



Association of Academic Health Centers®
International



2nd M8 Alliance Webinar Series on Migrant and Refugee Health

**Organized by the M8 Alliance in cooperation with AAHCI
under the leadership of the Sapienza University of Rome**

Migrant Health Issues in Massive Migration Areas in the Covid period

22 February 2021, 15:00 – 16:30 CET

**Participation is free of charge but registration is compulsory at
<https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html>**

The M8 Alliance Webinar Series on **Migrant and Refugee Health**, is a **new format** which aims at bringing together experts from across the M8 Alliance to discuss global, develop innovative and collaborative answers and promote science-based policy advice. Each lecture will last 90 minutes and different speakers from within the M8 Alliance and beyond.

The number of international migrants globally reached an estimated 281 million in 2020, up from 173 million in 2000 and 221 million in 2010. Currently, international migrants represent about 3.6 per cent of the world's population. UN Organizations affirm that migration is a part of today's globalized world and shows how the COVID-19 pandemic has impacted the livelihoods of millions of migrants and their families and undermined progress in achieving the Sustainable Development Goals.

There is still lack of data about the current situation migrants and refugees and how governments respond to their needs in many countries, however, existing trends show that they are among the most vulnerable populations that are disproportionately affected by the pandemic.

This panel will bring together experts from around the world to discuss main challenges that international migrants face and urgent solutions to promote their physical, mental, and social health during the pandemic, with a special focus on people affected by forced migration in Eastern Europe and Central Asia, Middle East, South Asia, and Latin America.

PROGRAM

WELCOME ADDRESSES

Luciano Saso, Sapienza University of Rome, Coordinator M8 Alliance Webinar Series on Migrant and Refugee Health, Member of the M8 Alliance Executive Committee and Member of the AAHCI Steering Committee

Mohamed H. Sayegh, Chair, AAHCI Steering Committee

PANEL SESSION chaired by Ozge Karadag Caman, Senior Researcher, Center for Sustainable Development, Earth Institute, Columbia University

Refugee Health in the Arab Region: A Regional Challenge with a Global Impact by Shadi Saleh, PhD MPH, Founding Director, Global Health Institute, Professor of Health Systems and Financing, American University of Beirut, Lebanon

Refugees' health as a pillar for peace and sustainable health development in Iran by Amirhossein Takian MD MPH PhD FHEA, Professor, Department of Health Management & Economics, Chair, Department of Global Health & Public Policy, Vice Dean, School of Public Health-Tehran University of Medical Sciences (TUMS)- Iran

The special needs of migrants during the COVID-19 pandemic in Turkey by Selma Karabey, MD, Diploma in Public Health, Professor of Public Health, Istanbul Faculty of Medicine, Istanbul University, Turkey

Impact of Covid-19 on health and health-related determinants among migrants and informal workers in Bangladesh by Mobarak Hossain Khan, Department of Social Relations, Faculty of Liberal Arts and Social Sciences, East West University, Dhaka, Bangladesh

Latin America international migration trends and policies in light of the coronavirus disease 2019 (COVID-19) pandemic by Pedro Góis, Professor in Sociology and Methodology at the Faculty of Economics, University of Coimbra (Portugal), Researcher at the Centre for Social Studies (CES). Country expert for the International Organisation for Migration (OIM), Caritas International, The International Centre for Migration Policy Development (ICMPD), European Commission or European Migration Network (EMN)

Mass migration, pandemic and lack of health protection. The Venezuelan case by Claudio R. Brando, Director Oficina de Educación y Relaciones Internacionales Hospital universitario San Ignacio, Bogotá, Colombia

Q&A

CONCLUSIONS

Rapporteur

Stephen Matlin, Visiting Professor, Institute of Global Health Innovation, Imperial College London, UK

