

T08P03 / Building a Transformative Agenda for Health through Responsive Policy Design

Topic : T08 / POLICY DESIGN, POLICY ANALYSIS, POLICY CAPACITY

Chair : Anuj Kapilashrami (University of Essex)

Second Chair : Roomi Aziz (University of Essex)

Third Chair : Milena Simic (University of Essex)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Context and Objectives:

Global migration health remains critically under-researched, especially in low- and middle-income regions like South Asia and Sub-Saharan Africa, where complex migration patterns leave the health needs of migrants unmet. Time constraints further limit responsive policy design due to persistent evidence gaps. The Migration Health South Asia Network (MiHSA) has developed a standardized multi-method protocol, MigPolX, to bridge this policy-practice gap and support migration-aware and migrant-sensitive health policies, tested by GEMMS, an NIHR-funded global-health research group that aims to disrupt cycles of gendered violence and poor mental health among migrants in precarious settings. This panel will discuss insights from the development, application and GEMMS' site experiences of MigPolX.

Scientific Relevance:

Migrants' health and the field of migration health is affected by decision making at multiple levels from global to local, across the health and non-health sectors (Onarheim et al., 2021). These decisions inform policies that impact service provisions, entitlements and access and knowledge production on migration health (Kapilashrami et al., 2023). Experts have been calling for adopting rights-based approaches while developing migration policy (Kapilashrami, et al., 2020). However, there are limited tools available to benchmark integration or equitability of policies on migrant health. A range of tools have been developed to assess the adequacy of provision, and the extent of inclusiveness of policies in meeting the needs of vulnerable populations. However, tools like MIPEX (Migrant Integration Policy Index) largely stems from EU's need to effectively manage as well as protect border while managing migration and asylum due to displacement prompted by the events of political and military unrest in Southern Mediterranean (European Commission, 2011). The IMPEX adaptation focuses on intra-country policy integration for India (Manatschal, 2011) (Aggarwal, Solano, Singh, & Singh, 2020). There is the JAHEE country profile and frameworks like Equiframe, all lacking local adaptation, contextualization and considerations in design and results.

Research Questions and Hypotheses:

The panel will address the following research questions:

- 1. How do local contexts influence the responsiveness and adaptability of migration health policies?*
- 2. What are the comparative benefits of using tools like CHNRI, MigPolX, Delphi, MIPEX, and EQUIFRAME for policy appraisal and reforms?*
- 3. How can participatory protocols align global and local migration health needs to foster system-wide improvements?*

The panel will open with an overview of MigPolX's development, rationale, and practical implications, drawing on lessons from implementation in diverse regions including Cambodia, Nepal, and South Africa, followed by a discussion on how other indices and tools like MIPEX, IMPEX, JAHEE and EQUIFRAME have informed its design—detailing each nation's experiences implementing MigPolX and adapting standardized tools to local migration health contexts. The panel will include **Prof Kapilashrami (Chair), Prof Vearey (Co-Chair) and Dr Aziz (Co-Chair)**. They will discuss the practical considerations of how standardized policy tools, when adapted to diverse national contexts, can reveal insights into the adaptability and limitations of current policy responses to migration health, and how a participatory protocol can lead to forward-thinking, migration-responsive health agendas that meet the evolving needs of migrants, especially in low- and middle-income countries.

CALL FOR PAPERS

The panel invites papers on "Building a Transformative Agenda for Health through Responsive Policy

Analysis and Design,” which seeks to explore diverse applications of policy appraisal tools designed to enhance responsiveness in health policies for vulnerable groups. This panel will focus on innovative uses and adaptations of standardised tools and frameworks and their adaptability and effectiveness to support the development of migration-aware and migrant sensitive health policies across various contexts to shape responsive health agendas.

Submissions are encouraged to share both practical applications and theoretical insights on applying standardized appraisal frameworks and tools. We aim to collect perspectives that examine how these tools can be adapted across settings to respond to context-specific challenges, reflecting on how local adaptations can reveal both the strengths and limitations of existing frameworks in policy responsiveness.

