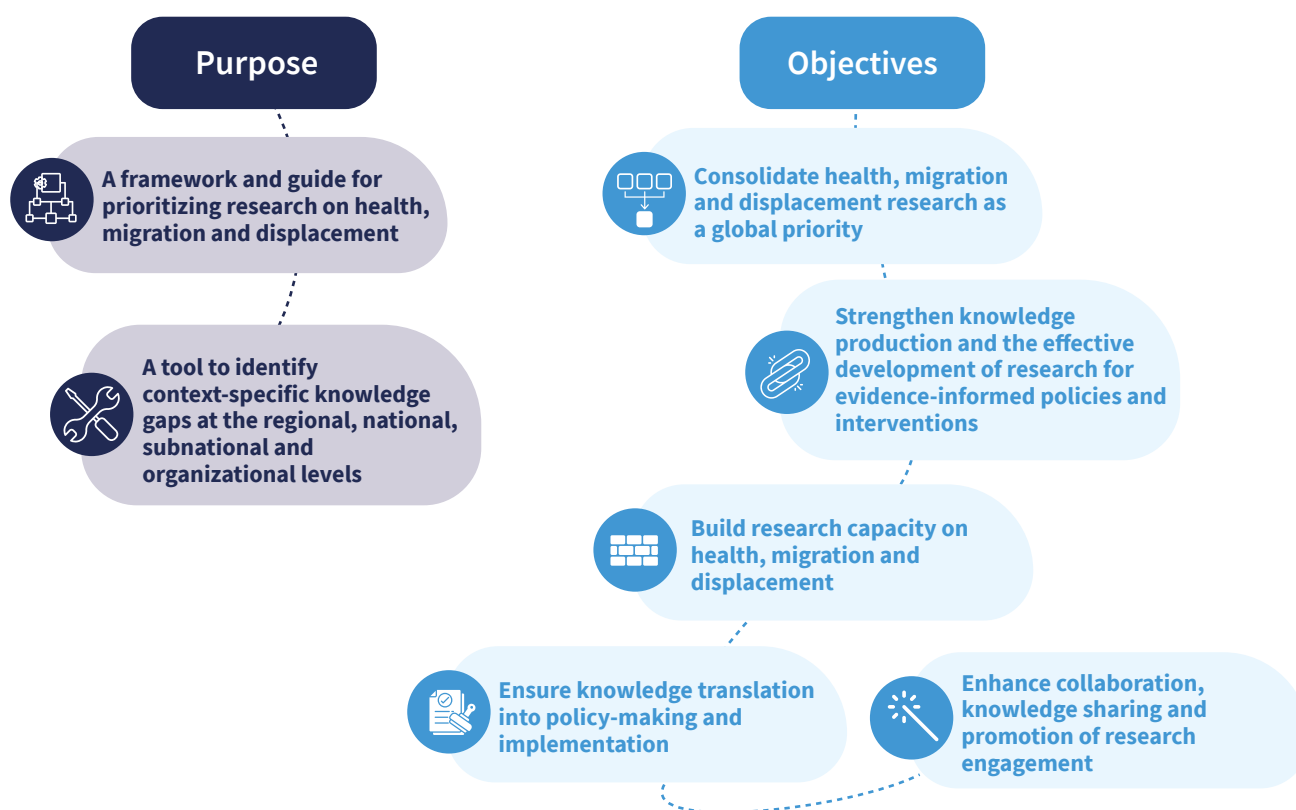
Note: The Refugee and Migrant Health country assessments are conducted by the WHO Department of Health and Migration in close collaboration with WHO country and regional offices. These joint reviews support ministries of health in assessing health system responses to the health needs of migrants, refugees and other displaced populations (37). These assessments cover the health system building blocks as well as the essential public health functions (38).

1.2 Purpose of the Global research agenda

Migration and displacement must be considered a global health priority to achieve UHC, strengthen health systems and improve global health security. Prioritizing health, migration and displacement research at the global, regional and national levels will improve the knowledge base for strengthening policy-making in both legislation and implementation, resulting in a much broader impact and positive return for all members of society. At the global level, it will facilitate the creation of regional and national research agendas on health, migration and displacement to specifically address the varied contexts and settings of migration, as well as the diverse health needs and rights of individuals and communities.

Therefore, in establishing health, migration and displacement as a global priority, the Global research agenda is the first critical step to improve evidence-informed policy action worldwide. The Global research agenda’s programme of work will progress over a 5-year timeline. Fig. 2 lists the strategic objectives that will be achieved by implementing the Global research agenda (described in section 8).

Fig. 2. Purpose and strategic objectives of the Global research agenda and its implementation



Purpose

- The Global research agenda is a framework and guide for prioritizing research on health, migration and displacement and catalysing integration of the research findings into strategic plans, funding and investment, research activities, and planning for CSOs, funding bodies, Member States and United Nations agencies.
- It will also serve as a tool to help Member States, regional actors, researchers, nongovernmental organizations (NGOs) and United Nations agencies to identify context-specific knowledge gaps at the regional, national, subnational and organizational levels.

Strategic objectives

- Consolidate health, migration and displacement research as a global priority, incorporate country-level and context-specific research activities, set research priorities that address knowledge gaps and emerging research areas and priorities, and are responsive to current and future trends in health, migration and displacement.
- Strengthen knowledge production and the effective development of research for evidence-informed policies and interventions on health, migration and displacement, and facilitate the development of a strong global health, migration and displacement research arena with sustainable funding.
- Build research capacity on health, migration and displacement by using the Global research agenda as a platform for further research priority-setting and activities at the regional and national levels.
- Ensure knowledge translation into policy-making and implementation by developing better evidence to

inform national policies, plans, data and interventions on health, migration and displacement.

- Enhance collaboration, knowledge-sharing and promotion of research engagement in health, migration and displacement, ensuring a defined relationship with relevant knowledge hubs across sectors.

1.3 Scope and target audience

The target readership for the Global research agenda includes Member States; global research funders such as international donors; philanthropic organizations and private donors; academic institutions; CSOs and NGOs; intergovernmental organizations; international organizations; WHO regional and country offices; and United Nations agencies. This Agenda outlines priority research topics that are relevant to all areas of global public health and global policy development and can be applied to varying geographical regions and migration contexts. These research priorities are intended to improve research on health, migration and displacement; support Member States to develop health systems that are more responsive to current and future population dynamics; and improve the health of migrants, refugees and other displaced populations, as well as receiving communities worldwide.

The Global research agenda focuses on global research priorities that can be applied and further contextualized at the regional and national levels. It is intended to be used as a framework for further research agenda setting and prioritization with the WHO regional and country offices and by United Nations agencies and other organizations. The Global research agenda process does not cover the following research areas within its prioritization, which are expected to be further adapted and expanded on to address regional and national level needs:

- specific migrant, refugee and other displaced populations;
- specific disease categories relevant to specific migration contexts, which need to be considered under each research theme (advancing UHC, promoting healthier populations and addressing health emergencies);
- specific geographical locations to be prioritized or focused on; and
- specific policy contexts.

Ideally, further research agenda setting at the regional, national or local levels would be linked with carrying out a WHO Refugee and Migrant Health country assessment (38). The additional Implementation Guide and Toolkit for setting research agendas at the regional and national levels will also enable specific research priorities and evidence gaps at the policy and practice levels to be determined (Annex 1).

1.4 Framing

To provide a cross-cutting approach to health, migration and displacement, an analytical framework for the Global research agenda was developed. It was informed by the 2nd Global Consultation on Migrant Health: Resetting the Agenda in 2017 (39), the WHO Triple Billion Targets (40) and the WHO's Thirteenth General Programme of Work (GPW 13) (41). The broader framing was informed by these four key global policy frameworks:

- the Sustainable Development Goals (SDGs) and related targets;
- the Global Compact for Safe Orderly and Regular Migration (GCM) and associated objectives;
- the Global Compact on Refugees (GCR) and its articles; and
- the Global action plan to promote the health of refugees and migrants (GAP) and the resulting priorities.

The health of migrants, refugees and other displaced populations is central to all global health policy targets and objectives. These populations face challenges such as limited access to health coverage and entitlements to health care, lack of financial protection and lower quality of accessible services. Furthermore, as exemplified by the COVID-19 pandemic, migrants, refugees and other displaced populations seldom feature in health emergency (and other crisis) preparedness and response plans, including preventive and social protection mechanisms to reduce risk exposure and adverse health outcomes.

Ethics are central to any research-agenda-setting process in the field of health, migration and displacement. The migration context adds layers of complexity to how health research is prioritized around the world, as well as what, when, where and how such research is conducted. As such, an equity and ethical perspective was applied throughout the process of creating the Global research agenda. The agenda-setting process was intended to address urgent current knowledge gaps in health, migration and displacement; maximize global public health benefit; and support fair allocation of resources. To reduce the risk of creating or perpetuating bias and unintended consequences during the process, the value judgements underlying this goal, the ethics of agenda setting and the fairness of the outcomes were considered at all stages (Box 2) (Annex 2).

Box 2. Ethical considerations used in the research-agenda-setting process: promoting social value, identifying benefits and defining equity¹

The factors that determine social value and the definitions of benefit and equity in the field of health, migration and displacement research are context-specific.

Benefits can be found at various levels: for an entire population, all migrant and forcibly displaced population groups, or one specific population. For example, the magnitude of expected benefits may be assessed using the absolute or relative size and scale of migration-related events, to ensure that the greatest number of individuals benefit from research and the subsequent knowledge translation. Similarly, research-agenda-setting teams may also assess the absolute and relative impacts of prioritizing topics in acute versus protracted migration and displacement settings.

Equity can also be defined in various ways. Broadly, it can refer to the inclusion of underserved migrant groups and neglected migrant contexts in research, policies and programmes. Some definitions of equity could direct resources towards people who have experienced the greatest degree of marginalization and exclusion and/or are in greatest need of policy action to address the inequities they face. Equity may also relate to research outputs, by focusing research on migrant groups or research topics that have received the least amount of attention. This could be justified on the basis of addressing research topics and potential for unidentified and/or unmet health needs.

Given the importance of these ethical considerations, the research-agenda-setting process adopted the core values of a participatory health research (PHR) approach, consistent with the fundamental goal to generate effective and sustainable policy solutions through research that are equally inclusive and ethical. In the PHR approach, the people who are being studied are involved in all stages of the research, from agenda setting to dissemination and knowledge translation. The core values of this approach are participation, collaboration, critical reflexivity, diversity and a commitment to positive social change with a fundamental respect for the knowledge that people have about their own context. Additionally, meaningful participation relies on relationships that are built up over time, based on shared interests and health equity goals (42). Therefore, while acknowledging the significant complexity of achieving meaningful participation at a global level and across highly diverse groups, the core values of PHR were applied in the following ways:

- developing transparent recruitment strategies to involve stakeholders with lived experience of migration and people working in organizations and agencies on research and service delivery;
- assessing the diversity of voices and perspectives by indicators such as gender, country and region;
- offering flexible ways to provide input, including electronic submissions and participation in online technical consultations;
- providing feedback to all stakeholders on the process and outputs of the agenda-setting process; and
- offering further opportunities to participate in implementation of the Global research agenda.

¹ These ethical considerations draw upon the ongoing work 'Ethics of Research Priority Setting', which is led by the project team at the WHO Health Ethics and Governance Unit and supported by a small expert writing group.



Box 3. Research context

While significant advances in health, migration and displacement research and in knowledge sharing have been made in the last 10 years, many challenges remain. Although investment in research on health, migration and displacement has grown, it often focuses on the national and subnational levels, and less often on the global and regional levels or on migratory pathways. In addition, ensuring that research translates into policy and practice is a challenge, leading to substantive gaps between evidence bases, and policy and implementation. Research has demonstrated that migrants, refugees and other displaced populations on average live longer and contribute to a country's wealth (43–45); however, the majority of existing academic literature represents the perspective of high-income migrant destination countries, and there are large gaps in research from receiving countries for most migrants, refugees and other displaced populations worldwide, with only a small proportion of articles found from: Africa, the Middle East, eastern Europe and Latin America (46).

1.5 Relevance to policy and practice

Research is crucial for advancing policy and practice in health, migration and displacement in line with the 2030 Agenda for Sustainable Development (26). The SDGs recognize migration as a driver and enabler of sustainable development, and several goals are relevant to strengthening research. Addressing the health needs of migrants, refugees and other displaced populations is essential to achieving health, migration and displacement objectives across sectors, as emphasized by SDG Target 10.7 on well-governed migration (47).

Understanding how research can directly contribute towards meeting the Triple Billion Targets and the SDGs will also facilitate the implementation of the GAP (30). A commitment to research is stated in the WHO Constitution (48) and is cross-cutting in all of WHO's global public health activities. The GAP explicitly calls for Member State support in the development and implementation of evidence-informed global public health approaches (30). The Rabat Declaration, issued on 13 June 2023 at the Third Global Consultation on the Health of Refugees and Migrants (35), pledged to raise awareness on refugee and migrant health (Art. 2d) and commits “to supporting high quality global research, strengthen knowledge production and build research capacity on the health of refugees and migrants, to support evidence-informed policies and actions where appropriate and/or feasible” (Art. 4).

The Global research agenda also intends to mainstream health, migration and displacement within existing frameworks for global public health action and research. To do so, the following aspects of the current political context were considered in both the formation and implementation of the Global research agenda, as summarized in Box 4.

Box 4. Key policy factors relevant to the Global research agenda

Discriminatory policies based on legal status (e.g. refugee, asylum seeker, migrant worker) can lead to exclusion from health systems and public services (49). Current policy responses to migration and displacement increasingly separate forcibly displaced populations into those who can apply for refugee status, and those who cannot (49). These policies may be particularly detrimental to the health of individuals in vulnerable situations. These practices also impede achieving policy commitments related to the SDGs, individuals' right to health and the implementation of UHC worldwide.

Barriers to health care for migrants, refugees and other displaced populations particularly affect individuals in transit or with unstable living conditions, forcibly displaced individuals without formal refugee status, and individuals who experience language, cultural and economic barriers in transit and destination countries. In most contexts, restricted access to health services, particularly preventive care services, comes at a higher cost burden to health systems compared with inclusive policies (50).

Racism and xenophobia are causes of poor health, and can be experienced by migrants and forcibly displaced individuals at any point along their migration journeys. They are rooted in the deep historical and structural power imbalances between population groups. Racism and xenophobia can be targeted at those from specific countries of origin.

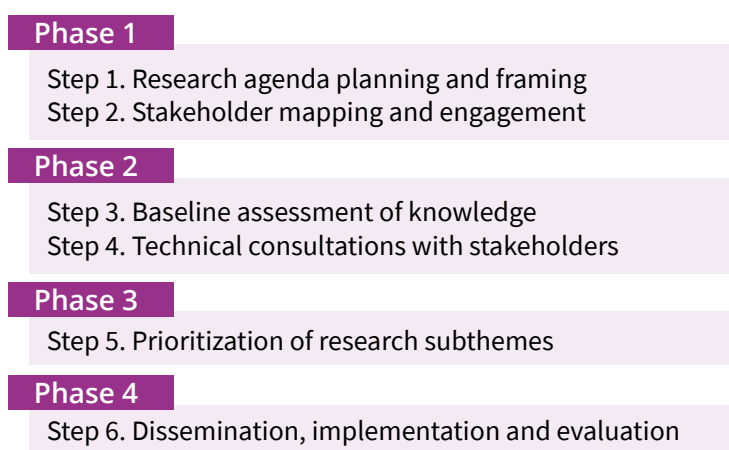
The Global research agenda can assist Member States and allied policy-makers in achieving key global policy objectives through the implementation and advancement of the global research priorities identified, as the three core research themes align with the existing targets (SDGs), objectives (GCM), articles (GCR), and priorities (GAP). By implementing the Global research agenda research priorities at regional and national level, Member States and policy-makers can help to achieve international policy goals, as outlined in the table below. Further detailed mapping against the different policy objectives can be found in Annex 4.

Table 1: Alignment of the Global research agenda core themes with existing policy frameworks

Core theme	GAP Priority	SDG Target	GCM Objective	GCR Article
Core theme 1: generate evidence on inclusive UHC and PHC for migrants, refugees and other displaced populations	1	1.30	3	72
	2	3.10	7	73
	3	3.20	8	
	4	3.30	12	
		3.40	13	
		3.80	15	
		3.90	16	
		3.c		
		3.90		
		10.70		
Core theme 2: improve knowledge generation on the inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies	1	1.50	7	72
	2	3.30	15	
	3	3.80		
	4	10.70		
		17.14		
Core theme 3: generate multisectoral research on addressing the determinants of health of migrants, refugees and other displaced populations	1	1.30	6	72
	2	3.40	7	73
	4	3.80	15	
		3.90	16	
		8.80	17	
		10.70	20	
		13.20	23	
		17.14		
		17.17		
		17.40		

2. Methodology: developing the Global research agenda

A methodological framework for developing the Global research agenda was created by the WHO Department of Health and Migration, with input from the Research for Health Department and the Emerging Technologies, Research Prioritisation and Support (EPS) unit and under the guidance of a technical advisory working group. The robust methods undertaken to develop this Agenda consisted of four phases and six steps outlined in Fig. 3 and summarized below, with more detail presented in Annex 2 on methodology.



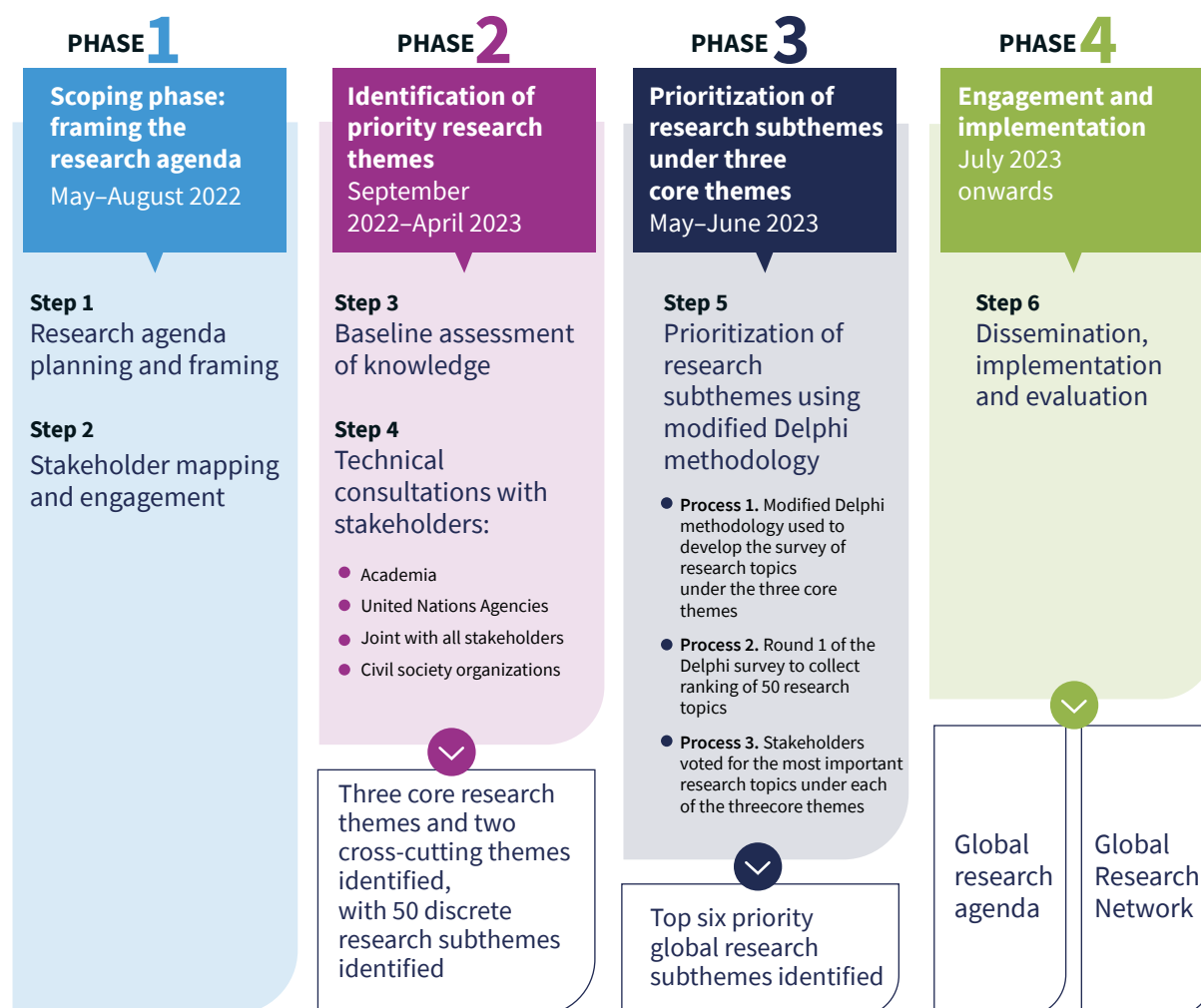
The methodology was based on WHO Science Division guidance on research priority setting (3) and applied to the field of health, migration and displacement.

Planning and framing the research agenda was followed by mapping, selection and engagement of global stakeholders in the field of health, migration and displacement. A series of evidence reviews were conducted concurrently, forming a baseline assessment of evidence on health, migration and displacement globally. The global research gaps identified through this baseline assessment were used to frame the discussion in four technical consultations with stakeholders, as well as two workshops on ethics and implementation.

In total, 181 stakeholders were involved, spanning academia, intergovernmental institutions, international organizations, United Nations agencies and CSOs (including refugee- and migrant- led organizations). Research themes and subthemes for the Global research agenda were identified through these consultations. The core research themes were then used in a modified Delphi exercise to create a ranked list of research subthemes and identify six priority subthemes. Alongside this, the Department of Health and Migration created dissemination, implementation and monitoring and evaluation plans to guide the next steps of the Agenda.

The key phases used to develop the Global research agenda (Fig. 3) are also reflected in the six steps of the WHO Implementation Guide and Toolkit (the Toolkit) for research agenda setting on health, migration and displacement (Annex 1). This is a companion resource to the main content of the agenda. It provides a set of tools and templates that regional, country and local level actors can use to adapt and build upon the Global research agenda for their own contexts and organizational needs.

Fig. 3. Process for developing the Global research agenda



The agenda-setting process and its implementation plan incorporated the following ethical considerations, which were discussed with stakeholders during technical consultations, workshops and advisory group meetings:

- stakeholder roles and diversity of representation, including participation and engagement of migrants, refugees and other displaced populations; composition of the research-agenda-setting team; how and when to involve different types of stakeholders; and whether and when to involve state actors and funding bodies;
- research prioritization, including whether and how to prioritize research subthemes; whether to prioritize specific migrant, refugee and other displaced population subgroups; whether to prioritize types of research; how judgements were being made about the social value of different research subthemes; and the meaning of equity in different contexts; and
- reporting and documentation, including consideration of transparency in agenda-setting methodology and accessibility in dissemination of the research agenda.

3. Results:

priority research themes and subthemes

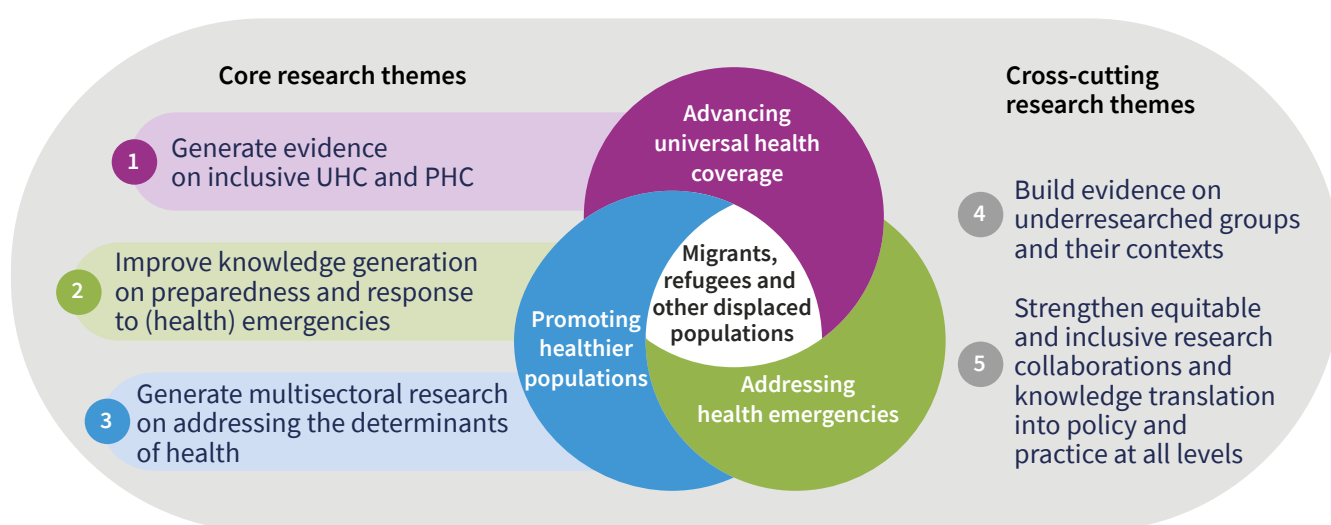
This section presents the five priority research themes that emerged from the agenda-setting process. These consist of three core themes and two cross-cutting themes. Under the three core themes 50 subthemes were subsequently identified, including six priority subthemes (two per core theme).