SPEAKERS



Luciano Saso (Faculty of Pharmacy and Medicine, Sapienza University of Rome, Italy) received his PhD in Pharmaceutical Sciences from Sapienza University in 1992. He is author of more than 250 scientific articles published in peer reviewed international journals with impact factor (SASO-L in www.pubmed.com, total impact factor > 800, H-index Google Scholar 47, Scopus 39). He coordinated several research projects and has been referee for many national and international funding agencies and international scientific journals in the last 30 years. Prof. Saso has extensive

experience in international relations and he is currently Vice-Rector for European University Networks at Sapienza University of Rome. In the last 15 years, he participated in several projects and has been speaker and chair at many international conferences organised by the UNICA network of the universities from the Capitals of Europe (<http://www.unica-network.eu/>) and other university associations. Prof. Saso has been Member of the Steering Committee of UNICA for two mandates (2011-2015) and he is currently President of UNICA (2015-2023). Prof. Saso is Member of the Executive Committee of the M8 Alliance of Academic Health Centers, Universities and National Academies (<https://www.worldhealthsummit.org/m8-alliance.html>) and Member of the Steering Committee of AAHCI



Dr. Mohamed H. Sayegh served as the Raja N. Khuri Dean of the Faculty of Medicine and Executive Vice President of Medicine and Global Strategy at the American University of Beirut (AUB) from 2009 to 2020. Dr. Sayegh started his career path by obtaining his MD with distinction from the American University of Beirut in 1984. He then moved to USA where he pursued the rest of his training and spent most of his academic career. In 1987, he completed his residency training in Internal Medicine at Cleveland Clinic Foundation in Ohio. By 1990, he completed his research and clinical fellowship in Renal Medicine and Transplantation Immunobiology at Harvard Medical School and the Brigham and Women's Hospital in Boston. He then ascended the academic ranks at Harvard Medical School, from Instructor in

1990, to Assistant Professor in 1992, to Associate Professor in 1997, and full Professor of Medicine in 2004. By 2005, he was awarded the Warren E. Grupe and John P. Merrill Endowed Chair in Transplantation Medicine at Harvard Medical School, and Director of the Schuster Family Transplantation Research Center at the Brigham and Women's Hospital and Boston Children's Hospital. He is currently (starting January 2020) the Special Advisor to the President for Medicine and Health at AUB focusing on new business development outside Lebanon. He also serves as the Senior Advisor on Research in the Middle East and North Africa at the National Institute of Allergy and Infectious Diseases (NIAID) / National Institutes of Health (NIH) to promote NIH funded research in the MENA region. Believing that leadership is about creating leaders, and in addition to his notable achievements, Dr. Sayegh proved to be a distinguished mentor with exceptional training skills when elected as a member of the ASCI, AAP and FRCP. Under his direction, tens of investigators trained and grew to become active leaders in renal and transplant programs worldwide. In recognition of his exceptional efforts, he was awarded the 2008 First Mentoring Award of the AST. Internationally, Dr. Sayegh held a number of leadership positions. He served as Chair of the Scientific Advisory Board and member of the Board of Trustees of the Harvard Dubai Foundation. Currently, he serves on the International Advisory Board for the Hamad Bin Khalifa University and Qatar Foundation. In addition, he is a Board of Trustee member with the University of Sharjah and a member on the Association of Academic Health Centers International (AAHCI) Steering Committee, the

Regional Ambassador hosting the AAHCI MENA Regional Office at AUBMC and the Chair Designate of AAHCI.



Dr. Ozge Karadag Caman works as a Senior Researcher at the Center for Sustainable Development of the Earth Institute at Columbia University. She also holds an Associate Professor of Public Health title in Turkey. Dr. Karadag Caman earned her medical degree at Istanbul University, and her MSc and PhD Degrees in Public Health at Hacettepe University in Turkey. She also holds a postgrad degree in health promotion from the London School of Hygiene and Tropical Medicine. Dr. Karadag Caman has more than 15 years of experience working in multicultural and multidisciplinary teams to conduct research, develop public health policies and programs for different vulnerable/disadvantaged populations. She has worked as a consultant for numerous UN organizations and European Commission in addition to different governmental and non-governmental organizations. Her

current work focuses on research, advocacy and training activities regarding the effects of the COVID-19 pandemic on the most vulnerable populations including migrants and refugees and how to use innovative outreach approaches and digital technologies to increase access to health information and health care among refugee and disadvantaged local youth in Turkey, Lebanon and Jordan. She is a member of The Lancet COVID-19 Commission Secretariat and the Global Happiness Council.

