

A large, stylized sun graphic is positioned on the left side of the slide. It consists of a solid olive-green circle with several short, dashed olive-green lines radiating from its top-left edge, suggesting sunbeams. The background is a teal color with a large white curved shape on the right side.

Exploring Migration Health Research Priorities in Nepal: Using CHNRI Initiative

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An Outline



- An overview of migration health in Nepal and South Asia
- Justification of CHNRI exercise in Nepal
- Preliminary findings of first round of CHNRI exercise in Nepal
- Next steps and key takeaways

Overview of Migration Health in Nepal

- South Asian countries, primarily Bangladesh, India, Nepal, Pakistan and Sri Lanka, are important countries of origin of migrant workers (McAuliffe and Triandafyllidou 2021).
- The majority of labour migration across international borders in South Asia is low-skilled migration to Gulf Cooperation Council countries.
- Migration involves more than just population movements within, between, and across borders.
- A movement of stories, struggles, vulnerabilities and encountering precarities in different locations and socio-political contexts.
- Existing literature on migration health in countries in Nepal, does not capture the full complexities of migration journeys and destination countries.
- Migration Health– Under-explored area in Nepal and South Asia, thus issues and concerns linking them with wider structural and contextual factors are not well-understood.



Image: MiHSA/Anuj Kapilashrami

CHNRI Practice in India

Electronic supplementary material:
The online version of this article contains supplementary material.

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Bridging the gap: Using CHNRI to align migration health research priorities in India with local expertise and global perspectives

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Background Migration and health are increasingly recognised as a global public health priority, but concerns have been raised on the skewed nature of current research and the potential disconnect between health needs and policy and governance responses. The Migration Health South Asia (MiHSA) network led the first systematic research priority-setting exercise for India, aligned with the global call to develop a clearly defined migration health research agenda that will inform research investments and guide migrant-responsive policies by the year 2030.

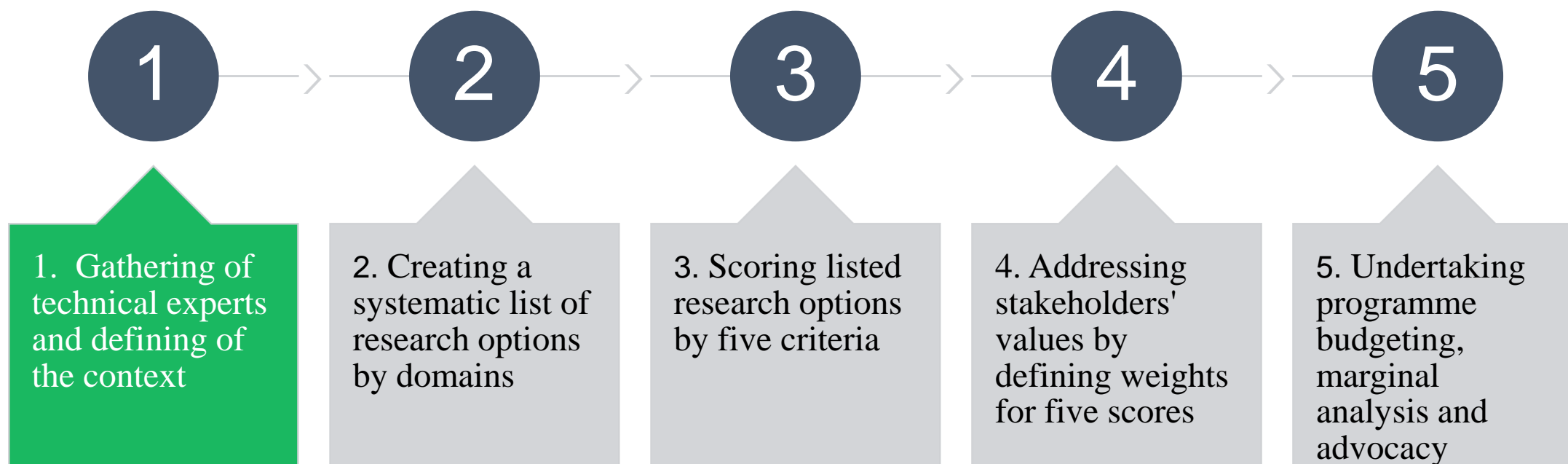
Methods We adapted the Child Health and Nutrition Research Initiative (CHNRI) method for this priority setting exercise for migration health. Guided by advisory groups established at international and country levels, we sought research topics from 51 experts from diverse disciplines and sectors across India. We consolidated 223 responses into 59 research topics across five themes and scored them against five predefined criteria: appropriability, effectiveness, feasibility, im-