Through the modified Delphi exercises, stakeholders reached consensus on the two highest-ranked priority subthemes under each of the three core themes. These subthemes were those that stakeholders believed:

- have the greatest potential to positively impact global public health;
- are the most feasible to achieve within the next 5 years; and
- have the most potential for implementation into policy and practice (Fig. 4).

Regional and national-level actors should build upon and adapt these themes and subthemes into specific research questions relevant to the needs of their settings.

Fig. 4. Five key research themes identified as global priorities to be addressed over the next five years



3.1 Core theme 1: generate evidence on inclusive UHC and PHC for migrants, refugees and other displaced populations

The two highest-priority research subthemes identified under this theme are:

- effective models of health financing for migrants, refugees and other displaced populations; and
- interventions to improve the responsiveness of service provision to diversity (including, but not limited to, cultural background, language, religion, gender and sexuality).

Other research subthemes identified under this core theme are detailed in Fig. 5.

Fig. 5. Ranked research subthemes identified under Core theme 1

 Listed in order of priority, with dark green subthemes at the top highest priority and themes of lower priority listed in order below

Effective models of health financing for migrants, refugees and other displaced populations
Interventions to improve the responsiveness of service provision to diversity (for example, but not limited to, cultural background, language, religion, gender and sexuality)
Migrants', refugees' and other displaced populations' experiences of utilizing health care in various contexts
Cross-sectoral approaches and solutions facilitating health care access, including those based on the right to health
Good practices in resource allocation for achieving equity in health entitlements for migrants, refugees, other displaced populations and receiving communities in vulnerable situations
Effective models of health service delivery for migrants, refugees and other displaced populations in LMICs
Cost-effectiveness of health care integration policies for migrants, refugees and other displaced populations
Digital solutions for enhanced access to health care (for example, but not limited to, digital records, telehealth, digital literacy)
Effective models of continuity of care and cross-border case management along the migration phases (for example, but not limited to, NCDs)
Means by which migrants, refugees and other displaced populations care for themselves (which may include accessing alternative sources of care outside mainstream health service providers; use of self-care or self-management approaches; qualified refugee/migrant/displaced health care workers providing care themselves; and others)
Disease-specific epidemiology for migrants, refugees and other displaced populations and changes in these over time
Comparative analysis of national policies concerning migrants and displaced populations vs citizens
Effective strategies for health care provision in mixed migration contexts where there is a diverse set of cultural and linguistic considerations to be addressed
How government spending impacts on living conditions and health care provision in immigration detention and camp settings, including subsequent impacts on the health outcomes of migrants, refugees and other displaced populations
Effective models of providing cross-border health entitlements, including health insurance portability
Quantify the burden of disease among migrants, refugees and other displaced populations (for example, but not limited to, communicable and noncommunicable diseases)
Migrants', refugees' and other displaced populations' access to services delivered by allied health and other health care professionals (for example, but not limited to, community nurses, physiotherapists, speech and language therapists, dentists)
Effective models of and interventions for health care navigation (for example, but not limited to, social prescribing, care coordinators)
Expansion of scope of work for refugee/migrant community health workers (for example, but not limited to, task-shifting, but also other functions such as child protection, safeguarding, social welfare)
Effectiveness of parallel vs integrated models of health care delivery for migrants, refugees and other displaced populations in different contexts
Impact of and models for enhancing health literacy
Effects on the health, mental and physical, of family members and loved ones of migrants, refugees and other displaced populations who go missing or who die in the course of or following a migration journey
Expansion of scope of work for community health workers serving migrants, refugees and other displaced populations (for example, but not limited to, task-shifting, but also other functions such as child protection, safeguarding, social welfare)
Effective/ethical methods to conduct pre-departure/pre-entry health screenings to identify health needs before arrival into destination country
Health care workforce issues as pertains to displacement and migration (for example, but not limited to, migration flows of health care workers)
Ways in which health and disease are conceptualized and expressed differently by people from different cultural backgrounds

Main findings on these research subthemes

Health financing related to UHC for migrants, refugees and other displaced populations was identified as an understudied research subtheme in all technical consultations and scoping reviews. The cost-effectiveness of health care integration policies for migrants, refugees and other displaced populations was highlighted as a vital area for future research. This is because it has great potential to demonstrate the most feasible mechanisms for integration of migrants, refugees and other displaced populations into health systems and health financing, and to provide essential evidence for policy making. Effective models for cross-border health entitlements were also raised as an area for further research, including the portability of health insurance in the WHO South-East Asia Region. In countries where members of the receiving communities are also in vulnerable situations and face challenges in accessing health care, participants called for examples of good practices in resource allocation to achieve equitable health entitlements for migrants, refugees and other displaced populations alongside receiving communities.

In terms of health care accessibility and service delivery, more evidence is needed to improve the responsiveness of service provision to diversity, such as legal status, culture, language, religion, gender and sexuality. There is also a need to explore effective models of health care navigation, continuity of care and cross-border case management along the migration journey, particularly for people with noncommunicable diseases. Other gaps were identified: research on enhancing health literacy; identifying digital solutions to improve access to health care; and collating the experiences of migrant patients. Comparative analyses of national policies on migrants, refugees and other displaced populations versus citizens were scarce, as was research on access for migrants, refugees and other displaced populations to nonmedical health interventions such as allied health services. Furthermore, the benefits and drawbacks of parallel versus integrated models of health care delivery in different migration and forced displacement contexts is underresearched; in particular, models of effective service delivery in LMICs. Expanding the scope of work for community health workers who provide services to migrants, refugees and other displaced populations was also an area for further exploration. Research is also needed to understand other health care workforce issues pertaining to displacement and migration, such as migration flows of health care workers.

Improved identification of the health needs of migrants, refugees and other displaced populations requires better quantification of the burden of both communicable and noncommunicable diseases. Evidence was lacking on disease-specific epidemiology, in particular how trends evolve over time. Pre-departure or pre-entry health screenings were suggested as a method to identify and proactively prepare to address the health needs of migrants, refugees and other displaced populations upon their arrival in transit or destination countries. However, further research into the ethics and effectiveness of this method is needed. How health and illness are conceptualized and expressed across different cultural backgrounds was also identified as an underresearched area that could assist health care providers to better understand the health needs of these populations.

Why is this research theme important?

Protecting the physical and mental well-being of migrants, refugees and other displaced populations by ensuring their access to essential health services is paramount to achieving UHC. This not only relates to their right to health but it is also financially more viable for countries to provide early, effective preventive health measures and health interventions rather than late emergency care. SDG Target 3.8 promotes financial risk protection, access to quality essential health care and access to safe, effective, quality and affordable essential medicine and vaccines (51). However, the exclusion (or the lack of explicit inclusion) of migrants of varying legal status from health care is an ongoing challenge that requires urgent evidence generation and knowledge translation.

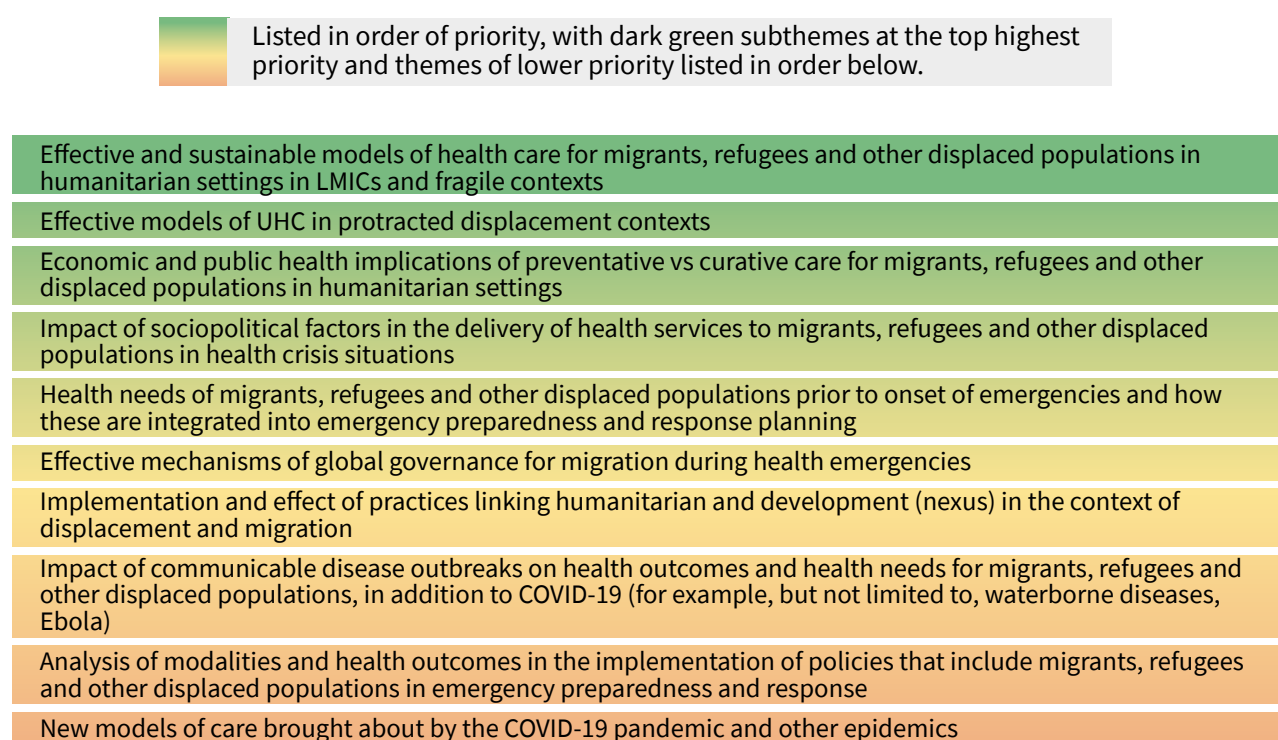
3.2 Core theme 2: improve knowledge generation on the inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies

The two highest-priority research subthemes identified under this theme were:

- effective and sustainable models of health care for migrants, refugees and other displaced populations in humanitarian settings in LMICs and fragile settings; and
- effective models of UHC in protracted displacement contexts.

Other research subthemes identified under this core theme are detailed in Fig. 6.

Fig. 6. Ranked research subthemes identified under Core theme 2



Main findings on these research subthemes

Health financing was identified as a key research subtheme in addressing health emergencies. Stakeholders discussed the lack of research (particularly in LMICs) and compared the economic and global public health implications of preventive and curative care. They considered evidence gaps on effective and sustainable models of health care delivery for migrants, refugees and other displaced populations in emergency, humanitarian and fragile settings.

Further research is needed to inform health system strengthening, such as by analysing new models of care brought about by the COVID-19 pandemic and other epidemics and identifying effective models of UHC in protracted emergency and displacement contexts. The humanitarian–development nexus in the context of health, migration and displacement was also identified as a research subtheme, as was the impact of sociopolitical factors on health service delivery in crisis contexts. Research should also focus on effective mechanisms of global governance for migration and displacement during health emergencies.

Identifying the health needs of migrants, refugees and other displaced populations in the context of health emergencies also emerged as a research subtheme. Research into the health needs of migrants, refugees and other displaced populations in at-risk settings prior to onset of emergencies is needed to inform emergency preparedness and response planning. The impact of COVID-19 on health, migration and displacement has been studied more comprehensively than those of other communicable disease outbreaks, such as cholera, Ebola and waterborne diseases. Therefore, while there may be some generalisable issues identified, extensive research is needed into outbreaks of other types of disease.

Why is this research theme important?

The COVID-19 pandemic, among other global public health emergencies, highlighted that including migrants, refugees and other displaced populations in global emergency preparedness and pandemic preparedness plans is essential to global health security. The pandemic demonstrated the failure of many health systems to respond to major shocks and to equitably include migrants, refugees and other displaced populations in the response. Although many countries adopted flexible measures regarding administrative procedures and legal status (including suspending forced returns and prioritizing alternatives to immigration detention), other countries increased their border security; reduced access to vital legal, health and social protection for migrants, refugees and other displaced populations; or reduced access to asylum processes and resettlement schemes. Understanding and addressing the intersecting and compounding factors that may increase the vulnerability of migrants, refugees and other displaced populations during health emergencies is a research imperative to develop migrant- and refugee- inclusive health systems in emergency settings.

3.3 Core theme 3: generate multisectoral research on addressing the determinants of health of migrants, refugees and other displaced populations

The two highest-priority research subthemes identified under this theme were:

- the impact of living and working conditions on the health of migrants, refugees and other displaced populations; and
- the impact of restrictive immigration policies, securitization and externalization of borders on the health of migrants, refugees and other displaced populations.

Other research subthemes identified under this core theme are detailed in Fig. 7.

Fig. 7. Ranked research subthemes identified under Core theme 3

	Listed in order of priority, with dark green subthemes at the top highest priority and themes of lower priority listed in order below.
Impact of living and working conditions on the health of migrants, refugees and other displaced populations	
Impact of restrictive migration policies, securitization and externalization of borders on the health of migrants, refugees and other displaced populations	
Impact of social integration policies and programmes on health, migration and displacement	
Impact of discrimination and marginalization (including, but not limited to, xenophobia, racism, transphobia) on health, migration and displacement	
Impact of the socio-legal-political context (including, but not limited to, politics, political rhetoric and legal frameworks) on health, migration and displacement	
Effective multisectoral approaches to the promotion of migrants', refugees' and other displaced populations' health	
Impact of environmental changes, water and food security on health, migration and displacement	
Implications and impact of climate change on migration and displacement and subsequent individual- and population-level health	
Most effective mechanisms for improving health and migration governance for health system strengthening at a global level	
Impact of social safety nets on the health of migrants, refugees and other displaced populations	
Long-term costs of the negative impact on mental health (including, but limited to, psychiatric and psychological treatment, disability related limitations)	
Understand and document the impact of governance mechanisms and multisectoral engagement on the health of migrants, refugees and other displaced populations	
Quality of care as a determinant of the health of migrants, refugees and other displaced populations	
Impact of migration/displacement on the health of receiving communities	
Impact of remittances on the health of left-behind families	
Health-related drivers of migration	
Impact of language and cultural backgrounds on migrants', refugees' and other displaced populations' ability to participate in community and other activities, and the effects of this on subsequent health outcomes	

Main findings on these research subthemes

Climate change was considered the most pressing underresearched environmental determinant of migrant health. This research subtheme encompasses the impact of climate change on health, migration and displacement, and the subsequent health outcomes at both the individual and population levels. The impact of water and food security on health, migration and displacement was also highlighted as an important area for future research.

Stakeholders mentioned a number of social and structural determinants of the health of migrants, refugees and other displaced populations that warranted further research, including restrictive policies (including the securitization and externalization of borders), the socio-legal-political context (including politics, political rhetoric and legal frameworks), structural discrimination and marginalization (including racism, transphobia and xenophobia), social safety nets, social integration policies and programmes, language and cultural barriers affecting daily activities, quality of health care, living and working conditions, and the impact of parents' and caregivers' health on children. The health-related drivers of migration and the impact of migration and displacement on the health of receiving communities were also suggested as research subthemes. Stakeholders called for better documentation of (i) the impact of governance mechanisms and multisectoral engagement on the health of migrants, refugees and other displaced populations and (ii) the most effective mechanisms to improve health, migration and displacement governance for health system strengthening at global level.

Regarding the financial implications of health, migration and displacement, underresearched areas included the long-term costs of poor health (in particular, mental health) and the ways in which left-behind children and family members use remittances and the consequent health impacts. There was also an evidence gap on multisectoral approaches to health promotion for migrants, refugees and other displaced populations.

Why is this research theme important?

The dynamic nature of migration and displacement brings complexities that can result in migrants, refugees and other displaced populations experiencing a disproportionately high level of the various determinants and risk factors for poor health. The determinants of health that affect migrants, refugees and other displaced populations differ at various stages of their displacement and/or migration journey. The policies and programmes implemented in countries of origin, transit and destination have the potential to promote or harm health. Therefore, research into optimizing the benefits of such policies and programmes is crucial to ensure equitable health outcomes for migrants, refugees and other displaced populations.

Environmental hazards related to climate change are increasingly disrupting the drivers and mechanisms of population movement, with wide-ranging immediate to long-term impacts on health. WHO estimates that climate change will cause approximately 250 000 additional deaths per year between 2030 and 2050, with marginalized groups such as migrants, refugees and other displaced populations being most affected (52). More than ever, there is a need to better integrate climate resilience into migrant- and refugee-sensitive health systems.

3.4 Cross-cutting theme 1: build evidence on underresearched migrants, refugees and other displaced groups and their contexts

Migrants, refugees and other displaced people are diverse individuals with extremely varied experiences of migration and consequent health outcomes. Some migrant, refugee and other displaced groups and contexts are associated with a much greater risk of poor health and/or marginalization and exclusion; and, conversely, others are more likely to have better health than receiving populations (45). Box 5 outlines the underresearched or underserved subgroups identified during the technical consultations; these population subgroups would be particularly valuable to consider within further research-agenda-setting processes at the regional or national levels.

The rigid classification of migrants, refugees and other displaced populations into specific groups despite their often fluid legal status was highlighted as one of the key challenges for researchers studying these underresearched groups, alongside the lack of internationally agreed terminology. Therefore, the heterogeneity of biopsychosocial risk factors (between and within these groups) and changing health needs across an individual's migration or displacement trajectory must be considered. The technical consultations identified that future research regarding underresearched populations should consider life-course perspectives, examine the intergenerational effects of migration and displacement, apply an intersectional lens and incorporate greater diversity in terms of gender identity, sexual identity, race and ethnicity, as well as including migrants, refugees and other displaced populations themselves in a participatory research approaches.

Box 5. Underresearched and/or underserved subgroups of migrants or forcibly displaced populations identified during the Global research agenda process

These subgroups were identified as:

- children and young people (including disaggregation by age);
- older people;
- people with disabilities (in particular, intellectual impairment);
- irregular/undocumented migrants and their children;
- seasonal migrant workers;
- gender minority and sexual minority groups;
- internally displaced persons;
- asylum seekers;
- returnees;
- people in detention centres;
- people who have experienced forced family separation and deportation;
- survivors of torture;
- people experiencing homelessness;
- people who use and inject drugs;
- sex workers; and
- missing migrants.

3.5 Cross-cutting theme 2: strengthen equitable and inclusive research collaborations on health, migration and displacement and knowledge translation into policy and practice at all levels

The technical consultations workshop on implementation identified five main areas of challenges and opportunities for strengthening equitable and inclusive health, migration and displacement research and knowledge translation:

- research governance and stewardship;
- data collection and knowledge exchange;
- sustainable funding mechanisms for research that reflect the needs of migrant, refugee and other displaced populations;
- harnessing policy levers for translating evidence into policy and practice; and
- implementing the Global research agenda at the regional and national levels.

Cross-cutting actions that emerged across these five challenges were the need:

- to build on existing platforms and networks and to strengthen research infrastructure and research capacity-building;
- to develop research dissemination strategies that can be understood by nonspecialists in order to shift the narrative of health, migration and displacement and demonstrate the benefits of migration to societies and health systems;
- for WHO leadership to drive change and increase global recognition of health, migration and displacement research, including mainstreaming and integrating this topic into existing priority areas for global health research; and
- to strengthen research capacity and collaboration on health, migration and displacement globally by increasing multisectoral collaboration throughout the research, policy and implementation life-cycle; and strengthening evidence collection and global data monitoring.

Annex 3 provides further details of the opportunities and challenges identified under each of the five main areas, with Box 6 below providing further detail on the area of data and knowledge exchange.



Box 6. Data and knowledge exchange

Data are critical to the success of future research in health, migration and displacement. Globally, improvements are needed in access to data, integration of data into health information systems and the standardization of data collection across the migration journey from origin through transit and upon arrival into destination/resettlement countries. The Global research agenda consultations and workshops have identified numerous challenges relating to collecting and using health, migration and displacement data for research. There is limited availability, granularity, quality and comparability of data sources worldwide. Challenges with data availability disproportionately affect health, migration and displacement research in the Global South. Navigating legal and ethical considerations for data management (e.g. informed consent, open access data, data sharing or maintaining anonymity for migrant participants) is also a barrier to research, as is the time cost of collecting data, which has led to an imbalance between qualitative, quantitative and mixed-methods research. Good quality primary data collection is also impeded by a lack of trust within communities of migrants, refugees and displaced populations, lack of sustainable partnerships, and language and cultural barriers during data collection. Global research agenda stakeholders have made recommendations to strengthen collection of data concerning health, migration and displacement, including the creation of knowledge exchange platforms (including South-South collaboration), linkage of data sources across countries and regions, harmonization of data collection methods, sharing of data between organizations and academic institutions, and the development of infrastructure to redress inequities in data access in the Global South.

Methodological approaches that stakeholders recommended to address the priority research subthemes identified in the Global research agenda and for achieving the greatest policy impact include:

- implementation research (e.g. to identify context-specific barriers and drivers behind successful programmes);
- participatory research approaches;
- longitudinal studies;
- health economics studies;
- comparative studies;
- policy analysis;
- impact evaluations and pathways to impact;
- research that captures the continuum of migration and displacement (e.g. whole-of-journey approach); and
- intersectional, intergenerational and life-course perspectives.

4. Implementation of the Global research agenda: translating the Agenda into action

The Global research agenda is a framework that stakeholders, including: Member States; WHO regional and country offices; United Nations agencies; global research funders such as international donors, philanthropic organizations and private donors; academic institutions; CSOs and NGOs; intergovernmental organizations; and international organizations can all build upon to develop research agendas on health, migration and displacement. Future research prioritization on the research themes and subthemes identified in the Global research agenda requires adaptation at regional, national and local levels. The WHO Implementation Guide and Toolkit for research agenda setting on health, migration and displacement (Annex 1) provides complementary guidance and resources to the Global research agenda, and an outline of possible processes and tools which can be adapted to the regional and local level. The Toolkit proposes a six-step process for stakeholders at the country, regional and global levels to adapt and build upon the Global research agenda in their own contexts.

The resources can be flexibly applied to various migration contexts and organizational needs. By providing practical steps that can be implemented by actors worldwide, the publication of the Global research agenda and its accompanying Toolkit is the beginning of a process that aims to act as a platform to inform country- and regional-level research agendas to address current and future knowledge gaps in health, migration and displacement. The framework should be considered fluid and responsive to changing local and/or regional circumstances and need. In order to incorporate this continual contextual change in the health, migration, and displacement environments priority setting and research agenda setting should be conducted regularly (at least every five years). The process should be systematic, participatory and based on consensus, involving a diverse set of stakeholders from health, migration, displacement and other sectors.

The Global research agenda will need collaborative effort to be translated into a tool for sustainable and long-term impact to strengthen health, migration and displacement research globally. The intention would be for processes and structures to be set up which can ensure impact across organisations and sectors, in order for this agenda to serve as a catalyst for further regional and local engagement. By leveraging the Global research agenda, stakeholders who produce and use research can have a joint framework to drive evidence-informed policy and to address the evolving challenges and health needs of migrants, refugees and other displaced populations.