Refugee Health in the Arab Region: A Regional Challenge with a Global Impact

Shadi Saleh, PhD MPH

Founding Director, Global Health Institute, Professor of Health Systems and Financing, American University of Beirut, Lebanon

The Arab Region is the epicenter of the humanitarian refugee crisis with approximately one-third of the refugee population around the World coming from this region. What complicates this already dire context is the fact that many refugee source and host countries are fragile, especially in terms of health care systems. In this context, the fragile has to take care of the vulnerable! This presentation discusses the need for a regional outlook and solutions rather than ones that adopt a country-specific approach which already proved to be ineffective and costly. We also argue that the challenge of refugee health in the region has a global implication in terms of direct, e.g. migration to the North among others, and indirect burden, e.g. costs to the UN system and global community. The discussion will present possible approaches that may alleviate some of the burden on refugee health. The proposed approaches combine low-cost innovative solutions and propositions of health system dynamism needed to address challenges.



Dr. Shadi Saleh is the Founding Director of the Global Health Institute (GHI) at the American University of Beirut (AUB), the first such institute in the Middle East and North Africa region, and a Professor of Health Systems and Financing at the Faculty of Health Sciences at AUB. Dr. Saleh's areas of expertise are in developing and evaluating innovative interventions for health systems in fragile contexts. He has published over 100 peer-reviewed papers and commissioned reports, including publications in the Lancet, American Journal of Public Health and Medical Care among others. Dr. Saleh is an elected board member of the Consortium of Universities in Global Health and represents

GHI on the M8 Alliance. He co-led the Health Systems and Rebuilding Thematic Group in the Lancet Commission on Syria. Dr. Saleh also served as an appointed member of the National Emergency Social Protection Project and the Committee on Universal Health Coverage with the

Ministry of Public Health in Lebanon. He also serves as a World Bank, WHO and UN advisor for health care financing policy and system strengthening projects. Shadi Saleh holds a PhD in Health Policy (minor in health care finance) from the University of Iowa and a Masters of Public Health (health services administration) and a BS from AUB.

Refugee health as the building block for peace and sustainable development in Iran

Amirhossein Takian MD MPH PhD FHEA

Professor & Chair, Department of Global Health & Public Policy, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran

Refugees have heterogeneous life experiences as they might have experienced discrimination and marginality before, during, or after travel. As a result, they may face with a higher risk of infectious diseases, non-communicable diseases (NCDs) and mental health problems. The greater diversity of refugee population have brought new challenges to the national health care systems, especially for countries like Iran that host millions of refugees. The concept of positive peace, meaning to create and maintain resilience through rule of law and appropriate institutionalization to sustain peaceful societies, might be compromised in these countries due to significant and complex health needs of refugees. Refugees' health is not only a health challenge, but it is considered as a sociopolitical phenomenon to strive for peace and reducing inequity. Providing affordable access to high quality healthcare services is fundamental to achieve the United Nations' vision 2030 of sustainable development goals (SDGs), particularly the concept of universal health coverage (UHC). SDG 3 aims to 'ensure healthy lives and promote well-being for all at all ages', including that of migrants and refugees, while a number of other SDGs incorporate elements relating to health outcomes and migration. Refugees' health can be a big challenge to UHC, across high and middle-income countries alike. Key development issues – such as health, education, labor, gender, and urbanization are among the elements that may affect refugees' population. Improving refugees' health depend on equity, as countries work towards achieving SDGs, particularly those relating to poverty, inequality, hunger and food insecurity, employment and peace. For nearly four decades, Iran has been hosting millions of documented and undocumented refugees. In line with humanitarian action, Iran has prioritized refugees' health by moving beyond its duties and responsibilities set in the 1951 Convention for serving refugees, mostly funded by domestic resources. Since 2015, the government allowed the inclusion of all registered refugees in the universal public health insurance scheme, in line with its ongoing Health Transformation Plan (HTP), the Iran's pathway toward UHC. This talk aims to illustrate the status of refugees and immigrants' access to healthcare and main initiatives to improve their health in Iran and fulfilling the vision of leaving no one behind.



