***Editorial***

***Migration and Health: Time for a new research agenda***

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In this issue of the Scandinavian Journal of Public Health (SJPH), we present the 2022 Pandemics, Diversity and Social Inequality Declaration from Bergen, Norway (Bernadette N Kumar, Gro Jamtvedt & and Esperanza Diaz, this issue), hereafter referred to as the Pandemic Declaration. The main aim of the Pandemic declaration is to ensure that the legacy of the participants of the Norwegian National Conference on Pandemics, Diversity and Social Inequalities, held in Bergen October 2022, was not lost after the conference. The declaration summarizes and reiterates salient exchanges, research and experiences that encompassed the main purpose of the conference. These included lessons learned as to how the covid pandemic exposed and reinforced health inequalities and how they can be reduced, including the integration of diversity into contingency plans. A working group put together a draft based on the abstracts received and the main messages from the keynotes, which was presented and agreed upon among the participants during the conference closing ceremony. The Pandemic declaration has three sections. The first presents the state of the art in terms of updated information that can be used to improve health care for all, including migrants. Second, it highlights key issues discussed during the conference, including what has been achieved in terms of innovations and challenges. The final part of the Pandemic Declaration consists of a section on what is the remaining unfinished agenda, including a list of recommendations for the way forward.

The Pandemic Declaration and the accompanying articles published in this issue of the SJPH indicate that the growth of migration and health data and research has been exponential. The momentum achieved so far must be continued and in doing so it is time to address the unfinished agenda by moving beyond researcher driven ‘cherry picking’ of migrant groups and topics to unmet needs of services and user groups. Recent literature, including landmark studies indicate a mismatch between public perception and current evidence about migration health (1,2). For this narrative to change, relevant and appropriate evidence must be generated and applied.

The articles published in this issue examine pressing public health issues among migrant groups categorized according to age, country of origin, sub-population groups (including the Roma population), duration of stay and reasons for migration. Furthermore, a large proportion of the articles focus on young people, which concurs with the recommendations of the Pandemic Declaration. According to the scoping review published by Laue J, Diaz E, Eriksen L, et al in this issue (3) migration research is dominated by quantitative research. The articles published in this issue, follow the trend of articles submitted to SJPH, predominantly applying quantitative methods (80 %). Among these, a greater proportion analyzed register data within the clinical disciplines of reproductive health, mental health, infectious diseases and cardiovascular diseases, or on socio-cultural aspects and the use of healthcare services.

Nevertheless, the findings of these papers confirm and concur with the observations of the Pandemic Declaration, that the associations between migration and health are neither linear nor unidirectional, indicating both lower and higher risk compared to host populations. One of the areas of concern that both the papers and the Declaration raise is mental health, in particular among young people. Unaccompanied refugee minors (URMs) appear to have moderately more emotional problems than Norwegian young people. They are more likely to report being alone and being bullied; on the other hand, they get along better with adults than with their peers and are more helpful and sharing with others (4,5).Children of migrants did not have overall worse health than children without migrant background, but the distribution of health problems varied between groups (6). A key take- away from the majority of the articles is that social inequalities (as measured by integration, language, length of stay, and working role) is the *main* explanation for differences observed. The Pandemic Declaration builds further on this observation by recommending strategies and policies to address inequities in opportunities and outcomes.

The Pandemic Declaration states that diversity in society should be better utilized to understand and acknowledge the consequences of social inequality. Key in this attempt is the accurate use of terms to define diversity. The use of definitions and terminology varies considerably even within a country and authors seem to pay little attention to the use of terminology, which is either not recommended, not consistent with current uses or could be confusing such as *native, second-generation and non-Western*. As observed by Laue and Diaz (2), one third of the papers in migration research (36%) pool migrant groups and do not specify the countries of origin, thereby masking intergroup differences. Furthermore, only 14% of the articles specified the type of migrant/migrant status.

If our research is to influence policy and practice, then groups need to be properly identified and rationale provide to support selection of certain groups. Only a small proportion of the papers studied migrants from Eastern Europe (highly relevant given the conflict in Ukraine) and workers (given the large proportion of international migrants are labor migrants). The lack of focus on labor migrants was also highlighted in the Pandemic Declaration. One of the papers observes that female refugees had consistently better relative health outcomes than refugee men did, suggesting possible sex differentials that warrant further investigation (7). Gender differences are alluded to in the Pandemic declaration drawing attention to intersectionality that needs to be further investigated.

Register based studies are important to identify and describe the health status, outcomes, and risk factors. However, they rarely provide insights into understanding the complexities or suggesting mitigating measures. Several of the articles in this issue r regardless of the migrant group or topic studied raise the need for early and targeted interventions (8). Targeted measures are also a key recommendation for some of the same groups and topics in the Pandemic Declaration. Future studies should further investigate the self-identified health needs of different migrant groups and might also benefit from a methodological shift towards more intervention studies and participatory approaches (9). The Pandemic Declaration highly recommends user involvement as it does targeted measures as there are differential exposures, risks and outcomes.

Dialogue channels that are open are key to o understanding populations and making the appropriate choices about health measurements. Instruments used to measure the health of the majority population are not always suitable for the migrant groups selected and this can confound the interpretation of results. In a study from Norway, comparing infectious diseases in children of migrant parents with non-migrants, differences observed could not be explained by socioeconomic disadvantage (10). Does this finding imply that the applied measures of socioeconomic position are still relevant? Do these measures capture the socioeconomic trajectory that changes over time during the migration cycle? A majority of the papers illustrate associations, but do not elucidate the complexity of the issues related to migration and health including understanding the causes of the causes (11). The only qualitative article (Czapka& Diaz) recognizes the importance of specific factors that untangle some of these underlying issues. More qualitative research is needed to understand the underlying mechanisms and pathways and would increase the diversity and quality of the research and would also help advance the development of better frameworks.

We celebrate the interest, attention and growth of migration health research, as illustrated by the articles included in this issue. However, upon reviewing the recommendations from the Pandemic Declaration more research is needed that can shed new light on the complexities and interdependence of social challenges, diversity and health crisis. We hope that the Pandemic Declaration can serve as a guiding framework for researchers and policy-makers to address the need of the hour, in particular the unmet needs of migrant populations when health is at stake for all.

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