The Global research agenda highlights the importance of broadening the scope of understanding the nexus between research and policy and practice. This endeavour will serve as a pivotal initial step towards fostering evidence-based policy-making on this topic on a global scale. The intention is for it to help frame future organizational strategies and research activities for the WHO Department of Health and Migration and other global actors and organizations.

The Global research agenda needs to be used, funded and acted upon, and the evidence generated translated into both policy and practice. The WHO Department of Health and Migration aims to work to help facilitate the implementation of the Global research agenda via three main areas of activity (Fig. 8). In addition, throughout these processes, collaborative and participatory mechanisms will be developed to ensure engagement of broader stakeholder groups, and involvement of migrants, refugees and other displaced populations within the implementation of the Global research agenda.

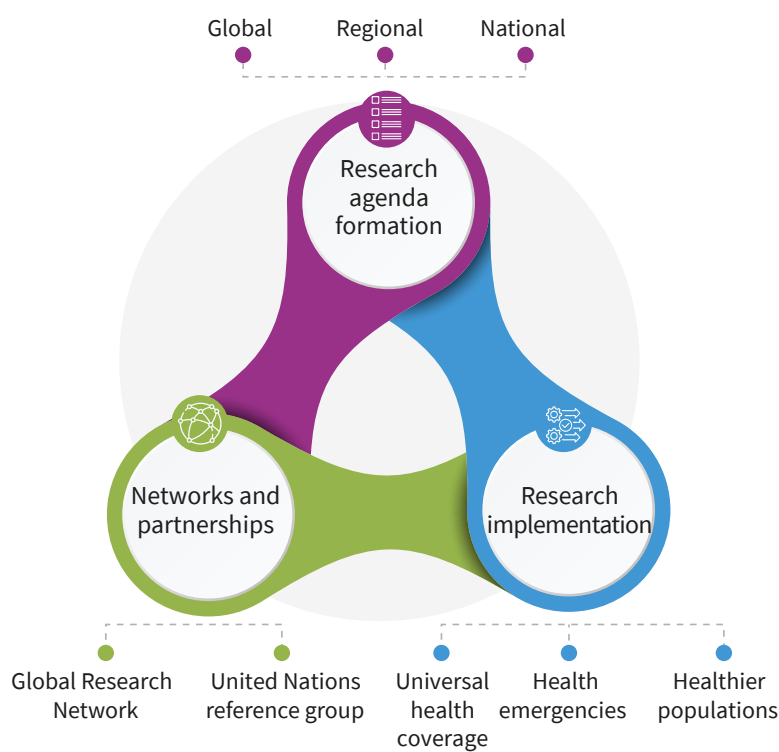
Proposed activities by WHO Department of Health and Migration to facilitate the implementation of the Global research agenda

1. Supporting regional and national level research agenda formation: producing global, regional and national research agendas on health, migration and displacement - in close collaboration with global stakeholders, WHO regional and country offices - to outline key research priorities and translate these into policy and practice. The Department of Health and Migration will work closely with all WHO regions to produce regional research agendas, and with one to two countries in each region encouraged to produce national research agendas and research action plans. This will be guided by the Global research agenda Implementation Guide and Toolkit (Annex 1).
2. Strengthening research and research to policy translation: supporting implementation research activities on health, migration and displacement at country and regional levels, in collaboration with global academic, operational and United Nations agency partners, focusing on action-oriented knowledge generation. Informed by the Global research agenda, and aligning with the WHO strategic objectives, the Department of Health and Migration will prioritize one to two research subthemes under each of WHO's Triple Billion Targets – UHC, healthier populations and health emergencies – working with selected countries across each region to conduct interregional comparative research projects on the following priority topics over the next two years:
 - migrant and refugee inclusive universal health coverage and primary health care and health financing;
 - equitable access to and use of vaccines among migrants, refugees and other displaced populations;
 - climate change, migration, displacement and health; and
 - noncommunicable diseases, migration and displacement.

The Department will also continue to advance the evidence base on health, migration and displacement through the Global Evidence Review series (31), including topics that will be linked to the Global research agenda priorities. The global WHO Data Initiative on Refugee and Migrant Health will address some of the key challenges raised in the Global research agenda around data collection (Box 7).

3. Facilitating the formation of networks and partnerships: the WHO Global Research Network on health, migration and displacement will be formed to strengthen knowledge exchange on health, migration and displacement across regions and between countries to further develop the collaborative, multistakeholder engagement during the Global research agenda process. The Network's purpose will be to improve translation of evidence into policy. By leveraging the Global research agenda and establishing this network, policy-makers and stakeholders will have a structured framework to drive evidence-informed research that addresses the evolving challenges and health needs of migrants, refugees and other displaced populations.

Fig. 8. The WHO Department of Health and Migration's three main work streams for the implementation of the Global research agenda over the next two years



Box 7. WHO's Global Data Initiative on Refugee and Migrant Health

To ensure accurate and timely data on the health of refugees and migrants, the Department of Health and Migration has initiated the formation of the WHO Global Data Initiative on Refugee and Migrant Health to strengthen information systems on health and develop a monitoring process for SDG and WHO GAP progress. The Initiative consolidates existing efforts, aiming to create a comprehensive global dataset and builds on the emphasis in the 2030 Agenda for Sustainable Development's Target 17.18 on enhancing capacity-building support for developing countries to collect high-quality, disaggregated data based on migratory status. By collecting and analysing data, policy-makers can make evidence-informed interventions, guide policy-making and allocate development assistance effectively. Investment in data collection, analysis, dissemination and building related country capacity will help to achieve policy objectives and to address migrants' and refugees' specific health needs.

4.1 Monitoring and evaluation framework

A framework for monitoring and evaluation is proposed to help to measure the impact of the Global research agenda, via a series of activities further outlined in Annex 5. These are to be conducted over the short, medium and long term, and the activities may facilitate revisions to and further iterations of the Global research agenda in the future in response to new research agendas set, stakeholder feedback and data gathered from the evaluation activities, resulting in an iterative and interactive feedback loop between national, regional and global levels.

To facilitate engagement and awareness on the global landscape of funding for health, migration and displacement research, a baseline global funding review was conducted and a dashboard produced which provides an overview and tool for further monitoring of trends in global funding patterns within this area, as outlined in Box 8 below.

Box 8. The Global research agenda funding dashboard

The Global research agenda funding dashboard, to be launched at the same time as the Global research agenda, identifies the major global research funding bodies within the field and how research funds are distributed across various indicators such as country, region, duration and funding amount. It has been produced through a recognized methodology used by the Global Observatory on Health Research and Development, hosted within the Research for Health Department, with data sourced from the National Institutes of Health (NIH) World RePORT database (53,54). It demonstrates how funding is distributed across the Global research agenda's five themes. The data for this dashboard comes from relevant grants and funded programmes identified using a semi-automated systematic screening process. The first iteration of this dashboard contains funding data from 2016–2020 from nine of the major global health research funders. This will be repeated annually, focusing on changes in funding amounts and research grants (by WHO region, funding body and Global research agenda priority themes), based on annual updates to the WHO Global Observatory on Health Research and Development funding review dashboard (55). These future updates will aim to incorporate regional funding data. This will enable the Department of Health and Migration to monitor changes in global research funding on the key health, migration and displacement themes identified in the Global research agenda, and, it is hoped, will encourage strategic alignment of global research funding towards these identified priorities.

5. Global call to action: committing to strengthening high quality research and knowledge production and building research capacity on health, migration and displacement

Effectively addressing the global research themes and priority subthemes laid out in the Global research agenda requires global leadership, governance and stewardship from WHO and all other global actors and stakeholders. This approach also requires a comprehensive global research roadmap on health, migration and displacement that spans the actions of all stakeholders involved in prioritizing, funding, generating and translating research. While the commitment to health, migration and displacement research should be global, a clear and granular understanding of local contexts is essential. Accountability mechanisms established at all levels should, therefore, ensure intercountry and interregional coordination. Participatory health research with involvement of migrants, refugees and other displaced populations will be critical to the success of this endeavour.

The call to action for the Global research agenda (Box 9) offers a significant opportunity to bridge the gap between research, policy and practice. Its implementation aims to facilitate that challenges experienced in policy-making, programming and operations are shared with those conducting research. It should also ensure that the right evidence is disseminated to decision-makers and programmatic and operational actors in ways that are most useful to them. Therefore, concerted efforts are needed to mainstream health, migration and displacement across global public health and other related sectors. This will enable all involved to reach across sectors and engage with those who are traditionally viewed as non-health or non-migration actors, who directly or indirectly engage with knowledge production and evidence collation on health, migration and displacement. High-quality, action-oriented implementation research and early engagement with all stakeholders can lead to a deeper understanding of mobility and migratory pathways, as well as their integration into health and non-health policies. This can ensure continuity of care for migrants, refugees and other displaced populations and avoid creating or exacerbating vulnerability through discriminatory or exclusionary policies.



Box 9. Global call to action

To successfully implement the Global research agenda, all global actors involved in prioritizing, funding, generating and translating research should:

- strengthen research within the priority research themes and subthemes identified within the Global research agenda;
- strengthen research and policy networks at the global, regional and national levels;
- commit to building capacity for migrants, refugees and other displaced populations to participate as partners in research, research prioritization activities and policy networks;
- improve the translation of research into policy and practice through early and consistent involvement of decision-makers;
- increase funding for research priorities identified in the Global research agenda;
- improve partnerships and dialogue between research funders and donors, academic institutions, policy-makers and operational actors;
- establish and implement research agendas on health, migration and displacement at the regional and national levels;
- embed health, migration and displacement into other research and policy agendas in global public health, as well as research agendas in other related sectors; and
- improve linkages between research and the broader policy picture to achieve global public health objectives such as the SDGs (26), the goals of the GAP (30), and the goals of the United Nations High-level Meeting on UHC (56). These important links to the Global research agenda's priority themes are further outlined in Annex 4.

An initial roadmap for this shared commitment to addressing the Global research agenda's priority research subthemes is outlined in Table 2. It proposes actions, actors and time frames and is framed using the five opportunities identified under the Global research agenda's cross-cutting theme 2, and synthesising the main topics that were raised as opportunities by stakeholders during the Global research agenda process (see Annex 3 for further detail). This roadmap is intended as a foundation for further joint discussion and action, building on the collaborative process of the Global research agenda, to move forward to the launch of the Global Research Network on health, migration and displacement.

Table 2. Proposed roadmap for a shared commitment to the Global research agenda

Opportunity	Action	Proposed actor	Time frame
Research governance and stewardship	Develop policy briefs, including on key concepts and terminology	WHO, UNHCR, IOM and other UN agencies	Short term: 6–12 months
	Ensure linkages with knowledge sharing and funding platforms		
	Establish and maintain research networks by building and expanding on existing ones	All actors	Medium term: ongoing
	Develop research training modules and mentorship programmes for researchers and students	Researchers	Medium term: 1–5 years
	Promote and disseminate research findings more widely, including in languages other than English	Researchers	Short term: ongoing
	Map research, policy and operational stakeholders	Intergovernmental institutions, international organizations, national public health institutes, United Nations agencies	Medium term: 1–5 years
	Enhance and support research stewardship at the local and regional levels		
	Continued interagency collaboration to strengthen research on the priority themes identified in the GRA, with the key objective to support Member States in achieving the GCM and GCR commitments	WHO, UNHCR and IOM	Short to mid-term (ongoing)
Data collection and knowledge exchange	Expand the network of partners collaborating on evidence generation and knowledge translation, with specific attention to the involvement of migrants, refugees and other displaced populations	CSOs, intergovernmental institutions, international organizations, national public health institutes, researchers, United Nations agencies	Medium term: 1–5 years
	Develop and maintain knowledge exchange platforms linked to relevant existing knowledge platforms and hubs	WHO, UNHCR, IOM and other UN agencies	Medium term: 1–5 years
	Identify common datasets and data-sharing mechanisms	WHO, intergovernmental institutions, international organizations, United Nations agencies	Medium term: 1–5 years
	Develop ethical research-agenda-setting tools	All actors	Short term: 6–12 months
	Develop ethical and quality standards and make this a requirement for accessing pooled data and resources	All actors	Medium term: 1–3 years
Sustainable research funding mechanisms that reflect the needs of migrants, refugees and other displaced populations	Explore opportunities to engage with funding decisions by national institutes of health	All actors	Medium term: ongoing
	Map potential stakeholders and provide policy and practice briefings on the GRA priorities	CSOs, intergovernmental institutions, international organizations, United Nations agencies	Short term: 6–12 months
	Enhance advocacy and communication strategies that reflect the health, migration and displacement research priorities of funding bodies	CSOs, intergovernmental institutions, international organizations, national public health institutes, United Nations agencies	Short term: ongoing

	Partner with other health, migration and displacement networks to produce evidence reviews that can be used to advocate for funding (e.g. systematic reviews and bibliometric analyses for priority research themes and subthemes)	Intergovernmental institutions, international organizations, researchers, United Nations agencies	Medium: 1–5 years
Harnessing policy levers for translating evidence into policy and practice	Map relevant engagement platforms, enhance dialogue with policy-making stakeholders and promote evidence provision and advocacy	WHO, UNHCR, IOM and other UN agencies	Long term: ongoing
	Collaborate with initiatives such as the WHO Evidence-informed Policy Network (57) to improve the research evidence-to-policy/practice nexus at national level	WHO	Medium term: ongoing
	Develop and disseminate ad hoc policy briefs, regional and national level learnings and positive practices	Intergovernmental institutions, international organizations, United Nations agencies	Short term: ongoing
	Interagency and interorganizational collaboration to strengthen research on the priority themes identified in the Global research agenda, with a focus on improving knowledge generation for policy making on the inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies	United Nations Migration Network Workstream 3 “Preparing for Future Health Emergencies by Mainstreaming Public Health Considerations into Migration Policies and Services, at National and Local Levels”	Short to mid-term (ongoing)
Implementing and translating the Global research agenda at the regional and national levels	Advocate for and secure political support	WHO, UNHCR, IOM and other UN agencies	Short term: ongoing
	Include research on health, migration and displacement within WHO Country Cooperation Strategies (58), national research agendas, and within GCM implementation strategies in interested countries	WHO, UNHCR, IOM and other UN agencies	Medium term: within 12 months
	Review national policies and practices to identify evidence and knowledge translation gaps	National public health institutes, researchers, and policy-makers	Medium term: within 12 months
	Engage migrant and refugee communities e.g. through CSOs, community leaders, existing partnerships with researchers	All actors	Medium term: ongoing
	Document and share all learnings	All actors	Short term: ongoing

Setting a Global research agenda on health, migration and displacement aims at fostering international cooperation around research in this area, supporting evidence-informed policy-making and facilitating effective translation of knowledge into action. The framework of the Global research agenda will promote more engagement in knowledge generation at global, regional and local level and offers the opportunity to advance this critical health agenda, providing sustainable and migrant-sensitive solutions to global public health challenges.

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Annex 1. WHO Implementation Guide and Toolkit for research agenda setting on health, migration and displacement

Purpose of this Toolkit

The WHO Implementation Guide and Toolkit (the Toolkit) for research agenda setting on health, migration and displacement provides complementary guidance to the WHO Global research agenda on health, migration and displacement: strengthening research and translating research priorities into policy and practice (the Global research agenda). The Toolkit presents a six-step process for stakeholders at the country, regional and global levels to adapt and build upon the Global research agenda to their own contexts. It builds upon learnings from the development of the Global research agenda.

Future research on the themes and subthemes identified in the Global research agenda requires adaptation at regional, national and local levels. The Global research agenda provides a framework to be used by stakeholders in developing their own research agendas and priority research questions. The processes and resources can be flexibly applied to various migration contexts and organizational needs. The Toolkit will support users to systematically identify and prioritize research gaps and opportunities that are most relevant to the advancement of evidence-informed policy and practice in the field of health, migration and displacement.

Target audience for this Toolkit

The Toolkit is intended to be used at the country, regional and global levels by:

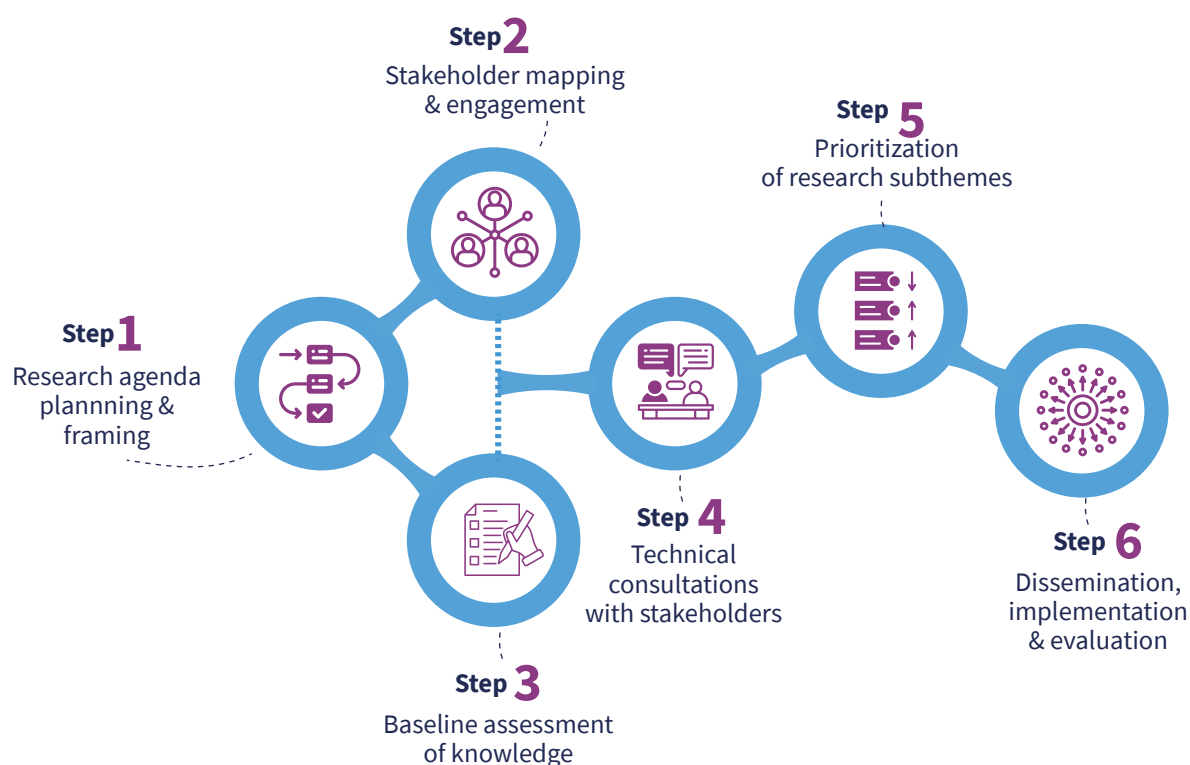
- WHO regional and country offices;
- ministries of health and health authorities;
- other relevant ministries such as those in charge of migration and or humanitarian response;
- public health institutions;
- organizations working in health, migration and displacement including humanitarian and operational actors;
- funding and commissioning bodies; and
- academia and other civil society actors.

It can also be used by partners involved in the provision of health assistance to migrants, refugees and other displaced populations willing to lead or contribute to the process of collaboratively setting local and context specific health, migration and displacement research agendas to enhance existing policies and practices, in alignment with the priorities and methods of the Global research agenda.

Structure of the guidance and Toolkit

The six steps described below have been adapted from the same six steps used to formulate the Global research agenda (Fig.A1.1). They do not have to be executed in their entirety or in the order presented. For example, in some contexts, it may be sufficient for actors to review the Global research agenda in Step 1, identify which themes/subthemes are most relevant to their context and then proceed straight to Step 4 to engage stakeholders and Step 5 to identify a more detailed set of research questions.

Fig.A1.1: Six steps framework for setting a research agenda on health, migration and displacement



Within the six steps for the research-agenda-setting process there are specific processes and methods that can be the key focus at the national or regional level. For example, the selection of stakeholders will be determined by the national or organisational interests and specific contexts (Step 2); the consultations outlined in Step 4 could be fully online, in-person, or hybrid; and consideration made as to whether a prioritization process is needed (Step 5). The six steps are therefore further subdivided into action points which can be reviewed and undertaken depending on the context and priorities. The table below outlines the proposed six steps for research agenda-setting.

Table A1.1. The six steps for the research-agenda-setting process and proposed action points

Steps	Action points	
1. Research agenda planning and framing	1.1. Establish a governance structure, nominate a Research Agenda Steering Committee and establish a Research Agenda Coordination Team	
	1.2. Answer key questions about the health, migration and displacement context in order to reach a set of objectives and outputs for the research agenda	
	1.3. Refer to the Global research agenda (GRA) and determine which research themes and subthemes are most relevant to the current context	
	1.4. Consider the ethics and participatory framing of research agenda setting	
2. Stakeholder mapping and engagement	2.1. Determine methods for stakeholder selection	
	2.2. Conduct a comprehensive stakeholder mapping exercise	
	2.3. Conduct optional open calls for participation (for civil society stakeholders and academic institutions)	
	2.4. Undertake a systematic scoring process and finalize selection	
	2.5. Identify research focal points	
3. Baseline assessment of knowledge	3.1. Review existing research agendas in the field	
	3.2. Conduct evidence review(s) of peer-reviewed literature and grey literature	
	3.3. Conduct stakeholder surveys	
4. Technical consultation with stakeholders	4.1. Plan and conduct technical consultation events (online or in-person)	
	4.2. Synthesize findings from technical consultations	
5. Prioritization of research themes	5.1. Determine whether formal prioritization exercise(s) are required	
	5.2. Conduct formal prioritization (if required) or create detailed research questions	
6. Dissemination, implementation and evaluation	6.1. Write and publish the research agenda	
	6.2. Disseminate the research agenda with a comprehensive communications plan	
	6.3. Implement a monitoring and evaluation plan	

Step 1. Research agenda planning and framing

Objectives

Understand the context, define the research agenda's objectives and outputs and establish a team and governance structure.

Action points

- 1.1 Establish a governance structure, nominate a Research Agenda Steering Committee and establish a Research Agenda Coordination Team
- 1.2 Answer key questions about the health, migration and displacement context in order to reach a set of objectives and outputs for the research agenda
- 1.3 Refer to the Global research agenda and determine which research themes and subthemes are most relevant to the current context
- 1.4 Consider the ethics and participatory framing of research agenda setting

1.1 Establish a team and governance structure

Effective research agenda setting, consensus building, subsequent resource mobilization and implementation require stewardship, coordination and funding throughout (Resource 1A).

A well-resourced Research Agenda Coordination Team (RACT) will be responsible for the activities involved in research agenda-setting. They will define the research agenda methodology based on human resources, financial resources and project timelines, in line with the Global research agenda priorities. They will also plan the procurement of services such as translation and transcription, and the publication of all outputs. This team would ideally be supported by a Research Agenda Steering Committee(s). This multidisciplinary, inter-stakeholder team would be supported by a senior technical adviser/advisory group at the regional or national levels to provide advice on the methodological and ethical aspects of agenda development. The team should include migrants, refugees and other displaced groups and representatives as partners in research agenda setting and to ensure engagement with migrant communities is safe, ethical and appropriate.

The RACT should be equipped with adequate training and skills to design such selection processes and to engage with migrants, refugees and other displaced populations appropriately, ethically, safely and with dignity, particularly when it comes to people in vulnerable situations (e.g. children and young people).

1.2 Answer key questions and establish objectives and outputs

The setting of a local research agenda aligned with the scope, principles and methodologies of the Global research agenda, might take place at the regional, subregional or country levels, or within the scope of a specific programme or operational response at community level. It would typically address specific knowledge gaps in direct relation with the three core research themes of the Global research agenda and the two cross-cutting themes or identify and prioritize a different set of themes in accordance with local needs and views of local stakeholders (referring to the longer list of research subthemes identified by the Global research agenda).

To understand the local research and policy context and to identify a set of objectives and outputs for the research agenda-setting exercise at a local level, the following questions should be answered:

- What will be the geographical scope of the research agenda (e.g. regional, national, subnational, trans-regional)? If regional or subnational, how will the geographical boundaries be defined?
- Why do research priorities need to be defined?
- Who are the research priorities for?