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Key Steps of the Child Health and Nutrition Research Initiative Exercise Followed to Identify Migration Health Research Priorities





Defining Content for Setting Migration Health Research Priorities.

Context in Space

- South-Asians
- South-Asian setting

Disease, Disability, Death Burden

- The brief included notes on existing migrant population and a general overview of migration health challenges

Context in Time

- Identifying a research agenda to guide research for the next 10 years

Stakeholders

- Migrants and their families, general public, researchers, academicians, funders, policymakers, subject experts

Risk Management Preferences

- Not applicable as the group does not have any funding decisions to make, vis-a-vis supporting few expensive high risk research ideas or multiple mixed ideas.

Why Do We Need to Initiate the CHNRI Exercise in Nepal?

Migration health is relative unexplored terrain in the country.

Existing literature on migration health in the country is patchy, fragmented and siloed.

Recording and reporting of migrant labourers, mostly deaths and disabilities and injuries has been initiated by the Government of Nepal, which needs to be strengthened based on identified gaps.

As one of the major labour sending countries in the region, Nepal has witnessed an increase in the number of migrants, as well as the health issues they face in destination countries, including death and disabilities.

CHNRI Process in Nepal

Local Partnership building with CESLAM/BAHA and established MiHSA secretariat in CESLAM Nepal

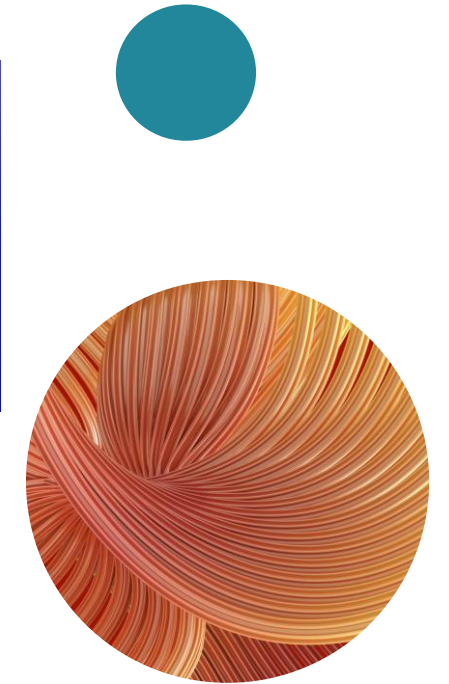
Talk delivered by Prof. Anuj Kapilashrami on Migration Health in the region and Nepal in May 2024 at NNSM and initiated CHNRI exercise with (16) representatives from GON, CSOs

CESLAM in collaboration with MiSHA identified and formally invited researchers, scholars and policy makers to participate in exercise and requested them to list out 3-5 key research priorities in Google form about Migration Health in Nepal.