Amirhossein Takian (MD MPH PhD FHEA) is Chair and Professor at the Department of Global Health & Public Policy, and Vice-Dean for International Affairs at the School of Public Health (SPH)- Tehran University of Medical Sciences (TUMS), Iran. He is also Advisor for Medical Education Reform and Member of the National Examination Board for Health Policy, Economics and Management, at the Ministry of Health and Medical Education (MOHME)- Iran. Amir is Chief Research Officer at the Health Equity Research Centre (HERC)- TUMS and TUMS' focal point at M8 Alliance, serving as a member of World Health Summit (WHS) Executive Committee since 2017, and Secretary of 7th World Health Summit Regional Meeting, 2019. From 2013-2018, he was Deputy for International Organizations at the MOHME-Iran, overseeing the relationship between Iran and global organizations, i.e. WHO, UNDP, UN, UNICEF, UNFPA, etc. Dr. Takian is a member of National Committee for Prevention and Control of Non-Communicable Diseases, MOHME, Iran; member of National Academy of Medical Sciences, Iran; member of Steering Committee for National Health Assembly- Iran; member of advisory committee on health

information technology (HIT), AcademyHealth- USA; founding member of Supreme Council for Health & Peace Research Center, Shiraz University of Medical Sciences, Iran; member of editorial board at the International Journal of Health Policy and Management; and Associate Editor at the International Journal of Public Health. A physician by training, Prof. Takian has a track record research in health policy analysis in the field of evidence-based policymaking, primary care, global health, non-communicable diseases, universal health coverage, and ehealth. He has published over 90 peer reviewed journal articles, 14 books, 4 book chapters, and 18 commissioned national and international reports. Amir has been a principal investigator in several collaborative research projects at the national and international levels, with the value equivalent to over Seven million Euro. Dr. Takian has supervised/advised over 35 MSc and 42 PhD students, plus two Post-doctorate fellows in Iran and other countries. He has been an invited keynote speaker in tens of global events, i.e. the United Nations, WHO, World Health Assembly, World Health Summit, PMAC, etc., and a frequent Ted speaker. Prof. Takian was awarded the best educational national award of Iran in the field of medical sciences in 2017, the global AMEE award in 2018, the best teacher award of SPH-TUMS in 2019, and the joint international figure of TUMS and Tehran University in 2019. Dr. Takian is a lifetime fellow of Higher Education Academy of the United Kingdom.

The special needs of forced-migrants during the COVID-19 pandemic in Turkey

Selma Karabey

Professor of Public Health, Istanbul University, Turkey

The COVID-19 Pandemic has completely changed daily life around the world. Besides, production, consumption, working styles, human relations and interactions have changed. Rituals such as funerals, weddings, etc., which have an important place in the life of society, either became impossible to do at all or were limited. So is travel between cities and countries. Still, the epidemic does not affect every country and different communities within the country in the same way. In the short term, the pandemic has both deepened existing social inequalities and created new areas of inequality. High income inequality has been called as a social scourge in many ways. Higher inequality leads to worse overall health conditions, which significantly increases vulnerability to COVID-19 deaths. Additionally, lower social cohesion, less social trust, and more political polarization are the other side effects of higher inequality. During the last year, we witnessed that some groups such as women (gender-based inequalities, increased violence against women, increased workload at home, withdrawal from working life, increased unwanted pregnancies), children (inequalities in access to education, increased child neglect and abuse), immigrants (changing immigration policies, admission conditions, deportations, increased stigma and discrimination) and the elderly (increased isolation, difficulty in accessing services, etc.) are deeply affected by the pandemic. In this respect, it is observed that COVID-19 has also evolved into a social disease which has a higher relationship with social factors such as tuberculosis and HIV / AIDS. Irregular migrants, asylum seekers and refugees, which are among the groups most affected by the pandemic and which we will examine more closely, are one of the most risky groups due to their working and accommodation conditions. The refugee groups living in poverty and crowded houses and having difficulties with social distancing, stress-provoking factors such as high levels of uncertainty, increased stigma and discrimination against refugees and asylum seekers among the host community are the major factors which make these groups more vulnerable to the pandemic. According to official numbers, there are approximately 3.65 million Syrians under temporary protection, 400 thousand asylum seekers and refugees under international protection in Turkey. In addition, it is known that there are more than 1 million irregular migrants. It can be said that irregular migrants are the most vulnerable ones among these groups to the epidemic. COVID-19 data releasing by the Turkish Ministry of Health in Turkey do not show some details such as education and income status, ethnicity, immigrant status and so on. The reports do not have the ability to say certain things about most affected groups, including refugees. However, when we look at the international reports and epidemiological data published by different countries, it is not difficult to predict the situation of forced migrants. Immediately after the start of the pandemic, the Turkish Government published a circular announcing that 'COVID-19 related health services' will be