- How will the research priorities identified address important gaps in policy and practice?
- What types of knowledge gaps need to be addressed? Examples may include:
 - knowledge gaps (there is not much/any knowledge in this area);
 - knowledge exists but is poor quality/hard to access; and/or
 - knowledge exists but there is a lack of effective translation into action (i.e. into policy and practice).
- How is the field of health, migration and displacement in this specific context affected by sociopolitical factors such as racism, xenophobia and exclusionary policies? How might this affect the way in which research priorities are identified and framed in this context?
- Who might be involved in evidence generation and knowledge translation to meet the regional/national priorities identified (e.g. academic institutions, policy-makers, civil society, international and interregional agencies, migrant communities)?
- What outputs are needed from the research-agenda-setting process in order to support its implementation (e.g. research agenda document contextualised to region or country, practical guides, policy briefs, toolkits, monitoring tools)?
- How can migrants, refugees and other displaced populations be involved in the research agenda setting?

1.3 Refer to the Global research agenda

The themes and subthemes that emerged from the Global research agenda, particularly the three core research themes and the priority research subthemes within each theme, should be reviewed in detail to assess which subthemes are most relevant for consideration in the current context.

Additionally, the Global research agenda had a broad global remit and, as such, did not focus on prioritizing the following:

- specific migrant, refugee and other displaced population groups (e.g. labour migrants, undocumented migrants);
- specific disease categories relevant to specific migration contexts (e.g. noncommunicable diseases, communicable diseases);
- specific geographical locations/migration contexts (e.g. climate migration, protracted displacement); or
- specific policy-making processes to be informed by quality evidence (e.g. asylum and detention processes).

However, when setting research agendas for more local contexts, it may be appropriate to consider whether research subthemes on specific migrant groups, geographies and diseases are particularly important to include to better inform policies and programmatic work in health, migration and displacement and reflect underresearched populations in context.

Global research agenda stakeholders have provided case studies that illustrate how specific migrant populations and vertical disease topics may be identified as research priorities in some contexts. Additional case studies on immigration detention, reintegration, cash-based interventions and the migration–gender–health nexus can be found in Resource 1B.

Children are more likely than adults to be forced from their homes; accounting for 41% of forcibly displaced people but making up only 30% of the world's population. The vast majority live within their country of origin or in a neighbouring country; most in low- and middle-income settings. Many are fragile, conflict-affected or shock-prone. One in eight international migrants are less than 18 years old (1).

Despite the overrepresentation of children among displaced populations, there is a notable lack of evidence about their health risks and needs. Children go through extraordinary transitions in short periods of time – this is observable as changes in their size, mobility, abilities, communication skills and the changing roles and responsibilities they take on as they change and grow. Despite this, studies on migrant health tend to include children within the general population, obscuring their developmental stage- and age-specific health needs. Most studies that disaggregate data by age have been undertaken in high income settings. There is a long way to go before achieving a nuanced understanding of the health risks and needs of migrant and forcibly displaced children across contexts, or how to meaningfully protect, promote and where possible, restore their health.

It is clearly known that children who are migrating or displaced have specific health needs and health risks, that these vary by age and stage of development, that children are increasingly travelling unaccompanied and that some of their most prominent health risks and needs are social in origin. For example, newborns face risk of birth complications, postnatal illness, disability and death from lack of access to health care for mothers and newborns. Young children face risk of malnutrition, vaccine-preventable disease and/or developmental delay relating to the conditions they experience and adversities; so-called “toxic stress”. Adolescents are at particular risk of trafficking, exploitation and abuse during both their journey and after arrival at their destination, with ensuing physical and mental health consequences. For all children, physical health and safety is intrinsically linked to their mental health and to the mental health of their caregivers. Migration journeys alter the general health risks of newborns, infants, toddlers, young children and adolescents, but the way this unfolds over time, and what this means for a child is less clear (2).

Lastly but importantly, it is known from general paediatrics that the way in which children make sense of their experiences and understand the world determines the nature of the risks they may face now or in the future, regardless of migration status. This in turn has important implications for their physical health, mental health, development and life trajectory. In short, to effectively meet children's rights to survival, development, physical and mental health, safety and protection, simply including them is not enough; their right to be heard in matters affecting them must be respected and engagement with them must be meaningful in order to inform actions, policies and interventions.

The importance of prioritizing these populations in research is not just an issue of accurate data. It is common practice for institutions and organizations working with migrants, refugees and other displaced populations to use photographs of children in promotional materials. Often, these promotional materials display images of suffering, poor health or conditions that emphasize barriers in access to care. Important questions have been raised about exploitation and preserving the dignity of people in need. At its most basic level, if the use of child imagery is not matched by evidence of action towards meeting children's needs, it amounts to large-scale exploitation of children. There is, therefore, a moral imperative as well as an urgent need to improve our understanding of, and support for, migrant and forcibly displaced children's health and development.

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**Research gaps and opportunities to improve tuberculosis prevention
and care for migrants, refugees and other displaced populations**
WHO Global Tuberculosis Programme

Tuberculosis (TB) remains one of the leading causes of death due to infectious disease, with more than 10 million people estimated to be falling ill with TB each year and around 1.6 million deaths worldwide (1). A human-rights-based and comprehensive response to the global TB epidemic requires that TB is addressed in all vulnerable groups including migrants, refugees and other displaced populations.

These populations face considerable threats to their health, well-being and survival, including crowded living conditions, poverty, undernutrition, precarious legal status, discrimination and poor access to health and social protection services: all conditions in which TB thrives. In most settings, migrants, refugees and other displaced populations are more likely to be exposed to TB, develop TB disease once exposed and have poor health, social and economic outcomes as a result of this. A recent systematic review has estimated that refugees and asylum seekers have a 10-fold higher rate of TB when compared with the current global estimate (2). Another systematic review on TB among migrants, refugees and other displaced populations showed that the incidence or prevalence of TB was higher than in the receiving countries (3). The prevalence of TB infection was also 50% higher than the global estimate, at 37% (3).

WHO's End TB Strategy (4) and the Political declaration of the high-level meeting of the United Nations General Assembly on the fight against tuberculosis (5) emphasize the provision of integrated, people-centred TB prevention and care for all people at risk of TB or with TB disease, including migrants, refugees and other displaced populations, in order to end TB as a public health problem. Research and innovation as well as bold policies and multisectoral action underpin these efforts (6). Research of relevance to TB in migrant populations has informed WHO recommendations that are specific to these populations, including the need to test for TB infection, the provision of TB preventive treatment (7) and screening for TB disease (8), with linkages to TB care for those who have a positive screening result.

Additional operational research is important to further improve TB prevention and care for migrants, refugees and other displaced populations. WHO's interagency field guide on TB prevention and care for refugees and other populations in humanitarian settings defines a minimum approach to operational research during the acute phase of an emergency which could include simple documentation of the experiences of those affected by TB and their caregivers, as well as good practices that could be useful in responding to urgent health care needs (9). A more comprehensive approach could cover the whole spectrum of research in an emergency setting, ensuring that the research question is relevant to refugees and other populations, and to the wider context of public health evidence-building in humanitarian settings, taking into account the available resources available and ethical considerations regarding potential benefit and harms (9). Research activities should be agreed among all stakeholders, including the affected communities and conducted in coordination with ministries of health (9).

Outside of humanitarian settings, additional operational research is needed to determine the approaches that best promote equitable access to TB prevention and care for migrants, refugees and other displaced populations (10). Identifying the health needs of specific subgroups should include participatory methods to inform policy development and implementation, as well as the delivery and utilization of care services and health-promotion programmes (10). Research is also needed on the broader determinants of TB for specific migrant populations, and to identify cost-effective interventions to address barriers to end TB among migrants, refugees and other displaced populations, in all settings (10).

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1.4 Consider the ethics and participatory framing of research agenda setting

During the planning phase, the RACT should undertake a comprehensive assessment assessing particulars of the local migration context including, but not limited to, geographical, historical, sociopolitical and cultural aspects. It is particularly important at this stage to consider the types of participatory methods that will be used to engage with migrant communities and the organizations that work with them. This ensures that both the contexts in which migrants live, and their health needs and priorities (as defined by migrants themselves) are placed at the centre of all agenda-setting activities.

In order to ensure that these participatory processes are fair and just, the RACT should reflect on and put in place measures to acknowledge and address power differentials between migrant participants and other stakeholder groups, as well as mitigating barriers to effective participation. For example, if intending to engage with migrants with precarious legal status together with state actors, migrants may not engage or participate openly in discussions, for fear of disclosure of their legal status. Ensuring privacy, confidentiality and, in some cases, anonymity, is crucial to overcoming these barriers, as is the consideration of the stakeholder mix when planning consultation sessions.

Designing fair processes also involves careful consideration of those invited to speak on behalf of their communities, and whether the selection of certain individuals could unintentionally reinforce power hierarchies (e.g. community leaders speaking on behalf of the community or adults speaking on behalf of children). Equally, the RACT should reflect on the substantive principles and values that will guide the identification and prioritization of research themes. These might include the social value of the proposed research for migrants, including the magnitude of the expected benefits and the impact on health equity for migrant communities. The principles and values that will guide the research-agenda-setting exercise should be integrated into the processes of stakeholder consultations.

Resources

See Resource list for details.

- 1A. A systematic approach for undertaking a research priority-setting exercise: guidance for WHO staff. Geneva: World Health Organization; 2020.
- 1B. Additional case studies from Global research agenda stakeholders.

Step 2. Stakeholder mapping and engagement

Objectives

Map and select stakeholders that will be involved throughout the research-agenda-setting process.

Action points

- 2.1 Determine methods for stakeholder selection
- 2.2 Conduct a comprehensive stakeholder mapping exercise
- 2.3 Conduct optional open calls for participation
- 2.4 Undertake a systematic scoring process and finalize selection
- 2.5 Identify research focal points

2.1 Determine methods for stakeholder selection

Early involvement of key stakeholders and decision-makers will increase the likelihood of participation in and implementation of the resultant research agenda. The stakeholder selection process should be transparent and tailored to the types of stakeholders identified during stakeholder mapping. For the Global research agenda, stakeholder selection was conducted in multiple rounds, one for each stakeholder group (academics, non-state actors and United Nations agencies). In contexts of interest, other types of stakeholders may be appropriate. Clear selection criteria tailored to each stakeholder group should be determined ahead of any stakeholder selection activities.

Methods for stakeholder identification and selection may include:

- stakeholder mapping, including scoping reviews;
- open calls involving stakeholder surveys;
- request for nomination of focal points from specific international organizations and United Nations agencies; and
- systematic scoring processes to undertake the final selection of stakeholders.

For the Global research agenda, not all of these steps were used for the selection of each group of stakeholders. For example, the initial scoping reviews were useful for identifying stakeholders from academia, while open calls were better suited for identifying relevant non-state actors and nomination of focal points most appropriate for United Nations agencies.

2.2 Conduct stakeholder mapping

A comprehensive stakeholder mapping exercise could be conducted at the regional, country or local areas to identify stakeholders with significant expertise in the field across disciplines and migration contexts. A useful way to identify actors working in the local context is by conducting a scoping review of publications on health, migration and displacement (Step 3) and then using this as a basis of mapping the main stakeholders conducting research. Academic stakeholders may be identified within the list of authors in peer-reviewed papers, while broader operational stakeholders, think tanks and private organizations may be identified through grey literature. As such, concurrently conducting stakeholder mapping and the scoping review(s) in Step 3 will enable the systematic identification not only of key baseline literature but also of stakeholders engaged in research on health, migration and displacement within a given context, particularly those involved in academic or operational research on the topic. Additional steps may be undertaken to identify stakeholders by applying bibliometric methods to the results of the scoping reviews.

2.3 Conduct open calls

Open calls for participation can be disseminated to stakeholders who may be interested in participating in the research-agenda-setting process (examples in Resources 2A and 2B). For the Global research agenda, this methodology was particularly useful for identifying stakeholders from academia and non-state actors. An example of surveys that could be used for the open calls for non-state actors is included in Resource 2C. Online surveys are a useful way to implement these open calls. They help to determine whether applications meet selection criteria (such as whether the applicant is representing an organisation and whether this organisation is founded or led by migrants, a certain number of years working in the field of health, migration and displacement or a certain number of documents published), and gather relevant information about applicants' research in this area. The following process for planning open calls can be tailored to contexts of interest:

- identify main objectives of the open call and the selection criteria to be used;
- identify where the open call will be published (e.g. online) and dissemination strategies (e.g. key actors that will help to disseminate the open call within their networks);
- develop a survey tool and any other relevant forms that need to be completed at the application stage (e.g. letter of intent, CVs or disclosure forms such as declarations of interest); and
- determine a feasible timeline (e.g. three weeks for publication, two weeks to collect responses, two weeks to score applications).

2.4 Undertake a systematic scoring process

To ensure accountability and transparency, a systematic scoring process may be applied to applications from open calls to select stakeholders that will participate in subsequent agenda-setting activities. A selection board such as members of the RACT and/or the Research Agenda Steering Committee should be assembled to undertake selection of all candidates from open calls, based on predetermined selection criteria and a systematic scoring process. The selection criteria for each type or group of stakeholders may vary. An example of a scoring sheet is provided in Resource 2D.

Following scoring and preliminary selection, the selection board should evaluate prospective participants as a whole to ensure diverse representation in terms of parameters such as gender, area of expertise, academic disciplines, migration context, geographical location, cultural background and years of experience. In certain situations, it may be appropriate to add additional prioritization criteria (e.g. in the case of non-state actors, priority may be given to organizations that are founded or led by migrants, refugees and other displaced individuals).

The final selection of stakeholders may then undergo any due diligence processes required to identify conflicts of interest. Individuals that were not included at this stage should be provided with other opportunities for engagement where feasible.

2.5 Identify research focal points

In situations where scoping reviews and open calls may be insufficient for identifying the most suitable stakeholders for participation, it may be useful to identify key contacts that can nominate focal points to represent certain organizations in research-agenda-setting activities. Focal points specifically for research agenda setting may be different from ones that organizations usually engage with for policy, programming and other purposes.

For the Global research agenda, asking director-level contacts within key organizations to nominate a research focal point for the agenda-setting process was a particularly useful strategy for United Nations agencies, intergovernmental institutions and other large international organizations in the field of health, migration and displacement with whom WHO already had working relationships. This purposeful sampling methodology enabled the selection of individuals with a high level of knowledge about particular subjects. Once stakeholders were identified, an online survey was also used as a mapping tool, supporting the identification of research gaps, health, migration and displacement research-specific activities, areas for future collaboration, and any grey literature published by organizations that might not be easily identified through systematic searches. An example of the survey used for the Global research agenda is detailed in Resource 2E.

Learnings from the Global research agenda about the ethics of stakeholder involvement

Given the complex social, political and economic dimensions of migration and forced displacement, role-specific duties in the research agenda-setting process are challenging to navigate in the field of health, migration and displacement. For example, participants in the technical consultation meetings were divided about whether, when and how state actors and funding bodies should be involved in the agenda-setting process.

State actor involvement could be challenging in terms of the possibility of excluding politically sensitive topics, which in turn raises ethical concerns about actively deprioritizing underserved and underresearched subgroups of migrants, refugees and other displaced populations (e.g., undocumented migrants, individuals in immigration detention). Conversely, state actor input may be of value because it provides an opportunity for goal-alignment and establishing accountability mechanisms for knowledge translation. Similarly, funding bodies playing an active role in research agenda-setting processes have the potential to bias priorities towards topics that are better funded and more aligned with their own funding agendas. On the other hand, they also have the potential to highlight and resource neglected areas of research.

As such, research-agenda-setting teams should determine whether state actors and funding bodies play an active decision-making role, a passive observer role or a role that sits somewhere along the continuum between active and passive participation depending on the timing of involvement. To reduce the risk of bias that state actors and funding bodies may introduce through their involvement, research-agenda-setting teams should also consider how to approach topics that are politically sensitive, not expected to generate economic benefits or not clearly aligned with current political and funding agendas. These topics should still be appropriately and adequately taken into account.

Resources

See Resource list for details.

- 2A. Global open call for expression of interest for researchers in the field of health, migration and displacement
- 2B. Global open call for expression of interest for non-state actors
- 2C. Survey for non-state actors
- 2D. Systematic scoring sheet for assessing applications
- 2E. Survey for United Nations agencies

Step 3. Baseline assessment of knowledge

Objectives

Identify and synthesize the existing evidence base in health, migration and displacement.

Action points

- 3.1 Review existing research agendas
- 3.2 Conduct evidence review(s) of peer-reviewed literature and grey literature
- 3.3 Conduct stakeholder surveys

3.1 Review existing research agendas

In addition to thoroughly reviewing the Global research agenda, a rapid scoping search should be conducted to identify other existing research agendas and pre-existing proposals for the development of research agendas in health, migration and displacement, relevant to the regional, national and contexts of interest. A systematic search strategy should be developed and applied to peer-reviewed literature databases and/or grey literature search engines (an example strategy is included in Resource 3A). The synthesis of findings from this review should help to answer the following questions:

- How many research agendas and/or proposals for the development of research agendas in health, migration and displacement exist in the context of interest?
- Do these documents have a broad or narrow focus? What was their scope?
- Have they already addressed the objectives and outputs that your team has planned? If so, how? What is still missing?
- Did the previous research-agenda-setting processes undertake a comprehensive and transparent process of identifying research themes and priorities? How can you improve upon their methodology?
- Who were these research-agenda-setting exercises led by and which stakeholders were involved in the development? Is there scope for collaboration?
- Do existing research agendas have an implementation, monitoring and evaluation component? If so, what were the outcomes? Could their monitoring and evaluation help inform a plan for the current research agenda?

Examples of national level research agendas on health, migration and displacement

There are various examples of Member State led, whole-of-government, multisectoral (including academia and civil society) and participatory health approaches to advancing health, migration and displacement research for policy and practice. Some examples include:

- **the Kingdom of Cambodia:** the impacts of migration on Cambodian children and families left behind
- **the Republic of the Philippines:** Philippine Migration Research Agenda created through whole-of government approach
- **the Democratic Socialist Republic of Sri Lanka:** a multisectoral, academia and civil society led process to define health, migration and displacement research priorities, inclusive of all migrants, refugees and other displaced groups
- **the Socialist Republic of Viet Nam:** Since 2021, IOM and WHO have supported the Ministry of Health in establishing an inter-ministerial and inter-sectoral working group (the Migrant Health Working Group) to foster the design and implementation of migrant-friendly health interventions and policies

3.2. Evidence review of peer-reviewed literature and grey literature

To develop a baseline understanding of current evidence gaps and opportunities in health, migration and displacement research in the local context, evidence review(s) of peer-reviewed and grey literature should be conducted. Valuable research-related information is often contained within grey literature publications that are difficult to identify from academic databases.

If time constraints limit the capacity to conduct a review of primary research, a rapid review of evidence reviews (e.g. a review of systematic reviews) can be undertaken instead. The findings from these evidence reviews should be synthesized and can be used as a starting point for discussion in the stakeholder engagement activities outlined in Step 2. The following steps can be used to plan and conduct these evidence reviews:

- determine timeline to carry out the evidence reviews and the types of reviews to be conducted given time constraints (e.g. rapid review, scoping review, systematic review);
- choose databases and grey literature search engines to be searched. For example, using the following search engines: Reliefweb, Refworld, ALNAP HELP Library and the websites or research/publications portals of United Nations agencies and international NGOs known to publish on the topics of migration, displacement and/or health (WHO, UNHCR, IOM, UNICEF, ILO, IFRC). These searches can be supplemented with publications signposted by United Nations agencies, international organizations and intergovernmental institutions in their survey responses;
- set parameters for the time period and geographies of interest;
- create search strategies tailored to databases and search engines. Examples of search strategies for Medline, Cochrane Library and various grey literature search engines are provided in Resources 3B and 3C;
- set inclusion and exclusion criteria for screening;
- determine the number of individuals involved in screening, data extraction and synthesis;
- develop a data extraction template and synthesis methodology;
- conduct the reviews; and
- use existing narrative synthesis strategies (1) (and adapt/simplify where necessary) to derive emerging research themes and evidence gaps.

3.3. Stakeholder surveys

The online surveys described in Step 2 may be helpful tools to gather additional baseline information from stakeholders about existing research, policy and programmatic work in health, migration and displacement. These surveys can provide information about:

- how their organization includes migrants, refugees and other displaced populations and/or how their research is participatory;
- the types of health-, migration- and displacement-related research and policy activities conducted within organizations;
- how this research has informed their programmatic or advocacy work streams;
- their main sources of funding;
- if their work reflects the priorities identified in the Global research agenda;
- the importance of translation of evidence to their work; and
- research areas for current or potential future partnerships.

Some additional examples of surveys for funding bodies and public health institutions are provided in Resources 3D and 3E.

Additional post-consultation surveys (i.e. after Step 4) can also be conducted to gather further insights from stakeholders on the topics discussed within the consultation meetings. Participants could be asked to provide feedback on:

- the consultation process;
- how the research agenda could be useful to their organization;
- how the agenda could support evidence translation into policy and practice; and
- any additional outputs from the process that could assist their work on health, migration and displacement (e.g. toolkits, guidelines).

References

1. Popay J, Roberts H, Sowden A, Petticrew M, Arai L, Rodgers M et al. Guidance on the conduct of narrative synthesis in systematic reviews. Southampton: National Centre for Research Methods; 2006 (<https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/fhm/dhr/chir/NSsynthesisguidanceVersion1-April2006.pdf>, accessed 7 August 2023).

Resources

See Resource list for details.

- 3A. Search strategy for a review of existing research agendas in health, migration and displacement
- 3B. Search strategy for a review of peer-reviewed evidence reviews in health, migration and displacement
- 3C. Search strategy for grey literature in health, migration and displacement
- 3D. Survey for funding bodies in health, migration and displacement
- 3E. Survey for public health institutions

Step 4. Technical consultations with stakeholders

Objectives

Conduct a series of technical consultations with stakeholders to establish a preliminary set of research themes for the research agenda.

Action points

4.1. Plan and conduct technical consultation events

4.2. Synthesize findings from technical consultations

4.1 Plan and conduct technical consultation events

Hosting a series of technical consultations was the main method used by the Global research agenda to engage with stakeholders and produce a list of initial research themes and subthemes for the subsequent prioritization and ranking process. The following steps can be undertaken to plan technical consultation events:

- determine how many technical consultation events will take place, given the time frame and resources for the research-agenda-setting process and which types of stakeholders should be involved in which consultation;
- determine the mode of engagement (e.g. in-person, online, hybrid);
- consider the number of participants at each event and whether additional focus groups are needed within each event to ensure sufficient time and opportunity for each person to speak (e.g. plenary discussions vs. breakout groups for in-depth discussion);
- consider the types of participants involved in each event and whether strategies need to be put in place to balance power dynamics (e.g. whether to host joint or separate events for migrant community representatives and senior officials from United Nations agencies);
- identify the purpose of each event and draft meeting agendas, pre-reading materials (e.g. findings from Step 3);
- identify individuals who will support in the facilitation of the events (e.g. administrative support staff, moderators and rapporteurs/note-takers) and prepare any relevant briefing materials for them;
- allow sufficient time to contact stakeholders invited to each event, including time to follow up RSVPs to invitations;
- secure online meeting platforms and/or physical venues;
- procure IT service support for large online events, particularly if administration support will be required to allocate participants to breakout rooms, record the event and download chat files;
- procure resources such as transcription services, writers, editors and proof-readers for meeting outputs. This is important for the transparent reporting of the proceedings of each event and to ensure accurate analysis of the results; and
- design post-consultation surveys where relevant (Resource 4A).

Additional events such as smaller workshops may also be organized following the main consultation events. For the Global research agenda, workshops were used to undertake a more in-depth “deep dive” into the themes that were raised during the main consultation events.

Figures 5-7 from the Global research agenda can be considered to help frame the technical consultations and to serve as a guide to identify local gaps and priorities.

4.2 Synthesize findings from technical consultations

For each technical consultation, meeting recordings and transcriptions should be used to produce a meeting report (Resource 4B). These meeting reports will be a valuable resource from which to have further analysis to derive research themes and subthemes for the research agenda. Reports should be circulated to all stakeholders who participated in the technical consultations for their feedback. This ensures that the reporting and interpretation of findings reflect the intended messages conveyed during the consultation meetings.