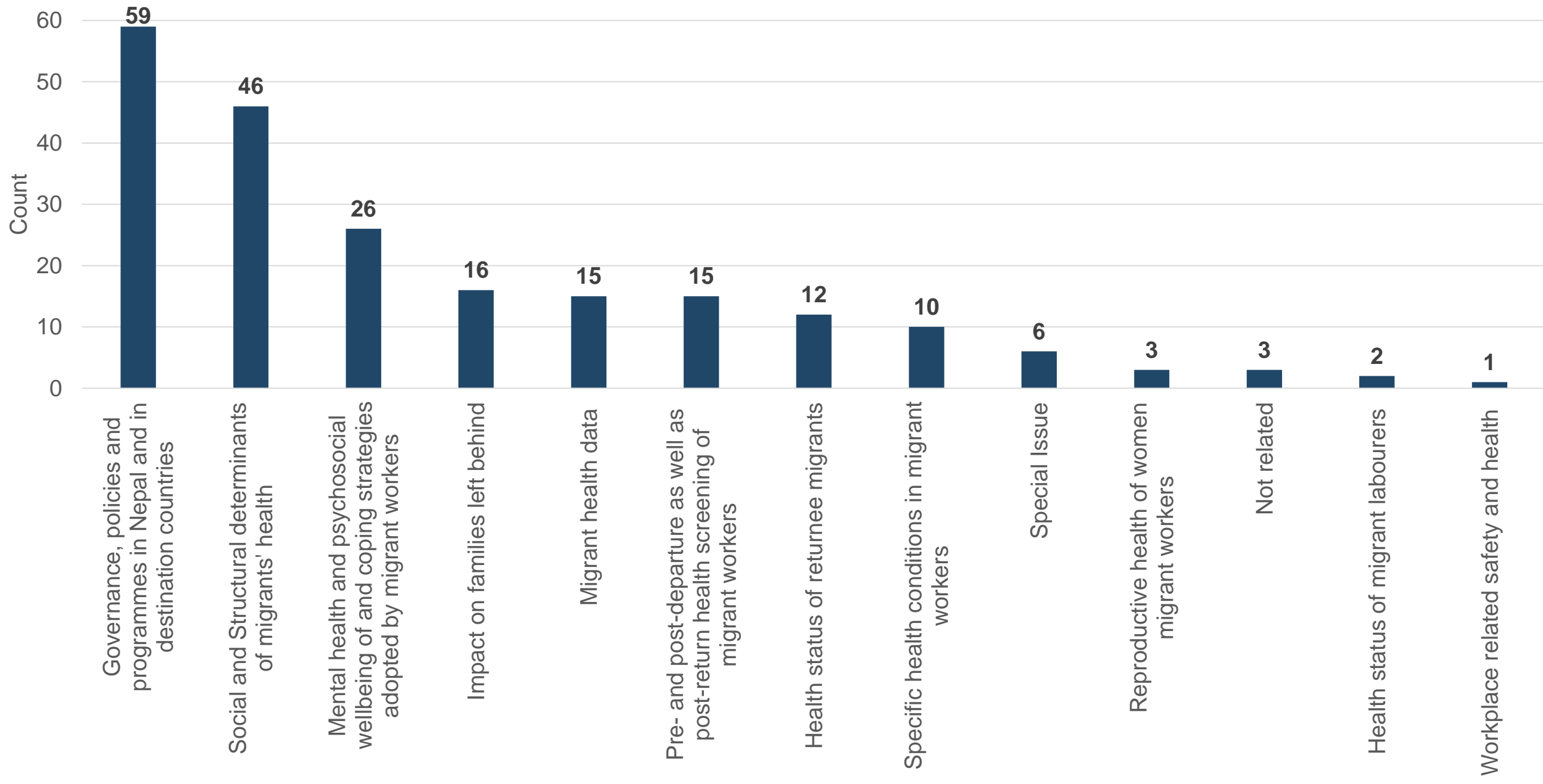
A total of 87 professionals reached out including public health professionals, medical anthropologists, representatives from development partners, UN agencies among others.