The panel is especially interested in papers that examine:

Case studies showcasing diverse applications of policy appraisal tools and frameworks to improve health outcomes for vulnerable populations.

Comparative analyses on the effectiveness of tools in assessing policy inclusiveness, from decision makers, service providers and users’ perspectives.

Experiences in adapting standardized appraisal tools to regional health contexts, including lessons learned and breakthrough innovations.

Frameworks that leverage participatory approaches to align global health agendas with the evolving needs of vulnerable groups, including but not limited to migrant populations.

Selected papers will contribute to an enriching discussion on how these tools can bridge research-practice-policy gaps and support systemic improvements in health policies, providing actionable lessons to create responsive, inclusive health systems.

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Session 1

Friday, July 4th 16:00 to 18:00 (B5)

(Virtual) Developing MigPolX: A Comprehensive Policy Appraisal Toolbox for Assessing Migrant Health Integration in Diverse Contexts

Roomi Aziz (University of Essex)

Anuj Kapilashrami (Global Public Health Unit, Social Policy, School of Social and Political Science, University of Edinburgh)

Introduction Even though the 2030 Agenda and the Global Compact for Migration underscore the critical importance of integrating migrants into national policies to achieve sustainable development goals, this emphasis has not translated into the existing policy appraisal tools. Specifically, these euro-centric tools and frameworks remain limited in their ability to address the unique socio-political, economic, and healthcare dynamics of regions in Global South, where the largest clusters of vulnerabilities and marginalization overlap. To bridge this gap, we developed MigPolX, an innovative policy appraisal toolbox designed to assess the integration of migrant health into national and subnational policies across diverse contexts and geographies.

Challenges in Migration and Policy Appraisal Migration in developing regions such as South Asia and Africa presents very distinct challenges due to factors like internal displacement, internal and cross-border conflicts, economic migration, and health inequities. Current frameworks like MIPEX offers standardized benchmarks and valuable quantitative assessments but are tailored primarily for European contexts, focussing on legal migrants and lacking relevance for undocumented populations common in regions like Africa and South Asia. IMPEX in turn adapts MIPEX for India's internal migrants but is limited in geographic scope. JAHEE's qualitative framework provides valuable insights but lacks operational standardization, while Social Protectional Index and Equiframe's human rights-based approach is often too broad for actionable policy integration, require extensive adaptation to address regional nuances and ensure applicability.

Design and Components of MigPolX MigPolX has been designed to provide a comprehensive and multi-dimensional toolbox that evaluates the extent of migrant health integration into policy frameworks. It comprises four proformas: (A) country profiles providing a baseline assessment of national situations, (B) country policy indexing, (C) policymakers and stakeholders perspectives on policy implementation, and (D) deep dive - analysis of specific policies/ policy-making processes. These proformas draw from established frameworks while incorporating additional indicators such as local health communication channels, inter-state and cross-border migration dynamics, and community-based healthcare systems.

Applications Across Diverse Regions MigPolX proformas have been pilot-tested across diverse settings, including Cambodia, India, Myanmar, Nepal, Pakistan, South Africa, and Zimbabwe. These applications demonstrated its versatility and scalability in addressing region-specific challenges. For instance, in South Africa and Zimbabwe, where migration patterns are shaped by cross-border labor movements, MigPolX highlighted gaps in health policy accessibility for undocumented migrants. Similarly, in South Asia, the tool identified disparities in health entitlements between internal and cross-border migrants, emphasizing the need for inclusive policy reforms.

Conclusion MigPolX overcomes the stated limitations by blending quantitative rigor with qualitative depth, moving beyond policy integration to policy implementation. By creating a replicable and adaptable framework, MigPolX adapts and applies standardized policy tools across diverse contexts, and enables policymakers, practitioners, and researchers to benchmark migrant health policy integration, identify areas for improvement, and guide evidence-based advocacy, while laying a blueprint for adaptation to other vulnerable contexts as well. MigPolX thus serves as a potential critical instrument in advancing inclusivity,

equity, and health outcomes for migrant populations worldwide.

