

Workshop on Examining Research & Capacity Needs and Gaps In Migration and Health In South Asia

Report



Location: Queen Mary University of London

Date: September 18, 2019

Executive Summary

As part of the second phase of the British Council-funded SPARC (Strengthening Policy and Research Capacities) initiative, a half-day workshop was organized at Queen Mary University of London on September 18th, 2019. The discussion was aimed at engaging South-Asia focused scholars and practitioners based in the UK to generate consensus on gaps and opportunities for disseminating knowledge and building capacities and skills across academia, policy and practice sectors.

The workshop, which followed a series of consultations and policy dialogues held in South Asia (India, Nepal, Bangladesh), was organised by Queen Mary University of London in collaboration with other international organisations and institutions, including the University of Delhi in India, Nepal Institute of Development Studies, Migration Health and Development Research Initiative (MHADRI) and International Organisation for Migration (IOM). Deliberations at these initial meetings led to the founding of Migration Health South Asia (@MigHealthSA) network, which brings together scholars and practitioners working on migration, health and rights in South Asia.

In the network's first meet held in the UK, titled 'Examining research & capacity needs and gaps in migration and health in South Asia', 15 participants from different disciplines who have had a longstanding engagement with researchers and migration/ conflict contexts of South Asia discussed ways to develop the network and prioritise research in the region.

Specific objectives of the workshop were to:

1. Identify key research priorities linked to contemporary policy debates at the intersections of health and migration.
2. Build synergies and identify critical needs and key gaps in research capacities and seek inputs on the next phase of the project.

The workshop was divided into two sessions. In the first session, participants were asked to provide a snapshot view of their work, including the geographical context, key issues/questions focused on and specific gaps (empirical, conceptual and those linked to research capacities) that they found in South Asia. Through this consultative process, members of the

network aimed to generate consensus on gaps and opportunities for disseminating knowledge, and building capacities in the region. Participants were also asked to present at least one research priority and question they deemed as necessary in advancing the field of migration and health.

This was followed by a discussion on pressing research priorities and key debates in migration and health, which was chaired by Dr Kolitha Wickramage, Global Migration Health Research and Epidemiology Coordinator, The UN Migration Agency.

The second session, moderated by SPARC initiative lead Dr Anuj Kapilashrami, focused on different approaches and challenges researchers and practitioners face while working in the South Asian context. Participants were then divided into two groups and asked to reflect on and discuss various mechanisms and pathways of engagement they adopted in their work with various stakeholders, how they chose these stakeholders and at what stage of the project, and conception, delivery, dissemination and translation of the project output. The main aim of the exercise was to start thinking of what exists where in terms of opportunities for building capacities for dissemination and for realising the true impact of any work.

Highlights of the workshop are given below:

Need identified

- Bridge between academia, policy and civil society
- Communities of learning and exchange on migration and health
- Decolonization of scholarship and academy on issues like migration and health
- A system to identify research, evidence and knowledge gaps, needs and priorities in the region.
- Access to literature from the region that is not peer-reviewed (for example: NGO reports)
- Map on research related to migration and health from South Asia.
- More North-South and South-South collaborations between organisations that work in the field of migration and health in South Asia

Gaps (in knowledge, evidence, dissemination and capacity building)

- Literature on health and well-being of return migrants

- Evidence on relative importance of health versus other aspects of life among the migrant population
- Effectively validated, context-specific scales to assess mental well-being of migrants
- Interventions that go beyond trauma related to war and displacement to include social stresses like poverty, limited access to healthcare and education and insecurity over migrant status
- Network to facilitate more cross-country research on migration and health in South Asia
- Research on migration's social implications and their impact on the mental health of migrants; especially notions of dignity (of being able to provide), stigma (of being a migrant) and shame (over not being able to find work) and their co-relation with migration.
- Literature on interventions by different organisations that support victims of abuse post disclosure, many of who are from marginalised communities, and how effective these interventions are.
- Limited representation of labour migrants in scholarly literature despite the group representing 60% of the total international migrants.
- Restricted themes studied in research on migration and health. For example, an analysis by MHADRI of peer-reviewed articles on migration and health in the last 16 years revealed that the themes were restricted to mental health, communicable diseases, non-communicable diseases, injuries and violence
- A database to capture literature on the subject beyond peer-review from the region.