Various thematic analysis methodologies may be used to synthesize and integrate findings from each technical consultation. For the Global research agenda, both inductive and deductive approaches were used for the content analysis of stakeholder discussions and the resultant findings were supported with anonymized quotes from participants. Resources 4C and 4D provide practical hands-on guidance about how to conduct content analysis on large amounts of qualitative text.

Resources

See Resource list for details.

- 4A. Post consultation survey
- 4B. Meeting reports from Global research agenda consultations, including example agendas from each technical consultation (will be shared on the Department of Health and Migration webpage)
- 4C. Qualitative analysis of content (https://www.ischool.utexas.edu/~yanz/Content_analysis.pdf)
- 4D. A hands-on guide to doing content analysis (<https://www.sciencedirect.com/science/article/pii/S2211419X17300423>)

Step 5. Prioritization of research themes

Objectives

Consider whether formal prioritization exercise(s) are required to reach the final list of research themes and subthemes.

Action points

- 5.1. Determine whether formal prioritization exercise(s) are required
- 5.2. Conduct formal prioritization (if required) or create detailed research questions

5.1 Determine whether formal prioritization exercise(s) are required and which type of prioritization methodology will be used

The Global research agenda undertook a modified Delphi approach to reaching consensus on priority subthemes from a large number of subthemes identified from the technical consultations. However there are a number of alternative methods of prioritization that should be considered, as outlined in 5.2.

In regional, national and other contexts of interest, the RACT together with the Research Agenda Steering Committee should consider:

- whether this additional step is needed;
- which key ethical/political considerations within your context which might affect whether prioritization is appropriate or not;
- whether the research themes and subthemes emerging from the technical consultations are sufficient;

- what principles will be used to prioritize among competing research subthemes (e.g., magnitude of public health benefit, impact on health equity); and
- whether there would be continued engagement with stakeholders through a prioritization phase or if loss of engagement might still result in a stakeholder group which is not representative.

If certain stakeholder groups are more likely than others to have disengaged by this stage, then consensus reached during formal prioritization exercises is unlikely to be representative of the voices of all stakeholders that were initially part of the process.

Regardless of whether a formal prioritization exercise is undertaken, the RACT should consider the value judgements made when presenting/not presenting certain topics in the resultant agenda, as well as what can be done to assess and mitigate unintended harms.

Learnings from the Global research agenda about prioritization of research subthemes

Respecting ethical constraints involves assessing and mitigating unintended harms. This could include reflections about whether pursuing some research topics may, for example, perpetuate stereotypes and exacerbate stigma for certain migrant groups. To mitigate such risks, these topics could be reframed to contextualise them within broader research themes or implementers could refrain from explicitly naming the migrant groups affected.

The ethical prioritization of research topics should involve comparing possible topics in terms of their expected benefits, as well as avoiding possible harms. Ideally, prioritization should include comparisons of the social value of alternative research topics, which includes the magnitude of possible benefits from the research to affected communities, and the possible effect on equity. However, what determines social value in prioritization exercises is context-specific, as are the definitions of “benefit” and “equity” in the field of health, migration and displacement research.

Benefits could arise at various levels: for the whole population concerned (e.g., all nationals and non-nationals residing within a country), for all migrant groups or for one specific migrant group. For example, the magnitude of expected benefits could be assessed using the absolute or relative size and scale of migration-related events to ensure that the greatest number of individuals are impacted by research and subsequent knowledge translation. Similarly, research agenda setting teams may also assess the absolute and relative impact of prioritizing topics in acute versus protracted migration and displacement settings.

Equity can be defined in various ways. Broadly, it could refer to the inclusion of underserved migrant groups and neglected migrant contexts. This would direct resources towards individuals who have experienced the greatest degree of marginalization and exclusion and/or require the greatest amount of policy action to address the inequities they have faced. Equity may also be understood from the point of view of research outputs, that is, migrant groups or research topics that have received the least amount of research attention. This could be justified on the basis of addressing research gaps and potential for unidentified and/or unmet health need.

As such, research agendas in health, migration and displacement should remain flexible and context-specific and clarify how they define the magnitude of benefit and equity. Composite or multi-dimensional indexes can be useful during prioritization exercises to incorporate and balance a range of indicators that make up social value judgements (e.g. equity, magnitude of benefit, feasibility and cost) (1). Additionally, given vast differences in migration contexts around the world, prioritization exercises may be more effective when carried out at more granular levels (e.g. subregional rather than regional, subnational rather than national and even more locally within specific geographical locations).

5.2. Conduct formal prioritization exercise(s) or create research questions

Where formal prioritization of research subthemes and reaching consensus may be required, there are a number of methodologies that can be used to achieve this. The WHO Science Division guidance gives examples of five different methods that can be used to achieve this (Resource 5A):

- the Essential National Health Research (ENHR) approach;
- the Combined Approach Matrix (CAM);
- the Child Health and Nutrition Research Initiative (CHNRI);
- the Delphi techniques; and
- the James Lind Alliance Priority-Setting Partnerships (PSPs).

In some contexts, it may be more appropriate to instead derive a list of detailed research questions using the themes and subthemes that have emerged throughout the agenda-setting process. While the Global research agenda did not create a list of detailed research questions, this level of specificity may be useful at the country, regional and global levels to produce research that informs targeted policy action. If a prioritization exercise of the identified research subthemes in the first phase is going to be undertaken, another important first step to consider is working with stakeholders to agree on the criteria which could be used to select priorities. The research subthemes/questions may be evaluated considering factors such as: potential public health benefit; feasibility of undertaking the research (including research capacity to undertake the research); equity and ethical aspects; and cost-effectiveness.

References

Pierson L, Millum J. Health research priority setting: do grant review processes reflect ethical principles? *Glob Public Health*. 2022;17(7):1186–99. doi:10.1080/17441692.2021.1922731.

Resources

See Resource list for details.

5A. A systematic approach for undertaking a research priority-setting exercise: guidance for WHO staff. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/334408>, accessed 13 September 2023).

Step 6. Dissemination, implementation and evaluation

Objectives

Publish and disseminate the research agenda with a comprehensive communications plan and monitor and evaluate its impact.

Action points

- 6.1. Write and publish the research agenda
- 6.2. Disseminate the research agenda with a comprehensive communications plan
- 6.3. Implement a monitoring and evaluation plan

6.1 Write and publish the research agenda

The RACT should ensure sufficient time and resources is allocated to the write-up and publication of the research agenda. The following processes may take 3–6 months:

- assign writers, editors, graphics designers and proof-readers and map out the time frames in which each of these tasks should be completed;

- consider whether the procurement of additional services such as translation services are needed;
- consider whether online vs physical publication formats would be most suitable to the target audience;
- draft the research agenda with a clear structure and accessible language;
- reflect on the terminologies, definitions, narratives and framings used throughout in terms of their potential to perpetuate stereotypes and harms. Use suitable alternatives wherever risks are identified;
- seek feedback from the Research Agenda Steering Committee and any other relevant stakeholders;
- consider whether additional outputs/tools and meeting reports should be published alongside the agenda; and
- complete the approval processes for publication.

6.2 Dissemination and communications

Given the wide range of stakeholders that should be engaged in the implementation of the research agenda as well as the political sensitivity around the topic of migration, the RACT should create a comprehensive communications and engagement plan to guide dissemination. The communications template in Resource 6A can be adapted to suit the local context.

6.3 Monitoring and evaluation

To ensure accountability and measure the impact of the research agenda, a programme of monitoring and evaluation activities should be undertaken by the RACT over the short, medium and long term. The monitoring and evaluation plan from the Global research agenda has been made into a template in Resource 6B, which can be adapted to suit the local context.

Resources

See Resource list for details.

6A. Communications plan template

6B. Monitoring and evaluation plan template

Resource list¹

Content

Resource 1B. Additional case studies from Global research agenda stakeholders
Resource 2C. Example survey for non-state actors
Resource 2D. Example scoring sheet for assessing applications
Resource 2E. Example survey for United Nations agencies
Resource 3A. Example search strategy for a review of existing research agendas in health, migration and displacement
Resource 3B. Example search strategy for a review of peer-reviewed evidence reviews in health, migration and displacement
Resource 3C. Example search strategy for grey literature in health, migration and displacement
Resource 3D. Example survey for funding bodies in health, migration and displacement
Resource 3E. Example survey for public health institutions
Resource 4A. Example post consultation survey
Resource 6A. Example communications plan template
Resource 6B. Example monitoring and evaluation plan template

Resource 1B. Additional case studies from Global research agenda stakeholders

The following case studies highlight some further underresearched migrant and refugee subgroups or contexts of migration which may be important to include in the research agenda setting process in some contexts.

Detention case study Global Detention Project *Michael Flynn*

Detained migrants — including asylum seekers, refugees, undocumented migrants, survivors of trafficking, and stateless persons — are among those in the most vulnerable situations. Although there is no universally accepted definition of migration-related detention, it can be defined as the deprivation of liberty of non-citizens for reasons related to their migration status (1). Typically, such measures are imposed to ensure that a person is deported; to verify their identity; to prevent absconding; or as part of an asylum procedure (2).

Although in some countries immigration violations such as unauthorized entry can lead to prosecution, immigration detention often involves detaining people without charging them with a crime. This can result in detainees having limited access to both medical and legal services. In contrast to criminal incarceration, which is generally supposed to lead to the re-introduction of people into society, immigration detention has no reform agenda; rather, it mainly is intended to permanently remove people from society. This inherent nature of immigration detention increases the vulnerability of detainees to poor living conditions and abuses (3).

There is no available data on how many migrants are detained globally, however studies have shown that this practice is growing, expanding inside countries and externally to more states as “destination” countries seek to “externalise” controls (4). In the EU, the “refugee crisis” led to sustained increases in the numbers of people placed in detention, with the annual numbers of detainees more than doubling in some Member States (5). In 2020 the United Nations-appointed Independent Expert on Children Deprived of Liberty estimated that some 80 countries detain children for migration purposes, with the annual number of detained children alone reaching a conservative estimate of 330 000 (6).

Detention is widely recognized as being inherently harmful to the health of migrants, refugees and other displaced populations, including in particular with respect to children and other at-risk groups (6). A recent WHO Regional Office for Europe report concluded that it was more harmful than prison (7).

¹ This list of resources includes those not accessible via external links. Resources that are accessible via a link are listed in the resources section under each Step.

Key health factors highlighted in research studies include: limited health care provision in detention including failure to distribute sufficient medicines; unsanitary detention conditions; the unsuitability of migrant detention to treat the specific needs of women and those suffering pre-existing trauma; poor health screening of people entering detention; lack of access to the outside; confusion stemming from being detained without being charged with a crime; and poor health care oversight, including in privately operated detention centres.

Recent reports have detailed increasing deaths, suicides and cases of self-harming in immigration detention, which are often attributed to failures in providing adequate health care and inhumane conditions of detention.

Despite these well-documented health concerns, to date most of the focus has been on mental health outcomes in administrative detention centres located in the Global North. There is an urgent need to expand evidence concerning the impact of detention on physical health outcomes, the level of health care provided in detention centres and on the rapidly growing population of detention centres located in countries that are not main destination countries but which are under pressure today to detain migrants during their journeys.¹

Research undertaken by the Global Detention Project in collaboration with the WHO Department of Health and Migration to develop global evidence of the health impact of immigration detention on migrants, refugees and other displaced populations indicates that a better global evidentiary base on health care provisions and health care outcomes in detention is needed to assist countries in developing less harmful ways to treat these populations in custody.

A potentially relevant model for building a research agenda on this is the WHO's Health in Prisons Programme, which has developed important data and insights on the health impact of prisons. While there remains widespread reticence on the part of many states to address their immigration detention practices, there is now broad recognition of the need to limit the use of detention to prevent harm, which is highlighted in the Global Compact for Migration, approved by more than 160 countries in 2018.

1. General comment No. 5 (2021) on migrants' rights to liberty and freedom from arbitrary detention. New York: United Nations Office of the High Commissioner; 2020:14–15 (<https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-5-2021-migrants-rights-liberty>).
2. Wilsher D. Immigration Detention. Cambridge: Cambridge University Press; 2011.
3. World report on the health of refugees and migrants. Geneva: World Health Organization; 2022:66–68 (<https://apps.who.int/iris/handle/10665/360404>).
4. Flynn M. There and back again: on the diffusion of immigration detention. *J Mig Hum Sec.* 2014;2(3):165–97. doi:10.14240/jmhs.v2i3.31.
5. Majcher I, Flynn F, Grange M. Immigration in the European Union: in the shadow of the “crisis”. New York: Springer Link; 2020:3–4.
6. Nowak M. United Nations global study on children deprived of liberty. New York: United Nations; 2019 ([https://omnibook.com/view/e06 23 280–5656–42f8–9edf-5872f8f08 562/page/1](https://omnibook.com/view/e06%20280-5656-42f8-9edf-5872f8f08562/page/1)).
7. Immigration detention is harmful to health – alternatives to detention should be used. In: WHO/Europe/News. Copenhagen: WHO Regional Office for Europe; 2022 (<https://www.who.int/europe/news/item/04-05-2022-immigration-detention-is-harmful-to-health---alternatives-to-detention-should-be-used>).

¹ For a map of detention centres globally, see <https://www.globaldetentionproject.org/detention-centres/map-view>

Gendered implications on health exist across the migration continuum: whether health challenges inform the decision to migrate or health challenges emerge and transform along migratory routes and in destination countries, considering gender as a dynamic in the Global research agenda on health, migration and displacement is imperative. Yet, much remains to be explored, starting with data collection and disaggregation by gender identity and other gender dynamics, including sexual orientation, gender expression and sex characteristics (SOGIESC). While it is estimated that slightly less than half of all international migrants are female (sex), comprehensive data on SOGIESC are lacking and mainly take the form of case studies (1–4). This data gap impacts how gendered health implications are conceptualized and addressed as sexual- and reproductive health (SRH) and gender-based violence (GBV) are not considered through a holistic approach and other aspects such as mental health and gender-affirming care (GAC) are not considered as gendered health concerns in migration and forced displacement.

As the IOM's 2022 Migration Health Impact Overview emphasizes, migrant women and girls often face obstacles in accessing SRH services and resources and are at heightened risk of GBV (5). Evidence shows that in conflict and disaster contexts, knowledge about and access to contraceptives and family planning as well as treatment of sexually transmitted infections are limited and different forms of GBV (e.g. rape, domestic violence) are prevalent, with adolescent girls forming a particularly overlooked group (6–8). Relative to mental health, research indicates that cultural factors (e.g. language proficiency), social and material factors (e.g. employment, housing) and personal factors (e.g. family separation) carry gendered implications, particularly for refugee women (9,10).

For migrants with diverse SOGIESC, these health concerns involve further considerations as experiences are informed by compounded intersecting marginalities (sexual orientation, gender expression and sex characteristics). Emerging research gestures to additional risks of abuse and discrimination, reduced access to health resources and services, lack of targeted SRH needs and GBV prevention, mitigation and response, as well as higher prevalence of mental illness (11–13).

Based on the available literature, underresearched areas regarding the health of migrants, refugees and other displaced populations with diverse SOGIESC include:

- analysis of national, regional and international legal-institutional frameworks on access to SRH, GBV, mental health, GAC services and resources;
- data collection and disaggregation on SOGIESC;
- mapping of SOGIESC-focused stakeholders; and
- identification of promising practices regarding health access and service provision.

To address these underresearched areas, the following proposed action points are outlined:

- expand collaborations between actors in information/data-sharing with SOGIESC-focused stakeholders (e.g. NGOs, academic institutions, Independent Expert on Sexual Orientation and Gender Identity) (14–15)^{1,2};
- ensure the inclusion of migrant populations in the research process such as through the Gender-Migration Index (GMI) developed by the Centre for Migration, Gender and Justice (16);
- improve the translation of existing knowledge into policy and practice by establishing gender-responsiveness guidelines for the implementation of the Global Action Plan on promoting the health of refugees and migrants³; and
- enhance data collection and disaggregation by creating guidance for evidence-informed, gender-responsive migrant health governance⁴.

1. Gender and migration. In: Migration Data Portal [online database]. Berlin: Global Migration Data Analysis Centre; 2023 (<https://www.migrationdataportal.org/themes/gender-and-migration>).
2. Women and girls on the move: a snapshot of available evidence. Geneva: International Organization for Migration; 2023 (<https://www.iom.int/resources/women-and-girls-move-snapshot-available-evidence>).
3. Sexual orientation and gender identity and the protection of forced migrants. *Forced Migration Rev.* 2013;42:3–4 (<https://www.fmreview.org/sites/fmr/files/FMRdownloads/en/fmr42full.pdf>).
4. Luibhéid E, Chávez KR, editors. *Queer and trans migrations*. Chicago (IL): University of Illinois Press; 2020 (https://transreads.org/wp-content/uploads/2022/02/2022-02-08_62029ed593d9c_QueerandTransMigrationsDynamicsofIllegalizationDetentionandDeportationbyEithneLuibheidandKarmaR.Chavez-lib.org_.pdf).
5. Migration Health 2022 Impact Overview. Geneva: International Organization for Migration; 2022 (<https://publications.iom.int/books/migration-health-2022-impact-overview#:~:text=This%20report%20is%20an%20annual,the%20context%20of%20human%20mobility%2C>).
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¹ See for example- SOGICA Project, UCLA Williams Institute, University of the Witwatersrand African Centre for Migration and Society.

² See for example – ILGA, ORAM, Rainbow Railroad, Forcibly Displaced People Network, LGBT Asylum Project, América Diversa, Immigration Equality, Aman Project

³ See for example – UN Women. n.d. “Policies and Practice: A Guide to Gender-Responsive Implementation of the GCM.”

⁴ See for example – IOM. 2021. “Gender and Migration Data: A guide for evidence-informed, gender-responsive migration governance.”

1. Refugees and other forcibly displaced populations in urban settings

More than half of the 100 million forced displaced populations live in cities and urban areas.

2. Underresearched areas that require further attention:

- health financing and social safety nets for forcibly displaced populations;
- effective multisectoral approaches to the promotion of forcibly displaced populations health;
- impact of inclusion and integration policies and programmes on health of forcibly displaced populations and host communities; and
- effective models of universal health coverage in protracted displacement context.

3. UNHCR Good practices on cash-based interventions and health

UNHCR continues to increase the use of cash-based interventions (CBI) to achieve protection outcomes for forcibly displaced populations and hosts. UNHCR's policy aims to expand and systematize the use of CBI as an important modality of assistance, service delivery and protection to enable inclusion and access to local, sustainable services. UNHCR promotes a holistic approach that includes unrestricted CBI coupled with services to meet basic needs of forcibly displaced populations across protection, shelter and sectoral outcomes including health, livelihoods, WASH (Water, sanitation and hygiene) and education. In combination with health promotion and behaviour change communication, CBI including multi-purpose cash assistance (MPCA) is one modality which may contribute to achieving health outcomes. The minimum expenditure basket (MEB) is used to calculate the amount of the MPCA, which considers needs for health expenses such as basic primary health care or over-the-counter medicine.

Since the beginning of cash based institutionalization in 2016, through 2021, UNHCR has delivered approximately USD 4 billion in cash assistance to 33 million recipients in 100 countries with 95% disbursed without restrictions. As of 2022, UNHCR supported access to comprehensive primary health care services and referrals to secondary/tertiary care for refugees in 50 countries with significant public health programming.

Recipients of MPCA are empowered to choose how to meet their basic needs. 2021 global data on how cash recipients used MPCA for basic needs suggests that 33% of households spent a portion of their cash assistance on health, which is the fourth highest expenditure, after food (83%), rent (37%), which were elevated due to expenditures on COVID-19 response and hygiene items (36%). This breakdown reflects how people tend to spend according to a hierarchy of needs but also associated costs. Overall, 71% of cash recipient households reported they meet only half or less of their total basic needs.

While evidence suggests that MPCA can lead to positive outcomes in health in the short-term by addressing financial barriers, it does not address the issue of quality of care, integrating refugees into national systems and sustainable solutions for health care financing, achieving universal health coverage and equity with receiving communities not covered by any assistance through the state. Moreover, forcibly displaced populations in urban areas often face challenges compared with those living in camp settlement settings such as exclusion from social security systems or health insurance and may have to pay for transport to access health services, pay user fees or other related costs. Therefore, more research is needed to guide public health programming.

Health and Reintegration. Returning to Space but not to Time: A Life-course Approach to Migrants' Health, Continuity of Care and Impact on Reintegration Outcomes
International Organization for Migration (IOM)

Health and reintegration may be important to consider within research agenda setting in some contexts. The study outlined below was the result of a collaboration between the IOM Knowledge Management Hub (KMH), with the financial support of the European Union (EU), in collaboration with Samuel Hall and the African Centre for Migration and Society at the University of the Witwatersrand in South Africa. The main aim of this research was to explore the links between health needs, access to care and sustainable reintegration of returnees.

Within this, there were four main objectives that link the returnees' individual health-related needs (including with regards to mental health) with the capacities and infrastructures for health services in the external environment, to learn from existing practices and recommend how to improve the operationalization and standards on health provision in reintegration settings across countries of origin:

- identify returnees' health conditions and health related needs;
- analyse the external environment's influence on reintegration outcomes;
- identify good practices for the provision of short- and long-term reintegration support; and
- formulate programmatic and policy recommendations to foster sustainable reintegration.

The study followed a mixed-methods approach, conducted between March and July 2022, in six selected countries.

A majority of returnees enjoyed good health prior to migration, which deteriorated on the journey.

Exposure to harmful environments during migration has a cumulative effect on the health of returnees, often resulting in a "dual burden" on long-term physical and mental health:

- there is strong evidence on the linear relationship between poor health and poor reintegration outcomes among returnees post-return;
- a two-way relationship between health and reintegration, often resulting in vicious cycles, is mediated by multi-level stressors;
- returning to an unsupportive environment is detrimental to returnees' mental and physical health;
- returnees face additional barriers to health care access, on top of those shared by the general population;
- economic reintegration is often prioritized over unmet health needs, creating negative feedback loops;
- countries' health systems and universal health coverage influence returnees' health and reintegration outcomes;
- returnees often experience continuity of care issues and a drop in quality of care post-return; and
- sustainable interventions require migration-aware health systems and recognition of the interdependence between health and reintegration.

Based on the study's findings as well as gaps and opportunities identified, the following action points are proposed to enhance returnees' access to health care and to improve their health and reintegration outcomes:

- build a continuum of care across different stages of the migration cycle;
- fund gender-specific initiatives on reintegration and health;
- strengthen transnational information sharing and safeguarding;
- reinforce screening and referrals upon return;
- align reintegration and health programming;
- strengthen governance and synergies in policies on health, migration and displacement; and
- a follow-up longitudinal study would provide further insights on how returnees' health and reintegration outcomes continue to interact to produce deteriorations or improvements over time.

While some of the actions are taking place in some countries, there is a need for more widespread and systematic uptake.

Further information is available [here](#).