Local Contexts and the Adaptability of Migration Health Policies in South Africa and Zimbabwe

sostina matina (University of Witwatersrand)

Jo Vearey (University of Witwatersrand)

Background

Global frameworks often shape migration health policies, yet their effectiveness is contingent on local socio-political, economic, and cultural factors. In low- and middle-income regions such as South Africa and Zimbabwe, where migration patterns are complex, and healthcare access is uneven, understanding how local contexts influence policy responsiveness is crucial. The GEMMS research group, funded by the NIHR, investigates these dynamics to inform more inclusive and adaptable migration health policies.

Objective

This presentation examines how local contexts shape the responsiveness and adaptability of migration health policies in South Africa and Zimbabwe. It explores the role of governance structures, healthcare system capacity, and socio-political influences in determining how policies evolve to meet the needs of migrant populations.

Methods

Using a comparative case study approach, the research analyses how migration health policies are designed, implemented, and adapted in response to local realities. It assesses policy gaps, stakeholder engagement, and the effectiveness of participatory frameworks in ensuring migrant-sensitive healthcare responses.

Findings

Preliminary findings suggest that while global migration policy frameworks provide a foundation for health governance, their local implementation is often constrained by resource limitations, political priorities, and historical legacies of exclusion. In Zimbabwe, economic instability and a fragmented healthcare system present significant barriers to policy implementation. In South Africa, competing political narratives around migration influence policy shifts, sometimes reinforcing restrictive healthcare access for migrants. However, locally driven initiatives and participatory policy approaches have demonstrated the potential to bridge gaps between global recommendations and on-the-ground realities.

Conclusion

Understanding local contexts is critical to developing migration health policies that are both responsive and adaptable. This research highlights the importance of integrating local knowledge, stakeholder engagement, and context-specific strategies into policy design to create more inclusive health systems for migrant populations. The findings contribute to broader discussions on how global frameworks can be effectively localised to improve health outcomes in migration-affected regions.

Addressing 'Sensitive' Issues in Public Mental Health Law and Policy: Perspectives from an Intersectional Feminist Approach to Filipino Migrant Health Research in the UK

Patricia Miranda (University of Bristol)

Public mental health law and policy is a growing transdisciplinary field grounded in human rights that emphasises preventive and health-promotive approaches over curative or reactive measures. Mental health and well-being issues are (rightly) considered 'sensitive' because these often involve deeply personal experiences of stigma and marginalisation, with law and policy potentially deepening health inequalities. However, nuanced understandings of what makes issues 'sensitive' require careful attention to historical, cultural, and socio-legal factors, as well as power dynamics, vulnerabilities, and jurisdictional variations.

Drawing on Filipino migrant workers' experiences in the United Kingdom, I find that intersectional feminism offers a justice-orientated framework that challenges one-size-fits-all legal and policy frameworks. It reveals how overlapping identities, such as gender, race, ethnicity, age, class, and (dis)ability, intersect with privilege and oppression to deepen experiences of marginalisation and exclusion.

Based on Coggon's framework on practical and critical landscapes of public health law scholarship, which may be applied to health policy, I contend that intersectional feminism enhances analysis in both practical inquiries (e.g., how laws and policies shape public health and well-being) and critical inquiries (e.g., what underlying principles, norms, and values inform public health laws and policy systems).

An intersectional feminist approach ensures localised, flexible indicators that move beyond formal policy

commitments to assess real-world lived and embodied experiences of 'better health.' These findings offer lessons for LMIC policymakers, demonstrating that comparatively better-resourced systems do not necessarily guarantee equitable care or address deep-seated inequalities. Embedding intersectionality and participatory approaches into law and policymaking is key to achieving inclusive and effective mental health governance.