Key research questions/priorities in the South Asian Context

- Digitization of health in India and how the country's migrants experience this
- Qualitative, clinical and epidemiological research on ways to raise awareness of infections among migrant communities and to devise means to manage these infections without delay, and how this research outcome can be translated into actual health policies.
- What would be effective at promoting well-being and ameliorating psycho-pathology among war-affected and refugee families in the humanitarian crisis context? The research could also probe why certain interventions work and some don't, and the accuracy of these measures of success.

- Transnational migrants' access to healthcare and what kind of support can be provided to clinicians who deal with such complexities of service users.
- How do commercial determinants of health interface with vulnerable population, and how is this linked to a growing industry of profitable and unhealthy processed foods?

Challenges

- Keeping project course fluid, especially when one of the collaborating organisations already has a packaged course and priority.
- Working in politically tenuous environments
- Marginalization reinforced with the researchers' interface with communities at frequent junctures.
- Slow pace of bureaucracy in South Asian countries. This impedes translation of project output to health policies
- Definition of a migrant, finding these communities and verifying them
- How do you define a migrant? How do you find them or verify them?
- Ethics of those who engage in visual documentation: How much of their own values, principles and biases impact their work and the effect of this on the collaborators.
- Funders' agenda often does not match with the needs of the communities. Most funders look at single fixes for issues that are far more complex.
- Hurdles placed by the state in the form of policies which impede migrants' access to medicines, healthcare and basic resources, especially in the South Asia context.

Suggestions and Recommendations on the way forward

- Reach out to different epistemic communities working on migration, health or both and initiate a dialogue on key research priority areas.
- Align research project closer with priorities that are identified during consultations at various stages of the project.
- Create a platform for policy stakeholders and other practice communities, especially at the regional level, and share the learning gained through these discussions
- Working in meaningful partnership with shared decision-making and power between UK scholars and South Asian scholars

- Country-based bibliometric analysis to profile the productivity of a single country in terms of research output
- A database of reports of various NGOs
- Engaging more members from the community as stakeholders as they have a more fair knowledge of the community's needs
- During the process of gate-keeping, researchers should question who are being excluded, practices they are reinforcing and whether these practices reinforce particular marginalities and vulnerabilities
- Collaborations can be initiated by undertaking a ground survey of various organisations at the project site, familiarise with their work and explore their source of funding before negotiating. Complement the work of these organisations instead of competing with them
- Researchers should be aware of their' positionalities in relation to their stakeholders and study participants
- Map different skills and resources in the region and recognize different forms of expertise. This will facilitate exchange of ideas

The session concluded with Dr Kapilashrami outlining a collective exercise for the group, which involved mapping capacities and research priorities using the CHNRI method.

Following the workshop, the network will send out an email to participants seeking two or three key research priority areas in migration and health in South Asia. These priorities will then be ranked using the CHNRI method based on five areas: Answerability of the research question, likelihood of the effectiveness of the resulting intervention, deliverability (with affordability and sustainability), potential to reduce disease burden and effect on equity.

Through this exercise, the network hopes to create a nascent ecosystem that brings together different sectors and epistemic communities. The network also hopes to create a digital space with a repository of researchers' bios and research outputs. A bibliometric exercise could help initiate this database and facilitate linkage between the UK and the South Asian context.

Summary

Welcome Address

Speaker: Dr David McCoy, Global Health Teaching Director, Centre for Primary Care and Public Health, QMUL

Dr McCoy, who has a background in clinical medicine, academia, advocacy and policy-making, stressed on the importance of creating bridges between academia, policy and civil society. Introducing the workshop, he said discussions here would help explore these linkages. He emphasized the crucial role of migration in the field of global public health and how the Centre for Global Public Health at QMUL recognizes this by offering a specialized Master's programme in Migration, Culture and Global Health Policy. He said the centre was committed to studying the subject through different lenses, including exploring the intersectionality of migration and health and planning interventions to improve the health and well-being of migrants across the world.

Background and Aims for the workshop

Speaker: Dr Anuj Kapilashrami, Senior Lecturer in Global Health Policy, QMUL, SPARC initiative lead

Dr Kapilashrami, who leads the SPARC initiative, explained the idea behind the project was to establish communities of learning and exchange on migration and health. The initiative does this by recognizing the need to bring these two diverging policy areas together and looking at the cross sections and intersections within that.