provided under the emergency service category for free regardless of registration status, facilitating access to health services during the outbreak for irregular migrants. According to the circular, every individual who approaches a health care center with a suspected case of COVID-19, regardless of their health coverage under the social security system, shall be granted free of charge access to personal protective equipment, diagnostic testing and medical treatment. On the other hand, language barrier, which led to difficulties in accessing health information and social determinants of health emerges again. Unregistered migrants state that they do not want to go to health institutions because of their fears of being deported, being removed from home or being fired. Among the measures to be taken against COVID-19, the importance of social distance is frequently emphasized; however, we know that forced migrants mostly live in large groups in small spaces. Besides, most of refugees whom work with manual labor, cannot find the opportunity to work from home and must continue to work in their workplaces. Undoubtedly, those who are affected by the loss of employment and lose their jobs are in even more difficult situations. Refugees living and working in Turkey was the first who issued these groups. Those who worked in daily work before the epidemic were unable to look for work due to the measures taken during the epidemic period. In researches, it has been determined that refugees who work with lower wages and without job security compared to domestic workers are not able to meet even their basic livelihood needs during the epidemic. In addition, since they work unregistered, they cannot benefit from the financial aid provided by the state, albeit limited. Pandemic has also caused the inequality for refugee children and young people living in Turkey in the field of access to education. Turkish Ministry of National Education stopped face-to-face training shortly after the epidemic started and switched to online education. Unfortunately, children who do not have a suitable working environment at home and do not have computers and internet cannot participate in distance education. Schooling rate, which is already low among immigrant groups, has decreased significantly with the pandemic. It can be said that the inability to access education, which has a very important role in reducing inequalities, will deepen the existing inequalities. The last (2018) Demographic and Health Survey conducted every five years included the Syrian women in reproductive age under the temporary protection status. Data collected by face-to-face interviews with 2.216 married women aged 15-49 show that the total fertility rate is 5.3. This number is 2.8 in Syria, 2.3 in Turkish women. Moreover, 39 percent of young Syrian women between the ages of 15-19, known as adolescents, are either pregnant or have at least one child. Therefore, to meet the quality reproductive health needs of about 1.65 million the Syrian women living in Turkey seems to be even harder since health care services became as pandemic-focused and reproductive health services have disrupted significantly. Considering how they are affected by the pandemic into account the difficult conditions of the refugees, it clearly shows the need for urgent national and international multi-faceted, multi-layered interventions. If we want to be societies that "leave no one behind", action must be taken immediately.



Prof. Selma Karabey is a graduate of Istanbul Faculty of Medicine and a Public Health Specialist working in the Department of Public Health of Istanbul Faculty of Medicine since 1986. In addition, she has been consulting in various boards of the Ministry of Health, a member of the Competency Board of the Association of Public Health Specialists (HASUDER) and the chair of the "Community Mental Health Working Group" and a member of the National Medical Education Accreditation Board Visit Team. She served as a founding member and board member of the AIDS Prevention Association between 1992-2005, and as the chairman of the board of the Turkish Hospital Infections and Control Association between 2004-2008. Prof. Karabey's current professional interests are "Public mental health", "Vulnerability" and "Advocacy". She has been board member of the BirIZ Association, which has been working in the field of

community mental health since 2016, and a member of the Lancet COVID-19 Commission, Humanitarian Aid, Social Protection and Vulnerable Groups Task Force since October 2020.

Impact of Covid-19 on health and health-related determinants among labor migrants and informal workers in Bangladesh

Mobarak Hossain Khan

Professor and Chairperson, Department of Social Relations, East West University, Dhaka, Bangladesh

