**Migration, mobility and health: in support of a global research agenda**

With a billion people on the move globally – over 244 million of whom have crossed international borders [1] – and a recognised need to strengthen efforts towards universal health coverage [2], developing a better understanding of how to respond to the complex interactions between migration, mobility and health is more important than ever~~.~~

At the 2nd Global Consultation on Migration and Health, held in Sri Lanka in February 2017, a group of global experts[[1]](#footnote-1) in health and migration discussed the progress and shortfalls in attaining the actions set out in the 2008 World Health Assembly (WHA) Resolution on the Health of Migrants [3]. An anticipated outcome from the 2017 Consultation is a “roadmap towards research and policy dialogue milestones” [4]; we hope that the Consultation proceedings will be reflected in a revised resolution on health and migration that is being drafted for presentation at the forthcoming WHA in May 2017.

In recognising the need for better evidence to improve health system responses to migration, mobility and health, we, an international group of interdisciplinary health researchers identified a research agenda on migration, mobility and health. Drawing on specific challenges arising from research grounded in extensive fieldwork in migration contexts, we call for action in five core areas to support the development of a global research agenda on migration, mobility and health.

First, we need to develop a specific, nuanced and clear nomenclature on migration and health, which captures the complexity of the issue without reinforcing the use of reductionist categories to describe migrant and mobile people. This requires less attention on the use of legal and administrative categories to classify people who move, and more to the development of systems that better understand and respond to health risks and benefits gained through mobility, heath-seeking, healthcare access and usage, and outcomes. Our experience as empirical researchers has taught us: mobility does not necessarily correlate with the categorisation of ‘internal’ or ‘cross-border’ migration - effects on service access, use, and health-related behaviour may be the same across internal and cross border migrants. Additionally, a simplistic reduction of the experiences of people who move to legal and administrative categories – such as ‘refugee’, ‘internal migrant’ or ‘undocumented migrant’ – risks designing inadequate governance structures and international responses that aggravate some of the challenges faced in health services access.

Second, appropriate methodological approaches for researching and responding to the challenges associated with contemporary migration, mobility and health need to be developed. We need to strengthen methodological synergies between researchers studying the health effects of migration [5], the extent to which health itself acts as a driver of migration [6], and those focusing on the impacts of population movement on patterns of disease transmission. Despite an increasing focus on migration globally - including aspects of its linkages to health – robust research data exploring the interactions between migration, patient mobility and health remain insufficient. Data capturing whether and how migration and mobility impact on health – both within the health system and outside, through population-based surveys such as the Demographic Health Surveillance - is needed to understand mobility and migration more broadly at sub-national, national and global levels. Novel, appropriate methodological approaches will also require contributions from a range of disciplines, including anthropology, demography, epidemiology, policy analysis, and sociology.

Third, improved understanding of how migration and mobility affect health systems and how services need to adapt to modern global mobility is needed. This will facilitate the development of health systems and interventions that are responsive to migration and sensitive to the circumstances of mobile people. Population mobility affects patterns of service access and use, and health-related behaviour - including help-seeking across plural systems. Legal status and the entitlements it confers can affect access, and might affect conscious and subconscious health-seeking and help-seeking behaviour [7,8]. We need more analysis of: (1) the experiences of migrant and mobile groups in accessing and using health services; and (2) the experiences of healthcare providers – within and beyond the biomedical sector - in engaging with migrant and mobile groups.

Fourth, we must explore the health risks and benefits gained through mobility, as well as ways to engage with the global health security agenda. Mobility and migration affect the health of people on the move [5], and of those who do not, and they shape the movement of pathogens and patterns of disease independently of national sovereignty and associated international and internal borders [9]. This needs to be reflected in strategies seeking to address disease transmission. Research understanding this connection - such as in efforts to eradicate malaria or address antimicrobial resistance - is still in its infancy and deserves a broader and more nuanced focus than national security agendas currently consider.

Finally, we need to support the development of improved governance mechanisms to ensure systems adapt and respond to migration, mobility and health rather than seeking to control movement [10]. National health systems are often anachronistic when related to the increasing levels of global mobility, and the development of migration-aware, mobility-competent [11] health systems is urgently needed. This requires a move away from viewing migrants as a problem population requiring specialised attention, to recognising migration as a social norm in order to support the integration of mobility and migration into overall health systems design and service provision.

We call on the global community of health researchers to develop a common research agenda on migration, mobility and health. This includes through opportunities such as the Lancet Commission on Migration and Health amongst others [12], which we urge to take note of the core research areas set out here. This will help improve health for all and ensure that no-one is left behind when working to achieve universal healthcare access.

*We dedicate this comment to the memory of our colleague Dr Chesmal Siriwardhana who participated in the discussions resulting in this comment.*

*All authors met at a workshop on migration, mobility and health in London in March 2017 and contributed to the discussion on key areas. JH and JV wrote a first draft of this comment, all authors commented and all authors agreed the final draft.*

*We declare that we have no conflict of interest.*

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1. JV, KW and CS participated in the Consultation [↑](#footnote-ref-1)