Another area of interest of the project, which has been ongoing for more than a year now, is to collaborate with other projects focused on migrants and health. One such project is the

ESRC-ICSSR project in India, which looks at low-income migrants and their access to healthcare and social care in politically contested and tenuous contexts. One of the two states chosen as the project site is the north-eastern Indian state of Assam, where the project coincided with the process of de-registering and making non-citizens of citizens -- linked to the country's Citizenship Amendment Act. Dr Kapilashrami highlighted the ethical, practical and other conceptual challenges that they faced because of the hostility.

Tracing the journey of SPARC, she said the initiative started off with a series of consultations in Delhi, Bangladesh, Nepal and Malaysia in November-December, 2018. The team reached out to different epistemic communities working on migration, health or both and initiating a dialogue on key research priority areas that need to be looked at. Part of the objective of this process was also to align the research project closer with priorities that were being identified during the consultations. This came with its own set of challenges as most of the projects, like the ESRC-ICSSR, were already packaged and changing the course of the project was difficult.

Another objective of the initiative is to create a platform for policy stakeholders and other practice communities, especially at the regional level, and share the learning gained through these discussions. As part of this, an Early Career Research workshop was held in Nepal on April 25-28, 2019, which saw the participation of 25 scholars from 12 South East Asian countries. Dr Kapilashrami said discussions at the workshop provided an insight into the process of working in politically tenuous environments and also networking with the communities themselves, either invisible or marginalized, and the marginalization reinforced with the researchers' interface with them at frequent junctures. A key takeaway from this workshop, as voiced by the participants, was the need to decolonize scholarship and academy on issues like migration and health, where research is not just about picking up emerging literature or evidence and bringing it to centre-stage, but also working in meaningful partnership with shared decision-making and power between UK scholars and South Asian scholars. Suggestions and deliberations like these from various consultations led by the initiative resulted in the establishment of Migration Health South Asia (@MigHealthSA) network.

To kick off the second phase of the project, the network is now focusing on creating a community of researchers who study migration and health in South Asia, and identifying research gaps, needs and priorities in the region.

Dr Kapilashrami said one of the objectives of the current workshop was to get inputs from the participants that would help the network map research related to migration and health. This, in turn, would help enhance the strategic vision of the network and enrich its understanding of the debate surrounding migration and health in South Asia.

SESSION 1:

Lightening Talk

Chair's comments: Dr Kolitha P Wickramage, Global Migration Health Research and Epidemiology Coordinator, The UN Migration Agency



In this session, participants were asked to provide a snapshot view of their work, including the geographical context, key issues/ questions focused on and specific gaps (empirical, conceptual and those linked to research capacities) that they found in South Asia. Through this consultative process, members of the network aimed to generate consensus on gaps and opportunities for disseminating knowledge, and building capacities in the region.

Participants were also asked to present at least one research priority and question they deemed as necessary in advancing the field of migration and health.

Dr Patricia McGettigan, Senior Lecturer, Clinical Pharmacology, QMUL

Dr McGettigan's area of expertise is in the use of medicines, their advocacy, efficacy and efficiency, especially in the South Asia context. Her work in India showed that although several combination drugs sold in the market had license on paper, few had received approval from the country's central drug regulator. A lot of these drugs are accessed by or given to the poor and marginalised, including migrants. A majority of these medicines are for pain management, mental health and diabetes management. Dr McGettigan shared the challenges she faced in India, the biggest being the slow pace of bureaucracy in the country. Although the Indian government, based on the report, banned certain drugs in 2012, this was challenged in the country's courts, where the ban continues to be contested. McGettigan voiced hope of merging the work done by the network within similar contexts.

Dr Philippa Williams, Senior Lecturer in Human Geography, School of Geography, QMUL

Dr Williams' work focusses on the experience of the state, every day politics and citizenship. Her earlier work in North India focused on lived citizenship. More recently, she has been investigating the role of digital technology in shaping every day politics and citizenship. One of the projects is centered on how digital finance is seen as a route for mediating in poverty and how this is experienced by people on the ground, and another project funded by WhatsApp, which maps the app's usage in the run-up to Indian elections. While working on the latter project, her team observed the increasing digitization of health in the country. Dr Williams suggested studying this trend, pushed by the Indian government, and how the country's migrants experience this.