Three cases of Covid-19 were first reported on March 8, 2020 in Bangladesh and the government declared "lockdown" and other containment measures (e.g., social distancing, quarantine, isolation) throughout the country from March 26 to June 1, 2020 to contain this deadly disease. Such containment measures along with high level of panic have affected each and every sector and citizen of Bangladesh including its overseas migrants and foreign people. Available evidence suggest that such impacts are different from sector to sector depending on their nature of activities. Similarly impacts vary from person to person depending on the socio-economic, demographic, livelihood and environmental conditions of the population. Unfortunately, migrants (domestic and overseas) and informal workers (normally having no job security and employment benefits) including their family members (dependents) in both urban and rural areas are among the severely affected groups by the covid-19. Briefly, this study (based on secondary sources of information) aims (i) to report various impacts of Covid-19 on health and health-related determinants among labor migrants (domestic and overseas) and informal workers (e.g., unskilled and low-wage workers, daily labors) in Bangladesh and then (ii) to highlight some short- and long-term strategies to minimize the impact of Covid-19 among them. Bangladesh is a labor-surplus country with limited job opportunities and hence is one of the major suppliers for overseas labors. Between 10 to 13 million Bangladeshi overseas migrants are working across many (170) countries of the world, mainly (about 60%) in the Middle East and GCC (Gulf Cooperation Council) region. Around one-tenth (11%) of the overseas migrants are working in Asia Pacific region, mostly in Malaysia and Singapore. Most of the Bangladeshi overseas labor migrants are either unskilled or semi-skilled and they are facing various problems attributed to covid-19. A significant number of overseas labor migrants have been sent back to Bangladesh due to various containment measures of covid-19 in host countries and many are in constant fear of being sent back for the same reasons. Some of the major challenges, which are reported by overseas labor migrants and their dependents, are declining job opportunities in the host countries, uncertainty in job continuation, uncertain future for returnee migrants, expiration of visas for aspirant migrants, and economic uncertainty/struggle. Like overseas labor migrants, the total number of domestic migrants, informal workers and their dependents are huge in Bangladesh, and their livelihoods and economic conditions are severely disrupted by multiple impacts of covid-19, which may include e.g., joblessness due to job termination and narrowed job markets, limited cash flow to the family members due to wage-cut or loss of income sources for workers. The abovementioned uncertainties and challenges are negatively influencing (directly and indirectly) health outcomes (e.g., poor mental well-being, stress, anxiety, domestic violence) and health-related determinants (e.g., job, income, poverty, remittance, food, nutrition, stigmatization, discrimination, and health insurance) of the labor migrants and informal workers including their dependents through complex mechanisms. Finally, various short- and long-term strategies, that have already been implemented to mitigate overall impacts of Covid-19 for the labor migrants and informal workers in Bangladesh, will be highlighted. The potential areas for future research collaborations will also be highlighted.



Dr. Md. Mobarak Hossain Khan is a Professor and the Chairperson of the Department of Social Relations at East West University (EWU), Bangladesh. The period of his teaching and research experience at universities is over 25 years. Before joining at EWU on January 2018, he occupied several faculty and research positions at Bielefeld University School of Public Health (Germany), Sapporo Medical University (Japan), King Faisal University (Saudi Arabia) and Bangladesh Agricultural University and Jahangirnagar University (Bangladesh) since 1993. He finished his Habilitation (2017) in urban health from Bielefeld University, Germany; PhD (2007) in public health from Sapporo Medical University, Japan; MSc (2000) in Community Health and Health Management from Heidelberg University, Germany; MSc

(1992) and BSc (1991) in Statistics from Jahangirnagar University, Bangladesh. He received various prestigious scholarships namely Monbukagakusho (Japanese government) scholarship for PhD in Japan (2002-2007), DAAD scholarship for MSc in Germany (1999-2000), University grant commission scholarship (1990) for and University talent pool scholarship (1990) for outstanding performance in the bachelor examination in Bangladesh. Public health and epidemiology (urban health, refugee health, slum health, migrant health, healthcare services focusing on Bangladesh), biostatistics, research methodology, and population studies are major areas for his teaching and research. He already supervised many post-graduate research students in Bangladesh and abroad. His total number of publications is over 130 including an edited book (2011) on urban health in megacities (Springer). He attended many international conferences and professional trainings or workshops held in China, Germany, India, Japan, Nepal, Netherlands, Portugal, Saudi Arabia, Spain, Sweden, Switzerland, Turkey, United Kingdom and United States of America including Bangladesh. He received various research grants from various sources located in Bangladesh, Germany, and Japan. He is also strongly connected with many national and international scientists because of his long-term research/teaching records in Bangladesh and abroad.