Round of follow-ups were made through emails and phone calls

A total of (70) participants responded (54) email responses and (16) in-person exercise, yielding 211 responses



Preliminary Findings from 1st Round (Themes/Categories)



Preliminary Findings from 1st Round (Themes/Categories)

Governance, policies and programmes in Nepal and in destination countries

- Management of work-related health risks by employers, governments, and social organizations
- How can policies safeguard health provisions for migrant workers
- Provision for medical screening of migrant labourers after arriving in CoD
- Social protection and insurance

Social and Structural determinants of migrants' health

- Structural factors that contribute to the deaths, especially sudden deaths of otherwise healthy Nepali migrant workers in CoD
- Role of factors such as gender, age, climate and nature in determining the health risks that migrant workers face

Mental health and psychosocial wellbeing of and coping strategies adopted by migrant workers

Preliminary Findings from 1st Round (Themes/Categories)

Impact on families left behind

- Effect of migration on mental health of left behind family members including children
- Effect of women's migration on care work at home

Migrant health data

- Categorization of causes of death
- Data on undocumented migrant workers
- Understanding role of skill type, work context and job category in health risks

Pre- and post-departure as well as post-return health screening of migrant workers

- Regulation and monitoring, effectiveness of pre-departure health screening
- Post-return health screening of returnee migrant workers

Next Steps and Key take Aways

Preliminary findings of Nepal research highlights the need for evidence on social and structural determinants of health risks, mental health of migrant workers, pre-departure health screening, policy, and infrastructure for migrant health and data

South and South-East Asia lack focus on migration health, neglecting migrant-specific needs and regional contexts.

Next step: completing remaining steps building on the first round and developing recommendations.

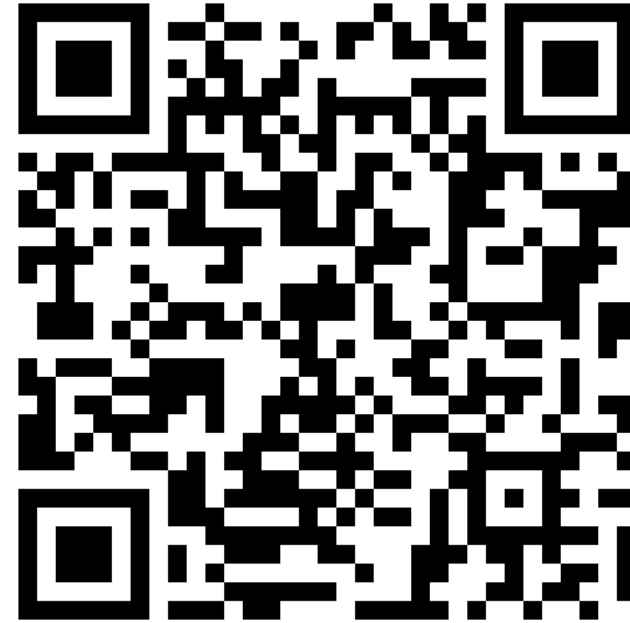


Setting Priorities for Migration and Health Research in Nepal

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Thank you for taking out time to fill this online survey and participate in the research agenda setting exercise. Please submit 3 to 5 clear and actionable research questions or ideas that could help Nepal advance migration and health (and related development goals) by 2030.

This survey will not take more than six minutes of your precious time but will yield invaluable insights for migration health agenda in Nepal. Thank you.



Click on the QR code to access the google form

- If you would like to receive an invitation for the first round of the CHNRI exercise, you can:
 - Email us at [**rkambang@ceslam.org**](mailto:rkambang@ceslam.org), and we will share the invitation with you.

Thank you!



Questions and
comments are
welcome!!

Acknowledgement

- We would like to thank NHRC for providing the opportunity for us to share these preliminary findings in this important forum.
- Also, we would like to express our sincere gratitude to MiHSA and Professor Anuj Kapilashrami for initiating and leading this methodological initiative in different countries in South Asia, including Nepal.
- Last but not least, all the experts/participants for their engagement in this initiative.

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