Dr Adele Galepo, Lecturer in Migration and Global Health, QMUL

Dr Galepo has done extensive research on return migration. She has been particularly interested in studying the grey practices of returning migrants in Northern Africa, their health, well-being and how this affects state formation. She identified crucial gaps in

literature related to the health and well-being of return migrants, not just in Africa but across the world. Her ongoing research is on how the process of return shapes the migrant experiences of body, health and well-being as some of these people are still dealing with the trauma of war, displacement and health conditions related to these events.

Dr Manish Pareek, Associate Clinical Professor in Infectious Diseases, University of Leicester

A practicing clinician in Leicester, a majority of Dr Pareek's patients are migrants, mostly from South Asia and the sub-Saharan region of Africa. His area of interest is infections, especially those that migrants are at high-risk of contracting, for example, TB, HIV/AIDS and Hepatitis B and C. He said many of these migrants delay treatment, which increases mortality, cost, morbidity and transmission of the said diseases.

Dr Pareek's interest is in finding out how to raise awareness of these infections among migrant communities and ways to identify and manage these infections in these communities without delay. This, he said, could be done through qualitative, clinical and epidemiological studies or through a health economic analysis. The studies, he said, should also probe how the research outcome can be translated into actual health policies.

One of the key evidence gap that Dr Pareek identified was the relative importance of health versus other aspects of life among the migrant population.

Dr Delanjathan Devakumar, Academic Clinical Lecturer in Public Health, UCL

Dr Devakumar, who has a background in clinical paediatrics, specialises in adolescent health in humanitarian settings. His ongoing projects include work on community violence and mental health of adolescents in Brazil and impact of conflict and displacement on the mental health of adolescents in refugee population camped close to Lebanon's border with Syria. In South Asia, he is part of a project to study community mental health interventions for women and children in Nepal, primarily focussing on domestic violence, trafficking and modern slavery. He has also researched on left behind children and undocumented migrants workers in the UK and their access to health.

As part of a public engagement project, Dr Devakumar along with his team visits schools in the UK that have high migrant population and talks about issues of racism and xenophobia towards migrants and migrant population.

Dr Kristin Hadfield, Lecturer in Positive Psychology, QMUL

Most of Dr Hadfield's work is focussed on the mental health and well-being of children, adolescents and their parents who have been exposed to substantial adversity. She expressed interest in evaluation of interventions that currently exist for these populations, especially those in the humanitarian crisis context.

A key research question she identified is what would be effective at promoting well-being and ameliorating psycho-pathology among war-affected and refugee families in the humanitarian crisis context. As an extension, the research, she suggested, could probe why certain interventions work and some don't, and the accuracy of these measures of success. This, she said, is crucial as most of the scales in psychology are developed in the west and haven't been effectively validated for use in other contexts. She also identified this as a research gap. She observed how most interventions are centered on trauma related to war and displacement. On the other hand, recent research has shown that most of the impact of forced displacement are not necessarily trauma but other factors like poverty, limited access to healthcare and education and insecurity over migrant status. As a result, intervention may not be focussed on things that are salient to the population's mental health.

Andrea Palinski, Lecturer in Cultural and Global Perspectives, Centre of Psychiatry, QMUL

Palinski's research broadly addresses inequalities in mental health and access to care. Her focus is on communication within the intercultural encounter and the processes that act as barriers or facilitators for positive mental health outcome. Her ongoing PhD research explores the contexts and processes involved in the co-production of illness narratives between patients and clinical teams in secondary mental health services in East London, which has a huge migrant population particularly from South Asia. Her research looks at story-telling as a cross-culture phenomenon and how service users and clinicians engage in the creation of narratives to try and help understand service users' illness experience and to create treatment plan that helps in recovery. A shared narrative, her research has found,

promotes positive patient experience and outcomes. On the flip side, misinterpretation of cause of illness, lack of resources and different pressures can cause poor patient experience and outcomes. For her research, she collected illness narratives of patients and clinicians at the point of delivery. Preliminary results of her research confirmed that both service users and clinicians are frustrated about constantly communicating across borders, whether that be at the interface of different languages or different understandings of illness.

In terms of research and evidence gap, Palinski said it is crucial to study transnational migrants' access to healthcare and what kind of support can be provided to clinicians who deal with such complexities of service users.