Latin America international migration trends and policies in light of the coronavirus disease 2019 (COVID-19) pandemic

Pedro Góis

Professor in Sociology and Methodology at the Faculty of Economics, University of Coimbra, Portugal

The pledge to leave no one behind has been essential in making the plight of the need to include people on the move, indigenous people, migrants and refugees in national health-care systems worldwide. This was the case in Lesvos or in South Sudan, in Palestine as in Australia, in the European Union or in the US. In Latin America the current situation of migrants tends to be far more complex than elsewhere. Vulnerability in contexts of human mobility is social invisible, because migrants are (still) on the move (in caravans or isolated), because their just arrived to the countries of destination, because indigenous, migrants, and refugees are physically present in communities yet socially excluded in every other way. Those indigenous, migrants, refugees or people on the move tend to have little access to social protection and health care and, in most countries, are excluded from the national health care systems. They tend to be informal workers, they are marginalised and overcrowded in overpopulated urban settings and they are experiencing the many aspects of deep poverty and radical social exclusion. The economic activity halt, due to the COVID-19 crisis that entails social distancing and an indefinite shutdown of restaurants, hotels and shops, has increased the vulnerability of migrants in the different countries of the region. Leaving no one behind in Latin America during the COVID-19 pandemic means that governments, international organizations, NGO's and other stakeholders alike should take responsibility for immigrants' welfare, through immediate actions (like include those individuals in vaccination plans) and social, public health, and immigration policies in the long term.



Pedro Góis is a Professor in Sociology and Methodology at the Faculty of Economics, University of Coimbra, and a Researcher at the Centre for Social Studies (CES). He is an expert in sociology of migration and quantitative methodologies. Recently he was consultant or country expert for the International Organization for Migration (OIM), Caritas, ICMPD, European Commission or European Migration Network (EMN). His most recent research-driven publications used quantitative and qualitative methodologies and include papers and books on: refugees in Europe; Venezuelans in Latin America; Portuguese immigration and emigration; Brazilian migration; and diasporic engagement practices and policies.

Mass migration, pandemic and lack of health protection. The Venezuelan case

Claudio R. Brando

Pontificia Universidad Javeriana-Hospital Universitario San Ignacio, Bogota, Colombia

The internal political situation that has led to the massive migration of Venezuelans has not changed, but the economic crisis in the receiving countries, produced by the Covid-19 Pandemic, has conditioned new flows of migrants despite the closure of borders, with additional implications for health and political decisions related to vaccination of unregistered migrants.



Claudio R. Brando, MD, General and Gastrointestinal Surgeon, Chief Academic Officer, (CAO) Universidad Javeriana- Hospital Universitario San Ignacio Bogota Colombia. Advisor for Latin America of the Association of Academic Medical Centers and Member of the Commission for Human Talent in Health of the Ministry of Health in Colombia.



Professor Stephen Matlin is a Visiting Professor in the Institute of Global Health Innovation at Imperial College London, Senior Fellow in the Global Health Centre at the Graduate Institute of International and Development Studies, Geneva and Secretary of the International Organization for Chemical Sciences in Development. Educated at Imperial College London as an organic chemist, Stephen worked in academia for over 20 years, including as Professor of Biological Chemistry at City University London and at Warwick University, researching in areas including medicinal chemistry and collaborating with the WHO Special Programmes in human reproduction and tropical diseases. This was followed by periods as Director of the Health and Education Division in the Commonwealth Secretariat, as Chief Education Adviser at the UK Department for International Development and as Executive Director of the Global Forum for Health Research in Geneva. He was a co-founder and co-chair of Global Health Europe. In 2015-2020 he was co-principal investigator of a project on the European dimension in the global effort to eradicate polio, based at the Global Health Centre in Geneva and supported by the Bill and Melinda Gates Foundation. He has co-authored a number of reports on the health of migrants and refugees, including a major review in [Public Health Reviews](#).

Background

This webinar is part of the **M8 Alliance Webinar Series on Migrant and Refugee Health**, organized by the M8 Alliance under the leadership of Prof. Luciano Saso.



The **M8 Alliance of Academic Health Centers, Universities and National Academies** is an unique international network of 30 leading international academic health centers, universities and research institutions, all of which are committed to improving global health and working with political and economic decision-makers to develop science-based solutions to

health challenges worldwide.

Migrant and Refugee Health has been a focus topic of the M8 Alliance since 2016. Regular sessions at the World Health Summit and dedicated expert meetings have laid the basis for effective international research networks. The webinar series builds on this tradition and uses the opportunities of digital technologies to involve even more experts from around the world.

Contact:

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Further information:

<https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html>

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