(<https://migrantprotection.iom.int/en/resources/kmh-research-study-report-study/research-study-3-health-and-reintegration-returning-space>)

Resource 2C. Example survey for non-state actors

What country/region does your organization currently operate in?	
What is the full name of the organization?	
What is your organization's web page?	
Does your organization have paid/volunteer workers or both?	Options: Paid worker, volunteer, both
Is the organization led by migrants, refugees and other displaced individuals or does it have migrants or forcibly displaced individuals within the governance structure?	Options: Yes/No
Does the organization have staff who identify as migrants or forcibly displaced individuals?	Options: Yes/No
Provide a brief description of which subgroup(s) of migrants or forcibly displaced populations your organization mainly works with	
Provide a brief description of the types of work within the field of health, migration and displacement that the organization undertakes	
What is your organization's main source of funding? Select all that apply	Options: Government funding, public fundraising, private donors, membership organization, other
Is the theme "addressing health emergencies" in migration and/or displacement relevant to your organization's scope of work?	Options: Yes, no, maybe.
Repeat for other Triple Billion Targets or any other areas of focus	If yes, briefly describe the work the organization does with regard to addressing health emergencies in the context of migration/displacement.
Are there any other themes that you think are important within health, migration and displacement that are not covered by the three topics above? If yes, please outline this below	
Please rate how important research/evidence in relation to your organization's programmatic, advocacy or data work on each theme?	Likert scale: very important, important, fairly important, slightly important, not important at all Topics to rate on the Likert scale: Triple Billion Targets and any other areas of focus
Focal point contact details	

Resource 2D. Example scoring sheet for assessing applications

Name of the evaluator	
Applicant's name	
Applicant's email	
Applicant's gender	
Institution/organization	
Country of main affiliation or country of work	
Involvement in health, migration and displacement research for over 5–7 years (edit as appropriate)	
Migration and forced displacement contexts addressed in their research	Select all that apply: Irregular migration, labour migration, asylum seekers, refugees, internally displaced, unaccompanied minors, other
Triple Billion Targets addressed in their research	Select all that apply: universal health coverage and migration, promoting healthier populations and migration, addressing health emergencies and migration
Areas of technical and academic expertise	Select all that apply: public health, clinical medicine, epidemiology, social epidemiology, geography, demography, statistics, economics, medical anthropology, political science, international law/public health law, global health, governance, human rights, other
Does the applicant demonstrate • collaborations with other health, migration and displacement networks and partners • a history of publishing widely on health, migration and displacement • a focus on health, migration and displacement as their main area of focus and not as an outlier compared with their overall working experience	Screen for this information within institutional profiles, CV and/or letter of intent

Resource 2E. Example survey for United Nations agencies or international organisations

Name of agency organization or institution	
Name of focal point	Include email, department and division
Does your organization have a specific office or department that conducts research? (Y/N)	
If yes, what is the name of this research department/ office and relevant contact information	
Does your organization have individuals or teams specifically involved in research activities related to health, migration and displacement?	Options: yes, a specific team dedicated to health, migration and displacement research; yes, individuals within team(s); No
Please list the relevant individual(s) and/or team(s) within your organization whose remit includes research related activities on the topic of health, migration and displacement.	
If research related activities on the topic of health, migration and displacement are situated within wider/ other teams within your organization (i.e. there is no specific team dedicated to this topic), how is health, migration and displacement research integrated into the work of these other teams?	
Please indicate what type of research activities related to health, migration and displacement your organization engages with. Select all that apply.	Options include: directly conducting research (qualitative, quantitative, mixed methods); directly conducting implementation research; convening stakeholders to support research; capacity-building research for health, migration and displacement in region/country; translating research into policy and practice; evaluating policies, supporting others (ministries of health, governments etc.) using research to inform funding activities; using research to inform programme development; other
What level do they support work (global, regional, country) and how do they support it?	
Please provide a brief description of and any relevant links to, the research related activities in the field of health, migration and displacement that your organization is currently working on or has completed in the last 5 years (e.g. themes, subgroups of migrants and forcibly displaced individuals, regions)	
Please provide a brief description of and any relevant links to, the policy related activities in the field of health, migration and displacement that your organization is currently working on or has completed in the last 5 years (e.g. themes, subgroups of migrants and forcibly displaced individuals, regions)	
Please provide a brief description of and any relevant links to, the research related activities in the field of health, migration and displacement that your organization has planned or intends to plan for the future (e.g. themes, subgroups of migrants and forcibly displaced individuals, regions)	

Please provide a brief description of the policy related activities in the field of health, migration and displacement that your organization has planned or intends to plan for the future (e.g. themes, subgroups of migrants and forcibly displaced individuals)	
Is your organization already partnering with other organizations in research or other activities related to health, migration and displacement? If yes, which activities and with which organizations are you partnering?	
Please rate how important research/evidence production on each of the Triple Billion Targets is in relation to your organization's work on health, migration and displacement	Likert scale: very important, important, fairly important, slightly important, not important at all Topics to rate on the Likert scale: Triple Billion Targets and any other areas of focus
Within the area of health, migration and displacement, which of the following subthemes within the Triple Billion Targets are in the scope of your organization's research related activities?	Options include any subthemes related to the Triple Billion Targets as they relate to migration.
Are there any topics that your organization is working on with regards to health, migration and displacement research that you feel do not fit within the Triple Billion Targets and subthemes listed above? If so, please describe them.	
What other activities (aside from research) is your organization involved with in relation to health, migration and displacement? Please provide a brief description and, if relevant, include details of the team(s) and the name(s) and contact details of a key contact person within each of the teams that you mention	
Please share the titles of and web page links to any further key papers, reports and other publications that your organization has published in the area of health, migration and displacement research and/or policy, that you have not already included above.	
Where can we find more information about any other useful publications in the area of health, migration and displacement research and policy that your organization has produced? Please share any relevant information and links	
Would you consent to your anonymised responses to this survey being used for research and/or publication purposes?	

Resource 3A. Example search strategy for scoping review of existing research agendas in health, migration and displacement

Search engines	Google scholar Google
Search terms	1. (migrant OR migration OR refugee OR asylum seeker OR displace) AND health AND research AND (agenda prioritization OR prioritization OR priority OR priorities OR road map OR roadmap OR strategy* OR plan) 2. migration health research agenda
Time frame	Last 10 years (2013–2023)
Screening	First (n) results for each search term combination

Resource 3B. Example search strategy for a review of peer-reviewed evidence reviews in health, migration and displacement

Migrants, refugees and other displaced populations	migra* OR immigra* OR emigra* OR refugee* OR asylum seeker* OR internally displaced OR forcibly displaced OR deport* OR ((labour OR labour OR seasonal OR climate OR undocumented OR irregular OR forced OR mass OR temporal OR circular) adj2 (migrant* or migration)) OR unaccompanied minor* OR exodus OR ((forced OR protracted) adj2 displacement) OR resettlement OR ((transit OR return* OR origin OR arrival OR host) AND migra*) OR human traffick*
Evidence reviews	(systematic OR scoping OR evidence OR rapid OR literature OR desk) adj2 review*
Achieving Universal Health Coverage	UHC OR universal health coverage OR universal health care OR universal health care OR PHC OR ((primary health OR preventive OR preventive) adj2 care) OR primary health care OR financial protection OR health promotion MeSH (Medline): Universal Health Care/ (health OR health care OR health care OR medical) adj2 system*) OR (health system) adj2 (response OR resilience OR strengthening) OR ((access* OR facilitator* OR barrier* OR challenge* OR driver*) adj2 (health care OR health service* OR (health OR medical OR primary OR preventive OR preventive OR secondary OR tertiary OR hospital) adj2 (care))) OR community health adj2 (worker* OR care OR visitor* OR intervention*) OR continuity of care MeSH (Medline): Health Services Accessibility/ or Health System/
Addressing health emergencies	((health emergenc* OR humanitarian emergenc* OR epidemic* OR outbreak* OR crisis OR crises) adj5 (preparedness OR response*)) OR conflict OR war OR((communicable OR infectious OR noncommunicable) adj2 disease*) OR virus MeSH (Medline): Disaster Planning/ OR Disease Outbreaks/ OR Pandemics/ (COVID-19 OR COVID-19 OR COVID-19 OR nCoV* OR 2019nCoV OR 19nCoV OR SARS-COV-2 OR SARSCOV-2 OR SARS-COV2 OR SARSCOV2 OR SARS coronavirus 2 OR coronavirus2019 OR coronavirus-2019 OR coronavirus-19 OR pandemic*) adj5 (preparedness OR response*) MeSH (Medline): COVID-19/
Promoting Healthier Populations	SDH OR social determinant* OR health determinant* OR ((political determinant* OR gender OR education OR income OR socioeconomic OR living condition* OR working condition* OR housing OR violence) AND health) MeSH (Medline): "Social Determinants of Health"/ ((environment* OR climate OR flood* OR heat-wave* OR drought* OR fire* OR bushfire* OR extreme weather OR landslide OR hazard*) AND health) OR food security OR food insecurity OR water scarcity OR WASH MeSH (Medline): exp Climate Change/ OR Environmental Health/

Resource 3C. Example search strategy for grey literature in health, migration and displacement

Source	Search terms
ReliefWeb	• (migrant OR refugee OR asylum seeker OR displace) AND (UHC OR universal health coverage OR universal health care OR financial protection OR primary care) • (migrant OR refugee OR asylum seeker OR displace) AND (health system OR health care access) • (migrant OR refugee OR asylum seeker OR displace) AND (COVID-19 OR pandemic) • (migrant OR refugee OR asylum seeker OR displace) AND (outbreak OR health emergency OR conflict OR disaster OR preparedness OR resilience) • (migrant OR refugee OR asylum seeker OR displace) AND (social determinant OR health determinant) • (migrant OR refugee OR asylum seeker OR displace) AND (climate change OR environmental health)
Refworld	• universal health coverage • financial protection • health system • health care access • COVID-19 • pandemic • health emergency • preparedness • social determinant • health determinant • climate change • environmental health
ALNAP HELP Library	• migrant refugee asylum displace universal health coverage • migrant refugee asylum displace financial protection • migrant refugee asylum displace health system • migrant refugee asylum displace health care access • migrant refugee asylum displace COVID-19 • migrant refugee asylum displace pandemic • migrant refugee asylum displace health emergency • migrant refugee asylum displace preparedness • migrant refugee asylum displace social determinant • migrant refugee asylum displace health determinant • migrant refugee asylum displace climate change • migrant refugee asylum displace environmental health
WHO	• migrant
ILO	• migrant health

UNICEF	Screen all of the child displacement publications section of the Office for Research – Innocenti website
IOM and UNHCR publications platform	● health
IFRC research and evaluation platform	● migrant ● refugee

Resource 3D. Example survey for funding bodies in health, migration and displacement

Name of agency organization or institution	
Name of focal point	Include email, department and division
At what levels do your funding activities take place? Please select all that apply	Options: global, regional, country level, local, other
Which regions, countries, local areas? (if applicable)	
What types of projects do you fund?	
What are your organization's areas of primary focus in public health and global health?	
What are your organization's current areas of work in relation to health, migration and displacement?	
Why is/is not health, migration and displacement a focus for your organization?	
Does your organization have any current organizational strategies that focus on/relate to health, migration and displacement?	Options: yes/no
Does your organization have any current funding opportunities that focus on/relate to health, migration and displacement research?	Options: yes/no
How is health, migration and displacement integrated into your strategies/funding schemes? e.g. is it a standalone work stream, a subtheme under other themes such as health emergencies/sustainable development/marginalized populations?	
Is there flexibility in your research funding schemes to incorporate more of a focus on health, migration and displacement in future?	Options: yes/no
If yes, how?	

Does your organization have a particular interest in any of the Triple Billion Targets within health, migration and displacement research? Select all that apply	Options: universal health coverage, health emergencies, healthier populations
How might our research agenda on health, migration and displacement be useful to your organization?	
What outputs from the research agenda would be most useful to your work? (e.g. tools that can help guide ethical, transparent and needs-driven decision-making when allocating funding for health, migration and displacement research)	
What actions do you think we need to undertake to best ensure that the priorities set out in our research agenda are operationalized by your organization and funding bodies in general?	
Do you have any feedback from the recent meeting concerning the development of a research agenda on health, migration and displacement?	
If you'd like to continue to be involved in the development/implementation of the agenda, please provide your contact details	

Resource 3E. Example survey for public health institutions

Name of agency organization or institution	
Name of focal point	Include email, department and division
Does your organization have a specific office or department that conducts research or policy development in health, migration and displacement? (Y/N)	
If yes, what is the name of this research department/office and relevant contact information	
Does your organization have individuals or teams specifically involved in research activities related to health, migration and displacement?	Options: yes, a specific team dedicated to health, migration and displacement research; yes, individuals within team(s); No
Please list the relevant individual(s) and/or team(s) within your organization whose remit includes research related activities related to health, migration and displacement, including the contact details of a key contact person within each of the teams that you mention if relevant	
If research related activities on the topic of health, migration and displacement are situated within wider/other teams within your organization (i.e. there is no specific team dedicated to this topic), how is health, migration and displacement research integrated into the work of these other teams?	
Please indicate what type of research activities related to health, migration and displacement your organization engages with. Select all that apply.	Options include: directly conducting research (qualitative, quantitative, mixed methods); directly conducting implementation research; convening stakeholders to support research; capacity-building research for health, migration and displacement in region/country; translating research into policy and practice; evaluating policies, supporting others (ministries of health, governments etc.); using research to inform funding activities; using research to inform programme development; evaluation and data gathering on access health services; development of evidence-informed guidelines; other
At what levels do these research/policy development related activities take place? Please select all that apply	Options: global, regional, country level, local, other
Which regions, countries, local areas? (if applicable)	
Please provide a brief description of and any relevant links to, the research/policy/training/guidance related activities in the field of health, migration and displacement that your organization is currently working on or has completed in the last 5 years (e.g. themes, migrant groups, regions)	
Please provide a brief description of the research/policy/training/guidance related activities in the field of health, migration and displacement that your organization has planned or intends to plan for the future (e.g. themes, migrant groups)	

Is your organization already partnering with other organizations in research or other activities related to health, migration and displacement? If yes, which activities and with which organizations are you partnering?	
What do you see as possible areas of collaboration in the area of health, migration and displacement ?	
Please rate how important research/evidence production on each of the Triple Billion Targets is in relation to your organization's work on health, migration and displacement	Likert scale: very important, important, fairly important, slightly important, not important at all Topics to rate on the Likert scale: Triple Billion Targets and any other areas of focus
Within the area of health, migration and displacement, which of the following subthemes within the Triple Billion Targets are in the scope of your organization's research related activities?	Options include any subthemes related to the Triple Billion Targets as they relate to migration.
Are there any topics that your organization is working on with regards to health, migration and displacement research that you feel do not fit within the Triple Billion Targets and subthemes listed above? If so, please describe them.	
Please share the titles of and web page links to any further key papers, reports and other publications that your organization has published in the area of health, migration and displacement research/ policy/guidance/training, that you have not already included above.	
Where can we find more information about any other useful publications in the area of health, migration and displacement research and policy that your organization has produced? Please share any relevant information and links	
Would you consent to your anonymised responses to this survey being used for research and/or publication purposes?	

Resource 4A. Example post consultation survey

Your full name	
Your contact details	
Name of your agency organization or institution	
Which of the technical consultation events did you attend? Please select all that apply	Options: list all of the events with dates
Do you have any general feedback on how these events were organized and executed?	
How could a research agenda on health and migration be useful to your organization? What would you such as to see as additional outputs (e.g. guidance, toolkits)?	
What actions do you think that we need to undertake to best ensure that the priorities set out in our research agenda are operationalized by your organization and other similar organizations?	
Please select which of the following engagement opportunities you would be involved with	Options: list the relevant upcoming events

Resource 6A. Example communications and engagement plan template

Indicator	Methods	Time frame
Publications	Publication of the research agenda	
	Publication of consultation meeting reports	
	Creation and publication of a series of toolkits and policy briefs (where appropriate)	
	Academic publications and associated commentaries (where appropriate)	
Media campaigns	Creation of media campaigns using visual modalities (e.g. video releases)	
	Press release and media outreach, email campaigns and social media campaigns (e.g. Twitter, LinkedIn)	
Stakeholder engagement and creation of research networks	Research agenda launch event or roundtable discussion	
	Webinar with key stakeholders who participated in the consultation process to discuss how the agenda could be implemented	
	Establishment of a research network at the region/country/local level	
	Follow-up roundtable discussions with funding bodies to establish joint priorities and outputs	
	Foster long-term partnerships with academic institutions and public health institutes	
	Engage with policy-makers to embed the research agenda priorities into policy frameworks, guidelines and strategies	

Resource 6B. Example monitoring and evaluation plan template

Indicator	Methods	Time frame
Support: Stakeholders' satisfaction with the agenda-setting process	Stakeholder online survey following publication	
	Online survey feedback from the public on the agenda-setting process and outcomes (optional)	
Awareness: Stakeholders' awareness of the agenda priorities	Review of number of page visits and publication downloads	
	Review of citations of the agenda and its corresponding academic publication(s) in peer-reviewed literature	
	Case studies derived from Global Research Network on health, migration and displacement evaluation roundtables	
Funding: Increase in funding directed towards the agenda priorities	Review of global research funding in health, migration and displacement, focusing on changes in funding amounts and research grants by region, funding bodies and agenda priorities	
Coordination: Increase in organizational strategies that align with the global agenda priorities	Review of organizational strategies from key funding bodies, United Nations agencies, civil society organizations and academic institutions	
Research: Increase in research outputs that map to agenda priorities	Bibliometric analysis of health, migration and displacement research	
	Mapping research outputs onto each of the agenda priorities	
Translation: New evidence-informed policies and programmes that align with agenda priorities	Review of citations of the agenda and its corresponding academic publication(s) in policy documents	
	Case studies derived from research network evaluation roundtables about how the agenda has been used in their policy and programmatic work	
	Synthesis of outcomes of implementation research identified from the bibliometric reviews	

Annex 2. Detailed methodology of the Global research agenda

This methodological annex outlines in more detail five of the six steps that were undertaken in the development of the WHO Global research agenda on health, migration and displacement: strengthening research and translating research priorities into policy and practice (the Global research agenda). Various steps were conducted concurrently and the findings from each step were iterative, further developing and refining the outputs of other steps.

Step 1. Research agenda planning and framing

Step 1 included an informal assessment of the global policy context in order to reach a set of strategic objectives and outputs for the Global research agenda. The WHO Department of Health and Migration created a governance structure for the development of the Global research agenda, established a Global research agenda technical advisory board and Research Agenda Coordination Team. The team considered the ethics and participatory framing of research agenda setting. A rapid scoping search for previous research agendas on health, migration and displacement was also conducted. This systematic search of Google and Google Scholar records was restricted to the last 10 years (2013–2023). A total of 400 records were screened and 21 relevant publications related to the development of research agendas on health, migration and displacement were identified.

Step 2. Stakeholder mapping and engagement

A multiphase stakeholder identification and selection process was undertaken. Stakeholders were initially mapped from a rapid review of literature on health, migration and displacement using a bibliometric methodology. Of the 4108 articles retrieved, 304 were screened to identify universities and academics actively working on relevant research within the 15 countries in each WHO region that had the greatest number of migrants, refugees and other displaced populations, according to the IOM World Migration Report 2022 (1). This was followed by open calls for academics and non-state actors, together with a panel selection process using clearly defined eligibility in line with WHO guidance on research priority setting (2). Academics were required to have a minimum of seven years' experience specializing in the field of health, migration and displacement and the selection of non-state actors prioritized those led by refugees and/or migrants. Nominations for research focal points were then requested from intergovernmental institutions, international organizations and United Nations agencies. Stakeholders who applied via the open calls were anonymised and assessed by a WHO panel for representation by gender, geography, migration context and high-, middle- and low-income settings. All undertook the relevant due diligence process.

After selection, a total of 181 stakeholders took part in research-agenda-setting activities from across academia, United Nations agencies, international organizations and civil society organizations (including NGOs) between September 2022 and June 2023. 38 were from WHO headquarters (of which 18 were from the Department of Health and Migration) and 34 external to WHO also had a global or interregional remit. 40 were from the WHO Region of the Americas, 21 from the WHO European Region, 16 from the WHO African Region, 13 from the WHO Eastern Mediterranean Region, 13 from the WHO Western Pacific region and 6 from the WHO South-East Asia Region. 113 were female and 68 male. There were more academics and United Nations agency/intergovernmental organizations in attendance at the joint stakeholder consultation events than non-state actors. The breakdown of stakeholder demographic details by activity is detailed in Table A2.1. Consultation 1 was with academic stakeholders, consultation 2 with intergovernmental institutions, international organizations and United Nations agencies, joint consultation 3 with all stakeholder groups and consultation 4 with civil society organizations. The ethics and implementation workshops were open to all stakeholders.

Table A2.1. Demographic details of stakeholders for each research-agenda-setting activity

	Overall	Consultation 1	Consultation 2	Consultation 3	Consultation 4	Ethics workshop	Implementation workshop	Delphi (completed both rounds)
Total number	181	72	35	103	23	35	41	60
Gender								
Female	113	47	17	63	13	23	28	31
Male	68	25	18	40	10	12	13	29
Geography*								
WHO headquarters	38	22	10	29	5	5	12	6
Other global/interregional	34	0	15	14	6	6	7	10
AFRO	16	6	3	7	2	2	2	7
AMRO	40	15	4	23	7	6	9	16
EMRO	13	9	2	5	0	2	1	3
EURO	21	9	1	14	1	8	4	11
SEARO	6	3	0	2	1	1	2	1
WPRO	13	8	0	9	1	5	5	6
Stakeholder type								
WHO Department of Health and Migration	18	17	8	16	5	3	6	N/A
Academia	62	41	N/A	32	N/A	17	13	25
United Nations agencies and intergovernmental organizations	66	14	26	32	N/A	9	15	19
Non-State actors	35	N/A	1	23	18	6	7	16

*AFRO=WHO African Region; AMRO=WHO Region of the Americas; EMRO=WHO Eastern Mediterranean Region; EURO=WHO European Region; SEARO=WHO South-East Asia Region; WPRO=WHO Western Pacific Region.

Step 3. Baseline assessment of knowledge

Rapid evidence reviews and survey data were used to conduct a baseline assessment of research on health, migration and displacement. This was the first step in identifying research topics and opportunities in the field. The methods and findings of the evidence reviews are summarized below.

A **rapid review of evidence reviews** published between 1 January 2018 and 20 September 2022 was conducted in September 2022. A review protocol and search strategy had input from the initial members of the Global research agenda technical advisory board. Of the 694 articles identified, 236 were selected for inclusion. Half were systematic reviews ($n = 117$, 50%) and the rest scoping reviews ($n = 71$, 30%), literature reviews ($n = 27$, 11%) and other types of reviews (e.g. mapping, integrative; $n = 21$, 9%). Most reviews focused on two topics: (i) health systems and access to health care for migrants, refugees and other displaced populations; and (ii) determinants of health, migration and displacement.

A **rapid review of grey literature** was conducted in January 2023 to identify evidence (and evidence gaps) on themes relating to the Triple Billion Targets — universal health coverage (UHC), health emergencies and healthier populations — published between 1 January 2018 and 31 December 2022. A review protocol and search strategy were pre-specified and approved by the Global research agenda technical advisory board.

Of the 1968 publications identified, 70 were selected for inclusion. The majority were mixed methods studies ($n = 24$, 34%), programme evaluations ($n = 12$, 17%) and survey studies ($n = 11$, 16%). Other types of studies included field reports, annual reports and desk reviews ($n = 23$, 33%). Most publications were on achieving UHC for migrants, refugees and other displaced populations ($n = 56$, 80%), generally on the specific topic of ensuring access to health care.

Step 4. Technical consultations with stakeholders

The findings from Step 3 were synthesized and discussed with stakeholders in four technical consultations:

- Consultation 1: academics (26 September 2022);
- Consultation 2: intergovernmental institutions, international organizations and United Nations agencies (13 February 2023);
- Consultation 3: joint session with all stakeholder groups (6 March 2023); and
- Consultation 4: civil society organizations (23 March 2023).

For each technical consultation, the discussions (both large group and small working group discussions) were recorded, professionally transcribed and analysed to identify the emerging research subthemes. An inductive approach was used to thematically analyse the discussions from consultations 1 and 2: the findings were used to develop the guiding questions for consultations 3 and 4, and subsequently framed the deductive analysis of findings for the later consultations.

From this step, three core research themes and two cross-cutting research themes were identified as the key areas that need to be addressed globally in order to strengthen research on health, migration and displacement. Within the three core themes, there were a total of 50 research subthemes identified that were then used in the prioritization process (Step 5).

Two informal workshops were also held with Global research agenda stakeholders in May 2023 to further explore the implementation and ethical considerations for the Global research agenda. Key funding bodies in global public health and with an interest in health, migration and displacement, including via the ESSENCE on Health Research network of research funders (3), were invited to an additional meeting to discuss the Global research agenda interim findings, implications for policy and practice and potential future areas of opportunities for strengthening funding of research on health, migration and displacement.