Bangyuan Wang, Programme Manager for House Poverty Action

Wang has worked with migrants along the China-Myanmar border for 25 years, equipping them to provide basic services like vaccination for children in their community by helping them build a network of primary healthcare systems. His organisation is also involved in educating migrant communities about HIV/AIDS and malaria which are highly prevalent in these groups. Some of the camps that host these migrants, many of who are internally displaced, also see high suicide rates. His organisation is currently collaborating with the Chinese government to study the health and well-being of migrant workers from Myanmar in China. He said the learning from networks like Migration Health South Asia would facilitate cross-country research.

Rona Minji (??) Not sure I got her name right. Didn't find her name in our list of invitees.

Minji works in a Black Feminist organisation that helps build capacity among organisations that provide direct frontline work to women survivors of violence in England, Scotland and Wales. She undertakes training, looks up policies and provides briefing sessions to staff to identify and plug gaps in providing support to survivors of abuse, especially women and members of the LGBTQ community. According to her, one of the key gaps in evidence is lack of literature on how different trusts support victims of abuse post disclosure, many of who are from marginalised communities, and how effective these interventions are.

Dr Elaine Chase, Senior Lecturer in Education, Health Promotion and International Development, UCL

Dr Chase's research interest is in studying politics around health and well-being. She recently completed a three-year study on the well-being of unaccompanied adolescent migrants from Afghanistan, Eritrea and Albania arriving in the UK, documenting their transition into adulthood. One of the gaps Dr Chase identified is insufficient research on migration's social implications and their impact on the mental health of migrants; especially notions of dignity (of being able to provide), stigma (of being a migrant) and shame (over not being able to find work) and their co-relation with migration. While the trauma of migration has been studied extensively, Dr Chase observed that the impact of other social stresses related to migration are understudied.

Dr Parvati Nair, Professor of Hispanic, Cultural and Migration Studies, QMUL

Dr Nair's research is on the nexus of migration and culture. Her methodologies include a combination of visual cultures and visual ethnography. Her focus areas are in the Mediterranean region and parts of South Asia. Most of her projects have involved exploring the intersection of migration, social class and gender and documenting the economic impact of prolonged displacement. Dr Nair's work includes studying the positive contributions made by younger migrants by looking at a city through the lens of the undocumented.

Dr Dave McCoy

Dr McCoy, whose expertise is in studying global health actors, emphasised the important role they play in framing issues in terms of public discourse and international policy. He called for a critique of the sector as global health actors often tend to de-politicise issues and shy away from more upstraight determinants of health. Some of the research on institutions, governance and politics of global health and global health actors, he said, could be applied to the theatre of migration and health. Dr McCoy's ongoing research with the WHO is on the political economy of the provision of breast milk substitutes. This he said could be viewed through the migration lens by studying how commercial determinants of health interface with

vulnerable population and how this is linked to a growing industry of profitable and unhealthy processed foods.

Dr Anuj Kapilashrami

Dr Kapilashrami's first decade of work was with a human rights and health policy research group in India, where she was involved in projects that looked at hazardous contraceptives, the impact of two-child norm and population control policies in India. Her work was mostly on the intersection of women's rights and movements within the health policy discussion. In her second decade of work she focussed on issues related to health and inequalities. She recently concluded a project in Scotland which looked at how inequalities are produced as a result of not just socio-economic position, which is what the social deprivation index in the UK is largely based on, but also other positions like ethnicity, race, age disability and so on. In her experience, she said one of the biggest challenges has been answering the basics: How do you define a migrant? How do you find them or verify them? Dr Kapilashrami vouched for photo voice as an effective approach to study migrants and their experiences.

Discussion on pressing research priorities and key debates in migration and health

Chair: Kolitha P. Wickramage

Dr Wickramage initiated the discussion by presenting a bibliometric analysis, led by the MHADRI network, of global migration health research in peer-reviewed literature over the last 16 years. The analysis revealed that 89.6% of the research output in global migration and health literature is from high-income countries. Dr Wickramage observed that although WHO's South Asian region has the highest volume of international mobility, it showed the least productivity in terms of research activity and peer-reviewed publications in migration and health. Introducing the SPARC initiative, he said the project will dive deep and refine methodologies for scholars in the region and help in capacity building.

Another finding that emerged in the bibliometric analysis is the limited representation of labour migrants in scholarly literature. This despite the group representing 60% of the total international migrants. Almost a quarter of the literature represented refugees and asylum-seekers. The study revealed gaps in knowledge, knowledge production and collaboration. For example, analysis of different themes on migration and health showed that mental health

was the largest bubble, followed by communicable diseases, non-communicable diseases, injuries and violence. Such analysis, Dr Wickramage pointed out, will help in mapping collaborations related to migration and health in different regions and their main focus areas.

Dr Wickramage shared his experience with early career research scholars at the workshop held in Kathmandu. He stressed on the need for country-based bibliometric analysis, on the line of the research conducted by MHADRI to profile the productivity of a single country in terms of research output.

The next phase of the SPARC project, he explained, is to support sub-regional and national research profiles on migration and health. He cited the example of IOM, which has a migration health and research portal with links to all research publications either supported by or led by IOM.

Thoughts and reflections

One of the questions raised by participants was how they could access the rich body of literature from the South Asian region that is not peer-reviewed and how they could use it.

Dr Wickramage said this was one of the gaps the SPARC initiative hoped to plug – the lack of a database capturing literature on the subject beyond peer-review from the region. The initiative is trying to fill this lacuna by supporting scholars at the country-level. For example, a workshop will be conducted in November where scholars who participated in the workshop in Kathmandu will be trained to create digital platforms and conduits where data can be shared. The platforms they create will not just have literature that falls outside the ambit of peer-reviewed journals, but also reports of NGOs and other organisations.

Dr Kapilashrami said a lot of reports and research undertaken by non-governmental organisations often go unreported despite some being digitized. Capturing evidence from this body of work, she said, is one of the objectives of SPARC.

Minji shared her experience capturing service user voices across various sites as part of her work in aiding capacity building of organisations that work with victims of domestic abuse. She said the first step to creating a database of reports of various NGOs will be to choose a community, map the organisations helping the community and analyse who specialises in what. The network could then enter into an agreement with these organisations by providing funds or training for their staff.

Dr Kapilashrami said in the process of collaborating with various organisations, the network also hoped to identify different priorities from the practice perspective, the kind of evidence and knowledge gaps that exist and what they would like to see addressed.

Session 2

Discussion on opportunities and challenges for knowledge creation & dissemination, and capacity building necessary to advance the field. (Assessing training gaps and needs, on-going initiatives, what is being covered)

Moderator: Dr Anuj Kapilashrami



Discussion on opportunities and challenges for knowledge creation & dissemination, and capacity building necessary to advance the field. (Assessing training gaps and needs, on-going initiatives, what is being covered)

Moderator: Dr Anuj Kapilashrami

The second session focused on different approaches and challenges researchers and practitioners face while working in the South Asia context. Within this, some of the more

general questions raised during the session included: What is the pedagogy? What are researchers' values and principles and how do these impact their research approach? What are the limitations and challenges researchers face when they move their research beyond the project setting, and their learnings go beyond the community that they create in their research?

Participants were divided into two groups and were asked to reflect on and discuss various mechanisms and pathways of engagement they adopted in their work with local stakeholders, how they chose these stakeholders and at what level of the project cycle, and conception, delivery, dissemination and translation of the project output.

Dr Kapilashrami said the main aim of the exercise was to start thinking of what exists where in terms of opportunities for building capacities for dissemination and for realising the true impact of any work.

After 45 minutes of discussion in groups, the participants were asked to report back.

Group 1:

Dr McGettigan, who spoke on behalf of the first group, said one of the points raised during their discussion was the importance of ensuring that people who were locally engaged in projects were all actually interested in being enrolled. Signing up groups for projects isn't too much of a hurdle as there is a lot of enthusiasm among them to effect change. Questions were also raised about the ethics of those who resort to visual documentation, like film-makers and how much of their own values, principles and biases impact their work. This could also have an effect on the collaborators.

Dr Kapilashrami said another point raised in the discussion was how a researcher's conception of stakeholders is closely aligned with policies and other actors in the space. Various projects engage communities and feed back into communities using different media. Films are one such medium to reach back to the communities.

Dr McGettigan highlighted the importance of engaging members of the community as stakeholders. These people, she said, had a more fair knowledge of the community's needs compared to other stakeholders.

Dr Kapilashrami said a recurrent point of discussion was on the role of gate-keepers. Although they play a central role, researchers, the participants felt, while had to constantly

question who they were excluding going through the process, practices they were reinforcing and whether these practices reinforce particular marginalities and vulnerabilities. The relationship with film-makers was a particularly fascinating point of discussion, how researchers navigate that relationship.