Step 5. Prioritization of research subthemes

Research subthemes identified under the three core themes in Step 4 were prioritized through a modified Delphi exercise. The two cross-cutting research themes were not considered appropriate to prioritize at global level; they may be appropriate for prioritization exercises in subsequent research agenda-setting exercises at regional and national levels. The WHO Department of Health and Migration conducted a modified Delphi exercise to build consensus and identify the highest-priority research subthemes from the large number of research subthemes identified through the technical consultations. The Delphi method is a recognized approach for eliciting expert judgements through an orderly sequence of information-gathering rounds, interspersed with feedback from respondents. The modified Delphi exercise for the Global research agenda took place across two rounds, using online questionnaires; collated feedback from the first round was used to inform judgements of participants in the second round.

Participants of the modified Delphi exercise were the members of the stakeholder groups who had been involved in the previous phases of the Global research agenda. The two rounds took place over approximately five weeks (between May and June 2023). Using purposive sampling to ensure regional representation, 114 stakeholders from the technical consultations were invited to participate in the modified Delphi exercise. These excluded those who had been identified in the research agenda-setting process methodology as potentially having a conflict of interest; for example, people working for funding agencies or members of the WHO Department of Health and Migration steering committee. Additionally, only one representative from each entity/organization was invited to participate in the prioritization to avoid duplication. Of the total 114 stakeholders, 61 completed both rounds of the survey; a 54% overall participation rate.

In round 1 of the Delphi exercise, participants were presented with a list of 50 research subthemes from the technical consultations. They rated each of the subthemes using six-point Likert scales on three dimensions, that were explained and defined in the detailed information material provided to all participants. These three dimensions were:

- likelihood of global public health impact for migrants, refugees and other displaced populations globally;
- feasibility of conducting research in the area within the next 5 years; and
- likelihood of implementing findings for policy and practice within the next 5 years.

Participants were invited to suggest new research subthemes if they felt that important subthemes had not been captured in the original list and to make any comments on why they chose their ratings. Ratings were averaged across all three dimensions and the research subthemes were re-ordered from high to low priority. Any new subthemes were reviewed by the Research Agenda Coordination Team before being added to round 2.

In round 2 of the Delphi, the participants were asked to vote for the five subthemes they considered the most important research subthemes at the global level under each core theme. Votes from round 2 were used to produce a final ranked list of research subthemes for each core theme. The two highest-ranked priority research subthemes were identified from each core theme (resulting in the six priority research subthemes). The high degree of engagement from participants across both rounds of the survey and the breadth of representation by gender, geographical location and type of stakeholder group provided a high degree of confidence in the findings. The process also generated focused, qualitative feedback from participants on the likely global public health benefits, technical feasibility of delivery and potential policy impact of positive research findings against each of the identified research subthemes that may inform future implementation efforts.

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¹ All references were accessed 23 August 2023.

Annex 3. Challenges and opportunities identified for strengthening equitable and inclusive health, migration and displacement research collaborations and knowledge translation into policy and practice

Table A3.1. Challenges and opportunities for strengthening equitable and inclusive health, migration and displacement research collaborations and for knowledge translation into policy and practice at the global, regional and national levels

Theme	Challenges	Opportunities
1. Governance and stewardship of research	Lack of global leadership and oversight Lack of goal alignment between stakeholders Few collaborations beyond the existing research and policy networks Lack of unified terminology and definitions Limited dissemination of research findings globally, exacerbated by language barriers	Create an interagency health, migration and displacement research working group and network Create a roadmap to apply the Global research agenda in different contexts at the regional and national levels Develop a shared understanding of concepts and definitions in this research field
2. Data collection and knowledge exchange	Limited availability, granularity, quality and comparability of data sources Challenges in accessing migration-related data Navigating the legal and ethical considerations (e.g. informed consent, open access data, data sharing, maintaining anonymity for migrant groups who may not want their data shared) Lack of trust and sustainable partnerships with migrant communities for collecting good quality data Language and cultural barriers to data collection Time cost of collecting data Achieving a balance between qualitative, quantitative and mixed methods research	Create knowledge exchange platforms and networks, including linking with existing platforms and networks such as the IOM Migration Health Research Portal and the Migration Health and Development Global Scholars Network (MHADRI) Link multiple data sources globally and integrate migration data into health care information systems Facilitate linkage and standardization of data collection across organizations through institutional collaborations Harmonize and share data between organizations, agencies and researchers Support the development of data infrastructure on health, migration and displacement Include up-to-date data on migrant populations when developing risk and hazard metrics

3. Sustainable funding mechanisms for research that reflect the needs of migrants, refugees and other displaced populations	Short-term and donor-driven funding that does not always align with the needs of migrant communities Funding siloes that create divisions between national and global research Lack of implementation of equitable and participatory approaches to identify funding needs Dominance of vertical approaches to global health and development (e.g. disease-specific programmes) that do not consider the wider needs of populations Oversight of funding mechanisms – need to be transparent, politically neutral and independent Limited capacity and resources to conduct research	Create networking opportunities to leverage shared resources Break down funding siloes to reduce duplication of research efforts and maximize the return on investment Utilize participatory approaches to identify funding needs Facilitate goal alignment with research priorities of other/broader population groups Focus on common humanity as a step towards de-politicizing the topic of migration
4. Harnessing policy levers for translating evidence into policy and practice	Lack of alignment between current evidence and priority questions for policy-makers, resulting in a lack of political interest or will to translate knowledge into policy and practice Lack of meaningful engagement between researchers and policy-makers, relevant government agencies and migrant communities at all levels of the agenda-setting and implementation process Competition between research stakeholders for political engagement and funding Navigating the highly politicized landscape of health, migration and displacement research	Undertake early and continuous engagement with policy-makers Leverage existing partnerships and strengthen knowledge translation platforms Use the Global research agenda to build consensus, commitment and political attention Develop a more permanent network of policy influencers to mitigate short political cycles Build positive relationships with the media and the public to influence the narrative and build awareness Encourage research institutions to support open calls for research in this field
5. Implementing and translating the Global research agenda at the regional and national levels	Limited research capacity and capability particularly in some LMIC contexts, in terms of research methodologies, ethical aspects, community engagement and advocacy for grass roots empowerment Power imbalances between low-, middle- and high-income countries, particularly in terms of resources and capacities Risk of causing harm to migrant communities through research Lack of clear entry points for cross-sectoral collaborations	Support the development of research capacity and infrastructure in the Global South Ensure bidirectional approaches to regional and national research agenda setting Support countries to develop cross-border research agendas Develop contextualized and local solutions to global challenges, recognizing there is no one-size-fits-all solution

Annex 4. Global research agenda policy linkages

The 2030 Agenda for Sustainable Development (1) and the Sustainable Development Goals (SDGs) identified migration as a driver and enhancer of sustainable development and several SDGs implicitly include aspects relevant to realization of health, migration and displacement objectives at the multisectoral level.¹ In particular, SDG target 3.8 calls for universal health coverage (UHC) (2), which can only be achieved when all people have equitable access to health services, including migrants, refugees and other displaced populations. SDG target 10.7 calls for well-governed migration (3), which implies that recognizing and meeting the health needs of both migrants and host communities are prerequisites for sustainable social and economic development. These needs are recognized in the objectives of the Global Compact for Safe, Orderly and Regular Migration (GCM) (4) and the Global Compact on Refugees (GCR) (5). Objective 15 of the Global Compact for Safe, Orderly and Regular Migration specifically refers to health (i.e. provide access to basic services for migrants) and several other objectives are relevant to health. These objectives form the basis of the interagency collaboration and joint working plans within the United Nations Network on Migration (6), which has knowledge and capacity development at its core. Similarly, the Comprehensive Refugee Response Framework, formulated in 2016, provides pragmatic and socially inclusive guidelines, some of which can be applied to a wide variety of migration and displacement contexts (7) and the Global Compact on Refugees emphasizes the need to:

expand and enhance the quality of national health systems to facilitate access by refugees and host communities, including women and girls; children, adolescents and young people; older people; those with chronic illness, including tuberculosis and HIV; survivors of trafficking in people, torture, trauma or violence including sexual and gender-based violence; and people with disabilities.

At the Seventy-second World Health Assembly in 2019, Member States agreed on a 5-year Global action plan on promoting the health of refugees and migrants (GAP), 2019–2030 (8), aligned with global frameworks.² The GAP asserts the need to improve the health and well-being of migrants, refugees and other displaced populations by focusing on achieving UHC and the highest-attainable standard of health for all populations through multisectoral action. It set out six priority areas of action and several objectives for WHO work in the field of refugee and migrant health.

Table A4.1 below demonstrates the linkage of the Global research agenda priority themes with policy priorities, targets and objectives.

¹ SDG 1, No poverty; SDG 3, Good health and well-being; SDG 5, Gender equality; SDG 8, Decent work and economic growth; SDG 10, Reduced inequalities; SDG 11, Sustainable cities and communities; SDG 13, Climate action; SDG 16, Peace, justice and strong institutions; and SDG 17 Partnership for the goals.

² This was following the Framework of Priorities and Guiding principles on *Promoting the Health of Migrants, refugees and other displaced populations developed in consultation and partnership between WHO, IOM, UNHCR and supporting Governments and other parties, and presented at the Seventieth WHA in 2017 to ensure that health aspects of migrants, refugees and other displaced populations were adequately addressed in the Global Compacts being discussed at the UNGA.*

Table A4.1. Linking the Global research agenda core research themes with GAP priorities, the SDG Targets, GCM Objectives and GCR health-related articles

GRA core themes	GRA subthemes	GAP Priority	SDG Target	GCM	GCR
GRA core theme 1 Generate evidence on refugee-and migrant-inclusive universal health coverage (UHC) and primary health care (PHC)	How government spending impacts on living conditions and health care provision in immigration detention and camp settings, including subsequent impacts on the health outcomes of migrants, refugees and other displaced populations	3	10.7	Obj. 13	Art. 72
	★ Effective models of health financing for refugees, migrants and other displaced populations	3	3.8	Obj.15	Art. 72
	Effective models of providing cross-border health entitlements, including health insurance portability	2	1.3	Obj.15	Art. 72
	Cost-effectiveness of healthcare integration policies for migrants, refugees and other displaced populations	3	10.7	Obj.15	Art. 72
	Good practices in resource allocation for achieving equity in health entitlements for migrants, refugees, other displaced populations and receiving communities in vulnerable situations	3	10.7	Obj.16	Art. 72
	Comparative analysis of national policies concerning migrants and displaced populations vs citizens	3	10.7	Obj.16	Art. 72
	Migrants', refugees' and other displaced populations' access to services delivered by allied health and other health care professionals (for example, but not limited to, community nurses, physiotherapists, speech and language therapists, dentists)	3	3.8	Obj.15	Art. 73
	Migrants', refugees' and other displaced populations' experiences of utilizing health care in various contexts	3	3.8	Obj.15	Art. 72
	Healthcare workforce issues as pertains to displacement and migration (for example, but not limited to, migration flows of health care workers)	3	3.c	Obj. 7	Art. 73

GRA core theme	GRA subthemes	GAP Priority	SDG Target	GCM	GCR
GRA core theme 1 Generate evidence on refugee- and migrant-inclusive UHC and PHC	Cross-sectoral approaches and solutions facilitating health care access, including those based on the right to health	4	3.8	Obj.15	Art. 72
	Effective models of and interventions for health care navigation (for example, but not limited to, social prescribing, care coordinators)	3	3.8	Obj. 3	Art. 73
	Effective models of continuity of care and cross-border case management along the migration phases (for example, but not limited to, NCDs)	2	3.1, 3.2, 3.3, 3.4, 3.9	Obj.15	Art. 72
	Effective models of health service delivery for migrants, refugees and other displaced populations in LMICs	3	3.8	Obj.15	Art. 72
	Expansion of scope of work for community health workers serving migrants, refugees and other displaced populations (for example, but not limited to, task-shifting, but also other functions such as child protection, safeguarding, social welfare)	3	3.8	Obj.16	Art. 73
	★ Interventions to improve the responsiveness of service provision to diversity (for example, but not limited to, cultural background, language, religion, gender and sexuality)	3	3.8	Obj.15	Art. 72
	Effective strategies for health care provision in mixed migration contexts where there is a diverse set of cultural and linguistic considerations to be addressed	3	3.8	Obj.15	Art. 72
	Impact of and models for enhancing health literacy	4	3.8	Obj.7	Art. 73
	Digital solutions for enhanced access to healthcare (for example, but not limited to, digital records, telehealth, digital literacy)	3	3.8	Obj.15	Art. 72
	Effectiveness of parallel vs integrated models of health care delivery for migrants, refugees and other displaced populations in different contexts	3	3.8	Obj.15	Art. 72
	Quantify the burden of disease among refugees, migrants and other displaced populations (for example, but not limited to, communicable and non-communicable diseases)	1	3.1, 3.2, 3.3, 3.4, 3.9	Obj.7	Art. 72

GRA core theme	GRA subthemes	GAP Priority	SDG Target	GCM	GCR
GRA core theme 1 Generate evidence on refugee-and migrant-inclusive UHC and PHC	Disease-specific epidemiology for refugees, migrants and other displaced populations and changes in these over time	1	3.1, 3.2, 3.3, 3.4.3.9	Obj.7	Art. 73
	Ways in which health and disease are conceptualised and expressed differently by people from different cultural backgrounds	3	3.8	Obj.15	Art. 72
	Effective/ethical methods to conduct pre-departure/pre-entry health screenings to identify health needs before arrival into destination country	2	3.1, 3.2, 3.3, 3.4.3.9	Obj.12	Art. 73
	Effects on the health, mental and physical, of family members and loved ones of migrants, refugees and other displaced populations who go missing or who die in the course of or following a migration journey	2	3.1, 3.2, 3.3, 3.4, 3.9	Obj.8	Art. 73
	Means by which migrants, refugees and other displaced populations care for themselves (which may include accessing alternative sources of care outside mainstream health service providers; use of self-care or self-management approaches; qualified refugee/migrant/displaced health care workers providing care themselves; and others)	3	3.1, 3.2, 3.3, 3.4, 3.9	Obj.7	Art. 73
	Expansion of scope of work for community health workers serving migrants, refugees and other displaced populations (for example, but not limited to, task-shifting, but also other functions such as child protection, safeguarding, social welfare)	3	3.c	Obj.16	Art. 73
GRA core theme 2 Improve knowledge generation on inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies	Economic and public health implications of preventative vs curative care for migrants, refugees and other displaced populations in humanitarian settings	4	3.8	Obj.15	Art. 72
	★ Effective and sustainable models of health care for migrants, refugees and other displaced populations in humanitarian settings in LMICs and fragile contexts	2	3.8	Obj.15	Art. 72
	Health needs of migrants, refugees and other displaced populations prior to onset of emergencies and how these are integrated into emergency preparedness and response planning	3	3.3	Obj.7	Art. 72
	Impact of communicable disease outbreaks on health outcomes and health needs for migrants, refugees and other displaced populations, in addition to COVID-19 (for example, but not limited to, waterborne diseases, Ebola)	1	3.3	Obj.7	Art. 72

GRA core theme	GRA subthemes	GAP Priority	SDG Target	GCM	GCR
GRA core theme 2 Improve knowledge generation on inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies	Impact of sociopolitical factors in the delivery of health services to migrants, refugees and other displaced populations in health crisis situations	4	3.3	Obj.15	Art. 72
	New models of care brought about by the COVID-19 pandemic and other epidemics	1	1.5	Obj.7	Art. 72
	★ Effective models of UHC in protracted displacement contexts	1	3.8	Obj.15	Art. 72
	Effective mechanisms of global governance for migration during health emergencies	1	10.7	Obj.15	Art. 72
	Analysis of modalities and health outcomes in the implementation of policies that include migrants, refugees and other displaced populations in emergency preparedness and response	1	10.7	Obj.7	Art. 72
	Implementation and effect of practices linking humanitarian and development (nexus) in the context of displacement and migration	4	17.14	Obj.16	Art. 72
GRA core theme 3 Generate multisector research on addressing the determinants of health of migrants, refugees and other displaced populations	Implications and impact of climate change on migration and displacement and subsequent individual- and population-level health	4	13.2	Obj.7	Art. 72
	Impact of environmental changes, water and food security on health, migration and displacement	4	3.9	Obj.7	Art. 72
	Impact of social safety nets on the health of migrants, refugees and other displaced populations	2	1.3	Obj.16	Art. 72
	Impact of the socio-legal-political context (including, but not limited to, politics, political rhetoric and legal frameworks) on health, migration and displacement	4	17.4	Obj. 17	Art. 72
	Impact of discrimination and marginalization (including, but not limited to, xenophobia, racism, transphobia) on health, migration and displacement	3	10.7	Obj. 17	Art. 72
	★ Impact of restrictive migration policies, securitization and externalization of borders on the health of migrants, refugees and other displaced populations	4	10.7	Obj.7	Art. 72

GRA core theme	GRA subthemes	GAP Priority	SDG Target	GCM	GCR
GRA core theme 3 Generate multisector research on addressing the determinants of health of migrants, refugees and other displaced populations	Impact of language and cultural backgrounds on migrants', refugees' and other displaced populations' ability to participate in community and other activities, and the effects of this on subsequent health outcomes	4	3.8	Obj.15	Art. 72
	Impact of social integration policies and programmes on health, migration and displacement	4	10.7	Obj.16	Art. 72
	★ Impact of living and working conditions on the health of migrants, refugees and other displaced populations	4	8.8	Obj.6	Art. 72
	Impact of migration/displacement on the health of receiving communities	4	11.9	Obj.16	Art. 73
	Quality of care as a determinant of the health of migrants, refugees and other displaced populations	4	3.8	Obj.15	Art. 72
	Health-related drivers of migration	4	10.7	Obj.7	/
	Understand and document the impact of governance mechanisms and multisectoral engagement on the health of migrants, refugees and other displaced populations	4	17.14	Obj.15	Art. 73
	Most effective mechanisms for improving health and migration governance for health systems strengthening at a global level	4	3.8	Obj.15	Art. 73
	Long-term costs of the negative impact on mental health (including, but limited to, psychiatric and psychological treatment, disability related limitations)	1	3.4	Obj.7	Art. 73
	Impact of remittances on the health of left-behind families	4	1.3	Obj.20	/
	Effective multisectoral approaches to the promotion of migrants', refugees' and other displaced populations' health	4	17.17	Obj.23	Art. 72

Research priorities key

★ Top two priority research subthemes under each core research theme

GAP Priorities Global action plan to promote the health of refugees and migrants	Priority 1	Reduce mortality and morbidity among migrants, refugees and other displaced populations through short- and long-term health interventions
	Priority 2	Promote continuity and quality of care, while developing, reinforcing and implementing occupational health and safety measures
	Priority 3	Advocate mainstreaming refugee and migrant-sensitive health policies, legal and social protection and gender equality, including interventions to protect and improve the health and well-being of women, children and adolescents living in refugee and migrant settings; and promote partnership and intersectoral, intercountry and interagency coordination and collaboration mechanism in global, regional and country agendas
	Priority 4	Enhance the capacity to tackle the social determinants of health and accelerate progress towards achieving the Sustainable Development Goals, including universal health coverage
	Priority 5	Support measures to improve communication and counter xenophobia
	Priority 6	Strengthen health monitoring and health information systems
SDGs – Sustainable Development Goals		
SDG 1. No Poverty	Target 1.3	Implement social protection systems including floors and achieve sustainable coverage of the poor and vulnerable
	Target 1.5	Strengthen resilience of the poor and most vulnerable to economic, social and environmental shocks and disasters
SDG 3. Good Health and Well-being	Target 3.1/3.2	Reduce maternal, newborn and child mortality
	Target 3.3	End the epidemics of communicable diseases
	Target 3.4	Reduce premature mortality from noncommunicable diseases and mental health
	Target 3.8	Achieve UHC
	Target 3.9	Reduce death and illnesses from environmental exposures
	Target 3.c	Increase health financing and establish a sufficient health workforce in developing countries
SDG 8. Decent work and Economic Growth	Target 8.8	Protect labour rights and promote safe working environment
SDG.10 Reduced Inequality	Target 10.7	Orderly and safe migration through well-managed migration policies
SDG 11. Sustainable Cities and Communities	Target 11.3	By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
	Target 11.9	Implement policies for inclusion, resource efficiency and disaster risk reduction
SDG 13. Climate Action	Target 13.2	Integrate climate change measures into policies and planning
SDG 17. Partnerships for the Goals	Target 17.14.	Enhance policy coherence for sustainable development
	Target 17.17	Encourage and promote effective public, public- private and civil society partnerships, building on the experience and resourcing strategies of partnerships

GCM – Global Compact for Safe, Orderly and Regular Migration	
Objective 3	Provide accurate and timely information at all stages of migration
Objective 6	Facilitate fair and ethical recruitment and safeguard conditions that ensure decent work
Objective 7	Address and reduce vulnerabilities in migration
Objective 8	Save lives and establish coordinated international efforts on missing migrants
Objective 12	Strengthen certainty and predictability in migration procedures for appropriate screening, assessment and referral
Objective 13	Use immigration detention only as a measure of last resort and work towards alternatives
Objective 15	Provide access to basic services for migrants
Objective 16	Empower migrants and societies to realize full inclusion and social cohesion
Objective 17	Eliminate all forms of discrimination and promote evidence-informed public discourse to shape perceptions of migration
Objective 20	Promote faster, safer and cheaper transfer of remittances and foster financial inclusion of migrants
Objective 23	Strengthen international cooperation and global partnership for safe orderly and regular migration
GCR – Global Compact on Refugees	
Article 72	“expand and enhance quality of national health systems to facilitate access by refugees and host communities, including women and girls; children, adolescents and young people; older people; those with chronic illness, including tuberculosis and HIV; survivors of trafficking in people, torture, trauma or violence, including sexual and gender-based violence; and people with disabilities”
Article 73	“build and equip health facilities or strengthen services, including through capacity development and training opportunities for refugees and members of host communities who are or could be engaged as health care workers”; “Disease prevention, immunization services and health promotion activities”; “access to adequate quantities of medicines, medical supplies, vaccines, diagnostics and preventive commodities”

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¹ All references were accessed 23 August 2023.

Annex 5. Global research agenda: proposed monitoring and evaluation plan

Table A5.1 Proposed monitoring and evaluation plan by WHO Department of Health and Migration

Indicator	Methods	Time frame
Support: stakeholder satisfaction with the agenda-setting process	Online survey for stakeholders immediately following publication of the GRA	Short term
	Biennial online surveys to provide feedback from academia, CSOs, Member States and United Nations agencies on the agenda-setting process and outcomes	Long term
Awareness: stakeholder awareness of GRA priorities	Annual review of the number of web page visits and publication downloads	Medium term
	Annual review of citations of the GRA and related academic publication(s) in peer-reviewed and grey literature	Medium term
	Case studies derived from annual GRN evaluation round tables	Medium term
Funding: increase in funding directed towards GRA priorities	Annual review of global research funding in health, migration and displacement, focusing on changes in funding amounts and research grants (as outlined in Box 8 of the main GRA document)	Medium term
	Development of methods to expand the number of funding bodies reviewed and incorporating regional and national funding data, based on a biennial funders' round table and iterative updates to the funding review dashboard methodology in partnership with the Research for Health Department (As outlined in Box 8 of the main GRA document).	Long term
Coordination: increase in regional and national research agendas and organizational strategies that align with GRA priorities	Ongoing formulation of regional and national research agendas on health, migration and displacement, with biennial reviews	Short–long term
	Annual review of organizational strategies from key funding bodies: academic institutions, CSOs and United Nations agencies	Medium term
Research: increase in research outputs that map to GRA priorities, including increase in PHR in the field of migration and displacement	Bibliometric analysis of health, migration and displacement research, with annual reviews in partnership with other key organizations and United Nations agencies	Medium term
	Biennial reviews mapping research outputs onto each GRA priority	Long term
Translation: new evidence-informed policies and programmes that align with GRA priorities	Biennial reviews of citations of the GRA and related academic publication(s) in policy documents	Long term
	Case studies derived from annual GRN evaluation round tables and other WHO Department of Health and Migration work on how the GRA has been used in policy and programmatic work	Medium term
	Biennial synthesis and reporting of outcomes of implementation research identified from literature reviews	Long term

CSO: civil society organization; GRA: Global research agenda; GRN: Global Research Network on health, migration and displacement; PHR: Participatory health research

Annex 6. List of stakeholders involved in different phases of the Global research agenda

Technical consultation with academics, 26 September 2022

WHO Department of Health and Migration: Khawla Nasser Aldeen, Camila Polinori Castro, Mohammad Darwish, Cetin Dikmen, Aarti Garg, Rifat Houssain, Palmira Imodoro, Kanokporn Kaojaroen, Joowon Kim, Rita Sá Machado, Daniel Mic, Davide Mosca, Miriam Orcutt, Ana Cristina Sedas, Santino Severoni, Sarah Shanks, Claire Zhang.