Dr Wickramage asked if there was anything unique about the distillation of themes in the field of migration and health compared to research on other groups like, for example, the indigenous communities.

Dr Kapilashrami responded saying it has little to do with the migrant population per say and more to do with the context of mobility. Dr Kapilashrami said a recurrent point of discussion was on the role of gate-keepers. Although they play a central role, researchers, the participants felt, while had to constantly question who they were excluding going through the process, practices they were reinforcing and whether these practices reinforce particular marginalities and vulnerabilities. The relationship with film-makers was a particularly fascinating point of discussion, how researchers navigate that relationship. One of the points raised during their discussion was about transit migration and vulnerabilities reinforced by gate-keepers who ask these migrants to recall, recount and retell their stories of trauma and violence. Dr McGettigan pitched in saying the difference in studying migrants is that there is an extra layer of complication in their lives owing to different instabilities like the left behinds, those who are in the process of moving, those who have moved and the environment of fear and insecurity they live in over being forced to move again.

Group 2:

Dr Chase said the group looked at engagement from two angles. One, from a service delivery kind of project approach where they discussed their independent research and teased out the similarities and differences between them. They discussed **Minji's** work and how her organisation networked across England, Scotland and Wales with different stakeholders. The team initially started out by doing a ground survey of various organisations whose work is closely aligned with theirs. They then worked out and negotiated what they would bring in addition and ways they would work differently. In the process, they complemented the existing network instead of competing against it. The process involved a lot of navigation

through issues of power and spaces of power. Dr Chase, quoting **Minji**, said it was easier working with direct members of the organisation than those who worked at the grassroots.

In order to work well with communities, research need learn where they are coming from, said Dr Chase. This involves mapping, including finding their source of funding and working within that.

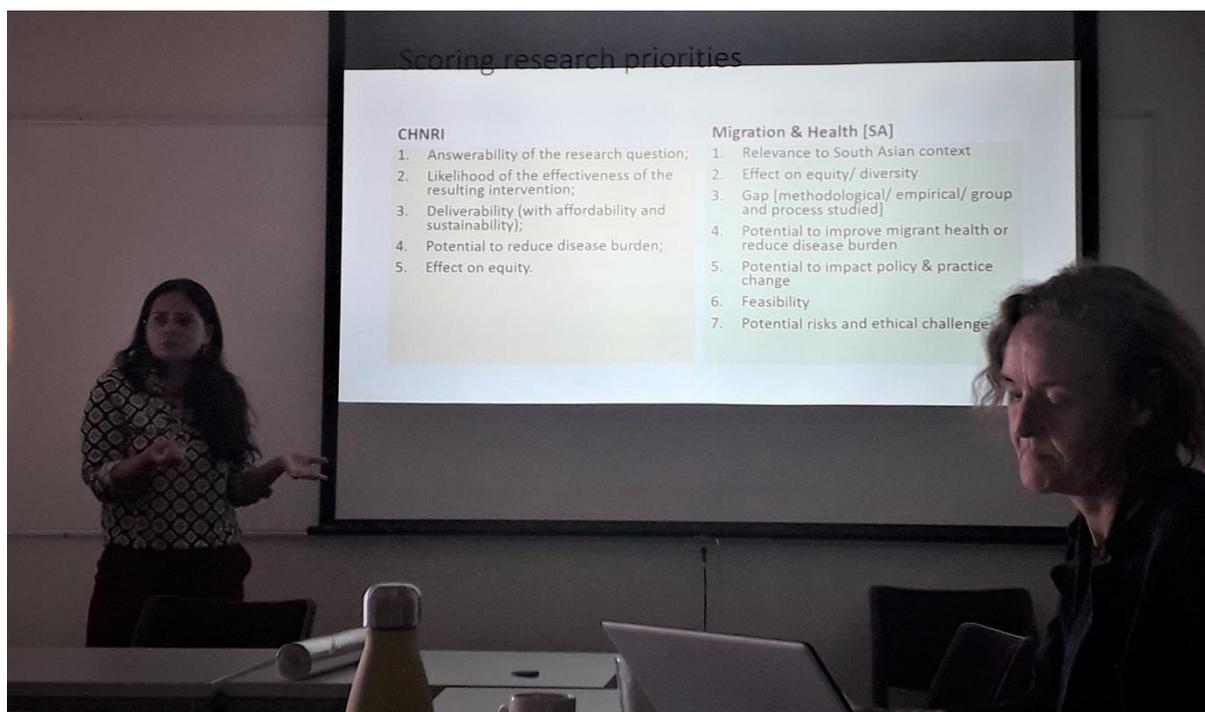
The group then reflect a little on one of Dr Chase's projects on the transition to adulthood for unaccompanied minors, which involved working with young people who were part of the research team from the beginning. Dr Chase said although this journey seemed to result in the positive personal development of the participants, it called to question the complexities of some of the research team members' positionalities in relation to the young people they had engaged with.

This, Dr Chase said, raised the question of ethics in the group discussion. She cited Dr Wickramage's example of a Sri Lankan priest working with a team of football players from the island nation who had witnessed violence of the civil war during their growing up years. When they turned up late for practice one evening drunk, it upset the priest. The response of the players was they were just trying to reclaim the youth they never had. This narrative, Dr Chase said, highlights the importance of understanding different experiences and tracing where people come from.

The discussion moved to funding challenges, especially when funders' agenda does not match with the needs of the communities. Most funders look at single fixes for issues that are far more complex.

The group also discussed various hurdles placed by the state in the form of policies which impeded migrants' access to medicines, healthcare and basic resources, especially in the South Asia context.

Closing session: Reflections and future plans



Dr Kapilashrami asked participants for ideas on how a two-way learning process can be initiated, where the whole research project is based on drawing and learning from existing methodologies and existing insights in communities and among communities of researchers and scholars. She also invited feedback from participants on the gaps they see in the settings they work in and the kind of capacities and skills that need to be built.

Wang shared his experience working with Chinese migrants in Myanmar. He said one of the gaps is research on the patterns of migration. His organisation has been trying to work with the Chinese Academy of Social Science but the issue is not a focus area for them. On the Myanmar side, researchers don't have sufficient capacity to undertake research and design methodologies. Collaboration with institutions from the West could be helpful especially in ensuring impartiality, quality and balance, he said

Dr Kapilashrami said the idea of the network is just not reaching out to scholars in research setting but also in practice and policy setting. As part of the next stage, the project seeks to support capacities around methodologies and research design in the South Asia context and addressing the ethical issues that emerge while working in this context.

Dr Chase suggested mapping different skills and resources in the region and recognizing different forms of expertise. This will facilitate exchange of ideas more than capacity building per say, she said.

Dr Wickramage said the main problem with migration health is that the problem with migration health is that the agenda has not matured at the governmental level to have enough of an ecosystem. He stressed the need for a platform that brings together stake-holders and researchers from the region. This would help promote collaborative research work.

Collaborative work is particularly effective in disease control, especially in countries like Thailand and Cambodia where there is no migration focal point, Dr Wickramage, pointed out. While in areas like malaria control, there is an ecosystem of researchers who galvanise on this issue, when it comes to the mental health of, for example, left behind children, there is no platform of policy-makers and researchers.

A common platform will also help in mapping projects on migration and health in South Asia.

Dr Kapilashrami seconded the idea of a research and practice ecosystem. The project aims to do this by organising workshops around early career research scholars or practitioners and people in policy organisations. She said two parallel processes emerged from discussion in the current workshop. One, building capacities and skills like planning and organising sessions on methodology or ethics that would be as relevant for organisations in South Asia as it is for organisations in the UK, either in the diaspora context or working in South Asia. The second process is to map evidence in terms of what is known, how it is known, different methodologies followed, the main themes and various capacity building initiatives.

The next activity the network has planned is a bibliometric analysis of training of scholars.

Dr Kapilashrami outlined a collective exercise for the group in the current workshop, which involved mapping capacities and research priorities using the CHNRI method. Following the workshop, the network will send out an email to participants seeking two or three key research priority areas in migration and health in South Asia. These priorities will then be ranked using the CHNRI method based on five areas: Answerability of the research question, likelihood of the effectiveness of the resulting intervention, deliverability (with affordability and sustainability), potential to reduce disease burden and effect on equity. This can be done with multiple groups to ensure all voices are captured, that of policy-makers, communities and research scholars.

Through this exercise, the network hopes to create a nascent ecosystem that brings together different sectors and epistemic communities. The network also hopes to create a digital space with a repository of researchers' bios and research outputs. The bibliometric exercise, on the

other hand, would help create a database and facilitate linkage between the UK and the South Asian context.