WHO Headquarters: Sarah Charnaud, Tanja Kuchenmuller, John Reeder, Ulrike Schwerdtfeger, Rob Terry.

WHO regional offices: WHO Regional Office for the Americas: Celso Bambaren, Orielle Solar Hormazabal; WHO Regional Office for the Eastern Mediterranean: Ali Ardalán, Ahmed Mandil; WHO Regional Office for Europe: Katharina Rumpf; WHO Regional Office for the Western Pacific: Tsering Lama, Ada Moadsiri; WHO Regional Office for South-East Asia: Lin Aung (previous WHO Coordinator).

UN agencies: United Nations Office for Project Services: Timo Schmidt.

Individual researchers: Sawsan Abdulrahim (American University of Beirut, Lebanon), Kaosar Afsana (BRAC University, Bangladesh), Ietza Bojorquez (El Colegio de la Frontera Norte, Mexico), Baltica Cabieses (Universidad del Desarrollo de Chile, Chile), Mark Collinson (South African Population Research Infrastructure Network, South Africa), Kathleen Cravero (City University of New York, United States), Jocelyn DeJong (American University of Beirut, Lebanon), Jasmin Lilian Diab (Lebanese American University, Lebanon), Sibonginkosi Dunjana (University of Witwatersrand, South Africa), Fouad Fouad (American University of Beirut, Lebanon), Jane Freedman (Université Paris 8, France), Jessica Goodkind (University of New Mexico, United States), Lawrence Gostin (Georgetown University Law Center, United States), Renzo Guinto (St. Luke's Medical Center College of Medicine, Philippines), Astrid Guttmann (Institute for Clinical Evaluative Sciences, Canada), Anita Heywood (University of New South Wales, Australia), Seth Holmes (University of California, Berkeley, United States), Michaela Hynie (York University, Canada), Cesar Infante (Instituto Nacional de Salud Pública de México, Mexico), Gunisha Kaur (Weill Cornell Medicine, United States), Ilker Kayi (Koc University School of Medicine, Türkiye), Michael Knipper (University of Gießen, Germany), Bernadette Kumar (Norwegian Institute of Public Health, Norway), Tharani Loganathan (University of Malaya, Lebanon), Nyovani Madise (African Institute for Development Policy, Malawi), Jaime Miranda (Universidad Peruana Cayetano Heredia, Peru), William Mude (Central Queensland University, Australia), Jackline Mosinya Nyaberi (Jomo Kenyatta University of Agriculture and Technology, Kenya), Ade Prastyani (independent researcher), Veronica Ramirez (University of Asia and the Pacific, Philippines), Andrea Avaria Saavedra (Universidad Autónoma de Chile, Chile), Malabika Sarker (BRAC University, Bangladesh), Kalyango Sebba (Dswsa Makerere University, Uganda), Syed Shah (United Arab Emirates University, United Arab Emirates), Amirhossein Takian (Tehran University of Medical Sciences, Iran), Irene Torres (Fundacion Octaedro, Ecuador), Jo Vearey (University of the Witwatersrand, South Africa), Abbas Ostad Taghi Zadeh (Tehran University of Medical Sciences, Iran), Monette Zard (Columbia University, United States).

WHO Collaborating Centres

University of Limerick, Ireland: Ailish Hannigan, Anne MacFarlane.

Technical consultation with UN agencies, intergovernmental and international organizations, 13 February 2023

WHO Department of Health and Migration: Cetin Dikmen, Sylvia Garry, Rita Sá Machado, Davide Mosca, Miriam Orcutt, Ana Cristina Sedas, Santino Severoni, Claire Zhang.

WHO headquarters: Tanja Kuchenmuller, John Reeder.

WHO regional offices: WHO Regional Office for the Eastern Mediterranean: Ali Ardalán, Tonia Rifaey.

UN agencies: International Organization for Migration: Sweetmavourneen Agan, Mary Ann Bautista, Janice Lopez, Kolitha Wickramage; Joint United Nations Programme on HIV/AIDS: Matthew Kavanagh; UN Foundation: Dana McLaughlin; United Nations Children's Fund: Ralf Moreno, Daniela Knoppik; United Nations Department of Economic and Social Affairs: Clare Menozzi; United Nations High Commissioner for Refugees: Allen G.K. Maina; United Nations Human Settlements Programme: Graham Alabaster; United Nations Office for Project Services: Timo Schmidt; United Nations Office on Drugs and Crime: Ilir Boci; United Nations Population Fund: Sandile Simelane; United Nations University: Rajat Khosla.

Other international organisations and inter-governmental institutions: Africa Centres for Disease Control and Prevention, Ethiopia: Elvis Temfack; African Union Commission, Ethiopia: Evelyne Nkeng Peh; Centers for Disease Control and Prevention, Kenya: Rachel Barwick Eidex; Gavi, Switzerland: Hope Johnson; Inter-American Development Bank, United States: Felipe Muñoz Gomez, José Luis Ortiz; Intergovernmental Authority on Development, United States: Girmu Hailu Maheteme; International Federation of Red Cross and Red Crescent Societies, Switzerland: Lasha Gogadze.

Technical consultation with all stakeholders, 6 March 2023

WHO Department of Health and Migration: Khawla Nasser Aldeen, Camila Polinori Castro, Mohammad Darwish, Cetin Dikmen, Aarti Garg, Sylvia Garry, Rifat Houssain, Kanokporn Kaojaroen, Joowon Kim, Rita Sá Machado, Daniel Mic, Davide Mosca, Miriam Orcutt, Ana Cristina Sedas, Santino Severoni, Sarah Shanks.

WHO Headquarters: Pedro Albajar, Naomi Beyeler, Rebecca Gribble, Katherine Littler, Agya Mahat, Antons Mozalevskis, Aasa Hanna Mari Nihlen, John Reeder, Christian Schweizer, Ulrike Schwerdtfeger, Rob Terry, Klara Tisocki, Kerri Viney.

WHO regional offices: WHO Regional Office for Europe: Katharina Rumpf; WHO Regional Office for South-East Asia: Sugi Perera; WHO Regional Office for the Americas: Gisele Almeida, Orielle Solar Hormazabal; WHO Regional Office for the Western Pacific: Tsering Lama.

UN agencies: International Organization for Migration: Kolitha Wickramage; UN Foundation: Dana McLaughlin; United Nations Children's Fund: Ralf Moreno, Daniela Knoppik; United Nations Office for Project Services: Timo Schmidt; United Nations Office on Drugs and Crime: Ilir Boci; United Nations Population Fund: Sandile Simelane; World Bank: Sonia Plaza.

Other international organisations, inter-governmental institutions and civil society organisations: **Africa Centres for Disease Control and Prevention, Ethiopia:** Elvis Temfack; Agency for Migration and Adaptation, Czech Republic: Elena Tulupova; Assistance to Families and Victims of Clandestine Migrations, Cameroon: Wamba André Le Doux; Association Kirikou Maroc, Morocco: Diop Mountaga Massaba; Boston Health Care for the Homeless, United States: Maggie Sullivan; Canadian Collaboration of Immigrant and Refugee Health, Canada: Doug Gruner; Center for Health and Migration, Austria: Ursula Trummer; Center for Migration, Gender, and Justice, United States: Lara-Zuzan Golesorkhi; Centers for Disease Control and Prevention, Kenya: Rachel Barwick Eidex; Co-ordination of Action Research on AIDS and Mobility Asia, Malaysia: Musarrat Perveen; Eastern Mediterranean Public Health Network, Jordan: Yousef Khader; Global Detention Project, Switzerland: Michael Flynn; Inter-American Development Bank, United States: Felipe Muñoz Gomez, José Luis Ortiz; International Commission on Occupational Health, Italy:

Diana Gagliardi; International Federation of Red Cross and Red Crescent Societies, Switzerland: Lasha Gogadze; International Planned Parenthood Federation, United Kingdom: Julie Taft; International Rescue Committee, United States: Nathaly Spilotros; INTERSOS Hellas, Greece: Apostolos Veizis; Médecins Sans Frontières, Jordan: Federica Zamatto; Refugee Health Alliance, Mexico: Karina Anaya, Hannah Janeway, Psyche Calderon Vargas; Save the Children, Malaysia: Ayesha Kadir; Sociedad Ecuatoriana de Salud de la Migración, Ecuador: Johanna Montalvo Vázquez; The Canada International Scientific Exchange Program, Canada: Shawna Novak; Uluslararası Doktorlar Derneği, Türkiye: Gülçin Şahin; World Organization of Family Doctors, Belgium: Rita Aguiar, Aaron Poppleton.

Individual researchers: Chukwuedozie Ajaero (University of Nigeria Nsukka, Nigeria), Thalia Arawi (American University of Beirut, Lebanon), Philippe Bocquier (Université Catholique de Louvain, Belgium), Baltica Cabieses (Universidad del Desarrollo de Chile, Chile), Marie Dauvin (Université Catholique de Louvain and Belgian Health Care Knowledge Centre, Belgium), Ilse Derluyn (Ghent University, Belgium), Fouad Fouad (American University of Beirut, Lebanon), Renzo Guinto (St. Luke's Medical Center College of Medicine, Philippines), Issaka Maga Hamidou (Université Abdou Moumouni de Niamey, Niger), Charles Hui (University of Ottawa, Canada), Arash Javanbakht (Wayne State University, United States), Anuj Kapilashrami (University of Essex, United Kingdom), Gunisha Kaur (Weill Cornell Medicine, United States), Michael Knipper (University of Gießen, Germany), Bernadette Kumar (Norwegian Institute of Public Health, Norway), Tharani Loganathan (University of Malaya, Lebanon), William Mude (Central Queensland University, Australia), Veronica Ramirez (University of Asia and the Pacific, Philippines), Bukola Oladunni Salami (University of Alberta), Malabika Sarker (BRAC University, Bangladesh), Syed Shah (United Arab Emirates University, United Arab Emirates), Paul Spiegel (Johns Hopkins Center for Humanitarian Health, United States), Jinan Usta (American University of Beirut, Lebanon), Masako Tanaka (Sophia University, Japan), Jo Vearey (University of the Witwatersrand, South Africa), Voo Teck Chuan (National University of Singapore, Singapore), Andrea L. Wirtz (Johns Hopkins Bloomberg School of Public Health, United States).

WHO Collaborating Centres

National Institute for Health, Migration and Poverty, Italy: Alessandra Diodati, Leucone Grazia Siti; University of Limerick, Ireland: Ailish Hannigan, Anne MacFarlane; Uppsala University, Norway: Soorej Jose Puthoopparambil.

Technical consultation with civil society organizations, 23 March 2023

WHO Department of Health and Migration: Cetin Dikmen, Davide Mosca, Miriam Orcutt, Ana Cristina Sedas, Santino Severoni.

Civil society organisations: Agency for Migration and Adaptation, Czech Republic: Elena Tulupova; Assistance to Families and Victims of Clandestine Migrations, Cameroon: Wamba André Le Doux; Association Kirikou Maroc, Morocco: Diop Mountaga Massaba; Boston Health Care for the Homeless, United States: Maggie Sullivan; Canadian Collaboration for Immigrant and Refugee Health, Kevin Pottie; Center for Migration, Gender, and Justice, United States: Lara-Zuzan Golesorkhi; Co-ordination of Action Research on AIDS and Mobility Asia, Pakistan: Bilal Ahmed; Global Detention Project, Switzerland: Michael Flynn; International Federation of Medical Students' Associations, Denmark: Mariem Galaaoui; International Rescue Committee, United States: Elizabeth Farmer; INTERSOS Hellas, Greece: Apostolos Veizis; Refugee Health Alliance, Mexico: Psyche Calderon Vargas; Save the Children, Malaysia: Prisca Benelli; Ayesha Kadir; Stress, Trauma, and Anxiety Research Clinic (STARC): Arash Javanbakht; The Canada International Scientific Exchange Program, Canada: Shawna Novak; World Organization of Family Doctors, Belgium: Rita Aguiar, Rebecca Farrington.

Ethics workshop, 17 May 2023

WHO Department of Health and Migration: Miriam Orcutt, Ana Cristina Sedas, Sarah Shanks.

WHO headquarters: Nina Gobat, Christian Schweizer.

WHO regional offices: WHO Regional Office for Africa: Ernest Dabire.

UN agencies: International Organization for Migration: Mary Ann Bautista, Janice Lopez; UN Foundation: Cecilia Shah; United Nations Children's Fund: Daniela Knoppik.

Other international organisations, inter-governmental institutions and civil society organisations: Boston Health Care for the Homeless, United States: Maggie Sullivan; Co-ordination of Action Research on AIDS and Mobility Asia, Pakistan: Bilal Ahmed; European Centre for Disease Prevention and Control, Sweden: Teymur Noori; Global Detention Project, Switzerland: Michael Flynn; INTERSOS Hellas, Greece: Apostolos Veizis; Save the Children, Malaysia: Ayesha Kadir; Sociedad Ecuatoriana de Salud de la Migracion, Ecuador: Johanna Montalvo Vázquez; The Eastern Mediterranean NCD Alliance, Bahrain: Ibithal Fadhil; World Organization of Family Doctors, Belgium: Rebecca Farrington.

Individual researchers: Chukwuedozie Ajaero (University of Nigeria Nsukka, Nigeria), Thalia Arawi (American University of Beirut, Lebanon), Baltica Cabieses (Universidad del Desarrollo de Chile, Chile), Marie Dauvrin (Université Catholique de Louvain and Belgian Health Care Knowledge Centre, Belgium), Anuj Kapilashrami (University of Essex, United Kingdom), Gunisha Kaur (Weill Cornell Medicine, United States), Michael Knipper (University of Gießen, Germany), Bernadette Kumar (Norwegian Institute of Public Health, Norway), Tharani Loganathan (University of Malaya, Lebanon), Joseph Millum (University of St. Andrews, United Kingdom), William Mude (Central Queensland University, Australia), Veronica Ramirez (University of Asia and the Pacific, Philippines), Syed Shah (United Arab Emirates University, United Arab Emirates), Voo Teck Chuan (National University of Singapore, Singapore), Andrea L. Wirtz (Johns Hopkins Bloomberg School of Public Health, United States).

WHO Collaborating Centres

University of Limerick, Ireland: Anne MacFarlane.

Implementation workshop, 12 May 2023

WHO Department of Health and Migration: Sylvia Garry, Davide Mosca, Miriam Orcutt, Ana Cristina Sedas, Sarah Shanks, Claire Zhang.

WHO headquarters: Naomi Beyeler, Nina Gobat, Antons Mozalevskis, Christian Schweizer, Saveen Semage, Anthony Solomon, Rob Terry.

UN agencies: International Organization for Migration: Sweetmavourneen Agan, Mary Ann Bautista, Janice Lopez; UN Foundation: Katie Mergen, Cecilia Shah.

Other international organisations, inter-governmental institutions and civil society organisations: Boston Health Care for the Homeless, United States: Maggie Sullivan; Center for Migration, Gender, and Justice, United States: Lara-Zuzan Golesorkhi; Co-ordination of Action Research on AIDS and Mobility Asia, Pakistan: Bilal Ahmed, Musarrat Perveen; Global Detention Project, Switzerland: Michael Flynn; Inter-American Development Bank, United States: Felipe Muñoz Gomez; Methoria, Switzerland: Catriona Jarvis; Save the Children, Malaysia: Ayesha Kadir; Sociedad Ecuatoriana de Salud de la Migracion, Ecuador: Johanna Montalvo Vázquez; The Eastern Mediterranean NCD Alliance, Bahrain: Ibithal Fadhil.

Individual researchers: Chukwuedozie Ajaero (University of Nigeria Nsukka, Nigeria), Thalia Arawi (American University of Beirut, Lebanon), Baltica Cabieses (Universidad del Desarrollo de Chile, Chile), Marie Dauvrin (Université Catholique de Louvain and Belgian Health Care Knowledge Centre, Belgium), Ilse Derluyn (Ghent University, Belgium), Issaka Maga Hamidou (Université Abdou Moumouni de Niamey, Niger), Gunisha Kaur (Weill Cornell Medicine, United States), Bernadette Kumar (Norwegian Institute of Public Health, Norway), Tharani Loganathan (University of Malaya, Lebanon), Veronica Ramirez (University of Asia and the Pacific, Philippines), Voo Teck Chuan (National University of Singapore, Singapore), Andrea L. Wirtz (Johns Hopkins Bloomberg School of Public Health, United States).

WHO Collaborating Centres

National Institute for Health, Migration and Poverty, Italy: Leucone Grazia Siti.

Delphi process (both rounds completed), May-June 2023

WHO headquarters: Rebecca Gribble, Silvio Paolo Mariotti, Antons Mozalevskis, Aasa Hanna Mari Nihlen, Anthony Solomon, Inka Weissbecker.

WHO regional offices: WHO Regional Office for Africa: Ernest Dabire; WHO Regional Office for the Western Pacific: Tsering Lama.

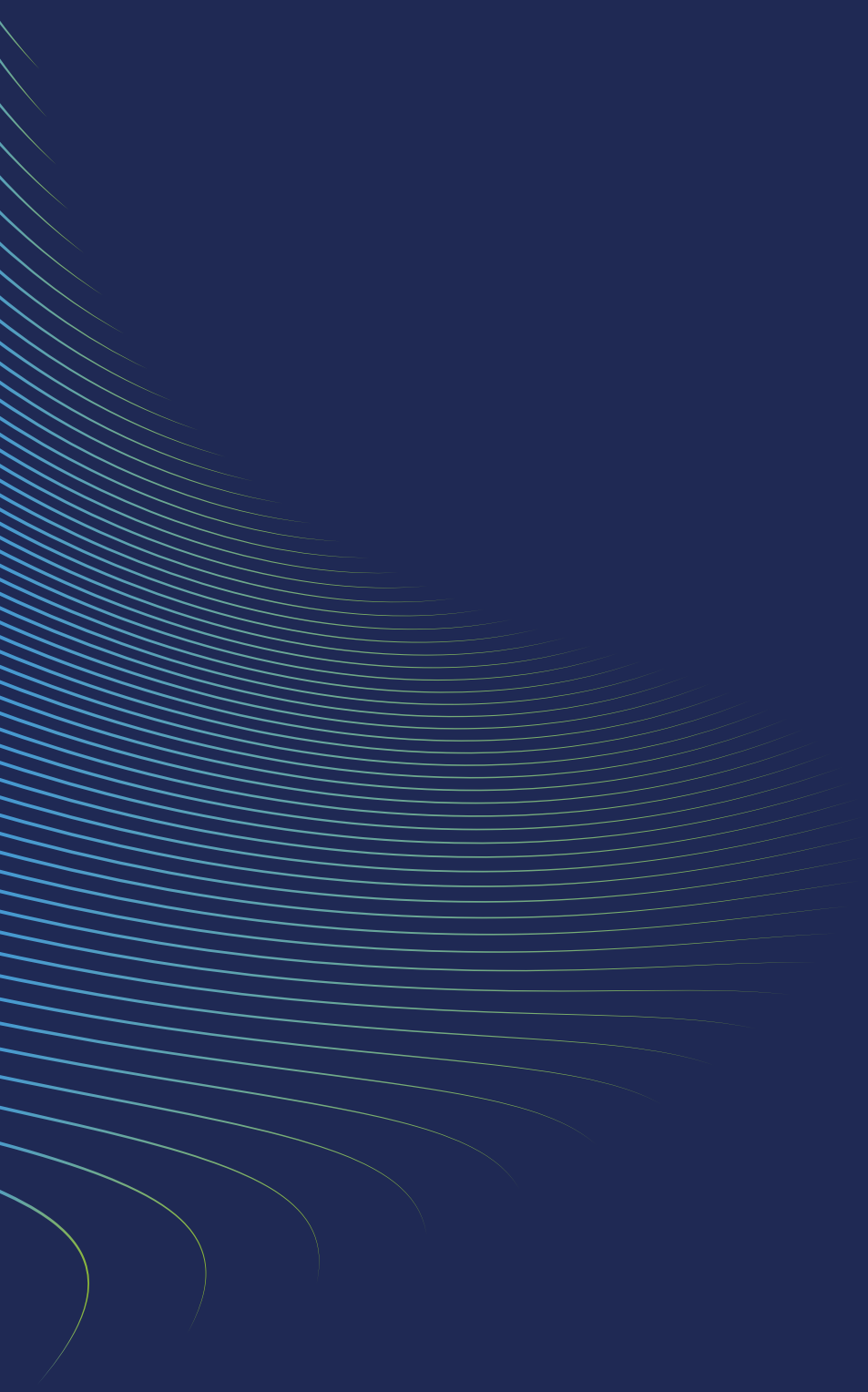
UN agencies: International Organization for Migration: Kolitha Wickramage; UN Foundation: Cecilia Shah; United Nations Department of Economic and Social Affairs: Clare Menozzi; United Nations High Commissioner for Refugees: Ibrahima Diallo; United Nations Office for Project Services: Timo Schmidt; United Nations Office on Drugs and Crime: Ilir Boci.

Other international organisations, inter-governmental institutions and civil society organisations: Assistance to Families and Victims of Clandestine Migrations, Cameroon: Wamba André Le Doux; Association Kirikou Maroc, Morocco: Diop Mountaga Massaba; Boston Health Care for the Homeless, United States: Maggie Sullivan; Canadian Collaboration for Immigrant and Refugee Health, Kevin Pottie; Center for Migration, Gender, and Justice, United States: Lara-Zuzan Golesorkhi; Eastern Mediterranean Public Health Network, Jordan: Yousef Khader; Global Detention Project, Switzerland: Michael Flynn; Inter-American Development Bank, United States: José Luis Ortiz; International Federation of Red Cross and Red Crescent Societies, Switzerland: Lasha Gogadze; INTERSOS Hellas, Greece: Apostolos Veizis; Médecins du Monde, Belgium: Davide Olchini; Refugee Health Alliance, Mexico: Karina Anaya; Psyche Calderon Vargas; Save the Children, Malaysia: Ayesha Kadir; Sociedad Ecuatoriana de Salud de la Migración, Ecuador: Johanna Montalvo Vázquez; The Canada International Scientific Exchange Program, Canada: Shawna Novak; The Eastern Mediterranean NCD Alliance, Bahrain: Ibithal Fadhil; World Organization of Family Doctors, Belgium: Rebecca Farrington.

Individual researchers: Chukwuedozie Ajaero (University of Nigeria Nsukka, Nigeria), Thalia Arawi (American University of Beirut, Lebanon), Philippe Bocquier (Université Catholique de Louvain, Belgium), Baltica Cabieses (Universidad del Desarrollo de Chile, Chile), Marie Dauvin (Université Catholique de Louvain and Belgian Health Care Knowledge Centre, Belgium), Ilse Derluyn (Ghent University, Belgium), Renzo Guinto (St. Luke's Medical Center College of Medicine, Philippines), Issaka Maga Hamidou (Université Abdou Moumouni de Niamey, Niger), Charles Hui (University of Ottawa, Canada), Arash Javanbakht (Wayne State University, United States), Anuj Kapilashrami (University of Essex, United Kingdom), Gunisha Kaur (Weill Cornell Medicine, United States), Michael Knipper (University of Gießen, Germany), Bernadette Kumar (Norwegian Institute of Public Health, Norway), William Mude (Central Queensland University, Australia), Bukola Oladunni Salami (University of Alberta), Malabika Sarker (BRAC University, Bangladesh), Syed Shah (United Arab Emirates University, United Arab Emirates), Paul Spiegel (Johns Hopkins Center for Humanitarian Health, United States), Masako Tanaka (Sophia University, Japan), Voo Teck Chuan (National University of Singapore, Singapore), Jinan Usta (American University of Beirut, Lebanon), Jo Vearey (University of the Witwatersrand, South Africa), Rebecca Walker (University of the Witwatersrand, South Africa).

WHO Collaborating Centres

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